ALABAMA

CONTINUING EDUCATION IN BLINDNESS PREVENTION

In the State of Alabama, optometrists provide services to 51 counties while ophthalmic services are offered only in 12 counties. It is, therefore, imperative that optometrists be trained to detect potentially blinding conditions. With this in mind, the Alabama Regional Medical Program gave partial funding to a project at the University of Alabama in Birmingham's School of Optometry. This is ~~not only~~ the first optometric project ever supported by a regional medical program, ~~but also it is~~ as well as the first ~~of its kind~~ in the nation.

The objective of this project, to upgrade the knowledge and skills of the optometrist in the detection and identification of potentially blinding conditions, is being obtained through 40-hour residencies. These residencies entail training in the following causes of blindness and related diseases: epidemiology, social consequences, specific clinical entities leading to blindness and the relation to hypertension, glaucoma, diabetes, stroke, cancer, arteriosclerosis, cataract, neurological diseases, and other related problems.

~~There have been~~ two seminars have been held thus far, involving 40 Alabama optometrists. In an evaluation of the first seminar held, it was reported that for five weeks prior to the course, nine of the twelve optometrists reported a total of 63 potentially blinding conditions. During the five weeks following the course, all twelve optometrists detected and referred 235 potentially blinding conditions. These were examined and verified by ophthalmologists, internists or other specialists. This group of optometrists was compared to 28 optometrists who were not involved in the course, during five weeks prior to the course, reported a total of 98 potentially blinding conditions. During the five weeks following the course, 26 of the 28 reported a total of only 94 potentially blinding conditions. ~~The group of 28 were not involved in the course.~~

The program utilizes the most sophisticated methods and machinery known for detection of such blinding conditions as vascular disease, cancer, diabetes, myopia, affections of the cornea and sclera, and optic nerve atrophy. It is projected that seminars of this type will be held for small groups of optometrists until all Alabama optometrists have had an opportunity to take advantage of this unique project.

Status: Partial funding beginning July 1971 of $7,488.
Funding as Project #38 - 4/1/72 -- 4/30/73 - $18,600.

ARKANSAS REGIONAL MEDICAL PROGRAM

500 UNIVERSITY TOWER BLDG. • 12TH AT UNIVERSITY • LITTLE ROCK • 72204 • MO 4-5253

AFFILIATED WITH THE UNIVERSITY OF ARKANSAS MEDICAL CENTER

September 18, 1972

Dorothy M. Bailey
Writer
Office of Communications
and Public Information
Regional Medical Programs Service
Rockville, Maryland 20852

Dear Dorothy:

I do hope that the enclosed sheets will provide the information you need for the cardiovascular project. Dr. Douglas just happened to be in my office when the mail arrived with your request for specifics.

About the discrepancy in the first paragraph on Regional Laboratory Quality Control, the correct figure is 13. Participating hospitals include:

St. Bernard's, Jonesboro; Cross County, Wynn; Cleburne County, Heber Springs; Newport Hospital, Newport; North Arkansas Hospital and Clinic, Batesville; Medical Center, Calico Rock; Fulton County, Salem; Randolph County, Pocohontas; Lawrence Memorial Hospital, Walnut Ridge; Piggott Hospital, Piggott; Van Buren County Hospital, Clinton; England Hospital, England; and Rison Hospital, Rison.

Should you need further information, please let me know; but before closing let me thank you for the nice comments in your letter.

Sincerely,

Kathleen

Kathleen Dozier
Director of Information
Arkansas Regional Medical Program

Cardiovascular Rehabilitation Facility and Work Evaluation Unit

The need for combating heart disease is apparent from this statistic: between 1964 and 1968 persons died of heart disease in Arkansas. The Arkansas Regional Medical Program is meeting the need. They have supported numerous coronary care units designed to provide training for physicians and nurses in modern concepts of care for the acute coronary patient. Another heart disease statistic has prompted further ARMP involvement: the 21,613 persons in Arkansas whose activities are limited because of heart disease. No state facilities exist for cardiac rehabilitation or work evaluation. Thus, the "Cardiovascular Rehabilitation Facility and Work Evaluation Unit" project, initiated by the University of Arkansas Medical Center, and supported by ARMP, is meeting an important health need.

John Douglas, M.D., assistant professor of medicine at the University of Arkansas and director of heart disease at ARMP, is director of the new project. The project supports the staffing of a central cardiac rehabilitation facility, located at the Arkansas State Hospital. The center provides training in the concepts and techniques of cardiac rehabilitation for medical and paramedical personnel from the larger subregional hospitals in the State and to any others who might be interested. Incorporated in this training are concepts of cardiovascular conditioning, exercise tolerance testing, cardiovascular monitoring during simulation of the patient's particular employment activity and adapting these results to a prescription of his cardiovascular potential.

The cardiology divisions of the UAMC and the Little Rock Veterans Administration Hospitals are contributing to the effort. Three staff

members from these hospitals are concerned primarily with training.

Teams of personnel from the sub-regional hospitals are invited to the center to observe testing and training sessions. These personnel undergo on-the-job training until they have acquired the proficiency necessary to operate on their own. Consultation is provided to assist these personnel to establish work evaluation and rehabilitation units in their own hospitals.

Through support of the work evaluation unit, ARMP will further assist in development and continuation of coronary care through evaluation of results of such programs.

rewrite Draft

Cardiovascular Rehabilitation Facility and Work Evaluation Unit

The need for combating heart disease is apparent from this statistic: between 1964 and 1968, 6,884 persons died of heart disease in Arkansas. The Arkansas Regional Medical Program is meeting the need. They have supported numerous coronary care units designed to provide training for physicians and nurses in modern concepts of care for the acute coronary patient. Another heart disease statistic has prompted further ARMP involvement: the 21,613 persons in Arkansas whose activities are limited because of heart disease. No State facilities exist for cardiac rehabilitation or work evaluation. Thus, the "Cardiovascular Rehabilitation Facility and Work Evaluation Unit" project, initiated by the University of Arkansas Medical Center, and supported by ARMP, is meeting an important health need.

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Through support of the work evaluation unit, ARMP will further assist in development and continuation of coronary care through evaluation of results of such programs.

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Cardiovascular Rehabilitation Facility And Work Evaluation Unit

Within the State of Arkansas there are 21,613 persons limited in their major activities by heart disease. Between 1964 and 1968, 6,884 persons died of heart disease in Arkansas. In recent years, numerous coronary care units have been activated and modern concepts of care for the acute coronary patient have been propogated through ARMP-supported training courses for physicians and nurses. However, there have been no facilities in the state for work evaluation or cardiac rehabilitation.

John Douglas, M.D., assistant professor of medicine at the University of Arkansas and director of heart disease at ARMP, is director of the new Cardiovascular Rehabilitation and Work Evaluation project. This ARMP project supports the staffing of a central cardiac rehabilitation facility. The center provides training in the concepts and techniques of cardiac rehabilitation for medical and paramedical personnel from the larger sub-regional hospitals in the state and to any others who might be interested.

The entire cardiology divisions of the U of A Medical Center and the Little Rock Veterans Administration Hospitals are contributing to the effort, but three members are concerned primarily with training.

Teams of personnel from the sub-regional hospitals are invited to the center to observe testing and training sessions and to undergo a program of on-the-job training until they have acquired the proficiency necessary to operate on their own. Consultation is provided to assist these personnel to establish work evaluation and rehabilitation units in their own hospitals.

Back-up Sheet

Region: Arkansas Regional Medical Program

Locus of Activity: Operational Project

Project Title: Cardiovascular Rehabilitation

Status: Ongoing

Sponsoring Institution: State Hospital and University of Arkansas Medical Center

Project Director, Title, and Address: John Douglas, M.D.
Assistant Professor of Medicine
University of Arkansas Medical Center
Little Rock, Arkansas 72204
501-664-5000

Dates: February, 1972 - December, 1974

Funding: $25,264

Other Funds: None

Cooperating Agencies and Institutions: -

Area Served: 1st year - Pulaski County

Target Population: 1st year - approximately 2 to 300 persons

Congressional Districts: 1st year - William B. Alexander (D), District #1

Continuation After RMP Support Withdrawn: The program will be self-sustaining through fees, organizational and institutional support, insurance, etc.

Core Staff Contact: John Douglas, M.D., ARMP director of heart disease

Date Prepared: 2/10/72

Drafted By: Kathleen Dozier, ARMP director of information

Regional Laboratory Quality Control

This project, involving the clinical laboratories of nine community hospitals in Northeast Arkansas, is centered at St. Bernard's Hospital in Jonesboro. Under the direction of Glen Baker, M.D., minimum standards of laboratory performance have been established in 13 sub-regional community hospitals.

Visits have been made to all participating hospitals to survey the laboratories and to classify laboratory personnel on the basis of training and experience. All equipment used in performing tests has been calibrated and procedures analyzed for the type of tests performed, the methodology and accuracy.

Individual technician competence has been continuously checked to determine need for additional training, and laboratories have been supplied with basic texts and other materials pertinent to quality control.

Refresher training has been given in Jonesboro to local laboratory personnel, and local laboratories are regularly inspected and recommendations made as to space, orientation of work areas, adequacy of equipment and safety.

This highly successful project is an outstanding example of the acceptance of responsibility by a larger sub-regional hospital for assisting the smaller community hospitals in its area. All efforts are being made to provide establishment of quality control procedures in each hospital laboratory as a regular element of its operations and to continue after the termination of the project.

Under quality controlled standards, physicians of the area find that all reports from the participating laboratories are acceptable. They find it unnecessary to question or cross-check. Since the patient is charged for all medical laboratory reports, he obviously benefits under the quality control program's cost containment. Once established, these standards will continue to be maintained.

Back-up Sheet

Region: Arkansas Regional Medical Program

Locus of Activity: Operational Project

Project Title: Regional Laboratory Quality Control

Status: Ongoing

Sponsoring Institution: St. Bernard's Hospital at Jonesboro

Project Director, Title, Address: Glen F. Baker, M.D.
Pathologist
St. Bernard's Hospital
Jonesboro, Arkansas 72401
501-932-7430

Dates: July, 1970 - December, 1972

Funding: 1972, 03 year, $40,786

Other Funds: None

Cooperating Agencies and Institutions: State Health Department and Community hospitals in the area

Area Served: Northeast Arkansas

Target Population: 244,977

Congressional Districts: #1 - Bill Alexander (D)

Continuation After RMP Support Withdrawn: Standards will be maintained now that they are established.

Core Staff Contact: Ed Rensch, associate coordinator, ARMP

Date Prepared: 2/10/72

Drafted By: Kathleen Dozier, Director of Information, ARMP

4KK-2

ARKANSAS

Coronary Care Training for Physicians

In 1966 there were no coronary care units in Arkansas; now, more than 50 CCUs are operational or in an advanced stage of planning. This growth is due largely to the success of CC Training for Physicians and ~~that of~~ the Nurses Coronary Care Training Project.

The physicians' project, terminated Dec., 1971, (was proposed to) establish a coronary care unit, with supportive equipment at the University of Arkansas Medical Center and ~~to~~ utilize this to offer an intensive course in the diagnosis and treatment of coronary disease. Originally the project proposed to train nurses and physicians, but it was decided to train physicians only at UAMC and rely on the ARMP-supported companion course at Baptist Medical Center in Little Rock to train nurses. Actually the two shared faculty and clinical facilities.

A six-bed CCU was opened Feb. 10, 1970, in University Hospital to serve the dual purpose of treatment and ~~as a~~ post-graduate learning center ~~for the state's~~ physicians. Project director was Jack Davis, M.D. From the opening date to July 1, 1971, 508 patients with various forms of acute cardiovascular disease were admitted. Upon completion of the third year, the project had trained 217 ARK physicians ~~of the state.~~

Dr. Davis confirmed the mortality rate ~~reduction~~ was reduced from the general hospital situation of -- 30 to 40 per cent ~~in the general hospital situation reduced~~ to 10 to 15 per cent in the CCU. Dr. Davis also reported the project had over-achieved its stated objectives and that the program would be continued on a tuition basis at intervals determined by the demand.

On-site consultation programs in the community hospitals, further assisting in the development and continuation of coronary care and evaluating results of such programs, is to be continued through support of other UAMC projects.

As a direct outgrowth of this project a Cardiac Rehabilitation and Work Evaluation Program has been initiated at UAMC, funded by ARMP.

Back-up Sheet

Region: Arkansas Regional Medical Program

Locus of Activity: Operational Project

Project Title: Coronary Care Training for Physicians

Status: 03 year terminated December, 1971

Sponsoring Institution: University of Arkansas Medical Center

Project Director: Jack L. Davis, M.D.
Asst. Prof. of Medicine
Director of Coronary Care,
University of Arkansas Medical Center
Little Rock, Arkansas 72201
501-664-5000

Dates: August, 1969 - December, 1971

Funding: $376,640

Other Funds: $127,311 (UAMC, $116,226; Attending physicians, $11,085)

Cooperating Agencies: None

Area Served: State of Arkansas

Target Population: 1,697 full time non-federal physicians

Congressional Districts: #1 - Wm. B. Alexander #2 - Wilbur D. Mills
#3 - John P. Hammerschmidt #4 - David Pryor

Continuation After RMP Support Withdrawn: On-site consultation programs in the community hospitals, further assisting in the development and continuation of coronary care and evaluating results of such programs, is to be continued through support of other UAMC projects. Training will continue on a tuition basis at intervals determined by the demand.

Core Staff Contact: C. W. Silverblatt, M.D., ARMP coordinator

Date Prepared: 1/20/72

Drafted By: Kathleen Dozier, ARMP director of information

ARK-4

Continued Education for Nursing Home Personnel In Heart Disease, Cancer, Stroke And Related Diseases

The need for additional training for personnel serving the 12,000 nursing home beds (93% occupancy) in Arkansas is indicated by the fact that the patients are cared for by 4,000 aides, 265 LPNs and only 125 full-time registered nurses. Nurses' interest in a program of education has been amply demonstrated by attendance at workshops held in central locations by the Arkansas League for Nursing, sponsor of this project. The workshops, however, did not reach aides and LPNs. This project stresses on-site workshops that are designed for the LPNs and aides.

The ultimate goal is to improve the care and facilitate the rehabilitation of heart, cancer and stroke patients in the state's nursing homes through one and two-day annual workshops in each of the sub-regional communities throughout the state. These workshops are devoted to separate programs on the care of patients with heart disease, cancer and stroke.

The League for Nursing, having just completed a three-year project, Continuing Education for Nursing Personnel and Citizens in Heart Disease, Cancer, Stroke and Related Diseases, is qualified to achieve the goal set forth. There has been invaluable experience gained and competence demonstrated in the League's previous project which is continuing under the co-sponsorship of the League, Arkansas Heart Association, Arkansas Chapter of the American Cancer Society and individual agencies.

Back-up Sheet

Region: Arkansas Regional Medical Program

Locus of Activity: Operational Project

Project Title: Continued Education for Nursing Home Personnel in Heart Disease, Cancer, Stroke and Related Diseases

Status: In 01 year operation

Sponsoring Institution: Arkansas League for Nursing

Project Director, Title, Address: (Mrs.) Nell T. Balkman
Director of Continuing Education
Arkansas League for Nursing
1815 West 12th St.
Little Rock, Arkansas 72202
501-375-5305

Dates: January, 1972-December, 1974

Funding: $79,407

Other Funds: None

Cooperating Agencies and Institutions: Nursing Home Association, State Health Dept., Arkansas Medical Society, and various other organizations.

Area Served: State of Arkansas

Target Population: Approx. 4,400 aides, LPNs and RNs and those having heart disease, cancer, stroke and related diseases who are counted among the 11,160 nursing home patients in the state.

Congressional Districts: #1 - William B. Alexander (D); #2 - Wilbur Mills (D); #3 - John P. Hammerschmidt (R); #4 - David Pryor (D)

Continuation After RMP Support Withdrawn: There is a plan for continuation through fees and agency support after ARMP funding is terminated.

Core Staff Contact: Jacquelyn Walter, RN, a member of ARMP's Project and Evaluation Section.

Date Prepared: 2/10/72

Drafted By: Kathleen Dozier, Director of Information, ARMP

ARK-3

Comprehensive Program for Kidney Disease Control

In July, 1971, Arkansas received a $1,400,000 grant to combat end-stage kidney disease. This grant provided for the expansion of kidney transplant facilities at the University of Arkansas Medical Center and the provision of facilities at Arkansas Baptist Medical Center for the training of patients to perform their own dialysis in their homes. William J. Flanigan, M.D., UAMC associate professor of medicine and director of clinical research, is the project director.

Since July, 1971, 15 patients have received transplants, and 26 patients have trained or are being trained for home dialysis. All but one of the sub-regional nephrology centers in the larger community hospitals around the state are now in operation, providing backup dialysis and programs of prevention.

A tissue typing laboratory, with trained staff, and an Organ Procurement and Distribution Section has been established at UAMC. A Belser perfusor makes it possible, for the first time, to retrieve kidneys from anywhere in the state. The OPD Section participates in an interregional organ-sharing program whereby kidneys, which cannot be used at the point where they are received, are shipped from city to city and/or state to state, wherever they might be utilized.

Mortality statistics for 1967 in Arkansas revealed 673 deaths attributable to renal disease, indicating an incidence for Arkansas considerably higher than in the nation as a whole. Of this number, it is estimated that from 150 to 200 persons are suitable for treatment annually by chronic intermittent dialysis or by kidney transplantation.

Although patient training in home dialysis is based at the Arkansas Baptist Medical Center, personnel and facilities of this center and the Little Rock Veterans Administration Hospital are being utilized.

ARK-3

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Although patient training in home dialysis is based at the Arkansas Baptist Medical Center, personnel and facilities of this center and the Little Rock Veterans Administration Hospital are being utilized.

ARK-4

Continuing Education for Physicians

Quality of health care has spread throughout the state of Arkansas as a result of Continuing Education for Physicians. Family practitioners in the rural areas now may offer patients the benefit of updated medical methods and procedures just as efficiently and as knowledgable as the urban physician. This project was based on three basic elements:

(1) A consultation-visit program for smaller community hospitals including hospital rounds and examination of patients and records in clinical areas selected by the local physicians themselves; (2) a program of seminars for councillor districts as a whole; and (3) a self-education program including a dial access teleplone tape system and other audio-visual self-teaching units in one hospital in each councillor district.

The program, especially the consultation-visit-rounds aspect, has been enthusiastically received by doctors of the state. The director, Lee Parker, M.D., personally has conferred with local practitioners of the community before and after consultation sessions. Five seminars have been held in two councillor districts, Southeast and Northwest Arkansas.

The dial access tape facility has a library of more than 475 tapes and averages about 27 calls weekly.

The project, terminated in December, has been in most part very gratifying. The most effective parts of the program are being incorporated in a new project, University Medical Extension Services for Rural Arkansas, in coordination with the Arkansas Medical Society. Association with the AMS has been close and continuous throughout the term of Continuing Education for Physicians.

Back-up Sheet

Region: Arkansas Regional Medical Program

Locus of Activity: Operational Project

Project Title: Continuing Education for Physicians

Status: Terminated

Sponsoring Institution: University of Arkansas School of Medicine

Project Director, Title, Address: Lee Parker, M.D.
General Practitioner
University of Arkansas Medical Center
4301 West Markham
Little Rock, Arkansas 72201
501-664-5000

Dates: July, 1970 - December, 1971

Funding: $128,207.76

Other Funds: None

Cooperating Agencies and Institutions: Arkansas Medical Society

Area Served: State of Arkansas

Target Population: 1,923,295

Congressional Districts: #1 - William B. Alexander (D); #2 - Wilbur Mills (D); #3 - John P. Hammerschmidt (R); #4 - David Pryor (D)

Continuation after RMP Support Withdrawn: Physicians' support of this project and the University of Arkansas School of Medicine's extension efforts assure continuance of this project. Consultative services are self-sustaining through a fee system.

Core Staff Contact: Walter Robbins, ARMP director of education

Date Prepared: 2/10/72

Drafted By: Kathleen Dozier, ARMP director of information

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CANCER EDUCATION SYMPOSIUM

Over 300 persons intimately involved in the care of cancer patients attended an educational symposium "Caring for Cancer - 1972 Style" sponsored by Area I RMP Regional Cancer Program on February 1, 1972. This was the first program of its kind to be held in northern California and served as the prototype for future cancer education programs.

This symposium was initiated at the request of the Napa-Solano District Advisory Committee of Area I RMP which represents a total population of 249,081 persons in a combined two-county rural district. Of this population, it is estimated that 1,430 new cases will be diagnosed and that 310 persons will die of cancer each year.* The health professionals in this rural area who are not closely affiliated with a large city hospital or cancer institute find it difficult to care for their cancer patients and manage their problems. The tumor board mechanism is rarely used and is in fact virtually non-existent.

The cancer education symposium was designed to present the latest developments in comprehensive cancer care. It was intended primarily for nurses, nursing students, social workers, social work assistants, volunteers, staff members of cancer societies and physicians and dentists who are faced with the problems of caring for the cancer patient.

Both the medical management and the meeting of non-medical needs of cancer patients were presented in a psychodramatization of an ideal tumor board by a team of specialists consisting of radiotherapists, chemotherapists, surgical oncologists, a nurse and a cancer social worker. Social, emotional, nursing, and non-medical facets of each patient's case were discussed along with medical aspects. Seven patients, currently

* California Health Data Corporation Studies (1970).

undergoing treatment for cancer, held a round-table discussion openly relating to the audience all they knew about their disease, including the prognosis and their ability to cope with cancer and death. The health professionals gained great insight into the personality of the cancer patient.

It is difficult to evaluate the impact of this program on the target area of Napa and Solano counties at this time. Material presented at the symposium will be incorporated into the instruction at the Napa College School of Nursing, Solano College School of Nursing and the inservice nurse training at the Veterans Administration Hospital in Yountville. Area I hopes that the tumor board models would be considered for implementation in these two counties. This would represent a significant advance in cancer care stimulated by the Regional Cancer Program's educational symposium.

Other counties in Area I have already expressed an interest in co-sponsoring similar presentations for their districts.

The Regional Cancer Program hopes to accomodate all requests for programs of this nature.

Back-up Sheet

REGION: California
(California Committee on Regional Medical Programs)

LOCUS OF ACTIVITY: California Area I Regional Cancer Program

PROJECT TITLE: Cancer Education Symposium (Caring for Cancer- 1972 Style)

STATUS: Ongoing

SPONSORING INSTITUTION: Area I Regional Medical Programs

PROJECT DIRECTOR: Samuel R. Sherman, M.D.
Cancer Coordinator, Area I
Regional Medical Programs
745 Parnassus Avenue
San Francisco, California 94122

DATE: February 1, 1972

FUNDING: 03 year Cancer Program

OTHER FUNDS: None

COOPERATING AGENCIES AND INSTITUTIONS: Napa County Medical Association, Solano County Medical Association, American Cancer Society--Napa Branch, and Napa College.

AREA SERVED: Napa and Solano counties

TARGET POPULATION: Napa -- 79,140; Solano -- 169,941.

CONTINUATION AFTER RMP SUPPORT WITHDRAWN: RMP believes that the tumor board models will be considered for implementation in the two counties where this type of activity is almost non-existent. The cancer education portion of the program will be incorporated into the instruction at the schools of nursing at both Solano and Napa colleges, and into the individual practices and attitudes of professionals working with the cancer patient.

CORE STAFF CONTACT: Samuel R. Sherman, M.D. - Cancer Coordinator; (415) 666-4221

DATE PREPARED: 2-11-72

DRAFTED BY: Naheed R. Aly

CORONARY/INTENSIVE CARE

The Colusa Memorial Hospital was built in 1930 as a memorial to the war veterans of Colusa County. Until the mid-50's, it provided special medical benefits to veterans and their dependents. During the late 60's, deterioration of the facility became a matter of great concern to county residents. The need for a new, well-equipped hospital was generally recognized. $645,000 of Hill-burton funds were ultimately allocated for a new facility with the stipulation that matching funds be provided. Community resistance to higher taxes eventually led to the matching funds being provided by a private, non-profit corporation--Eskaton* which leases the land for the facility from the county and in return has a contract to provide care for county residents.

In June of 1970, while th old community hospital building was still in use, the hospital administrator and medical staff realized the need for new skills to operate the modern, sophisticated equipment being installed in the new facility - especially in the Coronary/Intensive Care Unit. The hospital administration contacted Area I Regional Medical Programs ~~and negotiated physician~~ commitments to an ICU-CCU training program. Monthly pre-sessions at Colusa began in September 1970, to provide instruction in blood gas analysis and EKG recognition. Arrangements were then made for ~~individual physicians~~ to come to Pacific Medical Center (PMC) for practical training and experience in the skills of intensive care. ~~Each physician spent one week of individualized instruction at PMC.~~ A three-week, RMP-sponsored course for ICU/CCU nursing was conducted concurrently with the physician training sessions (~~November 1-19, 1971~~). Special emphasis was placed on the assessment and evaluation of crucial problems encountered in intensive care. In December 1971, after ~~all eight participating physicians had~~ completed the training program ~~at PMC, and the nurses had completed their course~~, in-residence instruction was established at the Colusa facility for

*Eskaton is a non-profit, charitable corporation related to the Christian Church (Disciples of Christ) of Northern California-Nevada. It is comprised of three divisions: health care, housing, and education. The Eskaton Colusa Healthcare Center is a satellite facility of the Eskaton American River Healthcare Center.

approximately two weeks. This in-residence training was conducted by cardiologists Robert Popper, William Armstrong, and Rodger Shepherd; and Mildred Czar, R.N., M.S. The purpose of follow-up in-residence training at the Colusa Healthcare Center was to supervise the physicians and nurses as they applied their new skills to patients in their own intensive care unit, and to identify and remedy problems encountered with the new equipment and procedures.

The Eskaton Colusa Healthcare Center opened in October, 1972 as an 84-bed health care facility designed to serve the 12,400 residents of Colusa County. On October 28, 1972 a modern, fully equipped, six-bed intensive/coronary care unit in the new facility was opened. Physicians and nurses from the RMP training program went out to Colusa and provided follow-up training in the new facility. According to the doctors and nurses at the hospital, the follow-up instruction served to reinforce the previous training programs in San Francisco. All nurses, and two additional staff physicians have subsequently been involved in the in-service training that continues at the hospital. Each level of nursing care receives instruction to facilitate continuity of care between general nursing, coronary care nursing, and intensive care. Consultation is continuously available from Dr. Rodger Shepherd, Dr. Robert Popper, and Mildred Czar, R.N., M.S. (Clinical Specialist in Cardiovascular Nursing). There is also a 24-hour telephone consultation service available through PMC.

Although the Colusa Hospital training experience is too recent to afford statistical evaluation in terms of morbidity and mortality, the staff is convinced that the increase in the quality of care over the past few months has been "fantastic." Physicians and nurses are now able to make immediate and accurate diagnosis. Although outside consultation from larger hospitals continues, the physicians, because of increased confidence in performing new skills and expanding medical awareness, are taking on more responsibilities in managing complex patient problems. The use of the phono-trace

system has diminished, indicating that physicians are becoming more confident that their EKG interpretations are consistently correct. An interesting development resulting from concurrent training in intensive/coronary care skills for physicians and nurses is that communication between these two specialties has increased considerably. Physicians now feel confident that nurses are well qualified to interpret accurately the patient's condition and provide relevant and necessary feedback. Nursing standing orders have been re-written and are far more comprehensive. The introduction of comprehensive routine standing coronary care orders, carried out skillfully by the nurses, combined with a cooperative nurse-physician team, has resulted in more efficient and improved care.

Some direct results of the RMP ICU/CCU training course for physicians and nurses at the Eskaton Colusa Healthcare Center are as follows:

-A "crash cart" was established for the first time. This cart contains all the necessary equipment for emergency treatment of cardiac arrest.

-A "Code 99" (Cardiac Arrest) procedure can be performed skillfully with complete cooperation, coordination and efficiency. Each member of the team is sure of his function.

-Critical care patients are placed on a heart monitor.

-Nurses and physicians can immediately recognize critical changes in the heart monitor patterns.

-All staff nurses are able to: 1) assist in monitoring arterial gases; 2) maintain arterial and venous lines; 3) assist in the insertion of these lines; and 4) measure and evaluate central venous pressure readings.

-Nurses at this facility are now able to evaluate the general status of the patient and contact the physician only if he is actually needed. Physicians are confident that nurses can perform these skills accurately.

-Continuing Education is "ongoing." Joint physician-nurse conferences are held weekly for EKG reviews, and monthly for review of ICU/CCu cases.

-Other members of the health care team such as inhalation therapist , physical therapist , occupational therapist , dietician etc. are now being involved in the total care of the patient on a regular basis .

The best testimonial for this program's success can be summed up in a quote from Cheryl Adams, R.N., Inservice Nursing Director, "The new system has been working so well that it seems like it has always been this way."

Back-Up Sheet

REGION: Area I Regional Medical Programs (California Committee on Regional Medical Programs)

LOCUS OF ACTIVITY: Intensive/Coronary Care

PROJECT TITLE: Intensive Care Program: An integrated and problem solving approach.

SPONSORING INSTITUTION: Area I Regional Medical Programs; University of California, San Francisco; Pacific Medical Center, San Francisco.

PROJECT DIRECTOR, TITLE ADDRESS: Elliot Rapaport, M.D.
Acting Coordinator and
Associate Dean for Regional Medical Programs
745 Parnassus Avenue
San Francisco, California 94122
(415) 666-4221

DATES: Colusa Project: June, 1970 through December, 1971

FUNDING: Core Consultants and Travel Budgets--$6,000.

OTHER FUNDS: Fees paid by physicians and the Eskaton Corporation

COOPERATING AGENCIES AND INSTITUTIONS: Pacific Medical Center, San Francisco; Childrens Hospital, San Francisco; University of California, San Francisco; Eskaton Corporation, Medical Staff of Colusa Healthcare Center; San Francisco General Hospital.

AREA SERVED: Colusa County

TARGET POPULATION: 12,400

CONGRESSIONAL DISTRICT: New districts not available yet.

CONTINUATION AFTER RMP SUPPORT WITHDRAWN: In-hospital program for continuing education in intensive care will be sponsored by the medical staff and hospital administration on a monthly basis.

CORE STAFF CONTACT: Rodger Shepherd, M.D., Pacific Medical Center, (415) 931-8000, Ext. 334

DATE PREPARED: 2-11-72

DRAFTED BY: Naheed R. Aly

California, Area IV

PERINATAL CRISIS CARE PROGRAM AND SERVICE DEVELOPMENT

A three-year Area IV operational project is making available to community hospitals in Southern California modern perinatal concepts and technology used primarily by major medical centers in diagnosing and treating critically-ill newborns.

This effort, based at Harbor General Hospital, Southern campus of the UCLA Medical School, will prepare physicians and nurses in the prerequisite specialized skills and provide consultation and assistance to their hospitals to encourage establishment of perinatal units. It is financed the first year by a $72,000 grant awarded September, 1971.

A major target of the program is the life-threatening complications which occur during the perinatal period--from the onset of labor through the first four weeks of infant life. These conditions which often affect the respiratory system, the heart and other vital functions of the newborn accounted for 4,522 infant deaths in California last year.

Training is being conducted in the intensive perinatal unit at Harbor General, among the few facilities in the state combining the care of the fetus and the newborn. It is fully equipped with bassinettes, incubators, isolettes and special monitoring equipment to record breathing and heart beat patterns of the newborn.

During this first year, focusing exclusively on nurses, three weeks of intensive instruction is being offered to four enrollees at a time, and outreach services to participating hospitals to facilitate application of acquired knowledge. Fifty percent of the training time is devoted to clinical experience emphasizing nursing assessment of the infant's clinical condition and nursing management of the sick neonate. Highlights of the course curriculum include detection and management of high risk mothers and infants, management of infants with respiratory disease, infant resuscitation, use of monitoring equipment, transportation of infants, control of nursery infections and oxygen therapy.

Twenty-four physicians will be the focus of the second year's efforts with the final year spent in team training.

The program was initiated by Dr. Joseph St. Geme, Jr., UCLA professor of pediatrics and chairman of the Department of Pediatrics at Harbor General in response to what he termed "an absolute crucial need" for community hospitals to develop these units because traditional academic teaching hospitals can not assimilate all the infants who need intensive care. (Problems of transporting the critically ill infant from one hospital to another also are intensified.)

Directing the program is Dr. William Oh, associate professor of pediatrics and neonatology at UCLA and head of the Division of Neonatology at Harbor General. Also represented on the program faculty are the other specialties concerned with perinatal care, including fetology, gynecology, obstetrics, pediatric neurology,

microbiology, surgery and cardiology.

The application of perinatal concepts makes it possible to determine genetic defects, such as mongolism, in the fetus and certain congenital disorders which can be reversed if treated immediately after delivery.

Region: California

Locus of Activity: Operational Project

Project Title: Perinatal Crisis Care Program and Service Development

Status: Ongoing

Sponsoring Institution: Harbor General Hospital

Project Director, Title, Address: Joseph W. St. Geme, Jr., M.D.
William Oh, M.D.
Department of Pediatrics
Harbor General Hospital
1000 West Carson Street
Torrance, California 90509

Dates: September 1, 1971 to August 31, 1974

Funding: $72,000

Other Funds: -0-

Cooperating Agencies and Institutions: None

Target Population: Nurses and physicians working in newborn units of community hospitals throughout Southern California.

Congressional Districts: Senators Alan Cranston and John Tunney

Continuation after RMP Support Withdrawn: Integration into inservice education programs and perinatal units in community hospitals.

Core Staff Contact: Lee Horovitz, Associate Area Coordinator, California Regional Medical Programs, Area IV (UCLA)

Date Prepared: February 12, 1972

Drafted by: Jackie Reinhardt

GAL(W)-2

Central Indian Health Project

Home for approximately 1,000 Indians in rural Central California is four isolated rancherias located in a rough, heavily-wooded terrain in Fresno and Madera counties. Medical care is a low priority among this population who lack transportation, telephones and other communications to link them with the closest urban community, 50 miles away.

Most of the residents receive public assistance. They live in makeshift dwellings with no plumbing. Jobs are scarce and those that do exist are seasonal, primarily associated with the timber industry. Day-to-day existence is frequently a struggle, precluding any major concern with good health or nutrition.

To improve access to and utilization of health services among this minority group the Central Indian Health Project was initiated in September, 1972, with $12,290 in core funds. A major impetus for this project was the findings of serious dental problems among 200 Indians screened in June, 1971. Seven Fresno dentists recruited by the Central San Joaquin RMP District Committee volunteered their time and facilities for this effort.

Over a six-month period four indigenous residents have been recruited and trained as health advisors and as advocates for their peer group. They learned advanced first aid, how to recognize symptoms for common illnesses, nutrition and sanitation information. Returning to their respective rancherias in February, the health advisors, all women, are helping to identify unmet health problems and to act as "medical ombudsmen."

Mobile two-way short-wave radios are installed in cars owned and operated by these Indian women, linking them to the project headquarters whom they alert in cases of injured and lost hunters, fire, civil disturbance and law enforcement problems. A base station at Valley Medical Center, expected to be fully operative in March, will enable them to contact physicians directly for consultation regarding a medical problem and, when advised to do so, transport patients to the hospital for treatment.

In addition to the four weeks of training they have already received through the Fresno and Madera County Health Departments, the health advisors will complete another four weeks of instruction beginning in March, 1972. This will enable them to take on their responsibilities with more confidence, although at no time are they instructed to provide medical treatment as paramedics do.

Medical and related resources in the two counties have been highly supportive of this effort, which can expect to be continued at the conclusion of the initial funding period with additional RMP money or with funds from other Federal sources.

Region: California

Locus of Activity: Developmental Component

Project Title: Extending Health Care Services to Remote Indian Communities

Status: Ongoing

Sponsoring Institution: Central Valley Indian Health Board

Project Director, Title, Address: Mr. Richard Johnson
Fiscal Officer
Central Valley Indian Health Board
541 Fifth Street
Clovis, California

Dates: September 1, 1971 to August 31, 1972

Funding: $14,978

Other Funds: -0-

Cooperating Agencies and Institutions: Fresno County Comprehensive Health Planning, the Fresno County Health Department, and the Valley Medical Center oubpatient department.

Area Served: Four rancherias in the eastern, mountainous parts of Madera and Fresno Counties.

Target Population: Approximately 1,000 Indians

Congressional Districts: #16, B.F. Sisk (R)

Continuation after RMP Support Withdrawn: The Central Valley Indian Health Project will include the project in their subsequent funding applications, as well as examine other possible funding sources to maintain this service, if it proves successful.

Core Staff Contact: James Ricketts, District Coordinator, Central San Joaquin District of Area IV RMP

Date Prepared: February 12, 1972

Drafted by: Jackie Reinhardt

CAL (IV)-3

California, Area IV

SAN FERNANDO VALLEY HEALTH CONSORTIUM

The San Fernando Valley Health Consortium evolved out of an Area IV operational activity concerned with improving health care to a target population of 250,000 residents in the northeast section of the Valley. Although part of Los Angeles County, the 144-square mile area comprising the Valley has its own character deriving in part from the mountains surrounding it and the two million people of all economic levels who reside there.

The RMP project surveyed existing health resources prerequisite to the pre-paid comprehensive health system it is now in the process of establishing with OEO funds. Findings showed that health care was not only poorly coordinated but a serious manpower shortage exists, especially in the Northeast Valley. Few opportunities are available for recruiting and training minorities in health careers.

From early grass roots discussions initiated by San Fernando Valley State College in 1969, a consortium of health care providers--hospitals, private physicians, extended care facilities and public agencies--of educational institutions and health care consumers was developed. Eight Task Forces were formed and assigned responsibility for the following areas of concern: medical legislation, legislative liaison and funding, review of consortia models and determination of program priorities, survey of existing educational institutions, programs, facilities and personnel, survey of health manpower needs, survey of existing community health facilities, programs and personnel and accreditation and certification.

Included in the accomplished documents of these Task Forces are a compilation of the many accreditation certification and licensure bodies involved in the allied health professions; a compilation of existing curricula in the consortium educational institutions, questionnaires to survey health manpower needs.

The San Fernando Valley Health Consortium achieved corporate status September 16, 1971 and a 25-member Board of Directors representing all community elements was elected. Its major activities are directed toward organization and coordination of existing and new health manpower training programs within various member institutions.

This work is being carried out with Area IV and V core and developmental component funds, $50,000 from the Northeast Valley Project and $5,000 contributed by participating hospitals. Expansion of the effort as an Area Health Education Center is proposed as part of an Area IV operational proposal submitted February, 1972.

California, Area IV

Region: California

Locus of Activity: Core, Developmental Component, and proposed Operational

Project Title: San Fernando Valley Health Consortium

Status: Ongoing

Sponsoring Institution: California Regional Medical Programs, Area IV (UCLA) and San Fernando Valley State College

Project Director, Title, Address: Addie Klotz, M.D., Director
San Fernando Valley Health Consortium, Inc.
10401 Balboa Avenue
Granada Hills, California 91344

Dates: June, 1970 to August, 1972

Funding: $22,500, 1970; $3,000, 6/71; $25,000, 9/71; $50,000, approved 1/72.

Other Funds: $22,500 from San Fernando Valley State College, $5,000 from participating hospitals and other institutions.

Cooperating Agencies and Institutions: Five major hospitals, two valley colleges, the Welfare and Planning Council, Comprehensive Health Planning and representatives from Areas IV and V of RMP.

Area Served: San Fernando Valley Consortium Area: San Fernando Valley, Antelope Valley, Simi Valley, Santa Monica, West Los Angeles and Ventura County.

Target Population: Entire Consortium area population--approximately 2,000,000 people.

Congressional Districts: #13, Charles M. Teague (R); #20, H. Allen Smith (R); #22, James C. Corman (D); #26, Thomas M. Rees, (D): #27, Barry M. Goldwater, Jr. (R); #28, Alphonzo Bell (R).

Continuation after RMP Support Withdrawn: Project results will be used in SFV Health Consortium Operational Project to develop core curricula for allied health personnel, which is presently seeking RMP funding.

Core Staff Contact: Nat Feder, ACSW, Assistant Coordinator, San Fernando Valley District, California Regional Medical Programs.

Date Prepared: February 12, 1972

Drafted By: Jackie Reinhardt

CAL(IV)-4

California, Area IV

CONTINUED EDUCATION AND SERVICE DEVELOPMENT PROJECT FOR EXTENDED CARE FACILITIES

California which leads the nation in the number of licensed nursing homes--an estimated 1,271--does not now require its administrators to meet continuing education requirements or to be licensed. That will change in July, 1972, the effective date of a Federal directive requiring all states to give licensure examinations or forfeit matching payments under Medicare and Medicaid (Medi-Cal).

This requirement and the interest expressed by nursing home professionals in increasing their knowledge and their skills led to a three-day planning conference convened by CRMP Areas IV and V in July, 1969. Several priority concerns emerged, among them the need for better interprofessional understanding toward the goal of improved patient care.

The Continuing Education and Service Development Project for Extended Care Facilities is one outgrowth of the planning session. It is financed by a $62,280 operational grant awarded in September, 1971, more than two-and-a-half years after the planning conference. Despite the long time lag, the project has been able to generate much support from the nursing home profession.

Thirty-five professionals serve on an ECF steering committee and three subcommittees (under the direction of Hoyt Crider, who also chaired the planning ~~session~~.) ~~They~~ Subcommittees have developed the curricula for a series of patient care and management courses which administrators and ~~their~~ directors of nursing services participate in together, ~~and~~ taken on responsibilities for coordinator and faculty orientation, public relations and enrollment, reporting and evaluation procedures.

More than 300 nursing home administrators and directors of nursing services, ~~(many of them from the same facilities,)~~ are expected to have completed one of the six courses by August, 1972. Instruction is being offered in four counties--Los Angeles, Orange, Santa Barbara and Fresno.

The course is recognized as an important educational tool not only for meeting the licensure requirements, but for extending continuing education opportunities to the nursing home professions. Its focus on the development of an administrative-management team is unique since most educational programs segregate administrators and nurses, preventing them from benefiting from each other's experience. It is expected that the refined curricula will be incorporated into ~~regular~~ extension-type courses ~~offerings~~ by various colleges and universities in the California region.

Region: California

Locus of Activity: Operational Project

Project Title: Continuing Education and Service Development Project for Extended Care Facilities

Status: Ongoing

Sponsoring Institution: Western Center for Continuing Education for Health Care Facilities, UCLA Extension

Project Director, Title, Address: Kelly Swaryck
Project Coordinator
Western Center
University of California, Extension
Statewide Programs
Los Angeles, California 90024

Dates: September 1, 1971 to August 31, 1974

Funding: $62,280.

Other Funds: -0-

Cooperating Agencies and Institutions: American Cancer Society, Los Angeles County Branch; California Association of Nursing Homes; California Association of Nursing Homes for the Aged; California Regional Medical Programs, Areas IV, V and VII; California State Board of Nursing Education and Nursing Registration; California State Department of Public Health; Geriatric/Extended Care Conference Group of the California Nurses' Association, Los Angeles County Chapter; Hospital Council of Southern California; Los Angeles County Health Department; Los Angeles County Medical Association; Los Angeles County Heart Association; Tuberculosis and Respiratory Disease Association of Los Angeles County.

Target Population: Nursing Home Administrators and Directors of Nursing Services

Congressional Districts: Senators Alan Cranston and John Tunney

Continuation after RMP Support Withdrawn: At the end of the grant period it is expected that the refined curricula would be incorporated into regular extension type course offerings by various colleges and universities in the Region.

Core Staff Contact: Al Torribio, MSW, Associate Coordinator, CRMP Area IV (UCLA)

Date Prepared: February 12, 1972

Drafted by: Jackie Reinhardt

ORGAN PROCUREMENT AND TRANSPLANTATION PROJECT

Since Harbor General Hospital's participation in the California Regional Kidney Disease Program in September, 1971, the number of cadaver kidneys it has procured has tripled. This increase is attributed to both a $40,000 RMP grant and the formation of the Greater Los Angeles Belzer Preservation Service, a cooperative community effort affiliated with four medical schools, including UCLA.

Harbor's Department of Renal Transplantation used to work in "crisis" atmosphere associated largely with the maximum six hours in which a kidney could be safely preserved by freezing methods. With the acquisition of two Belzer Preservation units, one of them financed by RMP, that time has been extended to 48 and sometimes as long as 72 hours. It has also relieved much of the stress connected with harvesting the organ, finding a suitable recipient and successfully transplanting the kidney at Harbor or one of the other nine kidney transplant centers to which Harbor supplies cadaver kidneys.

The RMP funds, subcontracted through Area IV, also have enabled the Harbor effort to add a second technician, special monitoring equipment and purchase a mobile unit which speeds the harvested organs to waiting recipients as far away as San Francisco.

This support has resulted in real strides in meeting the needs of end-stage kidney patients, according to Project Director Thomas Moore, M.D. Monitoring can be done with more precision because of the newly-acquired equipment which measures the osmolity, Ph, electrolytes, oxygen and carbon dioxide composition of the fluid used in perfusing the organ. There also is more time for tissue typing to match the donor and the recipient and for the first time more than one donor can be serviced at once. Additionally, Harbor is getting more kidneys of better quality.

Another $30,000 approved by CRMP in December, 1971, will provide for a nurse or technician coordinator, relieving Dr. Moore of the record keeping and data accumulation duties, and a transplant surgeon trainee, boosting Harbor's transplantation capability from 12 organs a year to as many as 100 by the end of 1972.

Region: California

Locus of Activity: CCRMP Core Activity

Project Title: Organ Procurement and Transplantation, California Regional Kidney Disease Program

Status: Ongoing

Sponsoring Institution: Harbor General Hospital

Project Director, Title, Address: Thomas Moore, M.D., Chief
Dept. of Renal Transplantation
Harbor General Hospital
1000 West Carson Street
Torrance, California 90509

Dates: September 1, 1971 to August 31, 1974

Funding: $40,000 CCRMP Core Support (Awarded September, 1971)
$30,000 CCRMP Core Support (Awarded February, 1972)

Other Funds: In-kind contributions of the Greater Los Angeles Belzer Preservation Service and the Southern California Kidney Foundation

Cooperating Agencies and Institutions: The Greater Los Angeles Belzer Preservation Service and the Southern California Kidney Foundation

Congressional Districts: #17, Glenn M. Anderson (D)

Area Served: Southern California

Target Population: End-stage kidney patients in Southern California

Continuation after RMP Support Withdrawn: Self-supporting

Core Staff Contact: Wadie Elaimy, Dr.P.H., Director of Research and Development, California Regional Medical Programs, Area IV (UCLA)

Date Prepared: February 12, 1972

Drafted by: Jackie Reinhardt

California, Area IV

NURSING CAREER LADDER SERIES

In May, 1971, a special task force of the San Luis Obispo District Committee, California Regional Medical Programs, was appointed to delineate the health problems in the District. One of the problems noted was the lack of opportunity for upward mobility in the nursing field, especially from nursing or hospital attendant to licensed vocational nurse to R.N.--A.A. degree to R.N.--B.S. degree.

In August, 1971, the San Luis Obispo District Committee received a core grant of $937.00 to carry out a feasibility study of such a ladder series system centered around Cuesta Community College, San Luis Obispo, a junior college. The study was to determine interest in building a nurses ladder series including junior colleges, state colleges, and various nursing licensing agencies.

The feasibility of such a career ladder series has been established with Cuesta Community College and Fresno State College providing the major ingredients. Cuesta Community College has agreed to offer courses in nurse aides, licensed vocational nurse and registered nurse, A.A. degree. It is planned that the student could then transfer to Fresno State College without loss of credit to complete a R.N. degree program.

The program will provide the student with opportunity for gainful employment at each level with the right to return for upward career mobility at a later date with no loss of academic credit. The program will eliminate "dead-end" jobs for those individuals with capabilities for advancement.

Nursing career candidates from low income, disadvantaged minority groups will be provided with a program that will afford them an opportunity to be gainfully employed and the opportunity to continue training for better careers in the nursing field.

To date, there has been superb response from the educational institutions and the various licensing agencies.

Miss Juanita Booth, R.N., M.S., Director of Nursing Program, Cuesta College, San Luis Obispo, is the Project Director. A Nursing Career Ladder Series Committee has been responsible for the study.

This small core grant of $937.00 coupled with a determined volunteer Regional Medical Programs committee membership generates considerable optimism for a ladder series in nursing that is unique in the nursing education field and one that may be a national model.

Region: California

Locus of Activity: Core Activity

Project Title: Feasibility Study of a Nursing Career Ladder Series

Status: Ongoing

Sponsoring Institution: Nursing Career Ladder Series Committee, San Luis Obispo District Committee

Project Director, Title, Address: Miss Juanita Booth, Director
Nursing Department
Cuesta College
P.O. Box J
San Luis Obispo, California 93401
(805) 544-2943

Dates: September 1, 1971 to March 1, 1972

Funding: $937

Other Funds: In-kind contribution of $2,780

Cooperating Agencies and Institutions: Cuesta College, Fresno State College, licensing agencies, UCLA School of Nursing, Mt. St. Mary's School of Nursing, Bakersfield State College

Area Served: San Luis Obispo and Fresno Counties, California

Target Population: 400,000 population

Congressional District: #12, Burt Talcott (R)

Continuation after RMP Support Withdrawn: To implement the curriculum, a developmental component grant proposal is being written.

Core Staff Contact: Victor Farrell, Assistant Coordinator, San Luis Obispo District, California Regional Medical Programs.

Date Prepared: February 12, 1972

Drafted By: Jackie Reinhardt

CAL (IV) 1

ANEMIA SCREENING PROJECT

In November, 1971, Guadalupe, a small migrant farming community with no hospital facilities and only one physician, screened 592 children for anemia. This ambitious effort was made possible by the pooling of health and other community resources with its neighbor, Santa Maria, also in northern Santa Barbara County.

With the help of the Santa Maria RMP Community Committee and $940 in Area IV core funds, a two-day clinic was set up in Guadalupe's two elementary schools. In-kind contributions totalled more than $5,000, representing services from the Santa Maria Hospital Outpatient Clinic and private physicians acting as referrals; Blood Bank Volunteers, Visiting Nurse Association of Northern Santa Barbara County and the Santa Barbara County Welfare and Health Department.

Extensive outreach services attributed to the response of Guadalupe residents. Families of preschoolers were contacted personally by outreach workers from the Guadalupe Center who went from door to door in this Spanish-speaking area. Local school children channeled information to school children and obtained consent forms from their parents.

Although only preliminary results of the tests are available, they support the concern of Santa Maria pediatricians who stimulated the project. Using the copper sulfate method, 63 percent of the preschoolers' and 33 percent of the school children's tests indicated an anemic condition (less than 12mg. hemoglobin).

More than 125 of these youngsters have been referred to physicians and the Santa Maria clinic for follow-up testing and treatment, without charge as of January, 1972. Outreach workers currently are contacting parents of another 70 children whom records show have not seen a physician. Many families indicated lack of transportation, financing and inability to leave their work as reasons why they had not responded. It is anticipated that these efforts will be continued as part of the Nutrition and Health Project of the Guadalupe Community Council.

RMP sponsors also sought to accomplish several other objectives. One of them--the establishment of new links between physicians in Santa Maria and Guadalupe children--is already measurable. Physicians report many of the children referred from the Anemia Screening Project are new patients or patients who ~~have~~ had not made a visit for an extended period.

Other objectives still being evaluated include determining the motivational patterns of rural farm workers, their responses to free case-finding services and the potential for anemia screening in other areas.

Region: California

Locus of Activity: Core Activity

Project Title: Guadalupe Anemia Screening Project

Status: Ongoing

Sponsoring Institution: Santa Maria Community Committee

Project Director, Title, Address: James Handley, M.D.
P.O. Box 1232
Santa Maria, California 93454

Dates: September 1, 1971 to August 31, 1972

Funding: $940

Other Funds: $5,000 in-kind contributions from the Santa Maria Hospital Outpatient Pediatrics Clinic and private physicians.

Cooperating Agencies and Institutions: Santa Maria Hospital Outpatient Pediatrics Clinic, Guadalupe Community Council, local physicians.

Area Served: Guadalupe

Target Population: 592 children

Congressional Districts: #13, Charles M. Teague (R)

Continuation after RMP Support Withdrawn: Will be continued as part of the Nutrition and Health Project of the Guadalupe Community Council.

Core Staff Contact: Victor Farrell, Assistant Coordinator, California Regional Medical Programs, Area IV (UCLA)

Date Prepared: February 12, 1972

Drafted by: Jackie Reinhardt

California, Area IV (UCLA)

MOBILE DENTAL CLINIC PROGRAM

When school nurses in Ventura County were asked by the RMP District Committee what they saw as the most pressing health problem among school children, their response came back loud and clear: Bad Teeth! It also triggered in June, 1971, a mobile dental clinic program spearheaded by a Joint RMP-CHP Task Force in cooperation with UCLA and USC Dental Schools.

More than 300 low-income elementary school children were screened and follow-up services provided by the student dental team as of February, 1972. The program, which expects to reach between 700 and 1,000 youngsters the first year, has been financed totally by in-kind contributions from the RMP, CHP, UCLA and USC Dental Schools, local school districts, Ventura County Health Department, Ventura County Community Council, Ventura Dental School and other civic organizations.

Santa Paula, the first of five communities to be visited, demonstrates the cooperation which has characterized this effort. Arrangements for the five visits during June and July, 1971, were handled by a local community planning committee under the direction of Joe Bravo, Santa Paula School Superintendent. This group provided the following:

--Lodging for the student dental team at Fillmore nursery school and St. Sebastian Church in Santa Paula
--Preparation of meals for children and workers by the Mexican American Civic Organization and several other local organizations
--Transportation for parents and children by policemen who volunteered to man school buses during off-duty hours
--Follow-up services offered without charge by several local dentists.

In return 196 children from Santa Paula and neighboring communities of Fillmore, Piru, Ojai and Saticoy received dental services valued at more than $8,000, although it cost the communities involved $2,750 or $13 a child.

Several significant spin-offs also have occurred as a result of the mobile dental clinic program. Sixteen Ojai dentists screened 47 children and treated some of them. They offered the use of their offices to the USC-UCLA team to treat 27 others. Similar efforts are just beginning among Ventura dentists and school children.

Although only midway through the first year, the mobile dental clinic program anticipates continuing support. Already 16 dentists have committed their services for another 12 months.

Region: California

Locus of Activity: Core

Project Title: Mobile Dental Clinic Program

Status: Ongoing

Sponsoring Institution: Joint RMP-CHP Task Force, Ventura District

Project Director: Norman H. Fortier, D.M.D., Ventura

Dates: June, 1971 to June, 1972

Funding: Core RMP staff, in-kind contributions

Other Funds: -0-

Cooperating Agencies and Institutions: UCLA and USC Dental Schools, local school districts, Ventura County Health Department, Ventura County Community Council, Ventura Dental Society and other civic organizations.

Area Served: Ventura County, including communities of Ventura, Santa Paula, Oxnard, Simi Valley.

Target Population: 1,000 low income elementary school children.

Congressional Districts: #13, Charles M. Teague (R)

Continuation after RMP Support Withdrawn: Although stimulated and coordinated by an RMP-CHP Joint Task Force, this project is not dependent on financing from RMP. UCLA and USC Dental Schools and Ventura County dentists have pledged their support for continued operation during a second year.

Core Staff Contact: Dan Sullivan, District Coordinator, Ventura District of Area IV, CRMP.

Date Prepared: February 12, 1972

Drafted by: Jackie Reinhardt

CAL-(IV)-9

California, Area IV

SANTA MARIA CONTINUITY OF CARE PROGRAM

A comprehensive Continuity of Care Program for a rural-urban community with a population of 58,000 was initiated in September 1971, at Santa Maria, California. This program funded by a $9,476 Developmental Component Grant from California Committee Regional Medical Programs Services, provides a coordinating body in the community to furnish consultative services to physicians or health institutions in order to foster good discharge planning, continuity of care and referral services.

The program will help to reduce health care costs by better utilization of health services in the community and at the same time assuring the patient of continuous, adequate, appropriate and efficient care. Quality of care will be improved by placement of the patient in a care plan tailored for him as an individual.

As a result of this grant all three acute general hospitals now have full-time continuity of care coordinators. The project furnishes a community coordinator and secretarial help to coordinate the entire program and to work directly with patients in the physicians' offices and after discharge from the acute units.

The Santa Maria Community Committee has assurance from the Visiting Nurse Service of Northern Santa Barbara County, Inc. that this service will support the program after the project funds are used.

Specific need for this type of program among a large population group of farmworkers' families with Spanish surnames was recognized. Children and the elderly were particularly noted.

Most Continuity of Care programs have been primarily concerned with acute hospital discharge planning. Although this is a feature of this program, emphasis is placed on continuity from the home situation, the physicians office, acute hospital care, E.C.F. care, follow-up care and back to home care. The referral for assistance may occur anywhere in the chain.

The project is officed with the Visiting Nurse Service of Northern Santa Barbara County, Inc. Other agencies involved are Santa Barbara County Welfare Department, Community Action Committee, O.E.O., in Guadalupe and Santa Maria, the Santa Maria Academy of Medicine, a local physicians group, three acute general hospitals, a representative from the local E.C.F.'s and the Santa Barbara County Health Department.

Region: California

Locus of Activity: Developmental Component

Project Title: Proposal to Develop a Continuity of Care System, Santa Maria-Gaudalupe Area

Status: Ongoing

Sponsoring Institution: Visiting Nurse Service of Northern Santa Barbara County, Inc.

Project Director, Title, Address: Mrs. Catherine Carey, Director
Visiting Nurse Service of Northern Santa Barbara County, Inc.
1035 W. Main Street
Santa Maria, California 93454
(805) 922-1448

Dates: October 1, 1971 to March 31, 1972

Funding: $9,476

Other Funds: IN-kind contributions of $13,800

Cooperating Agencies and Institutions: Marian Hospital; Santa Maria Hospital; Valley Community Hospital; Visiting Nurse Service of Northern Santa Barbara County, Inc., Santa Maria office of the Santa Barbara County Department of Welfare Services; Mr. Charles Rivas, Director, Guadalupe Service Center, Community Action Commission; Santa Maria Academy of Medicine; Santa Barbara County Health Department.

Area Served: Santa Maria-Guadalupe, California

Target Population: 57,842 people, 15% with Spanish surnames

Congressional District: #13, Charles M. Teague (R)

Continuation after RMP Support Withdrawn: Visiting Nurse Service of Northern Santa Barbara County, Inc.

Core Staff Contact: Victor Farrell, Assistant Coordinator, San Luis Obispo District, California Regional Medical Programs.

Date Prepared: February 12, 1972

Drafted by: Jackie Reinhardt

CAL (IV)-10

California, Area IV

CANCER CHEMOTHERAPY FORUM

Late in 1970 and early in 1971 the Continuing Education Subcommittee of the San Luis Obispo District finalized plans to present a series of educational sessions for physicians concerning cancer, diagnosis and treatment, especially in the area of chemotherapeutic agents. A survey revealed that 75 - 100 physicians would be interested in such a series. Interest in physicians' on-going education in the local area is unusually high since the closest medical center is over 200 miles distant.

It was the intent of the Cancer Forum to reduce the morbidity and mortality of cancer in the area by providing the area physicians with additional education and training in the cancer area. The Regional Medical Programs committee felt that the cost and inconvenience to patients could be reduced if the patient was treated locally and not referred 100 to 200 miles away.

A $1,000 core grant was received from Area IV early in 1971 to help finance the series. A close cooperative arrangement between the local American Cancer Society and the District Regional Medical Programs resulted in the California Division, American Cancer Society, granting an additional $1,250 to the program. These funds and a required registration fee for each physician has already funded four sessions, two more are ~~already~~ scheduled, and ~~there will still be~~ funds will be available for at least six more sessions.

Sessions are held on Saturdays and each session is led by an authority in a particular area of cancer. Subjects have ranged from a general overview of cancer treatment to a scheduled session on the problems a physician encounters with the dying patient, their family and friends. Each session enrolls 25 to 30 physicians. ~~This is a fine workable group.~~

The cancer patient in this district will receive direct benefits ~~to them by~~ through any additional expertise being acquired by approximately 50 to 75 physicians in the diagnosis and treatment of cancer.

Region: California

Locus of Activity: Core Activity

Project Title: Cancer Chemotherapy Forum

Status: Ongoing

Sponsoring Institution: Continuing Education Subcommittee, San Luis Obispo District, RMP Area IV; local and California division, American Cancer Chemotherapy Forum.

Project Director, Title, Address: Eugene Juel, M.D.
148 Casa Street
San Luis Obispo, California 93401
(805) 543-8310

Dates: May 1, 1971 to September 1, 1972

Funding: $1,000

Other Funds: $1,250 from the California Division, American Cancer Society.

Cooperating Agencies and Institutions: Continuing Education Subcommittee, American Cancer Society, California Division, San Luis Obispo Branch, American Cancer Society, Sierra Vista Hospital, San Luis Obispo, Consultant: Justin J. Stein, M.D., Professor of Radiology, UCLA Center for the Health Sciences, Department of Radiology, Los Angeles.

Area Served: Northern Santa Barbara County and County of San Luis Obispo, California

Target Population: 300 physicians

Congressional District: #12, Burt Talcott (R)

Continuation after RMP Support Withdrawn: Cancer Forums will not continue, however, this series has already created interest in other physician educational programs by Regional Medical Programs, San Luis Obispo County Medical Society and interested private physicians.

Core Staff Contact: Victor Farrell, Assistant Coordinator, San Luis Obispo District of California Regional Medical Programs.

Date Prepared: February 12, 1972

Drafted By: Jackie Reinhardt

CAL (IV) 11

California, Area IV

PEDIATRIC NURSE PRACTITIONER PILOT PROGRAM

Since 1953 when the first nursing child health conferences were developed in California, interest in and recognition of the expanded role of the nurse in pediatrics has continued to grow. Today nurses from many different settings--child health clinics, hospital outpatient departments and private physician's offices--are ~~looked upon as~~ considered ideal candidates for pediatric nurse practitioners.

Opportunities for training in this extended role, however, have not kept up with the desire or ability of nurses to function in this capacity or with the need for their services in pediatric practices. Most preparation has been through inservice education primarily associated with public agencies. Only recently have academic institutions begun to realize a continuing responsibility in nurse education.

Three universities in California currently offer or will soon be initiating training for R.N.s wanting to expand their roles. To enroll in these courses, nurses must either take a leave of absence from their jobs or resign altogether.

The need for other alternatives led in October, 1970, to the formation of the Southern California Pediatric Nurse Practitioner Advisory Committee composed of representatives, including PNPs, from 35 agencies, hospitals and other institutions. Through subcommittees and task forces, they investigated current course offerings, developed a curriculum for a short-term course and methods of evaluation. Area IV provided staff assistance, classroom space and core funds, although the effort was carried out largely on a volunteer basis.

Sixteen enrollees were accepted for the seven month course which started May 1971, in cooperation with UCLA Extension and the School of Nursing. It included one month of intensive training and a six-month preceptorship in the nurses' own agencies. Each enrollee was employed in ambulatory child care settings and recommended by ~~his~~ their employer who ~~also~~ agreed to allow her to utilize her new skills during and upon completion of the preceptorship.

Some tentative conclusions have been drawn from the testing, evaluation and observations to date:

1. The format of the curriculum, one month of intensive training followed by a six month internship is workable. However, the first month should be extended to six weeks for inclusion of more clinical and didactic instruction and ~~to allow~~ more time for independent study.

2. Students found the instruction by so many volunteer teachers and proctors fragmented, therefore full and part-time faculty are needed.

3. Even the student who is still in training is ~~providing~~ proving her worth for she is able to take on new tasks formerly carried out by physicians.

~~These~~ Suggested modifications are being incorporated into (both a developmental component and operational grant proposed) proposals for continuation of this program.

Region: California

Locus of Activity: Area IV core funds

Project Title: Pediatric Nurse Practitioner Pilot Program

Status: Ongoing

Sponsoring Institution: Southern California Pediatric Nurse Practitioner Advisory Committee

Project Director, Title, Address:

Joseph St. Geme, Jr., M.D. chief
Department of Pediatrics
Harbor General Hospital
1000 West Carson St.
Torrance, California

Bonnie Bullough, R.N., Ph.D.
Assistant Professor
UCLA School of Nursing
Los Angeles, California

Dates: February, 1971 to December, 1971

Funding: $1,000 Area IV core funds
In-kind contributions of more than $11,000

Other Funding: none

Cooperating Agencies and Institutions: UCLA Extension, UCLA School of Nursing, USC Medical Center, California Pediatric Center, Children and Youth Project, California State Department of Public Health, Southern California Permanente Medical Group, Head Start Program, Orthopaedic Hospital, California Nurses' Association, Pediatrics Outpatient Department, UCLA Medical Center; South Central Multipurpose Health Services Center, Children's Hospital, Charles Drew Postgraduate Medical School, Martin Luther King Jr. General Hospital, Los Angeles City Schools, Los Angeles County Health Department, East Los Angeles Child and Youth Clinic, Harbor General Hospital, and Regional Medical Programs, Area IV.

Congressional Districts: Honorable Alan Cranston (D)
Honorable John Tunney (D)

Continuation after RMP Support Withdrawn: Incorporation into nursing curriculum offered by UCLA Extension or School of Nursing

Core Staff Contact: Sheila Cadman, R.N., assistant coordinator for nursing and allied health, California Regional Medical Programs, Area IV (UCLA).

Date Prepared: February 14, 1972

Drafted by Jackie Reinhardt

CALIFORNIA REGIONAL MEDICAL PROGRAMS • AREA V
1 WEST BAY STATE STREET • ALHAMBRA, CALIFORNIA • 91801 • (213) 576-1626
P. O. BOX 1390 • ALHAMBRA, CALIFORNIA 91802
UNIVERSITY OF SOUTHERN CALIFORNIA • SCHOOL OF MEDICINE

September 6, 1972

Ms. Dorothy M. Bailey
Writer
Office of Communications
and Public Information
Department of Health, Education, and Welfare
Public Health Service
Health Services and Mental Health Administration
Rockville, Maryland 20852

Dear Ms. Bailey:

I am enclosing vignettes, as requested in your letter of August 3, for the Pacemaker Registry and Information Center, SEARCH: A Link to Services, Comprehensive Stroke Care and The American Indian Free Clinic in Compton, as well as some information on The Coordination of Free Clinics.

We think the publication of selected vignettes is a great idea and hope that at least one of our programs might be represented in the next revision.

Please contact me if any additional material is needed.

Sincerely,

(Mrs.) Elsie M. McGuff
Communications Coordinator

McG:cc
Enclosures

HEALTH CARE FOR OLDER RESIDENTS OF A BARRIO

Older citizens of an inner-city barrio are the particular target of an exploratory one-year program funded by Area V of California Regional Medical Programs.

The goal of the project is to investigate the feasibility of an ambulatory, total follow-up health care clinic for senior citizens. Data is being collected and solutions sought to such needs as specific health problems, transportation, special problems that influence or affect the health of the aging, and the need and utilization of different types of home care services.

To qualify, the patient must be over 50 years of age, ambulatory, a resident of East Los Angeles or Northeast Public Health Districts, willing to return for specialty clinics for a period of one year, and cooperative about completing questionnaires. A thousand cases, selected randomly, have been screened and are being followed by a case-manager-total-follow-up approach. The citizens who were not selected after screening are referred to appropriate agencies.

The test project is conducted from two trailers parked on a vacant lot near the local public health department building. Community interest is such that the senior citizens volunteered to care for the grounds and landscaping on which the trailers are situated.

The project is carried on by contract with the Los Angeles County Health Department.

REGION: CALIFORNIA REGIONAL MEDICAL PROGRAMS, AREA V

NAME OF PROJECT: Older Residents Integrated Health Care Program

LOCUS OF ACTIVITY: (circle one) Core Activity
Operational Project
Developmental Component Project

STATUS: (circle one) Ongoing Completed Just beginning

SPONSORING INSTITUTION: Contract with Los Angeles County Health Department

PROJECT DIRECTOR, TITLE, ADDRESS:
Jane Shields, M.D.
District Health Officer
East Los Angeles Health District
670 South Ferris Avenue
Los Angeles, California 90022

DATES: (indicate beginning date and date of completion, if finished)
August, 1970 (did not actually get underway until June,1971-June, 1972)

FUNDING PERIODS AND AMOUNTS: (01 - $40,000)

OTHER FUNDS, if any:

COOPERATING AGENCIES AND INSTITUTIONS: Los Angeles County Heart Association and East Los Angeles Health Task Force

AREA SERVED: East Los Angeles Health District and Northeast Los Angeles Health District.

TARGET POPULATION: Residents of area over 50 years of age (ambulatory).

CONGRESSIONAL DISTRICTS: #19 (Chet Holifield (D) and #30 (Edward R. Roybal (D)
Covering part of Los Angeles County

CONTINUATION AFTER RMP SUPPORT CONCLUDES: Los Angeles County Health Department

CORE STAFF CONTACT: Miss Teresita Moreno, M.S.W.
Assistant Coordinator

DATE PREPARED: August 29, 1972

CAL(V)-5

Project Information Sheet

REGION: CALIFORNIA REGIONAL MEDICAL PROGRAMS, AREA V

NAME OF PROJECT: Stroke Rehabilitation Liaison Nurse Program

LOCUS OF ACTIVITY: (circle one) (Core Activity)
Operational Project
Developmental Component Project

STATUS: (circle one) (Ongoing) Completed Just beginning

SPONSORING INSTITUTION: California Regional Medical Programs, Area V

PROJECT DIRECTOR, TITLE, ADDRESS: Robert H. Pudenz, M.D.
Special Advisor, Stroke and Related Diseases
1 West Bay State Street
P. O. Box 1390
Alhambra, California 91802

DATES: (indicate beginning date and date of completion, if finished)

January 1970

FUNDING PERIODS AND AMOUNTS: (01 - $)

OTHER FUNDS, if any: Short-term traineeship for two nurses for a Rehabilitation Workshop Services in kind from L. A. County - USC medical & nursing staff & Huntington Memorial Hospital medical & nursing staff

COOPERATING AGENCIES AND INSTITUTIONS: L. A. County - USC Medical Center, Huntington Memorial Hospital, Rancho Los Amigos Hospital, Casa Colina Rehabilitation Hospital, Community Hospital of San Gabriel, Midway Hospital, Intercommunity Hospital in Covina, Presbyterian Inter-Community Hospital, St. Joseph Hospital, St. Francis of Lynwood

AREA SERVED:

Area V

TARGET POPULATION: Stroke victims in acute care hospitals

CONGRESSIONAL DISTRICTS: 13-17-19-20-21-22-23-24-25-26-27-28-29-30-31-32-34

CONTINUATION AFTER RMP SUPPORT CONCLUDES: Major support presently provided by community. Regional Medical Programs acts primarily as organizer and convener of existing resources

CORE STAFF CONTACT: Kay D. Fuller, R.N.

DATE PREPARED: August 28, 1972

STROKE REHABILITATION LIAISON NURSE PROGRAM

Over three years ago, the Area V Stroke Committee identified early rehabilitation and continuity of care following acute hospitalization as primary problems involving the management of stroke patients. To improve direct patient care in these two problem areas, a Stroke Rehabilitation Liaison Nurse Program was developed by Area V staff, based on a similar and very successful program at Memorial Hospital and Medical Center of Long Beach.

The concept involves training a Stroke Liaison Nurse to initiate a specific stroke management program in the acute hospital. This nurse, after evaluating the newly admitted stroke patient, works closely with the attending physician and nursing staff developing the overall patient care plan for that particular patient. This patient care plan subsequently involves others on the multi-disciplinary "stroke team" such as physical and occupational therapy, social service, etc.

Another phase of the program has the Stroke Liaison Nurse working closely with the patient's family and agency-institutions outside the hospital, in anticipation of discharge from the acute hospital. Training, consultation and coordination of services for extended care facilities and home health agencies fill out the role of the stroke nurse.

Totally through an Area V core effort (no operational funding was involved), and working with and utilizing community resources, six Stroke Rehabilitation Liaison Nurses(representing a total of 1700 acute beds) have now completed a comprehensive seven-week didactic and clinical course. This stroke program has since been well established in each of the participating hospitals and

the Area V "stroke team," composed of core staff members, is presently developing strategy for expanding the program into six more acute hospitals during the remaining months of 1972.

Quarterly "Stroke Seminars" have been initiated providing an opportunity for the Liaison Nurses and Area V Stroke Team to meet for the purpose of information and program exchange.

Project Information Sheet

REGION: CALIFORNIA REGIONAL MEDICAL PROGRAMS, AREA V

NAME OF PROJECT: SEARCH: A LINK TO SERVICES

LOCUS OF ACTIVITY: (circle one) (Core Activity)
Operational Project
Developmental Component Project

STATUS: (circle one) (Ongoing) Completed Just beginning

SPONSORING INSTITUTION: USC School of Medicine

PROJECT DIRECTOR, TITLE, Joy G. Cauffman, Ph.D., Principal Investigator
ADDRESS:
University of Southern California School of Medicine
2025 Zonal Avenue
Los Angeles, California 90033

DATES: (indicate beginning date and date of completion, if finished)

FUNDING PERIODS AND AMOUNTS: (01 - $) Area V participated in the planning and contributed a small amount of funding in the 01 year and continues to contribute staff expertise.

OTHER FUNDS, if any:
Department of Health, Education, and Welfare, Public Health Service, National Center for Health Services Research and Development

COOPERATING AGENCIES AND INSTITUTIONS:

See enclosed brochure

AREA SERVED:

Los Angeles County

TARGET POPULATION:

People seeking health and related services in Los Angeles County

CONGRESSIONAL DISTRICTS: 13-17-19-20-21-22-23-24-25-26-27-28-29-30-31-32-34

CONTINUATION AFTER RMP SUPPORT CONCLUDES:

CORE STAFF CONTACT: Mrs. Kay D. Fuller, R.N. - (213) 576-1626

DATE PREPARED: August 30, 1972

SEARCH: A LINK TO SERVICES

As one of the largest metropolitan areas within the United States, Los Angeles County is in serious need of a comprehensive and efficient system for providing health information and referral services. In an effort to alleviate this situation, SEARCH: A Link to Services, at the University of Southern California School of Medicine, has been developing a computerized information and referral system. Assisted by Area V since its developmental phase, and funded by a grant from the US Public Health Service, the SEARCH system is designed to match persons seeking medical and/or social assistance with individuals or agencies providing such services.

A study of referral patterns in the County was carried out with several objectives: To implement a system for classification of consumer health problems and services; to develop an effective method for tracking customers referred for health care; to construct a feasible model for measuring the outcome for referral; and to evaluate the significance of variables associated with the outcome of referral.

After surveying all health information and referral services within Los Angeles County, the project has specifically identified the characteristics of existing services, has determined their compatibility, and has explored the feasibility of linking these services into one computerized health services data system for the County.

In the period from 1972 to 1975, the project will endeavor to establish health counselling and referral centers, sponsored by SEARCH, and located within existing facilities of cooperating organizations. Within these centers, computer terminal devices will be provided as a tool for health workers to

use in linking consumers with providers of care. These terminal devices will be connected to a central time-sharing computer facility via telephone lines. At the central computer facility, a data bank will be maintained which contains a comprehensive description of medical and social services within the County. When center personnel counsel consumers, they will query the bank for information to assist them in directing consumers to services tailored to meet their individual needs. It is expected that such a system will enhance the referral process, thereby enabling more consumers who have health problems and need help to reach appropriate sources of health care.

Project Information Sheet

REGION: CALIFORNIA REGIONAL MEDICAL PROGRAMS, AREA V

NAME OF PROJECT: PACEMAKER

LOCUS OF ACTIVITY: (circle one) Core Activity
(Operational Project)
Developmental Component Project

STATUS: (circle one) (Ongoing) Completed Just beginning

SPONSORING INSTITUTION: USC School of Medicine

PROJECT DIRECTOR, TITLE, ADDRESS: Michael Bilitch, M.D., Project Director
Los Angeles County - USC Medical Center
1200 North State Street, Room 6131
Los Angeles, California 90033

DATES: (indicate beginning date and date of completion, if finished)

May 1, 1970

FUNDING PERIODS AND AMOUNTS: (01 - $ 48,530)
(02 - $ 67,458)
(03 - $ 88,676)

OTHER FUNDS, if any: -0-

COOPERATING AGENCIES AND INSTITUTIONS: Hospitals in California Regional Medical Programs Areas IV, V, VIII, Pacemaker Clinics, funeral home directors, County Coroner's Office

AREA SERVED: Los Angeles County, San Bernardino County, Orange County, Ventura County, Kern County, Santa Barbara County

TARGET POPULATION: Patients with Pacemakers

CONGRESSIONAL DISTRICTS: 13-17-19-20-21-22-23-24-25-26-28-29-30-31-32-34...24-33-38...25-32-34-35... 13...18-27...13

CONTINUATION AFTER RMP SUPPORT CONCLUDES: Integration into the Los Angeles County automated data bank. Available on a subscription basis to physicians and pacemaker manufacturers.

CORE STAFF CONTACT: Kay D. Fuller, R.N.

DATE PREPARED: August 28, 1972

THE PACEMAKER REGISTRY AND INFORMATION CENTER

This project, which became operational in May, 1970, has four major objectives. The first of these is to register patients with pacemakers, ~~and~~ as of August 31, 1972, 970 patients with pacemakers have been identified. Of these, 280 are fully registered and are actively followed by the Registry. The remainder are patients who are actively followed by various pacemaker clinics or whose physicians, for one reason or another, do not wish full registry services. In preparation for an on-line computerized pacemaker status and clinical data system linked with the Los Angeles County/University of Southern California Medical Center computer service, the Registry's data collection forms are now being used by an additional pacemaker clinic serving 120 patients in the area. The Registry is currently exploring alternatives for following patients' progress, utilizing a remote data collection device. Several devices have been developed making it possible to receive and record pacemaker interval data via telephone lines. Follow-up transmission has proven effective and demonstrates economy of time and money for the patient, physician, and medical facility. ~~We have evaluated~~ three such devices ~~and by this means~~, are currently follow~~ing~~ 96 patients.

The recovery of pacemakers is another objective of the project. To date, some 850 pacemakers have been recovered, of which over half are recovered on replacement, the remainder being acquired post mortem. The recovery program is proving a valuable asset in determination of the reliability and validity of pacemaker function.

The project also acts as an information center concerning the use and functions of pacemakers. This aspect of the project became fully operational in February,

1971 and since then, more than 80 consultations have been provided. The Registry format for patient follow-up is being used as a model by physicians and others in establishing pacemaker clinics both nationally and internationally.

Professional education in the use and functions of pacemakers is a fourth objective of the project. A special exhibit displays the various kinds of pacemakers and describes their uses and parameters. An easily read, quick reference chart, which can be displayed on the walls in emergency and critical care rooms, is distributed to health care facilities in Southern California to aid the clinician to correctly identify pacemaker function and malfunction in light of pertinent clinical evidence.

Over 100 physicians responsible for the care of patients from whom pacemakers have been recovered have been interviewed to assist in correlating clinical information with that acquired from the recovered units. Records are also maintained concerning how physicians feel about pacemakers, and about the care of those patients who have permanent pacemakers. A survey of 315 hospitals disclosed 130 where permanent pacemakers are implanted, and a record is kept on which physicians are involved.

Other educational efforts have been the presentation of lectures and seminars throughout the country, and several papers presented at local and international meetings by the Project Director. A one-day pacemaker course held in June, 1971 is to be repeated in June, 1973.

PROJECT INFORMATION SHEET

REGION: CALIFORNIA REGIONAL MEDICAL PROGRAMS, AREA V

NAME OF PROJECT: Coordination of Free Clinics

LOCUS OF ACTIVITY: (circle one) Core Activity
Operational Project
Developmental Component Project

STATUS: (circle one) Ongoing Completed Just beginning

SPONSORING INSTITUTION: Southern California Council of Free Clinics

PROJECT DIRECTOR, TITLE, ADDRESS: Michael Wood, Director
3493 Cahuenga Boulevard, #3
Los Angeles, California 90028

DATES: (indicate beginning date and date of completion, if finished)
December 15, 1971

FUNDING PERIODS AND AMOUNTS: (01 - $27,400)

OTHER FUNDS, if any:

COOPERATING AGENCIES AND INSTITUTIONS: Los Angeles County Health Department,
Los Angeles Regional Family Council
Childrens Hospital of Los Angeles

AREA SERVED: Southern California

TARGET POPULATION: Aliented youth and families who for geographic, ethnic, or financial reasons have failed to connect with established health facilities.

CONGRESSIONAL DISTRICTS: 17-19-20-21-22-23-24-25-26-27-28-29-30-31-32-34...25-32-34-35...35-36-37...24-33-38...38...13

CONTINUATION AFTER RMP SUPPORT CONCLUDES:

CORE STAFF CONTACT: Mrs. Jane Z. Cohen
Assistant Coordinator

DATE PREPARED: August 23, 1972

(add here next to last ¶ proposed future of project)

SOUTHERN CALIFORNIA COUNCIL OF FREE CLINICS

The success of the free clinic movement in serving alienated youth, and families, who for geographic, ethnic or financial reasons have failed to connect with established health facilities, has been attributed to their approach, which combines an atmosphere which lends itself to treating the patient instead of the symptom, a lack of intensive screening--personal, financial or residential, and as non-judgmental a climate as is humanly possible; total community involvement on all levels of operation, with both professional and paraprofessional staff composed entirely of volunteers.

Although initial programs dealt largely with crisis intervention, the services of the clinics have been expanded to meet the health care needs of their communities more comprehensively and now offer medical and dental treatment, family planning and prenatal classes, legal and draft counseling, psychiatric counseling, and pregnancy and abortion counseling.

The Southern California Council of Free Clinics was established in August, 1970 with representation from each free clinic in Southern California. Ideas discussed by Council members are directed back to each clinics' Board of Directors, composed of representatives from the community; thus, a direct line is created between the users and the providers of free clinic services. The Council meets regularly once a month; the Executive Committee once a week, and committees as necessary. An Advisory Board has been formed and began meeting in October, 1971. Bi-monthly clinic schedules are published and a small central office is maintained. A developmental component grant ~~was awarded~~ to the Southern California Council, i~~n January, 1972.~~ Its activities

in defining, evaluating and improving the quality of care delivered by free clinics have, thus far, proved very successful. The Council now has a standing committee on Quality Standards as one result of progress on the developmental component.

A grant proposal submitted by Area V has been approved, but remains unfunded at the present time. It proposes: To develop the ability of Southern California Council of Free Clinics to maintain itself; to protect the individuality of each free clinic; to be sure the Southern California Council reflects the clinics' needs; to help each free clinic maximize its range of services and use of resources; to enhance the maintenance of free clinics financially and through support of volunteers and voluntary health agencies.

There are now over 50 Free Clinics throughout Southern California--all private, non-profit corporations directed and operated by the people who use them. The free clinics in Los Angeles County alone recorded 450,000 patient visits in 1971.

Dorothy

Barlow/
Johnson
Advertising and
Public Relations
Syracuse Albany

June 15, 1972

Ms. Patricia Q. Schoeni
Dept. of Health, Education and
Welfare
Health Services and Mental Health
Administration
Rockville, Maryland 20852

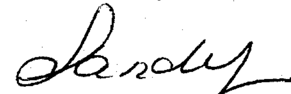
Dear Pat:

At long last -- some Central New York vignettes!
And there's more to come.

As you know, this has been a chaotic time for
CNYRMP and it has taken this long to get some
of the specifics from the projects for use in the
vignettes.

I look forward to seeing you in Boston.

Sincerely,



(Mrs.) Sandra M. Anglund
Vice President for Public Relations

SMA/nam

Enclosures

P.S.: Here's an advance of the Utica Sunday supplement
with a good RMP story.

117 Highbridge Street, Fayetteville, N.Y. 13066 315/637-9895

GENERALIST NURSE PRACTITIONER TRAINING PROGRAM

Twenty-seven area nurses are currently being trained as generalist nurse practitioners in a program representing a new concept in health delivery, sponsored by the Central New York Regional Medical Program. Of the nurses in the program, 25 are from agencies serving the rural and urban medically disadvantaged.

Under this project, nurses from hospitals, health agencies and doctors' offices participate in an intensive seven-month educational program, learning to provide primary medical care. Nurse practitioners work under a physician's direction, but on their own, handling common health services and thereby expanding the care delivery potential of the physician.

It is estimated that if ~~each~~ a nurse practitioner can save a physician from seeing 16-20 patients with common medical problems each weekday, ~~that~~ physician~~s~~ would have one or one-and-a-half more weekdays available for acute problems, continuing education, etc.

Many of the people currently being treated by the nurse practitioners are elderly individuals and others who would otherwise not receive continuing medical care.

\#   \#   \#

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Nurse-Clinician Training Program (Generalist Nurse Practitioners)

STATUS: Ongoing

SPONSORING INSTITUTION: Community-General Hospital, Syracuse, N.Y.

PROJECT DIRECTOR, TITLE, ADDRESS: Miss Gertrude Cherescavich, R.N.
Director of Nursing Services
Community-General Hospital
Broad Road
Syracuse, New York 13215
315-469-5511

DATES: 10/1/71-12/31/72

FUNDING: $42,850

OTHER FUNDS: Space

COOPERATING AGENCIES AND INSTITUTIONS:

Nurses from any agency in 17-county area are eligible to attend.

AREA SERVED: 17-county Central New York RMP area.

TARGET POPULATION: 40 nurses per year.

CONGRESSIONAL DISTRICTS: NY #31, Robert McEwen; NY #32, Alexander Pirnie; NY #33, Howard Robison; NY #34, John Terry; NY #35, James Hanley; Pa #10, Joseph McDade.

CONTINUATION AFTER RMP SUPPORT WITHDRAWN: Program will become self-supporting through tuition charges.

MEDICAL LIBRARY ASSISTANCE PROGRAM

The Medical Library Assistance Program, including a medical bookmobile sponsored by the Central New York Regional Medical Program, was designed to fulfill the need in many area hospitals for a better developed library facility.

In one year, the bookmobile visited 43 hospitals and five subacute facilities in Central New York and Northern Pennsylvania, training the person who serves as hospital librarian and stimulating interest in development of a hospital library. A total of 1,201 health personnel visited the unit.

The renovated motor home carries a set of journals and medical books which form an integrated health science core library for physicians, nurses and allied health personnel. These 90 books and 74 journals represent what experts have selected as the minimal amount of literature which even the smallest hospital should provide in its staff library.

As a result of RMP assistance, a total of three hospitals have received National Library Medicine improvement grants; two have received notice of approval and five are currently submitting applications.

Through the bookmobile and RMP, health people throughout the region can borrow books or photocopies of journal articles from the library at Upstate Medical Center in Syracuse. The hospitals visited are encouraged to have the basic indices so that they may make full use of Upstate's lending facilities. Requests for inter-library loans to the Upstate Medical Center from area hospitals increased to 5,127 or 56.5% over the previous year. The Biomedical Communications Network handled 343 computer searches or 64.9% more than last year on behalf of the area's health agencies.

Of special interest is the fact that two paraplegic patients in area hospitals became interested in serving as hospital librarians as a result of the mobile's visits. One has been trained by the RMP staff librarian and is now handling the job in a hospital which also recently received a National Library of Medicine improvement grant as a result of RMP assistance. The second paraplegic is currently in training.

# # #

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Core Activity (Stated as Feasibility Study)

PROJECT TITLE: Medical Library Assistance Program

STATUS: Ongoing

SPONSORING INSTITUTION: CNY RMP Core Service

PROJECT DIRECTOR, TITLE, ADDRESS: Miss Suzanne Murray
Library Coordinator
Central New York
Regional Medical Program

DATES: 7/1/71 - 9/30/71 (officially), but activity has continued under Core

FUNDING: Initially shared $19,437 with health mobile project.

OTHER FUNDS: Now - Core.

COOPERATING AGENCIES AND INSTITUTIONS:

Upstate Medical Center, all facilities in region.

AREA SERVED: 17 counties served by CNYRMP.

TARGET POPULATION: 55 hospitals, selected nursing homes.

CONGRESSIONAL DISTRICTS: NY #31, Robert McEwen; NY #32, Alexander Pirnie; NY #33 Howard Robison; NY #34, John Terry; NY #35 James Hanley; Pa #10, Joseph McDade.

CONTINUATION AFTER RMP SUPPORT WITHDRAWN:

STROKE REHABILITATION MOBILE CONSULTING SERVICE

The stroke mobile sponsored by the Central New York Regional Medical Program, 1969-1971, served both a patient service and health professional education role. The unit, staffed by a team of rehabilitation specialists visited hospitals and nursing homes; conducted extensive patient evaluations and taught local people how to carry out treatment. Perhaps its greatest effect was in showing health people that there were things which could be done for stroke patients: that they should not just let them lie in bed.

During its 2-1/2 years of operation, the service conducted 136 programs ranging from one to six days. These included institutes, demonstrations, patient consultations, nursing inservice program development.

Personnel from 148 different facilities from all 17 counties participated in the unit's programs. Following is a list of the types and number of facilities from which personnel participated:

- Hospitals--45
- Extended care, nursing homes--62
- Public health agencies--16
- BOCES and manpower development and training--6
- Schools (nursing, health education, social work, physical therapy)--10
- Heart associations--2
- Nursing home district associations--2
- Department of social services--1
- RMP nursing subregional programs--4

Altogether, 4,896 contacts were made by the mobile unit. Of the 370 physicians who took part in unit programs in some way, 126 referred patients. Other contacts made were 3,751 nurses; 225 occupational, physical and speech therapists and social workers; 482 other personnel; 547 family and interested people from the community. A total of 241 patients were evaluated.

# # #

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Mobile Rehabilitation Service

STATUS: Terminated 3/31/71

SPONSORING INSTITUTION: SUNY - Upstate Medical Center

PROJECT DIRECTOR, TITLE, ADDRESS: Leo Jivoff, M.D., Prof. & Chm.
Dept. of Rehab. Medicine
SUNY Upstate Medical Center
750 E. Adams Street
Syracuse, N.Y. 13210
315-473-5820

DATES: 7/1/68 - 3/31/71

FUNDING: $308,724

OTHER FUNDS:

COOPERATING AGENCIES AND INSTITUTIONS:

Personnel from 148 different facilities participated in strokemobile activities.

AREA SERVED: 17 counties served by CNYRMP

TARGET POPULATION: stroke patients - health personnel

CONGRESSIONAL DISTRICTS: NY #31, Robert McEwen; NY #32, Alexander Pirnie; NY #33, Howard Robison; NY #34, John Terry; NY #35, James Hanley; Pa #10, Joseph McDade.

CONTINUATION AFTER RMP SUPPORT WITHDRAWN:

HOME DIALYSIS TRAINING PROGRAM

The Home Dialysis Training Program funded by the Central New York Regional Medical Program annually trains 15-20 patients and their families to conduct hemodialysis in a home setting. It also serves as a training center for physicians, nurses, allied health professionals and technicians from hospitals and public health agencies throughout a 17-county area.

Hemodialysis is the treatment in which an artificial kidney "cleans" a patient's blood when his own kidneys have failed.

A major impact of the program is to moderate the cost of care and free hospital beds. While a hemodialysis machine represents a substantial investment -- about $3,000 -- it proves less costly to use at home than in the hospital. Figured into the cost of in-hospital use must be the services of nurses, technicians, and other health personnel, plus linens, supplies, and normal overhead. These costs may add up to over $15,000 annually. Home dialysis expenses are less than one-third this amount. In addition, when dialysis can be done at home on a flexible time schedule, kidney disease victims may be able to hold down a job, go to school, ~~etc.~~

Prior to the RMP-sponsored unit, several Central New York kidney patients had gone to New York City for similar training.

While the patient and his family are being trained, health care personnel from his area are trained also. These people are then able to serve this particular patient in the home environment. But, perhaps more important, by updating the knowledge of health people throughout the region, the basis for a coordinated regional dialysis program is being developed.

There are approximately 75 patients in the 17-county area on hemodialysis.

# # #

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Home Dialysis Training Program

STATUS: Ongoing

SPONSORING INSTITUTION: SUNY, Upstate Medical Center

PROJECT DIRECTOR, TITLE, ADDRESS: E. T. Schroeder, M.D., Assoc Prof. Med.
SUNY, Upstate Medical Center
750 E. Adams Street
Syracuse, New York 13210
315-473-4456

DATES: 6/26/70 - 12/31/72

FUNDING: (1) $43,219 allocated, $9,786 spent
(2) $30,028 allocated, $22,010 spent (3) $18,329 allocated

OTHER FUNDS: Hospital space and full time nurse by Onondaga County Health Dept.

COOPERATING AGENCIES AND INSTITUTIONS: Upstate Medical Center
Onon. Co. Health Dept.

AREA SERVED: 17 counties served by CNY RMP

TARGET POPULATION: 76 patients currently on hemodialysis, 80-100 new patients per year; health professionals serving them in their homes.

CONGRESSIONAL DISTRICTS: NY #31, Robert McEwen; NY #32, Alexander Pirnie; NY #33 Howard Robinson; NY #34, John Terry; NY #35 James Hanley; Pa #10, Joseph McDade

CONTINUATION AFTER RMP SUPPORT WITHDRAWN:

PULASKI MODEL RURAL AMBULATORY CENTER

Residents of a 21,000 population rural area near the eastern shore of Lake Ontario are receiving medical care from the Pulaski Model Rural Ambulatory Care Center, located 40 miles north of Syracuse. The center, which is funded by the Central New York Regional Medical Program, treats 150-200 patients every week ~~(4 days)~~.

Prior to the opening of the Pulaski Center, the area was served by only two physicians in spite of the fact that community leaders had worked to attract doctors for five years. Their efforts included offering facilities.

The problem was solved with the help of St. Joseph's Hospital Health Center of Syracuse which offered to staff the facility under its Family Practice program.

Liaison is maintained presently through the exchange of staff members. When a proposed new clinic building is completed, communications will be effected through the use of closed circuit television, Xerox telecopier and data phone.

The center provides a model which other areas with physician shortages might copy. It is based on the idea that physicians may be more willing to practice in rural areas if they have continuing education opportunities, modern facilities, a team of doctors and allied personnel to work with and a strong liaison with a medical center.

Residents from St. Joseph's and students from Upstate Medical Center rotate through the clinic in two-month intervals. The goal of these rotations is to encourage young doctors to undertake rural practices.

The Pulaski facility is owned by Northern Oswego County Health Building, Inc. (NOCHBI), which was created five years ago to help attract physicians to the Pulaski-Sandy Creek area. It is through NOCHBI's efforts that the center, presently located in a ranch house, was purchased, maintained and equipped.

Every week 5-10 patients are treated for previously undiagnosed conditions. Patients in whom a known condition was not receiving adequate care prior to the project also number 5-10 per week.

# # #

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Model Rural Ambulatory Care Center

STATUS: Ongoing

SPONSORING INSTITUTION: St. Joseph's Hospital, Syracuse, N.Y.

PROJECT DIRECTOR, TITLE, ADDRESS: Francis S. Caliva, M.D., Prof. & Chm.
Dept. of Family Practice
Upstate Medical Center/and
Director of Medical Education
St. Joseph's Hospital
Syracuse, New York 13203

DATES: 10/1/71-12/31/72

FUNDING: $53,433

OTHER FUNDS: St. Joseph's Hospital
NOCHB Inc.
Patient receipts

COOPERATING AGENCIES AND INSTITUTIONS: Northern Oswego County Health Bldg., Inc., Upstate Medical Center

AREA SERVED: Northern Oswego County

TARGET POPULATION: 21,000 - patient service area in a rural setting; cont. education for Family Practice residents.

CONGRESSIONAL DISTRICTS: NY#31 Robert McEwen

CONTINUATION AFTER RMP SUPPORT WITHDRAWN:

MEDICAL LIBRARY ASSISTANCE PROGRAM

The Medical Library Assistance Program, including a medical bookmobile sponsored by the Central New York Regional Medical Program, was designed to fulfill the need in many area hospitals for a better developed library facility.

In one year, the bookmobile visited 43 hospitals and five subacute facilities in Central New York and Northern Pennsylvania, training the person who serves as hospital librarian and stimulating interest in development of a hospital library. A total of 1,201 health personnel visited the unit.

The renovated motor home carries a set of journals and medical books which form an integrated health science core library for physicians, nurses and allied health personnel. These 90 books and 74 journals represent what experts have selected as the minimal amount of literature which even the smallest hospital should provide in its staff library.

As a result of RMP assistance, a total of three hospitals have received National Library Medicine improvement grants; two have received notice of approval and five are currently submitting applications.

Through the bookmobile and RMP, health people throughout the region can borrow books or photocopies of journal articles from the library at Upstate Medical Center in Syracuse. The hospitals visited are encouraged to have the basic indices so that they may make full use of Upstate's lending facilities. Requests for inter-library loans to the Upstate Medical Center from area hospitals increased to 5,127 or 56.5% over the previous year. The Biomedical Communications Network handled 343 computer searches or 64.9% more than last year on behalf of the area's health agencies.

Of special interest is the fact that two paraplegic patients in area hospitals became interested in serving as hospital librarians as a result of the mobile's visits. One has been trained by the RMP staff librarian and is now handling the job in a hospital which also recently received a National Library of Medicine improvement grant as a result of RMP assistance. The second paraplegic is currently in training.

# # #

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Core Activity (Stated as Feasibility Study)

PROJECT TITLE: Medical Library Assistance Program

STATUS: Ongoing

SPONSORING INSTITUTION: CNY RMP Core Service

PROJECT DIRECTOR, TITLE, ADDRESS: Miss Suzanne Murray
Library Coordinator
Central New York
Regional Medical Program

DATES: 7/1/71 - 9/30/71 (officially), but activity has continued, under Core

FUNDING: Initially shared $19,437 with health mobile project.

OTHER FUNDS: Now - Core.

COOPERATING AGENCIES AND INSTITUTIONS:

Upstate Medical Center, all facilities in region.

AREA SERVED: 17 counties served by CNYRMP.

TARGET POPULATION: 55 hospitals, selected nursing homes.

CONGRESSIONAL DISTRICTS: NY #31, Robert McEwen; NY #32, Alexander Pirnie; NY #33 Howard Robison; NY #34, John Terry; NY #35 James Hanley; Pa #10, Joseph McDade.

CONTINUATION AFTER RMP SUPPORT WITHDRAWN:

HOME DIALYSIS TRAINING PROGRAM

The Home Dialysis Training Program funded by the Central New York Regional Medical Program annually trains 15-20 patients and their families to conduct hemodialysis in a home setting. It also serves as a training center for physicians, nurses, allied health professionals and technicians from hospitals and public health agencies throughout a 17-county area.

Hemodialysis is the treatment in which an artificial kidney "cleans" a patient's blood when his own kidneys have failed.

A major impact of the program is to moderate the cost of care and free hospital beds. While a hemodialysis machine represents a substantial investment -- about $3,000 -- it proves less costly to use at home than in the hospital. Figured into the cost of in-hospital use must be the services of nurses, technicians, and other health personnel, plus linens, supplies, and normal overhead. These costs may add up to over $15,000 annually. Home dialysis expenses are less than one-third this amount. In addition, when dialysis can be done at home on a flexible time schedule, kidney disease victims may be able to hold down a job, go to school, etc.

Prior to the RMP-sponsored unit, several Central New York kidney patients had gone to New York City for similar training.

While the patient and his family are being trained, health care personnel from his area are trained also. These people are then able to serve this particular patient in the home environment. But, perhaps more important, by updating the knowledge of health people throughout the region, the basis for a coordinated regional dialysis program is being developed.

There are approximately 75 patients in the 17-county area on hemodialysis.

# # #

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Home Dialysis Training Program

STATUS: Ongoing

SPONSORING INSTITUTION: SUNY, Upstate Medical Center

PROJECT DIRECTOR, TITLE, ADDRESS: E. T. Schroeder, M.D., Assoc Prof. Med.
SUNY, Upstate Medical Center
750 E. Adams Street
Syracuse, New York 13210
315-473-4456

DATES: 6/26/70 - 12/31/72

FUNDING: (1) $43,219 allocated, $9,786 spent
(2) $30,028 allocated, $22,010 spent (3) $18,329 allocated

OTHER FUNDS: Hospital space and full time nurse by Onondaga County Health Dept.

COOPERATING AGENCIES AND INSTITUTIONS: Upstate Medical Center
Onon. Co. Health Dept.

AREA SERVED: 17 counties served by CNY RMP

TARGET POPULATION: 76 patients currently on hemodialysis, 80-100 new patients per year; health professionals serving them in their homes.

CONGRESSIONAL DISTRICTS: NY #31, Robert McEwen; NY #32, Alexander Pirnie; NY #33 Howard Robinson; NY #34, John Terry; NY #35 James Hanley; Pa #10, Joseph McDade

CONTINUATION AFTER RMP SUPPORT WITHDRAWN:

PULASKI MODEL RURAL AMBULATORY CENTER

Residents of a 21,000 population rural area near the eastern shore of Lake Ontario are receiving medical care from the Pulaski Model Rural Ambulatory Care Center, located 40 miles north of Syracuse. The center, which is funded by the Central New York Regional Medical Program, treats 150-200 patients every week (4 days).

Prior to the opening of the Pulaski Center, the area was served by only two physicians in spite of the fact that community leaders had worked to attract doctors for five years. Their efforts included offering facilities.

The problem was solved with the help of St. Joseph's Hospital Health Center of Syracuse which offered to staff the facility under its Family Practice program.

Liaison is maintained presently through the exchange of staff members. When a proposed new clinic building is completed, communications will be effected through the use of closed circuit television, Xerox telecopier and data phone.

The center provides a model which other areas with physician shortages might copy. It is based on the idea that physicians may be more willing to practice in rural areas if they have continuing education opportunities, modern facilities, a team of doctors and allied personnel to work with and a strong liaison with a medical center.

Residents from St. Joseph's and students from Upstate Medical Center rotate through the clinic in two-month intervals. The goal of these rotations is to encourage young doctors to undertake rural practices.

The Pulaski facility is owned by Northern Oswego County Health Building, Inc. (NOCHBI), which was created five years ago to help attract physicians to the Pulaski-Sandy Creek area. It is through NOCHBI's efforts that the center, presently located in a ranch house, was purchased, maintained and equipped.

Every week 5-10 patients are treated for previously undiagnosed conditions. Patients in whom a known condition was not receiving adequate care prior to the project number 5-10 per week.

# # #

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Model Rural Ambulatory Care Center

STATUS: Ongoing

SPONSORING INSTITUTION: St. Joseph's Hospital, Syracuse, N.Y.

PROJECT DIRECTOR, TITLE, ADDRESS: Francis S. Caliva, M.D., Prof. & Chm.
Dept. of Family Practice
Upstate Medical Center/and
Director of Medical Education
St. Joseph's Hospital
Syracuse, New York 13203

DATES: 10/1/71-12/31/72

FUNDING: $53,433

OTHER FUNDS: St. Joseph's Hospital
NOCHB Inc.
Patient receipts

COOPERATING AGENCIES AND INSTITUTIONS: Northern Oswego County Health Bldg., Inc., Upstate Medical Center

AREA SERVED: Northern Oswego County

TARGET POPULATION: 21,000 - patient service area in a rural setting; cont education for Family Practice residents.

CONGRESSIONAL DISTRICTS: NY#31 Robert McEwen

CONTINUATION AFTER RMP SUPPORT WITHDRAWN:

STROKE REHABILITATION MOBILE CONSULTING SERVICE

The stroke mobile sponsored by the Central New York Regional Medical Program, 1969-1971, served both a patient service and health professional education role. The unit, staffed by a team of rehabilitation specialists visited hospitals and nursing homes; conducted extensive patient evaluations and taught local people how to carry out treatment. Perhaps its greatest effect was in showing health people that there were things which could be done for stroke patients: that they should not just let them lie in bed.

During its 2 1/2 years of operation, the service conducted 136 programs ranging from one to six days. These included institutes, demonstrations, patient consultations, nursing inservice program development.

Personnel from 148 different facilities from all 17 counties participated in the unit's programs. Following is a list of the types and number of facilities from which personnel participated:

Hospitals--45
Extended care, nursing homes--62
Public health agencies--16
BOCES and manpower development and training--6
Schools (nursing, health education, social work, physical therapy)--10
Heart associations--2
Nursing home district associations--2
Department of social services--1
RMP nursing subregional programs--4

Altogether, 4,896 contacts were made by the mobile unit. Of the 370 physicians who took part in unit programs in some way, 126 referred patients. Other contacts made were 3,751 nurses; 225 occupational, physical and speech therapists and social workers; 482 other personnel; 547 family and interested people from the community. A total of 241 patients were evaluated.

# # #

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Mobile Rehabilitation Service

STATUS: Term. 3/31/71

SPONSORING INSTITUTION: SUNY - Upstate Medical Center

PROJECT DIRECTOR, TITLE, ADDRESS:

Leo Jivoff, M.D., Prof. & Chm.
Dept. of Rehab. Medicine
SUNY Upstate Medical Center
750 E. Adams Street
Syracuse, N.Y. 13210
315-473-5820

DATES: 7/1/68 - 3/31/71

FUNDING: $308,724

OTHER FUNDS:

COOPERATING AGENCIES AND INSTITUTIONS:

Personnel from 148 different facilities participated in strokemobile activities.

AREA SERVED: 17 counties served by CNYRMP

TARGET POPULATION: stroke patients - health personnel

CONGRESSIONAL DISTRICTS: NY #31, Robert McEwen; NY #32, Alexander Pirnie; NY #33, Howard Robison; NY #34, John Terry; NY #35, James Hanley; Pa #10, Joseph McDade.

CONTINUATION AFTER RMP SUPPORT WITHDRAWN:

GENERALIST NURSE PRACTITIONER TRAINING PROGRAM

Twenty-seven area nurses are currently being trained as generalist nurse practitioners in a program representing a new concept in health delivery, sponsored by the Central New York Regional Medical Program. Of the nurses in the program, 25 are from agencies serving the rural and urban medically disadvantaged.

Under this project, nurses from hospitals, health agencies and doctors' offices participate in an intensive seven-month educational program learning to provide primary medical care. Nurse practitioners work under a physician's direction but on their own, handling common health services and thereby expanding the care delivery potential of the physician.

It is estimated that if each nurse practitioner can save a physician from seeing 16-20 patients with common medical problems each weekday, that physicians would have one or one and a half more weekdays available for acute problems, continuing education, etc.

Many of the people currently being treated by the nurse practitioners are elderly individuals and others who would otherwise not receive continuing medical care.

# # #

REGION: Central New York Regional Medical Program

FOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Nurse-Clinician Training Program (Generalist Nurse Practitioners)

STATUS: Ongoing

SPONSORING INSTITUTION: Community-General Hospital, Syracuse, N.Y.

PROJECT DIRECTOR, TITLE, ADDRESS: Miss Gertrude Cherescavich, R.N.
Director of Nursing Services
Community-General Hospital
Broad Road
Syracuse, New York 13215
315-469-5511

DATES: 10/1/71-12/31/72

FUNDING: $42,850

OTHER FUNDS: Space

COOPERATING AGENCIES AND INSTITUTIONS:

Nurses from any agency in 17-county area are eligible to attend.

AREA SERVED: 17-county Central New York RMP area.

TARGET POPULATION: 40 nurses per year.

CONGRESSIONAL DISTRICTS: NY #31, Robert McEwen; NY #32, Alexander Pirnie; NY #33, Howard Robison; NY #34, John Terry; NY #35, James Hanley; Pa #10, Joseph McDade.

CONTINUATION AFTER RMP SUPPORT WITHDRAWN: Program will become self-supporting through tuition charges.

FLA-1

Florida Coronary Care Nurses Training Program

Dorothy Rule, R.N., on the staff of the DeSoto Memorial Hospital at Arcadia, (Florida) attended the first Coronary Care Unit nurse training course sponsored by the FRMP and the Florida Heart Association in the Summer of 1969.

She returned home fired with the desire to establish a unit at her hospital. This was done.

Now, writing in the chatty manner of one nurse talking to another, Miss Rule has prepared a practical guide on how to open a coronary care unit in a small hospital.

"It will require a tremendous amount of work and perseverance," she warns her readers.

Then she proceeds to offer tips that will enable the nurse in a small hospital to avoid a lot of wasted motion and still accomplish the results desired.

The paper, "Tips for Opening a Coronary Care Unit for the Nurse in a Small Hospital," is expected to be published this Spring.

DeSoto's five-bed unit was opened December 1, 1969. It includes three beds that are monitored and two beds for recovery and ICU patients. The staff consists of 3 full-time RNs, 4 part-time RNs, 2 full-time LPNs, 1 part-time LPN and 3 Aides.

The special Care Unit at her hospital, DeSoto Memorial, served 109 cardiac patients during 1970 and 140 during 1971. There were 29 cardiac deaths the first year and 24 the second year.

There was a total of 2[illegible] patients in the unit during 1970 for an average stay of 3.7 days. The Unit served 374 patients the next year for an average stay of 2.5 days.

NOTE: FRMP-Florida Heart Association CCU courses were designed to enable nurses to assist in the instruction of other CCU personnel, particularly valuable to those from smaller hospitals. More than 300 nurses completed the course during the FRMP support period. Community support arragnements will continue to provide this training.

REGION: Florida Regional Medical Program

LOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Florida Coronary Care Nurses Training Program

STATUS: Concluded

SPONSORING ORGANIZATION: Florida Heart Association

PROJECT DIRECTOR: Louis Lemberg, M.D.
3180 Coral Way
Miami, Florida 33145

DATES: March 1, 1969 - February 28, 1972

FUNDING: 01 - $110,261; 02 - $125,517; 03 - $82,975

OTHER FUNDS: None

COOPERATING AGENCIES AND INSTITUTIONS: Community Hospitals and Community Junior Colleges

AREA SERVED: State of Florida

TARGET POPULATION: Nurses from hospital staffs

CONTINUATION AFTER RMP SUPPORT WITHDRAWN: Continuation of the training activities will be provided by varying local cooperative arrangements. In some instances, tuition fees will be charged students with a portion of the cost being absorbed by the sponsoring institution. In other locales, the local community junior college will provide didactic instruction with the training hospital providing necessary clinical experiences.

CORE STAFF CONTACT: Gordon R. Engebretson, Ph.D., Deputy Director

DATE PREPARED: February 1, 1972

DRAFTED BY: Harold A. Tyler, Assistant Director for Communications

Vignette: GRMP Activity

A KIDNEY DISEASES PROGRAM FOR GEORGIA

A plan to develop and integrate health care resources for kidney disease throughout the state of Georgia was instituted - with the support of GRMP- through the joint efforts of the Regional Nephrology Centers at the two medical schools of the region, Emory University School of Medicine and the Medical College of Georgia, and the two hospitals that have been designated as Kidney Area Facilities in Georgia.

Inspite of the tremendous strides being made in kidney research, Georgia lags behind in its preparation to translate these research accomplishments into improved patient care for its citizens. In Georgia approximately 100,000 cases of genitourinary tract disease occur each year, 200 of which enter the category of terminal renal failure susceptible to radical therapy by dialysis or transplantation. Neither the facilities nor the trained personnel are available to provide new forms of therapy to all those who would benefit from them.

Improvement in the quantity and the quality of care for patients with kidney disease is the main focus of activity at this time. GRMP is playing a major supportive role in the achievement of progress in the following projects:

> The support of the Regional Nephrology Centers based at the two medical schools which will expand referral services to the entire region. Complete utilization of medical school resources will permit transplant surgery, organ retrieval, and tissue typing. With the proposed expansion of patient care services in the region and area facilities, development of new skills for physicians, nurses and allied professionals is essential. The educational facilities available at the medical schools will make the logical sites for specialized training.

> In order to begin to assure thorough regionwide coverage, two area facilities have been designated, one at Columbus and one at Augusta. Each area facility will be headed by a regional-center-trained nephrologist. Specialized diagnosis and treatment of patients with kidney disease will be offered.

There are future plans for the establishment of limited-care low-cost dialysis facilities throughout the state. This type of facility will be designed to provide long-term dialysis for patients who, for one reason or another, are unable to go on home dialysis, but who require only limited assistance to be carried out in an accessible center.

BACK-UP SHEET

Region: Georgia Regional Medical Program

Locus of Activity: Operational Project

Project Title: A Kidney Disease Program for Georgia (Regional Nephrology Centers and Kidney Area Facilities)

Status: Ongoing

Sponsoring Institution: GRMP

Project Director, Title, Address:

Regional Nephrology Centers

Elbert P. Tuttle, Jr., M.D.
Advisory Director
Atlanta Artificial Kidney Center
69 Butler Street, S.E.
Atlanta, Georgia 30303

James B. Hudson, M.D.
School of Medicine
Medical College of Georgia
Augusta, Georgia 30902

Kidney Area Facilities

George E. Van Giessen, Jr., M.D.
1021 15th Street
Suite 11
Augusta, Georgia

C. Daniel Cabaniss, M.D.
Chairman
Department of Internal Medicine
The Medical Center
Columbus, Georgia

Dates: 2-1-72 through 8-31-74

Funding: $103,028 (Current Year)

Other Funds: Collection of fees, medical schools and hospitals, training grants from National Institutes of Health, Georgia Heart Association, private foundations, facilities grants from Division of Vocational Rehabilitation of Georgia, contracts with the U.S. Department of Health, Education and Welfare

Cooperating Agencies: Emory University School of Medicine, Medical College of Georgia, designated Area Facilities, National Institutes of Health, Georgia Division of Vocational Rehabilitation, National and Georgia Kidney Foundations, State of Georgia: Board of Regents of the University System

Area Served: State of Georgia

Target Population: Patients throughout the state stricken with renal disease

Congressional Districts:

(1) G. Elliot Hagan, Sylvania
(2) Dawson Mathis, Albany
(3) Jack Brinkley, Columbus
(4) Ben B. Blackburn, Atlanta
(5) Fletcher Thompson, East Point
(6) John J. Flynt, Jr., Griffin
(7) John W. Davis, Summerville
(8) W.S. Stuckey, Jr., Eastman
(9) Phil M. Landrum, Jasper
(10) Robert G. Stephens, Jr., Athens

Continuation After RMP Support Withdrawn: Fee scale and continued grants

Core Staff Contact: Mr. William Wilkins

Date Prepared: February 15, 1972

Drafted by: Ms. Patricia Harris

GA-2

Vignette: GRMP Activities

CARDIOPULMONARY RESUSCITATION PROGRAM

The Georgia Heart Association, with financial support from GRMP for a three-year period, set up and achieved the following objectives in the field of cardiopulmonary resuscitation, throughout the state of Georgia:

A cardiopulmonary resuscitation training program was established as of August 1971 in almost all major hospitals throughout Georgia; 117 of the 220 licensed hospitals, 2 VA hospitals, 9 military hospitals.

~~Develop~~ a cadre of trained instructors was developed throughout the state and ~~to create~~ a structure through which an instructor could function in his respective community. Within the period of time from June 1, 1968 through August 31, 1971, the 2520 instructors who were trained in CPR care included:

215 Physicians
1028 Nurses
1277 Others (paramedical, personnel in high risk occupations, police, fire, utilities, industry)

The 2520 instructors who were trained cover 120 of the Georgia counties, a total geographic area in which 93% of the state's population lives. In addition, 38 countywide committees on CPR were formed to enable instructors to carry on activities within their own counties.

Courses are being conducted statewide for instructors and other persons who have the need for a continued proficiency in CPR procedure. In addition, assistance in the development of CPR in-service training programs ~~in hospitals where such programs have not already been established~~ is being offered and encouraged on a continuing basis by the Georgia Heart Association.

The CPR program is remaining an ongoing program of the Georgia Heart Association. The skills of the four CPR Field Reps who have been with the program are continuing to be utilized in their new assignments as GHA Field Reps. A recent increase in budget has allowed the hiring of additional field staff (expansion from 6-10 members). The geographic territory to be covered by each rep has been reduced from 24 counties to 18 counties.

BACK-UP SHEET: CARDIOPULMONARY RESUSCITATION PROGRAM

Region: Georgia Regional Medical Program

Locus of Activity: Operational Project

Project Title: Cardiopulmonary Resuscitation Program

Status: Terminated; continuing on own funds

Sponsoring Institution: Georgia Heart Association, Inc.

Project Director, Title, Address: Joseph A. Wilber, M.D., Chairman
CPR Committee, Ga. ~~Hosp.~~ Heart Assn.
2581 Piedmont Road, N.E.
Atlanta, Georgia 30324

Dates: July 1, 1968 - August 31, 1971

Funding: 01,02,03: $265,916

Other Funds: Georgia Heart Association

Cooperating Agencies and Institutions: Georgia Heart Association, hospitals throughout the state, fire departments, police departments, public utilities, business and industry, ambulance and rescue personnel, military base.

Area Served: State of Georgia

Target Population: Entire Region

Congressional Districts:

1. G. Elliot Hagan, Sylvania
2. Dawson Mathis, Albany
3. Jack Brinkley, Columbus
4. Ben B. Blackburn, Atlanta
5. Fletcher Thompson, East Point
6. John J. Flynt, Jr., Griffin
7. John W. Davis, Summerville
8. W.S. Stuckey, Jr., Eastman
9. Phil M. Landrum, Jasper
10. Robert G. Stephens, Jr., Athens

Continuation After RMP Support Withdrawn: The CPR program has remained an ongoing program of the Georgia Heart Association.

Core Staff Contact: Mr. William Wilkins

Date Prepared: February 10, 1972

Drafted by: Ms. Patricia Harris

Vignette: GRMP Activity

COMMUNITY HIGH BLOOD PRESSURE PROGRAM IN METROPOLITAN ATLANTA

A concentrated effort to detect and control hypertension is being conducted in a predominantly black middle class urban community of 23,000 adults (aged 15 and older) residing in S.W. Atlanta. The majority of individuals with elevated blood pressure are either undetected, untreated or inadequately treated. This demonstration program will identify those existing conditions which deter indigent patients from medical care of hypertension and will discover procedures ~~that will~~ encourage indigent patients to seek and ~~to~~ accept care. If the majority of hypertensives in the country could be adequately controlled through the use of proper medication, a major reduction in morbidity and mortality, especially in ~~the area of~~ stroke among men, would be achieved.

GRMP funding of the project began September 1, 1970. Various methods of screening for elevated blood pressure were tried and evaluated for effectiveness. The most successful methods found were mobile van screening (shopping centers, apartment complexes, etc.) and door to door screening throughout neighborhoods. Prime testing times were pinpointed: week-days between the hours of 3:00 p.m. to 8:00 p.m.

During the first year of operation 6012 adults were screened; 1,713 (28.5%) were classified as hypertensive. 71% of these (1224) were either undiagnosed, untreated, or inadequately treated. Letters referring the identified hypertensive patient for diagnosis and treatment were more successful (59.3%) and efficient than phone calls made to individuals (50.9%).

Presently the program provides services including screening, referral, education and follow-up. Without availability and accessibility of diagnostic and treatment facilities, results from the use of the services will not be recognizable. During the first operational year, a follow-up system was established and 1000 patients were followed; however, only 25% of these hypertensives are presently under treatment. The remaining 75% are not under adequate control for a number of reasons, including lack of knowledge about hypertension, limited transportation to centers administering care, and the high cost of medical care.

A target date of February ~~'72 is~~ 1972 was set for the opening of a low cost or free Community Resource Center ~~(in the target area)~~ which ~~will~~ would offer care to 100 patients who will be randomly selected from the 75% untreated follow-up cases. Trained volunteers will play a vital role in operating this center after the initial two or three months of implementation.

BACK-UP SHEET

Region: Georgia Regional Medical Program

Locus of Activity: Operational Project

Project Title: Community High Blood Pressure Program in Metropolitan Atlanta

Status: Ongoing

Sponsoring Institution: Georgia State Department of Public Health

Project Director, Title, Address: Joseph A. Wilber, M.D.
Director, Cardiovascular Disease Control
Georgia Department of Public Health
47 Trinity Avenue, S.E.
Atlanta, Georgia 30334

Dates: 9-1-70 through 8-31-74

Funding: $181,000.00 (for first two operational years with GRMP support)

Other Funds: Georgia Department of Public Health, Health Services and Mental Health Administration, Department of Health, Education and Welfare

Cooperating Agencies and Institutions: Georgia Department of Public Health, Georgia Heart Association, Atlanta Medical Society, Fulton County Medical Association, Fulton County Health Department, Community Council of Metropolitan Atlanta.

Area Served: Urban community in S.W. Atlanta; approximately 23,000 middle class predominantly black adults

Target Population: Adults ages 15 years of age and older in this urban indigent area of Atlanta

Congressional Districts: Fletcher Thompson, East Point

Continuation After RMP Support Withdrawn: Sources to help continue activities are actively being sought.

Core Staff Contact: Mr. William B. Wilkins

Date Prepared: February 15, 1972

Drafted by: Ms. Patricia Harris

Vignette: GRMP Activities

HEALTH OCCUPATIONS COUNSELING

One hundred rural ~~Georgia~~ predominantly black disadvantaged high school students are participating in a unique health occupations counseling program ~~designed as a~~ pilot project to demonstrate the feasibility of this approach ~~to~~ solving ~~a portion~~ of the current health manpower problems. GRMP selected ten high school counselors from rural middle Georgia, carefully interview~~ing them~~ and ~~working with~~ their principals to assure that the counselors ~~selected~~ have the ~~cooperation and~~ capability needed to work with students in this intensified health occupations counseling approach.

Special orientation in health careers and educational opportunities was provided the participating counselors at the beginning of the program, through a workshop that included sessions with experts from governmental and educational institutions in the state, as well as practicing members of the health professions.

Most students ~~presently pursuing~~ a health career are from urban ~~settings~~ rather than rural areas. In turn, these individuals will probably practice in the urban setting. ~~For this reason, attention is focused in~~ this project on the rural setting and ~~in~~ schools with large numbers of disadvantaged students.

When high school students think of health professions they generally think of physicians, dentists, nurses, or pharmacists. Because of their background, many students from the lower socioeconomic sector will not pursue these health professions because they seem unattainable. Through this ~~effort~~, disadvantaged high school students will be made aware of behind the scene workers in the health field, such as nurses aides, orderlies, laboratory technicians, medical records specialists, ~~etc.~~

Each counselor selected ten students, ~~in their junior year with whom he works on a continuing basis~~ throughout the year, balancing individual counseling with group activities designed to ~~assure thorough presentation and~~ understanding of the opportunities available ~~and~~ particularly suited, ~~to each of the students. Many ethnically or economically disadvantaged students are unable to think abstractly enough to pursue something intangible~~, therefore, if goals are to be met, these persons must have models ~~with whom they can identify~~. ~~The project calls for~~ students ~~to be~~ brought to the Atlanta metropolitan area on a group trip ~~for the purpose of~~ visi~~ting with~~ practitioners in each of the health fields studied, not only at ~~the site of~~ their office, hospital, or laboratory ~~activities~~, but also in the informal setting of their homes.

~~In addition,~~ project plans call for the o~~ne hundre~~d participating students to maintain active involvement during the summer vacation months, wherever possible, through actual employment as aides, clerks, etc., working on a daily basis with health professionals.

BACK-UP SHEET: HEALTH OCCUPATIONS COUNSELING

Region: Georgia Regional Medical Program

Locus of Activity: Operational Project

Project Title: Health Occupations Counseling

Status: Ongoing

Sponsoring Institution: Georgia Regional Medical Program

Project Director, Title, Address: Mr. Algie Jordan, M.P.H.
Associate Coordinator
Facilities and Services
Georgia Regional Medical Program
938 Peachtree Street, N.E.
Atlanta, Georgia 30309

Dates: September 1, 1971 through August 31, 1972

Funding: $13,810

Other Funds:

Cooperating Agencies: N. E. High School (Macon), Peach County High School (Ft. Valley), R.E. Lee Institute Guidance Center (Thomaston), Willingham B. (Macon), Lamar County School (Barnesville), Baldwin High School (Milledgeville), Warner Robins Senior High (Warner Robins), McEvoy B. (Macon) Mary Persons High School (Forsyth), N.E. Complex (Macon).

Area Served: Six county area in Georgia: Monroe, Jones, Baldwin, Putnam, Peach, Houston.

Target Population: Predominantly black disadvantaged rural high school students with a potential interest in a health career.

Congressional Districts: #3 Jack Brinkley, #6 John J. Flynt, Jr., #10 Robert G. Stephens, Jr.

Continuation After RMP Support Withdrawn: Possibilities for other sources of continuing support are actively being pursued.

Core Staff Contact: Mr. Algie Jordan

Date Prepared: February 10, 1972

Drafted By: Ms. Patricia Harris

GDV-1

Greater Delaware Valley

COMMUNITY AID AND REFERRAL EXCHANGE SYSTEM

"CARES"

The need for a central information and referral service to simplify, facilitate and follow-up direct referral of individuals to appropriate health agencies ~~was~~ recognized by the Health and Welfare Council of Chester County, Pennsylvania. ~~Development and implementation of provision of such service was~~ considered essential ~~to~~ assurance that persons needing health services ~~are informed where~~ to obtain those services and that available services are used efficiently and fully.

Cover~~ing~~ all of Chester County and part of Delaware County, ~~it is visualized that~~ success of this project can establish a design for other Areas in the region and ~~in~~ the states a~~nd nation~~ to develop similar services.

The program guides the individual to an agency that can help him and tries to provide ~~such~~ other assistance ~~as may be needed to assure that he~~ receives ~~the~~ help. ~~he seeks.~~ I~~n turn~~ the program acts as a communication link between the agencies.

The central information and referral service ~~serves as a~~ useful ~~approach to~~ identify what provider services currently exist, whether they are ~~accessible,~~ available and acceptable, what services overlap and what new provider services may be needed. It ~~is regarded, also as being useful in~~ identify~~ing~~ improved ways for agencies to work together in providing health care.

~~Additional steps in the development of the program are desig~~ned ~~to enable the~~ collect~~ion of~~ pertinent data on how agencies manage referrals, ~~and through~~ computer ~~devices~~ retrieve ~~given~~ information ~~for use of~~ agencies ~~in~~ evaluat~~ion of~~ their services, as well as to reach out through development of Community Centers and by utilization of trained volunteers supervised by professional staff to extend substantially the health services to people otherwise unable to obtain such service.

BACK-UP SHEET

REGION: Greater Delaware Valley Regional Medical Program
LOCUS OF ACTIVITY: Planning Project
PROJECT TITLE: CARES
STATUS: In second and final year
SPONSORING INSTITUTION: Health and Welfare Council of Chester County
PROJECT DIRECTOR: Mrs.Brent W. Roehrs, Director
Chester County CARES
14 East Biddle Street
West Chester, Pennsylvania 19380

DATES: October, 1970 - October, 1972
FUNDING: 1971 - $5,000; 1972 - $5,000
OTHER FUNDS: Various for cooperating agencies
COOPERATING AGENCIES AND INSTITUTIONS: Pennsylvania Department of Community Affairs; Pennsylvania Department of Welfare; Mental Health/Mental Retardation Board of Chester County; West Chester Rotary Club; Dolfinger McMahon Foundation and interested individuals
AREA SERVED: Chester County and part of Delaware County, Pennsylvania
TARGET POPULATION: All individuals and families needing health services
CONGRESSIONAL DISTRICTS: Various
CONTINUATION AFTER RMP SUPPORT WITHDRAWN: Governmental, state and local, and participating agency funding
CORE STAFF CONTACT: Stephen B. Langfeld, M.D.
Associate Director, Program Development and Operations
DATE PREPARED: 2/14/72
DRAFTED BY: Ronald E. Miller

Greater Delaware Valley

FIGHTING RESPIRATORY DISEASES

Respiratory failure, like heart or kidney failure, can often be reversed if the victim gets proper treatment in time. Establishing regional centers to provide advanced treatment for people with acute respiratory failure is one of GDVRMP's current objectives.

~~Under the direction of~~ Dr. Robert F. Johnson, coordinator, Head, Chest Section, Hahnemann Medical College and Hospital, directs a training program for physicians and allied health personnel in the treatment of respiratory failure. ~~is underway.~~ A total of 87 professionals have been trained.

Surgical problems, neurological diseases, poisoning, or overwhelming pneumonias can cause respiratory failure. Most cases, however, are caused by chronic obstructive lung diseases such as chronic bronchitis, pulmonary emphysema, and bronchial asthma.

In recent years, cases of emphysema and bronchitis have increased sharply. In 1955, they caused 4,946 deaths. In 1966, the figure jumped to 22,686. Some experts predict these deseases may cause an many as 6,000 deaths in the Greater Delaware Valley this year.

Diseases like emphysema can also cripple. In 1963, 14,897 people with emphysema received disability allowances because they could not work. Only heart disease disables more people.

Adding to the problem is the growing number of older citizens. Respiratory illness is greatest and mortality highest among people over 40. As this segment of the population has increased, the problem has grown faster than treatment facilities. GDVRMP's respiratory project is aimed at helping close the gap.

When trained personnel and proper facilities are available to treat respiratory patients, results are impressive. In one instance, a special respiratory care unit treating over 400 patients a year achieved a survival rate three times higher than the rate prior to the opening of the unit. Another special unit boasts an 80% survival rate among patients suffering from acute respiratory failure.

Designed to give participants intensive experience in the latest methods of treating respiratory failure, GDVRMP's training program is divided between classroom work and bedside care of the critically ill. The faculty is made up of staff from three hospitals. Guest lecturers from Temple University Health Sciences Center, Children's Hospital, University of Pennsylvania Medical School and Geisinger Medical Center have also participated.

The respiratory care unit at Hahnemann is under the direction of Dr. Leon A. Kauffman, The five bed unit serving as the training and demonstration center for personnel from Philadelphia and nearby New Jersey hospitals.

The four bed unit at Allentown Hospital, part of ~~situated in~~ the general intensive care unit, is under the direction of Dr. John P. Galgon. It serves Lehigh, Northampton, Berks, Schuylkill, Carbon and Monroe counties and parts of Warren County in New Jersey.

The Wilkes-Barre General unit, under the direction of Dr. Charles E. Myers, is also in the intensive care unit. It serves as the training and demonstation center for the northern part of the region.

Since it is located in Pennsylvania's coal mining region, Wilkes-Barre General has had particular interest in respiratory problems. Under Dr. Myers direction, a clinic to treat anthracosilicosis or miners disease has been established. Some 400 patients visit the clinic regularly.

BACK-UP SHEET

REGION: Greater Delaware Valley
LOCUS OF ACTIVITY: Operational Project
PROJECT TITLE: Centers for Respiratory Care
STATUS: Ongoing
SPONSORING INSTITUTION: Combination of hospitals
PROJECT DIRECTOR: Robert F. Johnson, M.D.
Coordinator, Head Chest Division
Hahnemann Medical College and Hospital
Philadelphia, Pennsylvania
DATES: Started October, 1969.
FUNDING: $47,953 currently
OTHER FUNDS: None
COOPERATING AGENCIES AND INSTITUTIONS: Hahnemann Hospital, Allentown Hospital, and Wilkes-Barre General Hospital
AREA SERVED: Major part of Greater Delaware Valley Region.
TARGET POPULATION: Adults with respiratory diseases.
CONGRESSIONAL DISTRICTS: Several
CONTINUATION AFTER RMP SUPPORT WITHDRAWN: To be financed by participants or by solicitation from other sources
CORE STAFF CONTACT: Stephen B. Langfeld, M.D.
Associate Director for Program
Development and Operations
DATE PREPARED: February 14, 1972
DRAFTED BY: Ronald E. Miller

GDV-5

Greater Delaware Valley

HOSPITAL PROGRAM TO IMPROVE PATIENT CARE THROUGH SELF-EVALUATION

Ten area hospitals are participating in a program to improve patient care through self-evaluation in the Greater Delaware Valley Region. The project is funded by a grant approved by the GDVRMP Regional Advisory Group in the amount of $59,963 for the first year of operation.

Co-directors of the program are: Dr. Daniel S. Fleisher, Director, Center for Health Education Studies, Temple University Health Sciences Center, and Dr. Gerald Escovitz, RMP Unit Chief, Medical College of Pennsylvania, who replaced Dr. Clement R. Brown, Jr., formerly Director of Medical Education at Chestnut Hill Hospital.

The improvement via self evaluation program is divided into three phases. Phase One, completed by the cooperating hospitals, involves a workshop at which physicians, hospital administrators, hospital Board members and medical record librarians develop approaches for drawing up explicit criteria for patient care. A form is designed so the medical record librarian can gather data concerning the hospital's performance. The kind of data needed is determined by the hospital's own physicians. The information collected by each hospital is then compared with the criteria for patient care set forth by the medical staff of the hospital.

Phase One of the program has proven completely successful and each of the cooperating hospitals is committed to the two-year program.

In Phase Two of the program, each of the hospitals will select three diseases, conditions, operations, or other problem areas in patient care. The selections may vary from hospital to hospital. Once the choices are made, each hospital will set its own optimal and minimal criteria for patient care in the chosen areas. Data on patients in each area will then be collected from hospital records.

Phase Three calls for careful study by each hospital of its own data and narrowing the selected problem areas from three or two. Which two are selected will depend on the discovery of deficits in patient care - some area of performance below the hospital's own minimal criteria. After analyzing possible reasons for the deficits, the hospital, with the assistance of the project directors, will design educational programs aimed at overcoming them. One year after the educational programs have been launched patient records will be re-examined to measure changes in hospital performance.

BACK-UP SHEET

REGION: Greater Delaware Valley Regional Medical Program
LOCUS OF ACTIVITY: Operational Project
PROJECT TITLE: Improving Patient Care Through Self-Evaluation
STATUS: In second year of thirty-month program approval.
SPONSORING INSTITUTION: Combined community hospitals.
PROJECT CO-DIRECTORS: Daniel S. Fleisher, M.D. and Gerald Escovitz, M.D.

Daniel S. Fleisher, M.D.
Director, Center for Health Education Studies
Temple University Health Sciences Center
Philadelphia, Pa.

Gerald Escovitz, M.D.
Chief, RMP Unit
Medical College of Pennsylvania
Philadelphia, Pa.

DATES: Operational - August, 1970
FUNDING: $59,963 first year; $57,276 second year.
OTHER FUNDS: None.
COOPERATING AGENCIES AND INSTITUTIONS: Ten community hospitals.
AREA SERVED: Major portion of Greater Delaware Valley including Philadelphia.
TARGET POPULATIONS: Hospital patients generally.
CONGRESSIONAL DISTRICTS: Not applicable.
CONTINUATION AFTER RMP SUPPORT WITHDRAWN: Individual hospitals to assume continuation costs.
CORE STAFF CONTACT: Stephen B. Langfeld, M.D.
Associate Director for Program Development and Operations
DATE PREPARED: February 14, 1972
DRAFTED BY: Ronald E. Miller

Greater Delaware Valley

KIDNEY PROGRAM

A grant to launch a regional program for patients with kidney disease has been approved by GDVRMP and funded by Regional Medical Programs Service.

The Regional Kidney Program is working for increased use of home dialysis and the expansion of existing dialysis units. It will also establish a central information service including a registry of kidney patients, dialysis capability, tissue typing, transplant candidates and the availability of kidney donors.

About 250 cases of renal disease needing dialysis are diagnosed each year in the Greater Delaware Valley. Some authorities feel that people between the ages of 15 and 54 are the most suitable candidates for diaylsis.

The cost of treatment is a major problem. Dialysis in a hospital costs about $14,000 per year. Home dialysis costs about the same the first year but is reduced to slightly over $3,000 in following years.

Estimates are that at the end of five years costs for dialysis patients in the Greater Delaware Valley will total an average of $3.5 million per year.

Three states recently acted to help patients pay the high cost of treat ent. Pennsylvania has enacted legislation providing $1 million a year for patient support. New Jersey has allocated $250,000 and Delaware, $58,000.

The Regional Kidney Program will encourage additional projects to aid kidney patients. One project now being drawn up calls for training nurses in dialysis. Another is for training technologists.

The kidney program is sponsored by the University City Science Center. William C. Ellenbogen is project director.

BACK-UP SHEET

REGION: Greater Delaware Valley
LOCUS OF ACTIVITY: Operational Project
PROJECT TITLE: Renal Disease Patient Support Program
STATUS: Ongoing
SPONSORING INSTITUTION: University City Science Center
PROJECT DIRECTOR: William C. Ellenbogen
University City Science Center
Philadelphia, Pennsylvania
DATES: Started April, 1971
FUNDING: Current year $23,360
OTHER FUNDS: None
COOPERATING AGENCIES AND INSTITUTIONS: Medical schools, hospitals, health departments, voluntary agencies, and practicing physicians in Region.
AREA SERVED: Entire area covered by GDVRMP
TARGET POPULATION: All persons in Region affected by renal disease
CONGRESSIONAL DISTRICTS: Various
CONTINUATION AFTER RMP SUPPORT WITHDRAWN: Participating hospitals, official and voluntary agencies expected to be sources of funding together with government.
CORE STAFF CONTACT: Stephen B. Langfeld, M.D.
Associate Director for Program
Development and Operations
DATE PREPARED: February 14, 1972
DRAFTED BY: Ronald E. Miller

Greater Delaware Valley

CORONARY AND INTENSIVE CARE TRAINING

Three hundred sixty-one nurses from 44 hospitals in the Greater Delaware Valley have received training in coronary intensive care in programs sponsored by GDVRMP.

They were trained in 22 sessions at four hospitals. Sixty-two of the nurses received training in general intensive care, including respiratory failure, head trauma, kidney failure and other acute conditions in addition to basic instruction in coronary care.

The coronary care courses were given at Wilkes-Barre General Hospital, Reading Hospital and Wilmington Medical Center. The general intensive care course was given at Allentown Hospital. All four programs are continuing and will train additional nurses.

GDVRMP's program stresses cooperation among hospitals, within the region for high quality training. Faculty for the courses are recruited from several institutions and the trainees come from a number of hospitals. The 44 hospitals that have sent nurses represent more than a quarter of the 165 voluntary short-term general hospitals in the region.

While most of the nurses who received training so far came from nearby hospitals, one came from 170 miles and another came from Jerome, Idaho, a distance of 2,400 miles.

About 68 percent of the nurses taking the training courses are currently employed in CCU/ICU's, and an additional 10 percent have been so employed at some time since completion of their training.

While many of the nurses came from hospitals that already had CCU's, some hospitals sent nurses with the idea of establishing units when the trainees returned. Other hospitals had CCU's that were running below capacity because of staff shortages. The training the nurses received on GDVRMP programs permitted the hospitals to increase their service.

A survey conducted among all trainees at the end of the courses showed most nurses enthusiastic about the program. Comments ranged from "an excellent learning experience" to "I feel more adequate to go back and work in the unit of my own hospital."

BACK-UP SHEET

REGION: Greater Delaware Valley
LOCUS OF ACTIVITY: Operational Project
PROJECT TITLE: Coronary Care Training; Intensive Care Training
STATUS: Ongoing
SPONSORING INSTITUTION: Various hospitals
PROJECT DIRECTORS: One for each of four programs
DATES: Late 1969 to present
FUNDING: Current year - Coronary Care - $44,428; $43,461; $44,227, and Intensive Care - $48,887.
OTHER FUNDS: None
COOPERATING AGENCIES AND INSTITUTIONS: Medical Schools, hospitals, official and voluntary agencies, practicing physicians and nurses
AREA SERVED: Major part of area contained in GEVRMP
TARGET POPULATION: All prospective patients in Region
CONGRESSIONAL DISTRICTS: Various
CONTINUATION AFTER RMP SUPPORT WITHDRAWN: It is anticipated that participating hospitals, schools and agencies will develop sources of funding for continuation of programs
CORE STAFF CONTACT: Stephen B. Langfeld, M.D.
Associate Director for Program
Development and Operations
DATE PREPARED: February 14, 1972
DRAFTED BY: Ronald E. Miller

Greater Delaware Valley

VNA-HOMEMAKER CONSOLIDATION PROJECT

The Visiting Nurse Association, with three offices in Luzerne County, Pennsylvania, and the Homemaker Service Agency of Luzerne County, have consolidated into a single organization which is working with the cooperation of other health planning and provider organizations to reduce duplication and to improve home health service to residents of the county. The consolidated agency is known as Home Health Services of Luzerne County.

The consolidation developed from the recognition that a large body of persons eligible for discharge from hospitals could not be discharged due to their inability to obtain adequate home health services in their households while convalescing, and that there were many other persons who require more complete health care than they were obtaining.

Health services provided by this consolidated agency include nursing care, homemaker service, home health aide service, medical social work, speech therapy, physical therapy and occupational therapy. In effect, the development of this consolidated agency has provided this community with a "hospital without walls".

Additional health services are being added as the new agency becomes more involved in the total health care problems of the area. A recent service added is that of providing home care for respiratory disease patients.

Other health providers in the area have endorsed this concept of consolidated services, and third-party payment agencies have expressed interest.

The GDVRMP participated in the consolidation in the planning process and provided partial financing.

BACK-UP SHEET

REGION: Greater Delaware Valley Regional Medical Program
LOCUS OF ACTIVITY: Planning Project
PROJECT TITLE: VNA-Homemaker Consolidation
STATUS: Completed
SPONSORING INSTITUTION: Homemaker Services of Luzerne County
PROJECT DIRECTOR: Robert V. Stevens
United Penn Bank
Wilkes-Barre, Pennsylvania 18701

DATES: Fall, 1971
FUNDING: $5,000
OTHER FUNDS: Various
COOPERATING AGENCIES AND INSTITUTIONS: Wyoming Valley United Fund; Blue Cross of Northeastern Pennsylvania; Welfare Planning Council, Wilkes-Barre, Penna.; Model Cities Agency, Wilkes-Barre; Rural Health Corporation of Luzerne County, Health & Hospital Planning Council of Northeastern Pennsylvania
AREA SERVED: Luzerne County, Pennsylvania
TARGET POPULATION: Hospital Patients being discharged
CONGRESSIONAL DISTRICT: Honorable Daniel J. Flood #11
CONTINUATION AFTER RMP SUPPORT WITHDRAWN: Self-sustaining
CORE STAFF CONTACT: Stephen B. Langfeld, M.D.
Associate Director, Program Development and Operations
DATE PREPARED: 2/14/72
DRAFTED BY: Ronald E. Miller

Program staff members are utilizing their talents in working with physicians who are specialists in drug abuse to produce a Drug Abuse Manual, titled "Guide to the Perplexed." Individuals and organizations in the community have shown interest in the project. For example, the State Department of Education has requested 400 copies.

The target group for the manual is primarily physicians, but will be of value to anyone working with those abusing drugs. The booklet will assist workers through the frustrating maze of fact and fantasy which so often dominates the area of drug abuse and addiction.

Sections of the manual, separated into different colors, cover the following subjects: 1) the current drug scene in Hawaii; 2) street names of drugs; 3) diagnosis and treatment; 4) chemistry, physiology and complications of drugs; 5) bibliography; 6) signs and symptoms; 7) community services and programs; and, 8) legislation. To combat obsolescence, a newsletter in addendum form will be mailed periodically covering current drug information, to those requesting such material. The manual will be a quick aid to assist health workers to communicate easily and knowledgeably with drug users, thereby enabling them to give timely aid and assistance.

Back-up Sheet

Region: Regional Medical Program of Hawaii

Locus of Activity: Core Activity

Project Title: Desk Reference on Drug Abuse

Status: Completed

Sponsoring Institution: Regional Medical Program of Hawaii

Project Director, Title, Address: Masato Hasegawa, M.D.
Executive Director
Regional Medical Program of Hawaii
1301 Punchbowl Street
Honolulu, Hawaii 96813
(808)-531-6525

Dates: October 1971-March 1972

Funding: Initial cost $3,595 for 1,000 copies. Manual will be sold at an appropriate cost to defray expenses of printing and binding.

Other Funds: None

Cooperating Agencies & Institutions: State Department of Health, Division of Mental Health, Alcohol and Drug Abuse Clinic; University of Hawaii, Medical School, Department of Pharmacology; and private physicians

Area Served: All of Hawaii

Target Population: 500 Physicians, 400 Teachers and Counselors, and 100 Allied Health Workers

Continuation After RMP Support Withdrawn: This is a one-time project. Follow-up newsletter will be published by program staff.

Core Staff Contact: Masato Hasegawa, M.D., Executive Director, RMPH

Date Prepared: February 15, 1972

HAWA-1

AIR MAIL SPECIAL DELIVERY

Regional Medical Program of Hawaii / Harkness Pavilion, 1301 Punchbowl Street, Honolulu, Hawaii 96813 / Phone 531-6525 / Cable RMPHawaii

February 15, 1972

TO: Patricia Q. Schoeni
Acting Director
Office of Communications and Public Information

FROM: Masato Hasegawa, Executive Director

SUBJECT:
Vignettes on RMP Activities

In accordance with your memo of January 6, 1972 we are enclosing a vignette from this Region.

I hope you are able to use this even though we have missed the deadline.

fk

Encl. - "Desk Reference on Drug Abuse"

Illinois Kidney Disease Program

More than 350 Illinois victims of end-stage renal failure are waiting for kidney transplants. Their alternatives to transplantation are a lifetime of hemodialysis(using the artificial kidney machine) or death. Chronic kidney disease kills more Americans yearly than automobile accidents. But enough kidneys are not being donated to meet the present demand for transplants.

The Illinois Kidney Disease Program(IKDP) is a joint project of the Illinois Regional Medical Program and the Illinois Department of Public Health. Since it began in August, 1971, IKDP has worked to formalize the network of renal care providers to ensure quality care for all chronic renal patients. IKDP is involved in educating the medical and lay populations about the needs of the chronic kidney patient, and in providing the expertise to meet those needs.

IKDP transplant surgeons are on call 24 hours a day to perform nephrectomies and give advice on potential donor suitability. One central number connects all physicians in the state with Program personnel and the various facets of transplant procedure can be begun from one location.

When a physician obtains permission for an organ donation, he contacts the IKDP surgeon who advises him on donor suitability. The IKDP man then calls a central tissue typing laboratory at the University of Illinois Hospital in Chicago. This lab identifies and locates the renal patients most closely matched in blood and tissue type to the potential donor. A strict best match policy is enforced. If no appropriate match is found, the kidney is sent where there is a good match. Organs have gone as far as Omaha, and have been received from Vancouver and New Orleans.

Police and fire departments, the Illinois Emergency Services System, and private citizens all cooperate with IKDP by providing cars, small planes and helicopters for the Program's donor retrieval teams. IKDP surgical teams get to a potential donor as quickly as possible. Most nephrectomies are performed within an hour of death. Last winter, Illinois and Wisconsin State troopers joined with City of Chicago police to form a relay that delivered a kidney from Milwaukee to a Chicago transplant center in about two hours.

more

Illinois Kidney Disease Program

After removal, kidneys are brought to Children's Memorial Hospital in Chicago, where they are evaluated on a Belzer apparatus. The Belzer, funded by IKDP, preserves kidneys for up to 72 hours, allowing ample time to observe the organs, and often preventing useless transplants.

Training physicians, nurses and technicians in nephrology is another major concern of IKDP. Visits to participating medical centers are encouraged and geared to the expertise of individual groups. IKDP and the Kidney Foundation of Illinois sponsor a symposia series for practicing internists and general practitioners to focus on specific clinical and practical problems related to renal disease. These one day conferences are periodically convened in different cities around the state.

IKDP also has a traveling representative who meets with hospital administrators, nurses and medical personnel to discuss the Program and its needs. Physician awareness is a vital part of the kidney shortage solution, and these talks emphasize the assistance physicians and hospital personnel can provide to the renal victim. IKDP's central procedure number, posted in every hospital and emergency room in the state, serves as a continual reminder that kidney donations are desperately needed.

In only one year of operation, more than 100 cadaver kidneys have been donated through the IKDP. Seventy of these have been transplanted in Illinois. The public and professional awareness of the need for kidneys is increasing. Donor retrieval and transplant procedures have been sophisticated and streamlined. Further refinement of the Illinois kidney network through the IKDP will continue to help transform unavoidable death into the extension of life for other people.

BACK UP SHEET

Region: Illinois Regional Medical Program

Locus of activity: operational project

Project Title: Illinois Kidney Disease Program

Status: ongoing

Sponsoring institution: Northwestern University

Project Director: Frank A. Krumlovsky,M.D.
Associate in Medicine
Northwestern University Medical School
303 E. Chicago Avenue
Chicago, Illinois 60611
(312) 944-4200

Dates: April 1972- March 31, 1975

Funding: 01 year $364,000

Other funds: Illinois Department of Public Health
in- kind contributions by participating institutions

Cooperating agencies & institutions: Illinois Department of Public Health, Kidney Foundation of Illinois, University of Illinois Medical School, Northwestern Memorial Hospital (Passavant Memorial Hospital and Wesley Memorial Hospital merger), University of Chicago-Pritzker School of Medicine, Veteran's Administration Research Hospital, Evanston Hospital (Evanston), Children's Memorial Hospital, Memorial Hospital(Springfield), St. Francis Hospital(Peoria), City Colleges of Chicago, Chicago Heart Association, Illinois Academy of General Practice, Chicago Medical Society, Chicago Pediatric Society, North Suburban Association for Health Resources, Illinois Masonic Hospital Association, Southern Illinois Hospital Corporation(Carbondale),Christ Community Hospital(Oak Lawn), Rockford Clinic(Rockford), Christie Clinic(Champaign), Kishwaukee Valley Medical Group(Woodstock), Blessing Hospital (Quincy), Mercy Hospital(Urbana), Moline Public Hospital(Moline), Illinois Heart Association, West Suburban Hospital(Oak Park)

Area served: state of Illinois

Target population: all Illinois end-stage renal victims

Congressional districts:entire state

more

add one

BACK UP SHEET

Continuation after RMP support withdrawn: planning for this through fees and other resources is a part of the project's activity, since this relatively new field is not currently a routinely supported part of the health care system.

Date Prepared: 8/30/72

Drafted by: Cynthia B. Brilliant

Illinois Kidney Disease Program

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Other funds: Illinois Department of Public Health
in- kind contributions by participating institutions

Cooperating agencies & institutions: Illinois Department of Public Health, Kidney Foundation of Illinois, University of Illinois Medical School, Northwestern Memorial Hospital (Passavant Memorial Hospital and Wesley Memorial Hospital merger), University of Chicago-Pritzker School of Medicine, Veteran's Administration Research Hospital, Evanston Hospital (Evanston), Children's Memorial Hospital, Memorial Hospital(Springfield), St. Francis Hospital(Peoria), City Colleges of Chicago, Chicago Heart Association, Illinois Academy of General Practice, Chicago Medical Society, Chicago Pediatric Society, North Suburban Association for Health Resources, Illinois Masonic Hospital Association, Southern Illinois Hospital Corporation(Carbondale),Christ Community Hospital(Oak Lawn), Rockford Clinic(Rockford), Christie Clinic(Champaign), Kishwaukee Valley Medical Group(Woodstock), Blessing Hospital (Quincy), Mercy Hospital(Urbana), Moline Public Hospital(Moline), Illinois Heart Association, West Suburban Hospital(Oak Park)

Area served: state of Illinois

Target population: all Illinois end-stage renal victims

Congressional districts:entire state

more

add one

BACK UP SHEET

Continuation after RMP support withdrawn: planning for this through fees and other resources is a part of the project's activity, since this relatively new field is not currently a routinely supported part of the health care system.

Date Prepared: 8/30/72

Drafted by: Cynthia B. Brilliant

IMPROVING THE MEDICAL RECORD

Physicians today are faced with great demands on their time and energy. It makes sense that improving the traditional, often chaotic medical record would help physicians provide better patient care. The Illinois Regional Medical Program (IRMP), recognizing this need, has committed itself to implementing the Problem Oriented Medical Information System (PROMIS) in Illinois. This method, originated by Dr. Lawrence L. Weed of the University of Vermont Medical Center, establishes a logical framework for keeping patient records.

Using the PROMIS concept, the physician sets down data relating to specific patient problems in a structured manner. Key elements of PROMIS are: 1) establishing a data base; 2) formulating all patient problems; 3) setting up treatment plans for each problem and 4) following up each problem with progress notes. A problem-oriented medical record allows a physician unfamiliar with a patient to see at a glance the patient's problems and what steps have already been taken to alleviate them.

The IRMP is promoting PROMIS by several methods. A problem-oriented strategy group of interested health professionals from all over the state has been formed and has adopted a three-level plan for PROMIS. The clinical component is dealing with how to implement the concept; the technological component is developing manual and computerized technology for those desiring it and the pedagogical component is investigating teaching methods for PROMIS. Subcommittees are currently concentrating on developing format, data base and educational guidelines and examples.

IRMP is also circulating copies of Dr. Weed's film, "The Problem-Oriented Medical Record," to interested individuals and institutions around the state. There are plans to develop a PROMIS training film. A bibliography of articles relating to the PROMIS concept has been compiled.

Several institutions in Illinois have begun using the problem-oriented medical record in various departments, including Michael Reese Hospital, Chicago; Hines, Downey and Westside Veterans Administration Hospitals, and Rush-Presbyterian-St. Luke's Medical Center, Chicago. Medical students at the Peoria School of Medicine, Abraham Lincoln School of Medicine and Northwestern University are being introduced to PROMIS.

By bringing together all the institutions and individuals in Illinois working with the problem-oriented medical record, IRMP is hopeful that a unified system of medical record keeping can be developed for the entire state.

Back-up Sheet

Region: Illinois Regional Medical Program, Inc.

Locus of Activity: Core Activity

Project Title: Problem Oriented Medical Information System (PROMIS)

Status: Ongoing

Sponsoring Institution: Illinois RMP

Project Director: Marvin A. Schilder
Associate Executive Director
Illinois Regional Medical Program
122 South Michigan Avenue, Suite 939
Chicago, Illinois 60603

Dates: March 1972 - PROMIS Strategy Group met for the first time.

Funding: $90,000 for 01 year

Other Funds: None

Cooperating Agencies and Institutions: Michael Reese Hospital and Medical Center, Chicago; Mt. Sinai Hospital and Medical Center, Chicago; Northwestern University Medical School, Chicago; Rush-Presbyterian-St. Luke's Medical Center, Chicago; University of Illinois, School of Basic Medical Sciences, Champaign-Urbana; University of Illinois, Abraham Lincoln School of Medicine, Chicago; University of Illinois, Rockford School of Medicine, Rockford; Chicago College of Osteopathic Medicine; Educational Support Resource, University of Illinois College of Medicine, Chicago; Hines VA Hospital; Illinois Institute of Technology - Research Institute, Chicago; Mercy Hospital, Urbana; University of Chicago; Southern Illinois University, Carbondale. Efforts are underway to involve as many hospitals and medical schools in the PROMIS strategy as possible.

Area Served: entire state of Illinois

Target Population: 16,000 Illinois physicians, as well as other health professionals

Congressional Districts: entire state

Continuation after RMP support withdrawn: If the PROMIS effort is successful, it will be carried on in the everday workings of the doctor's office, the hospital and medical school. PROMIS seeks to change the physician's working behavior. IRMP funds are currently being used to facilitate the development of a uniform problem-oriented medical record system in Illinois.

Core Staff Contact: Marvin A. Schilder, Associate Executive Director

Date Prepared: 8/30/72

Drafted by: Ellen Soo Hoo

Illinois Kidney Disease Program

More than 350 Illinois victims of end-stage renal failure are waiting for kidney transplants. Their alternatives to transplantation are a lifetime of hemodialysis(using the artificial kidney machine) or death. Chronic kidney disease kills more Americans yearly than automobile accidents. But enough kidneys are not being donated to meet the present demand for transplants.

The Illinois Kidney Disease Program(IKDP) is a joint project of the Illinois Regional Medical Program and the Illinois Department of Public Health. Since it began in August, 1971, IKDP has worked to formalize the network of renal care providers to ensure quality care for all chronic renal patients. IKDP is involved in educating the medical and lay populations about the needs of the chronic kidney patient, and in providing the expertise to meet those needs.

IKDP transplant surgeons are on call 24-hours-a-day to perform nephrectomies and give advice on potential donor suitability. One central number connects all physicians in the state with Program personnel and the various facets of transplant procedure can be begun from one location.

When a physician obtains permission for an organ donation, he contacts the IKDP surgeon who advises him on donor suitability. The IKDP man then calls a central tissue typing laboratory at the University of Illinois Hospital in Chicago. This lab identifies and locates the renal patients most closely matched in blood and tissue type to the potential donor. A strict best match policy is enforced. If no appropriate match is found, the kidney is sent where there is a good match. Organs have gone as far as Omaha, and have been received from Vancouver and New Orleans.

Police and fire departments, the Illinois Emergency Services System, and private citizens all cooperate with IKDP by providing cars, small planes and helicopters for the Program's donor retrieval teams. IKDP surgical teams get to a potential donor as quickly as possible. Most nephrectomies are performed within an hour of death. Last winter, Illinois and Wisconsin State troopers joined with City of Chicago police to form a relay that delivered a kidney from Milwaukee to a Chicago transplant center in about two hours.

more

NEWS

I N F O R M A T I O N • D A T A

PROMOTING COOPERATIVE EFFORT IN THE ORGANIZATION AND DELIVERY OF QUALITY PATIENT CARE
(Heart Disease, Cancer, Stroke, Kidney Disease, Chronic Pulmonary Disease, Diabetes)

NORTH CLARK COUNTY HEALTH STUDY GROUP

1300 WEST MICHIGAN STREET, INDIANAPOLIS, INDIANA 46202 • 317/264-8492

A Vignette, Indiana RMP

An Indiana community and eight neighboring townships are being assisted in their determination of health needs by the Indiana Regional Medical Program. (IRMP) The effect may ultimately lead to construction of a new health clinic and to a wide range of health services for residents of the community.

The project was triggered when public announcement of highway construction plans signalled the displacement of a medical clinic owned and operated by a physician in Charlestown, a southeastern Indiana community of 5,726 residents. The physician requested IRMP assistance in determining the range of services that should be offered by the replacement clinic he planned to build.

IRMP's first act was to help form an ad hoc state advisory committee to guide the project's initial stage. Named to this committee were representatives from the Indiana State Board of Health, Indiana Heart Association, Indiana Tuberculosis and Respiratory Disease Association, and IRMP. Each committee member shared a common talent: skill in community development and organization.

After a series of meetings, the ad hoc committee began the task of compiling necessary preliminary data--demographic information, leadership profiles, and lists identifying interested health providers and citizens. The committee's work led to the formation of the North Clark County Health Study Group, comprised of local leaders, interested citizens, and health providers. From the ranks of

the Heart Association and IRMP, two resource people were named to support the study group's work.

Initial target of the study group was to determine health needs in Charlestown and the eight northern townships of Clark County. Twelve pressing needs were later identified via face-to-face surveying of 1,124 of the area's 5,617 families. The top priority problem, the survey indicated, was that of establishing a full-time emergency medical service transportation system for community residents. Even before the survey documented this need, physicians in the community, as a result of the interest being shown by residents, had organized seven-day-a-week, round-the-clock emergency coverage.

Analysis of data from the Charlestown-Northern Clark County project still continues with IRMP playing an active, interested role. Today, the study group operates on a broader, more comprehensive scale. And other organizations have indicated a willingness in helping the study group meet its objectives. The project stands as a model of how IRMP and its many resources can bring improvements in medical care delivery to the people of Indiana.

Prepared by: Joe McCammon
Field Representative
IRMP

Intermountain RMP

INTMT-1

A significant effort has been made by the Intermountain Regional Medical Program to promote community-based programs which stress continuing education concepts through Visiting Teaching Clinics in Heart Disease, Cancer, Stroke, Renal and Respiratory Disease and also through the subregional Cardiovascular and Coronary Care Training Programs for Physicians and Nurses. Several other seminar type training programs and "in house" traineeship programs are also offered at the University of Utah Medical Center.

Many of the above clinics have been conducted through the Subregional Learning Centers, and have proven to be beneficial in stimulating medical personnel to seek further training as well as to provide on-site training opportunities since it is often difficult for professionals to participate in training programs outside their own communities.

Regional networks are being established to provide coordinated resources at graduated levels of care to form a linkage between the primary physician and resources of the subregional centers and the major medical centers of the region. When fully developed, these centers will make previously non-existent specialty training and care available at the local level.

Intermountain RMP

INTMT-2

The Carnegie Commission on Higher Education identified five cities encompassed by the Intermountain Regional Medical Program which should become Area Health Education Centers. These cities are: Grand Junction, Colorado; Pocatello, Idaho; Billings and Butte, Montana; Cedar City, Utah. In three of these areas IRMP has already stimulated significant activity through the establishment of Community Health Learning Centers. On-site medical education coordinators working with local advisory groups assess educational needs and draw upon IRMP and other resources to meet those needs. The health learning centers will also become quick reliable sources of medical information and gradually develop resource retrieval systems.

Hospitals in each learning center subregion will have access to a pool of AV equipment - "hardware" (projectors and recorders) and "software" (filmstrips, slides and audio and video tapes). In addition, centers will serve as a vehicle for planning educational programs and assisting with the over-all health planning activities of the area. Funding for the Centers has been a cooperative effort of the IRMP, hospital associations, hospitals, and other local groups. Workshops and seminars in such fields as trustee orientations, infection control, emergency room service, neonatal care, and burn therapy have been presented based upon identified needs.

INTMT-3

The estimated 44,000 diabetics in the Intermountain Region will receive assistance in understanding and dealing with their illness through the Diabetes Education Program of the Intermountain Regional Medical Program. The project is establishing a Diabetes Education Center at Holy Cross Hospital in Salt Lake City, Utah. The Center is designed to provide the diabetic patient and a selected family member with a "live-in" educational experience for five days. During that period of time, patients are given self-care training skills for self-management and to recognize the warning signals related to complications. Several hundred diabetics per year will participate in the educational programs. The Center will also serve as a research and educational facility for physicians, nurses and dietitians. Traveling programs to acquaint health care professionals with new developments in diabetes care will be arranged for the rural areas of the Intermountain Region.

KAN-1

KANSAS

Model Cities Manpower Recruitment Program

A grant of $20,415 to Model Cities Health Manpower and Recruitment by the Kansas Regional Medical Program provides for a coordinator and training of nine neighborhood health aides in Kansas City, Kansas.

After an initial orientation course lasting three weeks, each of the aides was assigned time in varying time sequence to get first hand knowledge of the operations of six offices of the City-County Health Department and the five other community health care and social service agencies. They also received a three week course in clinical counseling and casework at the local mental health clinic and were separately enrolled in six hours of course work at the Kansas City Kansas Junior College. In addition, the aides participate actively in preventive medicine educational programs conducted at public schools, day care centers and homes for the elderly in this area.

The project director, Miss Francine Carter, of the City-County Health Department, consults with the aides on future vocational possibilities, supervises their training activities and counsels them in their performance. Hopefully the aides will further their education or be hired by local agencies after one year with the program.

A major function of the program is communication between the residents of the Model Cities area and the aides. Concentration with the model neighborhood residents has been in home interviews. From this contact stems most of the services rendered.

From May 1, 1970 through December 31, 1971, the aides performed a total of 2,004 initial household interviews and 550 follow-up visits. Between July 1 and September 30, 1971, the aides made 708 home visits with public health nurses; made 25 referrals to clinics in model neighborhood areas; developed three educational seminars - on venereal disease, immunization and beginning case work - and distributed health literature.

In December, with the coordinator's assistance, each health aide chose a multi-problem family for concentrated visits. The purpose of the visits was to change the family attitude to one of good health practices by helping the family understand their problems and guiding them to the proper

community agencies for assistance. Follow-up was made to determine whether appointments were kept and whether other problem areas developed.

Future plans include recruitment of health aides to enter into the program in August, 1972; a continued search for educational resources and employment for the aides who have not entered into an educational program; finding means of transportation to Model neighborhood residents; and working closely with other community agencies in the area to coordinate services and hopefully provide better services to residents.

Region: Kansas Regional Medical Program

Locus of Activity: Kansas City, Kansas

Project Title: Model Cities Manpower Recruitment Program

Status: Ongoing

Sponsoring Institution: Model Cities, K. C. Wyandotte County
Health Department

Project Director: Francine Carter
Wyandotte County Health Department
Kansas City, Kansas

Dates: 9/1/71 to 6/30/72

Funding: $20,415

Other Funds:

Cooperating Agencies and Institutions: Kansas City-County Health Department, Kansas City Jr. College and Kansas City community health care and social service agencies.

Area Served: Model Neighborhood area

Target Population: 18,000 households in Model Neighborhood

Congressional Districts: Larry Winn, Jr., Third District

Continuation after RMP Support Withdrawn:

Core Staff Contact: Mary Ann Blakeney

Date Prepared: 7/2/72 Drafted by: Mary Ann Blakeney

KAN-2

KANSAS

Nurse Clinician Program

To determine the demand for physician's assistants, the Kansas Regional Medical Program mailed out a survey questionnaire to all members of the Kansas Medical Society. The 72% who responded indicated a wide variety of assistants would be hired. The "general" physicians assistants seemed to be in most demand and the preference to hire nurses retrained for expanded assistant roles rather than ex-corpsmen or newly trained personnel was apparent.

As a result of the survey a nurse clinician program began in January, 1972. The purpose of the program is to further develop nursing skills to assist the physician. Under the supervision of the physician, the nurses will be able to do many of the necessary things required in providing primary patient care.

Approximately 40 nurse clinicians will be trained in the program. According to Jean Tomich, Ph.D., project director, "The eight week formalized courses will focus on medical biological, psychosocial and health care services. When the nurse completes the formalized course, she will study under the tutelage of the physician with whom she will be working. Each enrollee will be sponsored by an individual physician or an institution with the full guarantee of employment at the completion of training."

Candidates must be licensed professional registered nurses educated in diploma, baccalaureate, or higher degree programs in nursing. Through experience and job performance, the nurse should have demonstrated a concern for people, above average learning abilities, independent thought and judgment, and the ability to give or manage nursing care for a group of patients. The major responsibility of selection lies with the sponsor of the candidate who evaluates whether or not the candidate meets the criteria.

In general, the physicians who answered the questionnaire felt that physician's assistants could both quantatively and qualitatively increase their practice.

Region: Kansas Regional Medical Program

Locus of Activity: State of Kansas - Didactic training in Kansas City

Project Title: Nurse Clinician Program

Status: Ongoing

Sponsoring Institution; KRMP and individual physicians or institutions.

Project Cirector, Title, Address: Jean Tomich, Ph.D.
Nurse Clinician
KRMP
3909 Eaton
Kansas City, Kansas 66103

Dates: 7/1/71 to 6/30/72

Funding: $80,000

Other Funds: None

Cooperating Agencies and Institutions: Individual physicians and institutions in Kansas.

Area Served: State of Kansas

Target Population: Kansas patients of physicians and institutions.

Congressional District: Larry Winn, Jr., Third District

Continuation after RMP Support Withdrawn:

Core Staff Contact: Project Director or Mary Ann Blakeney
Date Prepared: 2/2/72 Drafted by: " " "

KAN-3

KANSAS

Model Rehabilitation Project

In April, 1971 the St. Joseph Hospital and Rehabilitation Center, a 450-bed facility located in Wichita, received a contract for $63,428 from the Kansas Regional Medical Program for a model rehabilitation pilot project.

Collaborating in the project are St. Luke's Hospital in Wellington and Kingman Community Hospital in Kingman. Both hospitals are approximately 50 miles from Wichita.

The program involves training of nurse rehabilitation specialists from Kingman and Wellington at St. Joseph's in Wichita. After training, the nurses return to their respective hospitals to train others in rehabilitation techniques.

A "circuit" team, which includes both a physical and occupational therapist, a clinical psychologist, speech therapist, home health supervisor, medical social worker, and nutritionist assist in the complete range of rehabilitation services provided to stroke patients in Kingman and Wellington hospitals.

The goal of the pilot project is to duplicate in the local community, rehabilitation experience of a major rehabilitation center so that this program can be shared with other communities in Kansas.

During the period from July 1 to December 1, 1971, 40 inter-institutional patient referrals for rehabilitation resulted from the program. So far 46 registered nurses, 10 licensed practical nurses and 182 aides have received training.

Kingman County is currently seeking to establish a contract with Kingman Community Hospital to have the project-trained rehabilitation nurses provide home health care services to county residents.

BACK-UP SHEET

Region: Kansas Regional Medical Program

Locus of Activity: Wichita, Wellington and Kingman (Kansas)

Project Title: Model Rehabilitation Program

Status: Ongoing

Sponsoring Institution: St. Joseph Hospital and Rehabilitation Center, St. Luke Hospital and Kingman Cty Hosp.

Project Director, Title, Address: Alfred Hinshaw, M.D.
Garvey Laboratory
3241 Victor
Wichita, Kansas 67208

Dates: 5/1/71 to 4/30/72

Funding: $63,428

Other Funds none

Cooperating Agencies and Institutions:
The sponsoring three institutions.

Area Served: South Central Kansas area.

Target Population: Stroke victims or rehabilitation cases in two towns within a radius of 50 miles from Wichita

Congressional Districts: Garner E. Shriver, Fourth District

Continuation after RMP Support Withdrawn: None known at this time

Core Staff Contact: Dr. Alfred Hinshaw
Date Prepared 2/1/72 Drafted by: Mary Ann Blakeney

KAN-4

Ottawa County Health Survey

Recognition of the lack of public health nursing and environmental control services by ~~local~~ citizens of Ottawa County, located in north central Kansas, resulted in a cooperative program by the State Department of Health, the Kansas Regional Medical Program and the Marymount College Department of Nursing.

In June, 1971 with a grant of $1,650 from Kansas Regional Medical Program, an environmental survey studied health conditions and the gathered information was presented at public meetings of the concerned citizens.

The second part of the survey involved personal interviews with 250 heads of households selected during the environmental survey. Information was gathered from each respondent regarding the occupation of the head of the household, the family size, their length of county residence, size of house, home sanitation facilities, and family assessibility to health services. The interviews also gathered data regarding the personal utilization of health services and the status of respondents.

Conducting the interviews were 20 nursing students from Marymount College, dressed in uniform, carrying college identification cards. The students were equipped with 1-hour long questionnaires plus the familiar instrument for taking blood pressure readings, "the cuff."

By November, the confidential information collected from the questionnaires was coded for computer and results were analyzed by the Kansas Regional Medical Program.

X Ottawa County has 6,183 citizens of which 1,479 are 5-17 years of age and 1,263 are over 65 years of age.

According to Sister Mary Savoie, R.N., the student's faculty advisor and director of the survey, results indicated the existence of health problems which might be aided by a public health nurse. Since Ottawa County has no such service, Sister Savoie and Mrs. Mary Wright, area health nurse for the Kansas State Health Department, have ~~set up~~ established on a short term basis, nursing clinics and health information programs.

The nursing clinic is a new type of health service which provides health screening checks of individuals who are well in an effort to identify health problems before they become obvious.

If a problem is found in the clinic, the individual is referred to his physician for medical diagnosis and treatment. "Early identification and treatment of health problems," said Sister Mary Savoie, "often saves the person huge medical bills and hospitalization for a condition which, if found earlier, could have been treated on an out-patient basis."

Four county physicians are cooperating with the two nurses and the senior nursing students from Marymount. When it was learned from the survey that 34% of the county women between the ages of 18 and 60 had never had a pap smear, an April date was set for a clinic. The physicians agreed to give the test to detect early cancer of the cervix.

At the first three clinics, out of the 33 persons who attended, 8 were found to need additional evaluation of their blood pressure. The survey showed that 9% of the county households interviewed suffered from high blood pressure. The second series of clinics had double the number of participants.

The nursing clinics are held in seven locations, Delphos, Wells, Bennington, Minneapolis, Ada, Tescott and Culver. Two adjacent counties are exploring their possible participation in an expanded nursing clinics network.

The Ottawa County Commissioners are contemplating putting the question of County Health Service on the ballot at the primary election in August, 1972, for a vote of county residents.

BACK-UP SHEET FOR VIGNETTE ON OTTAWA COUNTY SURVEY TO GO TO DRMP COMMUNICATIONS

Region: KANSAS REGIONAL MEDICAL PROGRAM

Locus of Activity: OTTAWA COUNTY

Project Title: OTTAWA COUNTY SURVEY

Status: SURVEY COMPLETED - NURSING CLINICS IN PROGRESS

Sponsoring Institution: KANSAS STATE HEALTH DEPT., MARYMOUNT COLLEGE DEPARTMENT OF NURSING

Project Director, Title, Address: SISTER MARY SAVOIE

Professor of Nursing
Marymount College
Salina, Kansas

Dates: Since June, 1971

Funding: Kansas Regional Medical Program

Other Funds Home Demonstration Units from Ottawa County - token donation of $8.00 each

Cooperating Agencies and Institutions:

Kansas State Department of Health
Marymount College
Kansas Regional Medical Program
American Cancer Society

Area Served: All of Ottawa County

Target Population: Population of Ottawa County - 6,789

Congressional Districts: xx Keith G. Sebelius, First District ?

Continuation after RMP Support Withdrawn: That the program will be taken over by Ottawa County and supported with tax money

Core Staff Contact: Mary Ann Blakeney, Director of Public Information
Date Prepared 1/24/72 Drafted by: M. A. Blakeney

LA-2

A COORDINATED CONTINUING EDUCATION PROGRAM FOR NURSES IN LOUISIANA

LRMP funded this project to develop a process to assess needs for continuing education of nurse practitioners in each of Louisiana's subregions. After the needs are identified, priorities are established and educational and training programs to meet these needs are implemented. State and subregional Advisory Councils were formed and are responsible for assessing both the information on continuing education needs and the priorities for educational program implementation. Ultimately, the activities will be coordinated to result in a comprehensive statewide program.

Present, need-related information is being gathered in all subregions. This data includes an expression of felt needs from nurse practitioners, input from hospital administrators, nursing directors, RMP, voluntary health agencies, CHP "b" agencies, and various state health agencies.

Based on an analysis of need-related information from each subregion, individual educational programs are being prepared and conducted by appropriate local institutions such as nursing schools and hospitals.

Nurses throughout the region will obtain much needed continuing education which they are not now receiving. The project also seeks to stimulate nursing schools to assume a more active role in the continuing education of nurses. It is anticipated that the organization and processes that have been initiated by the project will continue to be used by local groups and institutions in planning and evaluating their continuing education activities.

BACK UP SHEET

REGION: Louisiana Regional Medical Program

LOCUS OF ACTIVITY: Core Project

PROJECT TITLE: A coordinated Continuing Education Program for Nurses in Louisiana

STATUS: Ongoing

SPONSORING INSTITUTION: La. State Nursing Association

PROJECTOR DIRECTOR, TITLE, ADDRESS: Mr. Malcolm Martin

DATES: 9/71- 2/72

FUNDING: RMP-$100,105

COOPERATING AGENCIES & INSTITUTIONS: Dept. of Health & Education-Heart Association-Cancer Society-State Medical Society-CHP "b" Agencies

AREA SERVED: State of Louisiana

TARGET POPULATION: RN's & LPN's

CORE STAFF CONTACT: Miss Jerianne Heimendinger

DATE PREPARED : 2/11/72

DRAFTED BY: MISS ROSEMARY STASKIEWICZ

LA-4

HEALTH CAREERS RECRUITMENT PROGRAM

For the past three years, the LRMP has funded a Health Careers Recruitment Program. Initiated in 1969, the program was established to acquaint high school students with educational and training programs available in the health field. It sought to inform the educational institutions of changes in the environment of the health care worker so that their graduates can more adequately meet the job needs in the health care system. Staff has also held conferences with college and university administrators concerning their programs and plans for training health professionals in an attempt to acquaint health manpower educators with on-the-job needs of their graduates.

Thirty-three counselor workshops were held throughout the state to orient school counselors to the opportunities in health careers. Well over 500 health careers presentations were made by the project staff in 168 schools before 69,581 students. Students requests for health careers literature total 45,471. Nine high school health career clubs have been formed. An extensive public relations campaign was conducted on the radio, television, and through other advertising media, with little cost to the project.

In addition, a Health Careers Newsletter was initiated in February 1971 for school and college counselors, educators, hospitals, health professionals and organizations. A Financial Aid Sourcebook for Careers in Health was published in February 1971, providing a detailed listing of financial assistance programs available to students entering health careers.

Since the onset of this program, a great impact has been realized by the health affiliate schools. In the past three years, nursing school enrollments has increased by 13-1/2%.

Though funding support from the LRMP has terminated, the Health Careers Recruitment Program is being conducted through the Louisiana State Hospital Association.

Feb. 1972

BACK-UP SHEET

REGION: Louisiana Regional Medical Program

LOCUS OF ACTIVITY: Core Project

PROJECT TITLE: Health Careers Recruitment Program

STATUS: Terminated

DATES: 3/69 - 2/72

FUNDING: $130,228

COOPERATING AGENCIES & INSTITUTIONS: State Medical Society, Department of Health, Education and Welfare, State Department of Hospitals, CHP "b" Agencies, Various parish school systems, state universities

AREA SERVED: Louisiana State

TARGET POPULATION: High school and college students

CONTINUATION AFTER RMP SUPPORT WITHDRAWN: Louisiana State Hospital Assn.

CORE STAFF CONTACT: Miss Jerianne Heimendinger

DATE PREPARED: 2/11/72

DRAFTED BY: Miss Rosemary Staskiewicz

LA-5

LOUISIANA

RURAL COMMUNITY HEALTH DELIVERY SERVICES PROPOSAL

Louisiana's state-supported hospital system offers ~~the~~ indigent population episodic acute care and a high level of in-patient therapeutic services. Unfortunately, this system of care is not linked with out-patient care resources to provide comprehensive, continuous, supportive medical management of chronic conditions.

LRMP has approved and funded the Rural Community Health Delivery Services Proposal to promote the effective linkage of rural health care resources and to develop a community health delivery service in the parish Public Health Unit which will provide nursing home-bound maintenance and follow-up services. Through one rural parish in Louisiana, this proposal seeks to determine whether or not improved hospital discharge planning involving linkage of public and community funded health care resources can measurably improve the level of care utilized by the indigent rural population.

The rural area selected is Richland parish, ~~where~~ the poverty level is ~~so~~ great; 63.3% of the Negro households lack plumbing. The Louisiana State Department of Health, through the Richland Parish Health Officer, will coordinate a program with state-supported E. A. Conway Memorial Hospital to link resources in Richland Parish's Public Health Unit with hospital resources, parish public welfare offices, and OEO supported health activities.

Involved in the program will be a manager, a director, a community health nurse, and a medical records clerk. The manager (Director of the Richland Parish Public Health Unit) will be responsible for the overall administration of the program. The director (Associate Director of Nursing Services in the Northeastern Region) will be responsible for management and supervision of the project's nursing services and collection and evaluation of data.

The community health nurse will cooperate with E. A. Conway Memorial Hospital by providing necessary follow-up nursing services to discharged patients. Upon receipt of patient referral data from the Hospital, she will contact the patient and/or his family in an effort to provide continuity of care in accordance with medical recommendations. The community health nurse will also be responsible for conducting on-going activities with community groups, physicians, public health and welfare employees, and rehabilitation therapists, ~~etc.,~~ to stimulate functional linkage of health care resources for ~~the~~ indigent rural patients~~population~~.

A committee will be formed, composed of physicians and nurse practitioners, whose responsibility will be to assess whether or not the therapeutic home-bound nursing services ~~rendered~~ have significantly improved the level of health care. ~~for this population.~~

A statistical analysis will be made of the number of Richland Parish's residents who were discharged ~~patients~~ from E. A. Conway Memorial Hospital during the project term and the number of referrals made to the Richland Parish Health Unit.

If this model proves successful in Richland Parish, it will provide a feasible system for improving the availability and accessibility of continued health care for many indigent rural areas in the Louisiana region.

Feb. 1972

BACK UP SHEET

REGION: Louisiana Regional Medical Program

LOCUS OF ACTIVITY: Core Activity

PROJECT TITLE: Rural Community Health Delivery Services Proposal

STATUS: Newly Funded

SPONSORING INSTITUTION: State Department of Health through it's Richland Parish Public Health Unit

PROJECTOR DIRECTOR, TITLE, ADDRESS: Miss Ruth Miller, R.N. Associate Director of Nursing Service in N.E. Region

DATES: March 1, 1972 through February 28, 1973

FUNDING: $21, 774

OTHER FUNDS: O.E.O. $1,200 , Public Health Unit $10,875

COOPERATING AGENCIES & INSTITUTIONS: State Department of Health, Dept. of Welfare, St. Dept. of Hospitals E.A. Conway Mem. Hosp., O.E.O, 314 CHP "b" Agency, local private Medical practitoners, Richland Health Facilities, Richland Police Jury

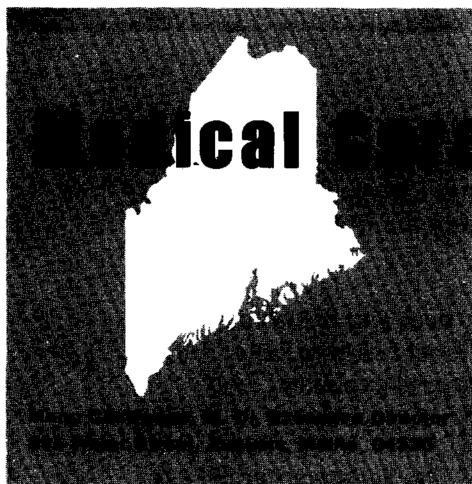
AREA SERVED: Richland Parish

TARGET POPULATION: Rural indigent population, Richland Parish

CORE STAFF CONTACT: Mr. Jim Guillory

DATE PREPARED: 2/11/72

DRAFTED BY: MISS ROSEMARY STASKIEWICZ



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Address correction requested

Roland Peterson, Chief, Plann. Branch
Regional Medical Programs Service
Parklawn Bldg., Fl. 11, Room 39
5600 Fishers Lane
Rockville, Md. 20852

11-39

April 1974 NEWSLETTER Volume 8, Number 3

RESURGENCE and RECOVERY

If matters had gone according to the timetables of some policymakers in the Nixon Administration, the week of February 7, 1974, would have been a week of farewells throughout Regional Medical Program (RMP) offices. Ironically, however, the week of February 7 of this year brought news that Maine's Regional Medical Program – and RMP facilities across the nation – would not only stay in business, but would be implementing health-care projects of pivotal importance to future national programs.

In one year, the Regional Medical Program concept was given the official *coup de grace* from the White House, refused to die, worked to survive, and – 52 weeks later – emerged from the experience stronger and wiser than before. In addition to the dramatic events of the turn-around – events in which the Maine office played a key role – the year brought a reanalysis and reevaluation of the health care programs sponsored by RMP. That self-analysis has helped produce an organization that now looks forward to making the coming years even more productive than the busy ones of the past.

At no time since it was organized in the mid-Sixties had the Maine RMP office and its 55 counterparts across the country received news as foreboding as that which reached them on February 1, 1973. On that date, Maine's RMP – and all the others – were notified by Western Union Mailgram to ". . . phase out all RMP project support by June 30, 1973 . . . ." The telegram went on to explain that only limited federal funds would be made available to keep some staff people and a few selected projects funded until February 15, 1974. By that date, the message inferred, all further federal support for Regional Medical Programs would be stopped, absolutely and with irrevocable finality. The President's Budget included no grant funds for any RMP offices in '74.

The message was generally meant to be interpreted as a notice of shut-down, the end of

RMP's; and it may well have achieved those results if it had been taken without response. But the staff people and program executives at Maine's RMP office believed too much in the work they were doing to give up without a chance to have their say. They acted immediately on three different levels.

As a first action-step to make the case for RMP's, program executives and health care specialists turned to the U.S. Congress. In a series of special Congressional hearings called for the purpose, RMP achievements across the country were outlined, projects explained, and local representatives heard from.

When the hearings concluded, Congress indicated its judgments. The Senate voted 94 - 0 to extend RMP program funding for one more year; and the House of Representatives – a body not known for its unity – voted 372 - 1 in favor of the same motion. By these votes, more than any other single action, the members of Congress made it clear that they believe there is an important place for Regional Medical Programs in the national health care picture.

Next, they turned to the courts. Joining forces with the Lakes Area RMP of Buffalo, New York, Maine Medical Care Development, Inc. (grantee for MRMP) participated in the initiation of a civil suit. On September 21 ('73), six months after the work began, the suit was filed; it asked – on behalf of all 56 RMP national offices (who are now members of the National Association of RMP's) that RMP funds duly authorized and appropriated by Congress be freed of the impoundments imposed by the Nixon Administration.

IDEAS WANTED!

Limited funds and technical assistance are available for developing programs in:

1. New Methods of Delivering Health Services
2. Health Manpower
3. Quality Assurance and Cost Assessment
4. Continuing Education

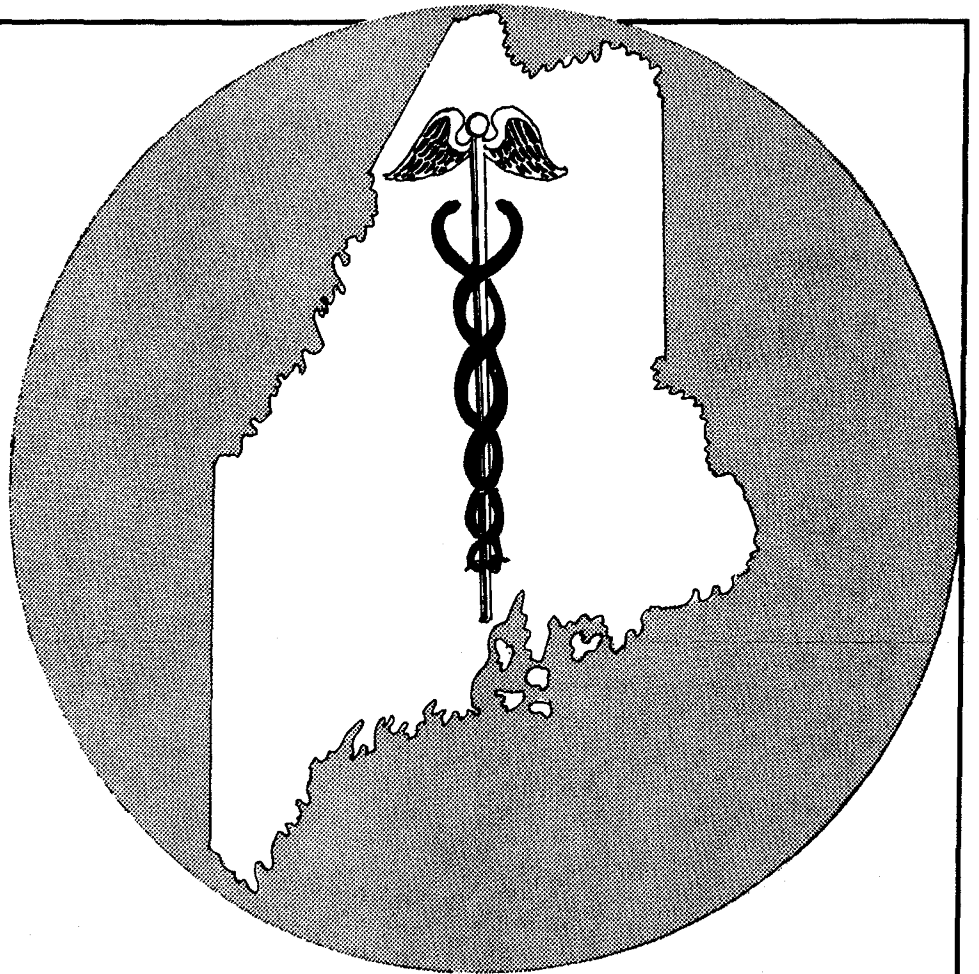
If you plan to submit proposals, however, we would appreciate receiving your letter of intent at your earliest convenience.

Please call Manu Chatterjee, M.D. or John LaCasse (622-7566) if you have any questions.

On February 7 of this year, United States District Court Judge Thomas A. Flannery ordered Caspar Weinberger – U. S. Secretary of Health, Education, and Welfare – to distribute more than $120 million in impounded funds. This will mean that all RMP offices will soon begin receiving their shares of those funds. The support will come in the wake of the Federal Court decision which states as a conclusion of law that RMP " . . . operational activities should be permitted to proceed unhindered and this should be done until Congress indicates a contrary intention."

In addition to ordering the release of the impounded funds, Judge Flannery also lifted program spending restrictions which had previously been imposed by Secretary Weinberger. Now, every RMP will be allowed to allocate its funds to those programs and projects which most effectively meet local and regional health care needs.

These two steps toward survival – one to the courts and the other to Congress – were taken as united efforts in cooperation with other RMP units. A third step was taken here in Maine by



the Maine RMP when it sought the help of the 106th Maine Legislature during its regular session. Just as the courts and Congress had responded, so too did the men and women of the Legislature when they voted a special $265,000 appropriation to help sustain Maine RMP programs which had already proved their value to thousands of Maine citizens.

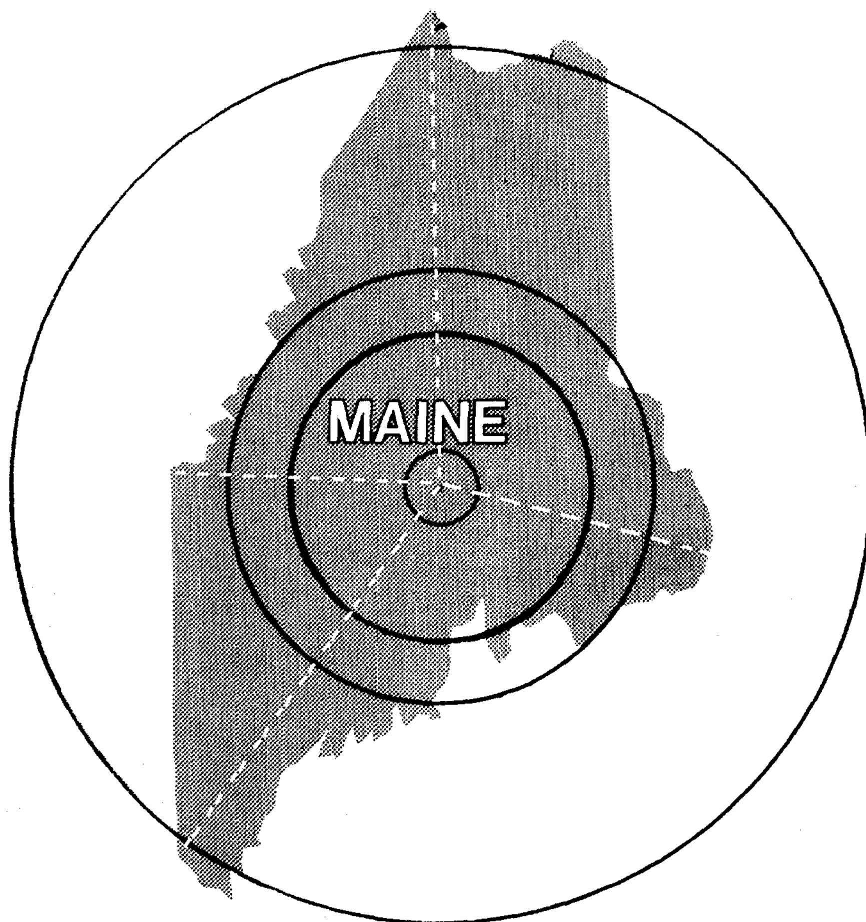
In combination, the three steps — to the Congress, courts, and the Maine Legislature — took the Regional Medical Program from a position of preparing to be dismantled to one of preparing for the future. When Judge Flannery's decision is implemented, the Maine RMP may receive more than $1 million. This money will permit this operation to remain effective for at

GRANT BULLETIN

A grant application in the amount of $611,000 for a 5-year program to expand the Central Maine Family Practice Residency has been submitted to the Bureau of Health Resources Development, Department of Health, Education, and Welfare.

least another l8 months;and this effectiveness includes the capability to operate and fund worthy new projects, as well as help maintain several of those which have proven their value.

The dimensions of the turnaround are startling when the events of the past year are thus encapsulated. From being told no funds would be forthcoming, the Maine RMP has now been



informed that over a million dollars may be forthcoming. It is a heartening turn of events which imposes new, and greater responsibilities.

The sinew to assume those responsibilities has been reinforced by the year of past challenge. On the RMP side, every program was looked at and reviewed with a critical eye; and what nonproductive elements there were have been weeded out. At the same time, the effort to survive led to the development of new and firm funding bases, including the Congress of the United States, now more aware than ever of the need for a coordinated health-care mechanism which is designed to help meet the growing and complex medical problems of the Seventies — including the approach of some form of national health insurance, and the critical need for the improvement of health-care delivery systems.

These are challenges which RMP offices anticipate with the confidence they have gained in a turbulent year. Grateful for the help they received during that year — from such varied sources as the Congress and the Maine Legislature — they scarcely paused to realize on this February 15, 1974, that this was the day they were once supposed to be closing up shop.

GRANT BULLETIN

An application for $5½ million to implement eight interrelated projects in education, training and utilization of health manpower in Maine has been submitted to the Veterans Administration for consideration.

MET DC/1

ALLIED HEALTH FORUM

A Forum to improve the education, training, and utilization of allied health manpower in the metropolitan Washington area was established May 1971 at the MW/RMP. Composed of health educators, practicing professionals, and specialists in health needs and resources for the region, the idea of the Forum grew from recommendations presented in the Carnegie Commission's report on "Higher Education and the Nation's Health". A major theme emerging from the Commission's report was adapting health manpower education to the changing needs of the health care system through responsible planning by the academic community.

The Forum is a first step in translating concepts into action programs. The structure provides members of the ~~Forum~~ a framework for interaction and communication. Interdisciplinary cooperation and exchange are prerequistes to planning to meet manpower needs for the Washington, D.C. metropolitan area. Since its creation in May, a Steering Committee of the Forum composed of representatives from the National Institute of Mental Health, Comprehensive Health Planning Agency of D.C., the National Medical Association Foundation, and MW/RMP have focused efforts on areas of deficiency and duplication in the education and training of allied health personnel at the baccalaureate level and below. The MW/RMP is acting as an information clearinghouse for various on-going health career programs in the region. The specific purpose of this activity is to improve communications between academic institutions and clinical facilities offering education and training programs in allied health. A study done at the direction of the Forum Committee concludes that while numbers of allied health programs are increasing in the region, a lack of uniform curriculum and accreditation standards negates the value of many programs. Information describing health career programs at academic institutions and clinical facilities has been compiled by MW/RMP and will be published jointly with the National Medical Association Foundation in February.

The Health Careers guidebook will serve both as a reference for prospective health professionals in the region and as a tool for health educators in planning future programs. Other items to be considered by the Forum this year include: curriculum innovation and reform, career ladder and lattice concepts, continuing education for manpower already in the system, new health occupations, and education and training for the disadvantaged and minority groups.

Back-up Sheet

Region: Metropolitan Washington

Focus of Activity: Core Activity

Project Title: Allied Health Forum

Status: Ongoing

Sponsoring Institution: Metropolitan Washington Regional Medical Program

Project Director, Title, Address: S. H. N. Zumbrun, Director
Allied Health Programs
MWRMP
2007 Eye Street, N.W.
Washington, D.C. 20006
202-223-6490

Dates: May 18, 1971 to present

Funding: Core Activity Additional Funding Not Required

Other Funds: None

Cooperating Agencies and Institutions: National Institute of Mental Health,
Comprehensive Health Planning Agency of D.C.
National Medical Association Foundation
Academic Institutions of the Region.
Clinical Facilities proving Training in the Region

Area Served: Washington, D.C.; Arlington and Fairfax Counties and the City of Alexandria in Virginia; Montgomery and Prince George's Counties in Maryland.

Target Population: Health Educators and Practicing Professionals at 77 academic institutions and clinical facilities in the M.W. region

Congressional District:

Continuation After RMP Support Withdrawn: Funding of the Allied Health Forum is minimal. Funds alloted to the MWRMP Allied Health Program Division are used for mailing costs, etc.

Core Staff Contact: Nina Woodside, M.D., Associate Coordinator, Community Health Programs MWRMP
S.H.N. Zumbrun, M.Ed., Director, Allied Health Programs

Date Prepared: January 31, 1972

Drafted by: Judith McIntire

MET DC/2

COUNCIL FOR NURSING

A Council to improve the education, training and utilization of nursing personnel in the metropolitan Washington area was established August, 1971 at the MWRMP.

Composed of nursing educators, practicing professionals, and specialists in nursing needs and resources, the aim of the Council is to provide members the opportunity to cooperatively plan to develop nursing service capability and quality for the region.

The Council will enable these various individuals and facilities involved in nursing to focus together on resource allocations for nursing education, student demand, and manpower needs.

MWRMP staff have compiled an index of nursing educational and training programs going on in the region which will give Council members an informational framework to plan future educational programs with minimum duplication. The listing includes education and training programs for L.P.N.s and Nurse Aides as well as diploma, associate degree, and baccalaureate programs for R.N.s. The information will be published as a section of the MWRMP Health Careers Guidebook in February.

The Council is organized as a technical advisory body to the MWRMP RAG and includes of the major nursing organizations throughout the metropolitan Washington area including public and private health care facilities, community agencies, professional organizations and consumer groups involved in nursing.

Back-Up Sheet

Region: Metropolitan Washington

Focus of Activity; Core Activity

Project Title: Council for Nursing

Status: Ongoing

Sponsoring Institution: Metropolitan Washington Regional Medical Program

Project Director, Title, Address: Lucille P. Ashley, Director
Nursing Program
MWRMP
2007 Eye Street, N.W.
Washington, D.C. 20006
202-223-6490

Dates: August 11, 1971 to present

Funding: Core Activity--Additional Funding not required

Other Funds: None

Cooperating Agencies and Institutions:

3	American Nurses Associations in D.C., Maryland, and Va.
3	Leagues for Nursing in D.C., Maryland, and Va.
1	Hospital Nursing Service
3	Official Health Agencies in D.C., Maryland, and Va.
1	Comprehensive Health Planning
6	Nursing Educators (baccalaureate, associate, diploma, L.P.N.)
1	Nursing Representative on Regional Advisory Group
3	Visiting Nurse Associations
1	Representative, Tri-State Association of Deans
1	Veterans Administration
1	Hospital Council of the National Capital Area
1	Director, Nursing Programs Division, MWRMP
25	

Area Served: Washington, D.C.; Arlington and Fairfax Counties and the City of Alexandria, Virginia; Montgomery and Prince George's Counties, Maryland

Target Population: R.N.s, L.P.N.s, Nurse Aides and educators in the M.W. region

Congressional District:

Continuation after RMP Support Withdrawn: Funding of the Council for Nursing is minimal. Fund alloted to the MWRMP Nursing Program Division are used for mailing costs, etc.

Core Staff Contact: Nina Woodside, M.D., Associate Coordinator for Community Health Programs
Lucille P. Ashley, Director, Nursing Programs

Date Prepared: Feb. 1, 1972

Drafted By: Judith McIntire

MET DC-3

ALLIED HEALTH PROGRAMS, MWRMP

The new program for Inhalation Therapists at Washington Technical Institute and programs for Physical Therapists and Medical Records Technologists at Northern Virginia Community College will soon begin producing the badly needed allied health manpower for the Metropolitan Washington area. Shortages of para-professionals have reached the critical level in and around the nation's capital and health planners view these new programs as the first step down a long road to improved health care. A similar emphasis has been placed on continuing education with the result that numerous workshops and seminars have been conducted for various levels of in-service professional and lay personnel. Working to bring together ~~the~~ health resources and manpower ~~that result in~~ improved patient care, the Allied Health Programs Division of the MWRMP is at the core of meaningful progress in the field of health in the Metropolitan Washington area.

Charged with the task of developing and effectively utilizing new kinds of health manpower, the Regional Advisory Group of the Metropolitan Washington Regional Medical Program has assigned top priority to its programs for Allied Health Manpower. In 1971, the core staff of the Allied Health Programs Division assisted in the formation of an Allied Health Forum. A program of Continuing Education for Tumor Registrars was conducted. A Health Careers Brochure which lists allied health training programs at clinical and academic facilities in the metropolitan area was published. Two seminars in health education for teachers were held as were many other similar activities.

An Allied Health conference was held on May 18, 1971 to determine ways and means of coordinating training and education in the allied health professions on a regional scale. The conference was attended by educational administrators in higher education concerned with programs of instruction in the allied health professions, administrators concerned with training in clinical situations, and employers of allied health personnel.

Until recently, there had been no one document that listed the allied health training programs being offered in the Washington area. Realizing the value of such a publication in the hands of counselors, education and health planners and administrators and especially

those considering a career in allied health, MWRMP solicited the cooperation and support of area training facilities ~~and~~ published ~~the first edition of~~ a brochure entitled, "Hospital Careers", which was made available free of charge upon request. The brochure included not only job descriptions for the various allied health occupations, but detailed area institutions offering program s of instruction and training, admission requirements and expenses, degree or certificate awarded upon completion and other essential information. The brochure became so much in demand that the second, updated edition is expected to be released in early 1972 with an initial printing of nearly 3,000 copies.

On February 15, 1972, the Allied Health Programs Division of MWRMP sponsored a conference at the D. C. Medical Society auditorium titled: "Status Report on Current Education and Training Programs for the Allied Health Professions--Nationally and Locally". ~~The conference was~~ attended by representatives of the Federal government as well as local health administrators and community organizations. More than anything else, conferences and seminars of this sort bring together all segments of the health community where meaningful dialogue can lead to positive action~~--positive action~~ to improve patient care. By establishing liaisons with the providers of health care, MWRMP has a direct effect on the health picture of the region it serves and in the Washington area, the Allied Health Programs Division of MWRMP mean positive action to improve patient care.

Back-up Sheet

Region: Metropolitan Washington

Focus of Activity: Core Activity

Project Title: Allied Health Forum

Status: Ongoing

Sponsoring Institution: Metropolitan Washington Regional Medical Program

Project Director, Title, Address: S. H. N. Zumbrun, Director
Allied Health Programs
MWRMP
2007 Eye Street, N.W.
Washington, D.C. 20006
202-223-6490

Dates: March 1, 1970 to present

Funding: Core Activity Additional Funding Not Required

Other Funds: None

Cooperating Agencies and Institutions: National Institute of Mental Health,
Comprehensive Health Planning Agency of D.C.
National Medical Association Foundation
Academic Institutions of the Region.
Clinical Facilities proving Training in the Region

Area Served: Washington, D.C.; Arlington and Fairfax Counties and the City of Alexandria in Virginia; Montgomery and Prince George's Counties in Maryland.

Target Population: Health Educators and Practicing Professionals at 77 academic institutions and clinical facilities in the M.W. region

Congressional District:

Continuation After RMP Support Withdrawn: Funding of the Allied Health Forum is minimal. Funds alloted to the MWRMP Allied Health Program Division are used for mailing costs, etc.

Core Staff Contact: Nina Woodside, M.D., Associate Coordinator, Community Health Programs MWRMP
S.H.N. Zumbrun, M.Ed., Director, Allied Health Programs

Date Prepared: January 31, 1972

Drafted by: Tony Jasper

FILE

Sickle-Cell Screening

More than five thousand black children in 20 Grand Rapids, Michigan, schools have been screened in a massive, free program of testing for the crippling, fatal disease, sickle-cell anemia, an hereditary condition which primarily attacks black people. The tests uncovered 309 carriers of the trait, and 2 with potential for developing the condition itself.

Begun late in May, 1971, the tests are part of a demonstration program, funded by a $10,000 grant from the Michigan Association for Regional Medical Programs (MARMP). The project also provides follow-up screening for relatives of carriers, as well as genetic counseling for affected families. Project Director Robert N. Malbandian, M.D., Associate Pathologist at Blodgett Memorial Hospital in Grand Rapids, developed both the new rapid, low-cost "automated dithionite" screening test and a method of treating crises of the disease using urea, a substance produced by the body.

It has been estimated that one out of every 500 blacks, or about 45,000 in the U.S., shows symptoms of sickle-cell anemia, with a much larger number who are carriers of the trait. The condition involves a reduction in numbers of red blood cells, which, in periodic crises, become deformed in a sickle or crescent shape. Symptoms of the disease come and go with increasing frequency as the body matures.

Until recently, no adequate or effective treatment was available for sickle-cell anemia. Now, there is growing evidence that urea, while not a cure, is helpful in overcoming acute symptoms of the disease such as convulsions and crippling, enabling patients to perform normal activities, and preventing premature death.

Community physicians will be instructed in the rationale and use of the newly developed tests. Follow-up will be carried out by the Neighborhood Health Services Board with the assistance of the County Department of Public Health and the County Office of the Michigan Department of Social Services.

Coordinated by the Neighborhood Health Services of Kent County, Inc., the total program is designed to build a prototype model whereby the new low-cost test and follow-up procedures can be made available to all black people within a community, which could then be duplicated in communities nationwide. Similar programs based on the Grand Rapids methods are now underway in Milwaukee, Wisconsin; East Palo Alto, California and Wichita, Kansas.

Back-up Sheet

Region: Michigan Association for Regional Medical Programs

Locus of Activity: Core Activity (Alternatives: Operational Project, Core Activity or Developmental Component)

Project Title: Sickle-Cell Screening

Status: Ongoing

Sponsoring Institution: Neighborhood Health Services of Kent County, Inc.

Project Director, Title, Address: Robert N. Malbandian, M.D.
Associate Pathologist
Blodgett Memorial Hospital
Grand Rapids, Michigan 49506
616-456-5301

Dates: May-June, 1971 (The screening component actually began late in May, 1971, with a projected completion date of August 31, 1971. Approval for release of funds for the total pilot study did not come until July, 1971.)

Funding: 01 $8,000 (A supplementary amount of $2,000 was approved by MARMP in September.)

Other Funds: None.

Cooperating Agencies and Institutions: County Department of Public Health, County Office of the Michigan Department of Social Services, Areawide Comprehensive Health Planning Agencies serving the area, Model City's Citizen's Committee, Community Action Program, and a community hospital, a community clinic, practicing physicians, schools, churches, newspapers, and radio and television stations.

Area Served: City of Grand Rapids, Michigan

Target Population: 5,000 urban black children (and their blood relatives)

Congressional Districts: #5 - Mr. Gerald R. Ford (R)

Continuation after RMP Support Withdrawn: MARMP believes that the testing portion of the model will be incorporated into the routine laboratory procedures in the Grand Rapids hospitals, and that the Neighborhood Health Services Board will provide its facilities for further testing of those not included in the first test, new members of the community, and those reaching testable age. It is also expected that funding for duplication of this model elsewhere will come from Model Cities and the Federal program developing in this area.

Core Staff Contact: Gaetane M. Larocque, Ph.D., Associate Coordinator, MARMP

Date Prepared: 8/11/71

Drafted by: Teresa Schoen

Back-up Sheet

Region: Michigan Association for Regional Medical Programs

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Core Staff Contact: Gaetane M. Larocque, Ph.D., Associate Coordinator, MARMP

Date Prepared: 8/11/71

Drafted by: Teresa Schoen

MICH-1

RECEIVED FEB 17 1972

MICHIGAN FILE

WESTERN MICHIGAN MEDICAL EDUCATION PROGRAM

Grand Rapids, long a regional referral center, began a pilot study of continuing education in its watershed area in 1969. This watershed includes 10 counties outside of Grand Rapids with a total of 315,000 people with a per capita income 35% below the state average, and served by less than 70 active primary physicians. In 1970 a systematized approach to education in coronary care was applied to the entire rural area. In the first 1½ years of full-scale operation, funded by MARMP, 400 hours of consultant teaching were delivered to the staffs of 9 outlying hospitals within 110 miles of Grand Rapids.

Innovations: 1) To conserve time for patient care, physicians were taught on their home ground on a regular basis by the same group of consulting cardiologists from Grand Rapids. 2) Teaching methods were adjusted for major impact on patient care. Practicality and self-sufficiency were emphasized. Small group methods with impact-orientation are unusual in medical education outside of formal residency programs.

Evaluation: By chart review and PAS analysis, the mortality rate from myocardial infarction dropped from 34% (pre-course) to 18% (post-course). Such a statistically significant change has been rare in other types of post-graduate or "refresher" programs. The final mortality rate obtained is not significantly different from urban centers. Effectiveness of the program was limited where equipment (a CCU) was not present, but tools without trained personnel had little impact. At the end of the project period, 8 of the 9 hospitals had voted self-sustaining funds for the education visits.

Present status: MARMP is currently funding courses for hospitals new to the system, plus a central organization. The critical interdependence of manpower, education and facilities recognized in the first phase dictates a broader responsiveness to rural community need. While maintaining on a non-categorical basis the educational linkages already formed, stronger linkages with hospital administrative services, the universities, with CHP, and other health agencies are being rapidly developed with the broader end-in-view. The three major 400-bed hospitals in Grand Rapids have become a subcampus of two major university medical schools, and area hospital boards are beginning to explore service affiliation in partial fulfilment of the regional objective. This MARMP-funded project has functioned thus far as a major facilitator of change by bringing providers together, and as an innovator of an effective educational outreach program new to the medical field.

Region: Michigan Association for Regional Medical Programs

Locus of Activity: Operational Project

Project Title: A Comprehensive Approach to Medical Resource Distribution and Improvement within a Cooperative Regional Community Hospital System

Status: Ongoing

Sponsoring Institution: Blodgett Memorial Hospital

Project Director: Craig Booher, M.D.
Blodgett Memorial Hospital
Grand Rapids, Michigan 49506
616-456-5301

Dates: Pilot Project: April - August 1969
Ongoing Project: March 1970 to date

Funding:			
	Pilot Project:		$ 3,000.00
	Ongoing Project:	3/70 - 8/70	$40,000.00
		9/70 - 8/71	$38,000.00
		9/71 - 8/72	$35,000.00

Other Funds: None

Cooperating Agencies and Institutions: Allegan General Hospital, Community Hospital of Big Rapids, Gerber Memorial Hospital of Fremont, Oceana Hospital at Hart, Mason County Hospital at Ludington, Ionia County Memorial Hospital, Pennock Hospital at Hastings, United Memorial Hospital at Greenville, Reed City Hospital, Carson City Hospital, Belding Community Hospital, and in Grand Rapids, Blodgett, Butterworth and St. Mary's Hospitals. Areawide Comprehensive Health Planning Unit. Grand Rapids Area Medical Education Center, Inc.

Areas Served: 10 county rural area surrounding Grand Rapids.

Target Population: Now approximately 100 physicians serving a population of >315,000 which includes a federally-designated depressed area.

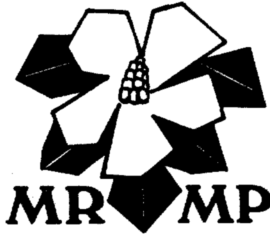
Congressional Districts:
5 Mr. Gerald Ford
4 Mr. Edward Hutchinson
9 Mr. Guy VanderJagt
#10 Mr. Elford Cederberg

Continuation after Withdrawal of Support: Part or full self-support of the educational visits (but not the central staff functions) has been voted by 8 of the 11 target hospitals.

Core Staff Contact: David Eaton, Field Representative

Date Prepared: 2/14/72

Drafted By: Wallace B. Dorain, M.D.
Project Coordinator



MISSISSIPPI REGIONAL MEDICAL PROGRAM
880 LAKELAND DRIVE JACKSON, MISSISSIPPI 39216 (601) 362-7311

September 14, 1972

Patricia Q. Schoeni
Director
Communications and Public Information
Regional Medical Programs Service
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20852

Dear Pat:

Here, in answer to your request, is another vignette on an activity of our program. Perhaps you will find it interesting. Bob Chambliss and James Daugherty attended the workshop, and I think Chambliss was suitably impressed with the effort we made. I'll try to get you some more dope before long, meanwhile keep the faith.

Yours,

Bob

Robert C. Cotten
Director of Communication
and Information
Mississippi Regional Medical Program

RCC/jec

attachment

MISS-1

Home Dialysis Center

Mississippians suffering terminal renal failure now are receiving life-saving hemodialysis treatments in a unique, MRMP-supported program that features the use of house trailers, converted to artificial kidney units, and installed on the grounds of community hospitals. The concept allows patients who have inadequate family support and/or housing facilities to obtain treatment without having to be hospitalized, at a cost they can afford.

Three trailer units are now in operation in various communities, serving a total of seven patients. Each patient received initial treatment and training in how to operate artificial kidney machines at the University of Mississippi Medical Center in Jackson, the University is home base hospital for the state's artificial kidney program, which also supports three additional satelite kidney units ~~in hospitals~~. Each trailer is designed to serve a capacity of eight patients per week. Plans call for a total of ten trailer units eventually to be operational, serving an expected twenty-five new patients each year.

The trailers are comfortably furnished in a pleasant, home-like atmosphere. Patients may have visitors any time and have the use of a telephone and kitchennette. A liaison with the community hospital is maintained through nursing and technical personnel, although they are called upon only in emergency situations, which so far have occurred infrequently.

The Mississippi Regional Medical Program supports the training of these nurses and technicians and provides backing for the coordination of various state and community agencies, such as Vocational Rehabilitation, the Kidney Foundation of Mississippi, and civic clubs. Community pride is an important ingredient in the trailer unit concept, and has greatly cut the costs to individual patients. When the last unit becomes operational, there will be a hemodialysis treatment center within thirty minutes of the front door of every citizen in Mississippi.

Back-up Sheet

Region --- *Mississippi Regional Medical Program (the State of Mississippi)*

Locus of Activity --- Operational Project

Project Title --- Decentralized Home Dialysis Centers

Sponsoring Institution --- University of Mississippi Medical Center, Vocational Rehabilitation, Kidney Foundation of Mississippi

Project Director, title, address --- John Bower, M.D.
Assistant Professor of Medicine
Director, UMC Artificial Kidney Unit
2500 North State Street
Jackson, Mississippi 39216
601-362-4411

Date Operational --- July, 1970

Funding --- $76,327.19

Area --- Trailer Units in Greenville, West Point, Columbia; additional satellites in Tupelo, Pascagoula, McComb. Program serves entire state.

Target --- 25 new patients per year

Other funds --- Community agencies purchase trailer units through coordinated effort

Continuation of Support --- Most likely continuation of support will be from state and local governments combined with support of community civic organizations.

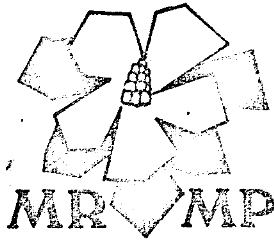
Miss-3

VIGNETTE

Thirty-seven per cent of Mississippi's 2,216,912 people (or just over 820,000) are black, but of that number only 44 are practicing physicians. ~~[illegible] a 196[illegible] [illegible] by Meharry Medical College showed that [illegible] per cent [illegible]'s black [illegible] look to the black physician for [illegible], the problem of black physician shortages in Mississippi becomes [illegible] apparent~~. To compound the problem, the average age of the black doctor in the state is 55. The Mississippi Regional Medical Program in July, 1972 provided a grant of $ 8,000 to support a workshop for the 60 black medical students now attending school in other states. The theme of the workshop was "Come Back and Get Involved", and stressed that health care delivery in the region was "still a challenge". The results of the three-day event were much better than those of a similar workshop which MRMP sponsored the previous year. Turnout was above what had been expected, and the students' responses indicated a growing interest in and awareness of the needs of people in their home state. MRMP also sponsored a black medical student preceptorship program, with a grant of $ 7,300, in the state during the summer in which 5 students had the opportunity of working directly with physicians in practice. The Program is steadily increasing its committment to improve the region's health manpower shortages by such activities as these.

Status --- Contractual/Professional Staff Activity

The Mississippi RMP covers the entire State of Mississippi, and has been operational since July 1, 1969. Its committment level for FY 1972 was $ 1,408,225. These funds were used during FY 1972 to support a total of 12 projects, of which one was in the area of general continuing education, one for training existing health personnel in new skills, 2 for training new health personnel, 7 for patient services and demonstration, and 2 for providing manpower development centers.



MISSISSIPPI REGIONAL MEDICAL PROGRAM
2500 NORTH STATE STREET JACKSON, MISSISSIPPI 39216 (601) 362-7311

VIGNETTE

Widespread ignorance of health and health practices is one of the factors contributing to Mississippi's high incidence of morbidity and mortality from such "treatable" diseases as cervical cancer, hypertension and diabetes. Lack of public health awareness undoubtedly plays a role in giving Mississippi the highest maternal and infant death rate in America.

In the Fall of 1971, the Mississippi Regional Medical Program sponsored a massive health exposition in the capitol city of Jackson, as a means of educating the public to better health practices and to new developments in treatment and the delivery of health care. Over sixty thousand people, from all walks of life and from all parts of the state, came to see exhibits, demonstrations, and films provided by more than 50 state health organizations and volunteer groups during the three-day event. Large evening crowds attended to hear such renowned medical authorities as Dr. Paul Dudley White, world famous heart specialist and former personal physician to President Eisenhower, and Dr. Robert Q. Marston, Director of the National Institutes of Health.

The degree of public involvement and participation was much greater than initially expected. People waited in line, often for as long as an hour, to have their blood tested, their hearing and eyesight checked, and to participate in screening procedures for a multiplicity of health problems, including diabetes, hypertension, cervical cancer and emphysema. Thousands of young people were introduced, for the first time, to a wide range of health careers. The $10,000 grant provided by MRMP made it possible for a non-profit group to establish the Health Expo as an event that will continue, on its own steam, to educate and inform Mississippians about health and the availability of care.

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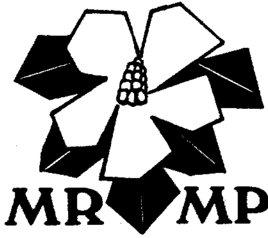

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Plan for Improvement of Pharmaceutical Services in Missouri's Rural Health Care Institutions (Hospitals and Nursing Homes)

In the first year of this three-year project, approximately 50 hospitals of 100-bed size or less and 70 nursing homes will be evaluated to determine:

1. Current status of pharmaceutical services in the institution;

2. Facilities available for providing these services; and

3. Local pharmacists available.

Cooperation of the hospitals and nursing homes was requested and Thirty-eight hospitals and 60 nursing homes agreed to participate.

By using questionnaires developed by Project Director Wayne M. Brown for hospitals and nursing homes, an interview is conducted with the administrator, director of nurses, and pharmacist, if available. the nursing stations and pharmacy or drug room are visited also.

As of February 1, 1972, 33 hospitals had been visited. Five have the services of a full-time pharmacist, 16 have a part-time pharmacist, and 12 have the services of a consultant. Various drug distribution systems have been seen. many hospitals are concerned and indicate they need help in improving their systems. It is believed that the services provided by the full-time pharmacist will, of course, be better than that provided by a part-time or consultant. It is hoped that a program can be developed and implemented to improve what the pharmacist is doing in these institutions. This is the ultimate objective of this project.

Thirty-nine nursing homes have been visited. Eleven have pharmacy consultants and the remaining 28 have no pharmacy service except for the actual providing of the drugs. Of the 11 consultants, 7 were spending some time in the nursing home. This time varied from a half-hour a week to one hour per month. In the other four, the pharmacist did not go to the nursing homes.

In nursing homes there is not a great deal of pharmacy input. In the next two years of the project, programs will be developed to help the pharmacist in the institutions provide better service.

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: Plan for Improvement of Pharmaceutical Services in Missouri's Rural Health Care Institutions (Hospitals and Nursing Homes)

Status: Ongoing

Sponsoring Institution: University of Missouri - Kansas City School of Pharmacy and Division for Continuing Education

Project Director, Title, Address: Wayne M. Brown
Assistant Professor
School of Pharmacy
University of Missouri - Kansas City
Kansas City, Missouri 64110
816-276-1614

Dates: July 1 - June 30, 1971-72 (First year - evaluation)
July 1 - June 30, 1972-73 (Second year - program development)
July 1 - June 30, 1973-74 (Third year - re-evaluation)

Funding: 1971-72 $25,000 ($3,000 added for Green Hills Project)
1972-73 $26,500
1973-74 No funding

Cooperating Agencies and Institutions: Missouri Hospital Association, Missouri Osteopathic Hospital Association, Missouri Nursing Home Association, Missouri State Medical Association, Missouri Association of Osteopathic Physicians and Surgeons, Missouri Pharmaceutical Association, Missouri Nurses' Association, and the Division of Health of Missouri.

Area Served: The State of Missouri - excluding St. Louis County

Target Population: 50 hospitals of less than 100 beds and 70 nursing homes.

Congressional Districts: #4 William J. Randall (D), #5 Richard Bolling (D), #6 Wm. (Bill) Hull, Jr. (D), #7 Durwood G. Hall (R), #8 Richard Ichord (D), #9 Wm. L. (Bill) Hungate, #10 Bill D. Burlison (D).

Continuation after RMP Support Withdrawn:

Core Staff Contact: Dr. Warren P. Sights

Date Prepared: 3/1/72

Drafted By: Wayne M. Brown

MO-2

School Heart-Sounds Screening Program

Approximately two-and-one-half years ago the PhonoCardioScan Project began in Missouri, sponsored jointly by the Missouri Regional Medical Program and the Missouri Heart Association. Since that time, 45,000 young people in six major communities and numerous smaller communities throughout the state have been evaluated for unsuspected heart disease. The program has tested first, fifth and ninth graders, and more recently, fourth graders, for the presence of heart murmurs or abnormal heart sounds.

More than 700 students have been referred to their physicians for follow-up evaluation because of unsuspected heart murmurs. Many of these turned out to be of no major importance. However, many significant abnormalities have been detected. Some of these have required referral to a medical center for a more complete evaluation. Some ~~have been determined~~ were found to have a heart disease which required some restriction of physical activity; others ~~have~~ had to be placed on prophylactic antibiotics to prevent infection from developing on diseased portions of the heart.

Two cases detected in the course of the screening indicate how important the detection of unsuspected heart murmurs can be. A six-year-old girl from St. Joseph, Missouri, ~~who was active and appeared to be healthy~~ was found to have an abnormal heart murmur and was referred to the University of Missouri Medical Center, where ~~she was found to have a very~~ serious restriction of flow through the pulmonary valve. Immediate open heart surgery was necessary, ~~from which she~~ recovered rapidly. She has now returned to normal activities with no abnormal cardiac findings.

A 12-year-old boy from Centralia, Missouri, was found to have a complicated inborn heart defect called Tetralogy of Fallot which is usually detected much earlier in life. ~~However, because of certain unusual features it had not been detected.~~ This patient recently underwent total surgical correction for the abnormality and is now progressing very well.

An important by-product of this program has been public education. Many parents have learned something about heart disease in children. Thousands of volunteers have helped with the program and, through the assistance of all forms of news media, hundreds of thousands throughout the state have learned more about the importance of evaluation for the presence of heart disease in children. We have also been able to predict

the incidence of unsuspected heart disease in children ~~in Missouri~~ and have determined the best ages for children ~~to be studied~~ to gain the best cooperation and the maximum yield. At the present time the ninth grade has been found to be less satisfactory than the first, fourth and fifth grades.

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: School Heart-Sounds Screening Program

Status: Ongoing

Sponsoring Institution: Missouri Heart Association

Project Director, Title, Address: Dr. Jack S. Sanders
Project Director
515 East High Street
Jefferson City, Missouri 65101

Dates: 1969 - present

Funding: 01 73,600
02 34,800
03 18,000

Other Funds:

Cooperating Agencies and Institutions: Missouri Heart Association, PTA's, Local school administration staff.

Area Served: Statewide

Target Population: Grades 1, 5 and 9

Congressional Districts: ~~Form 3 tells present sites~~ entire state

Continuation after RMP Support Withdrawn:

Within the next six months the screening part of the program will end. However, compilation of important statistics and follow-up of children found to have abnormal findings will continue for some time. In most of the communities involved the program will be carried on through local purchase of the testing apparatus and through use of volunteers, who are now experienced in the use of the equipment.

Core Staff Contact: Dr. Warren P. Sights

Date Prepared: 3/7/72

Drafted By: Dr. Jack S. Sanders

MO-3

MISSOURI

A Cooperative Prevention and Management Program

for Cardiovascular Pulmonary Problems

This cooperative program among physicians, hospitals and MoRMP staff in the northeast area of Missouri is tackling cardiovascular-pulmonary problems.

Each physician in the northeast district has received a booklet listing available speakers, topics and audiovisual materials on cardiovascular-pulmonary problems. When physicians and hospitals request speakers or materials listed in the booklet, the MoRMP staff arranges to bring the seminar to the physician ~~where he lives~~. This eliminates hours of travel, and lets the physician himself determine what his educational needs are.

Also involved in the continuing education programs are health and physical educators and leaders in school systems, and students at Northeast Missouri State College.

The staff tries to improve public understanding about cardiovascular-pulmonary disease, with special emphasis on prevention. A speakers bureau is being planned; radio and TV programs and news releases will stress.

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: A Cooperative Prevention and Progressive Management Program for Cardiovascular-Pulmonary Problems

Status: Ongoing

Sponsoring Institution: Kirksville College of Osteopathic Medicine

Project Director, Title, Address: Dr. Richard H. Beck
KCOS - 704 W. Jefferson
Kirksville, Missouri 63501

Dates: 1971-72

Funding: $40,000

Other Funds:

Cooperating Agencies and Institutions: Kirksville College of Osteopathic Medicine

Area Served: Northeast Missouri

Target Population: Health professionals, especially physicians, for continuing education. The entire population for public information.

Congressional Districts: William L. (Bill) Hungate (D) #9

Continuation after RMP Support Withdrawn:

Core Staff Contact: Dr. Warren P. Sights

Date Prepared: 3/20/72

Drafted by: Elaine Selcraig.

MO-5

Southeast Missouri Radioisotope Cancer Program

This radioisotope program has brought a new type of medical facility to the rural area around Cape Girardeau, Mo. During the past three years, a completely equipped nuclear medicine department has been established at St. Francis Hospital, Cape Girardeau. Objective is to determine if such a facility can be useful and self-supporting in a rural area.

The nuclear scanning process is simple, but yields much information. Technicians inject radioactive material into the patient's veins. It accumulates and outlines the internal structure of the organ. This movement is traced with the persistence scope, which records areas of material accumulation by tumors, unhealthy tissues and cardiovascular lesions. Areas of increased activity show a greater accumulation of the isotopes.

The radioisotope project gives people an opportunity to have an examination they would have to go to St. Louis or Memphis to get otherwise. The scans conserve physician time in making diagnoses and eliminate many cases of exploratory surgery.

For example, one man came to the hospital for prostate surgery. In a routine work-up, including an intravenous pyelogram, the physician found something wrong with the patient's left kidney. Before going ahead with surgery, the physician needed to know how serious this defect was. The patient had a scan taken. Movies recorded the blood flow through his kidneys and the camera also provided Polaroid pictures showing different stages in the scanning process. His physician looked at this information and concluded it was safe to go ahead with the surgery.

In June, 1969, eight months after the Project started, the first satellite laboratory was set up at Southeast Missouri Hospital with a complete well-counting system and a rectilinear scanner. Close correlation between the two labs has been valuable in developing techniques and maintaining quality control. The satellite at Southeast is self-supporting. Several nearby community hospitals also are considering development of nuclear medicine departments. Another important offshoot of the project is training professional assistants in the nuclear technician program.

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: Southeast Missouri Radioisotope Cancer Program

Status: Ongoing

Sponsoring Institution: St. Francis Hospital
Cape Girardeau, Missouri

Project Director, Title, Address: Dr. Milton Shoss
937 Broadway
Cape Girardeau, Missouri 63701

Dates: 1968-72

Funding:

1969	75,200
1970	77,500
1971	43,000

Other Funds:

Cooperating Agencies and Institutions: St. Francis Hospital
Cape Girardeau, Missouri

Area Served: Southeast Missouri, southeast Illinois

Target Population: Resident of southeast Missouri and southeast Illinois

Congressional Districts: Bill D. Burlison (D) #10

Continuation after RMP Support Withdrawn: Will continue a gradual transition to fee-for-service basis, with cost of scans being borne by patients. Increase in number of scans performed will also lower cost. Satellite facility at Southeast Missouri is already self-supporting.

Core Staff Contact: Dr. Warren P. Sights

Date Prepared: March 14, 1972

Drafted By: Elaine Selcraig

MISSOURI

Homemaker-Home Health Aide Project

Homemaker-Home Health Aide Project has trained a core of workers to do simple nursing procedures and "personal care" services such as grocery shopping, preparing meals, light laundry and housekeeping. ~~This service has been made available on the~~ doctor's referral to the chronically ill patient in the home. Homemaker-Home Health Aides have ~~also~~ served families during a period of acute illness, emergency, or stress that threatened the family's ability to remain together.

Homemaker-Home Health Aides have worked under the supervision and direction of registered professional nurses to keep the chronically ill patient in the home, thereby releasing a hospital bed for the more acutely ill patients. Nine-hundred fifty days of nursing home care and almost 10,000 days of hospitalization have been prevented during the two and one-half years the project has been funded.

* * *

"Can Charley Brown keep coming back here?" the 4 year old towheaded boy asked.

The Homemaker-Home Health Aide supervisor was making a routine visit to a home where a Homemaker had been assigned three days earlier. "Charley" Brown was really Mrs. Edna Brown, a motherly, good natured Homemaker-Home Health Aide.

The home was shabby, with bare floors, but there was a warm fire in a wood-burning heating stove in the corner of the living room. The house was clean, the four children were warm, happy, and anticipating a good hot lunch. "Charley" Brown and Homemaker Project had made it all possible.

~~Now about that lunch.~~ Government issued commodity foods ~~can be pretty dismal unless someone has some imagination~~ - dry powdered eggs, powdered milk, canned meat, cornmeal, lard, potatoes, oleomargarine, and raisins. ~~"Charley" Brown had really shown her creativity.~~ On the old wood range in the kitchen ~~was a big skillet of~~ scrambled eggs with small chunks of the canned meat mixed in, ~~another skillet with~~ fried potatoes, ~~a pan of brown~~ crusty cornbread ~~(spread the margarine on later)~~ and ~~in the oven a big pan of~~ golden ~~colored~~ rice pudding with ~~big,~~ plump raisins ~~peeping out.~~ ~~(It looked great and smelled yummy.)~~

The towhead went to call Mamma ~~from the bedroom.~~ ~~She had~~ just come home from the hospital ~~the day before.~~ She came out smiling and sat down with the four children. "Charley" Brown beamed.

* * *

The apartment was neat, clean, and well furnished. There was a piano, but it hadn't been played in several months. Mrs. D. was too busy taking care of John, her 70-year-old husband, who had had a stroke. Mrs. D. was not well herself. She needed to go to the doctor regularly, when it was possible to get a neighbor to stay with John. She was not making the improvement her doctor wanted her to make.

Taking care of John was an exhausting job for a 69-year-old woman. He needed to be bathed and dressed daily. His meals needed to be prepared, groceries must be shopped for, the laundry must be sent out, the house made presentable. It was just too much for her. Everyone agreed on that.

A housekeeper was found, but she didn't stay long. She didn't know how to bathe a stroke patient, prepare a low-sodium diet, give range-of-motion exercises, or use a Hoyer lift to move the patient to a wheelchair. No, this was not her "thing". What could be done? Put them both in a nursing home? What a shame. They could both be so happy in the pretty little apartment if there was just someone to help a few hours a day.

Then the doctor remembered Homemaker-Home Health Aide Project and called to request service for the couple.

The next day things began to happen. The Homemaker Aide knocked on the door at 8:00 a.m. A smiling Mrs. D. admitted her. Breakfast was prepared and served. Mr. D. was given a bed bath, exercised, and lifted into a wheelchair and rolled to a front sunny window to look outside. The aide washed the dishes, dusted, shopped for groceries and prepared the noon meal.

Mrs. D. - things were better already.

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: Homemaker-Home Health Aide

Status: Ongoing

Sponsoring Institution: Visiting Nurse Association of Greene County

Project Director, Title, Address:

Maude Lee Tillman, R.N.
Executive Director, V.N.A.
2003 South Stewart
Springfield, Missouri

Dates: Project initiated September 1, 1969
Project terminates March 31, 1972

Funding: First year - $36,250.00
Second year - $82,843.00
Third year - $39,000.00

Other Funds:

Cooperating Agencies and Institutions:

Missouri Division of Health
Missouri Heart Association
Mo. Chapter American Cancer Society
University of Mo. Extension Center
Four local hospitals, practicing physicians, newspapers, radio, and television stations

Area Served: Greene County, Missouri
Population 153,000

Target Population: All families with an ill member in or out of the home that would benefit by a Homemaker to hold the family together.

Congressional Districts:
#7 - Durward G. Hall (R)

Continuation after RMP Support Withdrawn:
It is believed that the project can be continued on a fee-for-service basis paid by the family receiving service. Donations and bequests are being requested to provide service for people who cannot afford to pay.

Core Staff Contact: Warren Sights, M.D.
Director of Operations

Date Prepared: 02-21-72

Drafted by: Maude Lee Tillman, R.N.

MO-8

MISSOURI

Early Diagnosis and Treatment of Children with Diabetes Mellitus

A Research, Education and Detection (RED) Project in the field of diabetes mellitus has been in progress since January 1, 1970. This disease, primarily hereditary in nature, is on the increase. RED is the only way ~~one can hope~~ to prevent or possibly delay the progression of this disease.

~~Our~~ The detection and research program is aimed specifically at children under 16 years. In the past two years more than 2,108 glucose tolerance tests have been performed in area detection clinics in 8 central Missouri towns. ~~Of this number of tests,~~ 16.9% were found to be abnormal. Follow-up testing, nutrition and medical counseling were an integral part of this project.

Research is in progress to determine whether good nutrition and restricted concentrated sweets can prevent or delay the progression of the disease, especially in children with mildly abnormal tests. We are further studying the relationship of insulin values, growth hormone and chromium levels and how these parallel the glucose level ~~in~~ at different ages children.

Education is a must to be able to detect patients in earlier stages of the disease and to have patients follow through correctly on medical management. Physicians and allied health personnel need to be aware of the intricacies of the disease and its management to present it to the patient on a more understandable level. Information in this field is sent to personnel in a bi-monthly bulletin after the allied health personnel have completed the eight-hour course of instruction (which has been held in eight communities). Physician instruction is held in conjunction with county medical society meetings.

The public health service and the Bureau of Maternal and Child Health have acted as community coordinators in follow-up instruction and detection in certain counties. Environmental surveys of the family help determine the immediate needs of the community or the home. Patients with specific dietary or insulin management problems often may be helped by relating to the specific problems found only in the home.

Educational material has become a growing concern. ~~We have printed~~ a Manual for Parents and ~~have mimeographed copies of~~ Manual for Adults. For the physician and allied health personnel are the Manual for Physicians and Medical Students, Monograph for Nurses concerning diabetes mellitus in children and an Instruction Manual for personnel responsible for teaching patients of all age levels. As funds are available, a bright pictured colored book for children will become part of their instruction.

~~The~~ communities involved in this program ~~are Joplin~~, Princeton, Sedalia, Washington, St. Clair, Mexico, Jefferson City and Columbia, Missouri. The Green Hills Area in northwest Missouri is now being included in the educational project. Eleven L.P.N.'s, 37 R.N.'s, five registered dieticians, five dietary aides and two nursing technicians or nursing home aides have completed the course. Nursing students and medical students at the University of Missouri have also been reached through scheduled classes specific to the needs, management and education of children.

Ongoing patient education projects are now being carried on in six of the eight involved towns. Diabetic detection programs are now present in three of the eight towns. Diabetes Associations are now organized in Rolla, Mexico, Columbia, Jefferson City and the Joplin-Springfield area through contacts made with our project. Camp experience has also been available over the last two years in the central Missouri area by the Robert L. Jackson Camp (or Camp Banting), held for two weeks at Holt Summit, Missouri. It is hoped that this will develop into a state-wide camp, including the St. Louis and Kansas City camps. Children from 7-15 years of age are able to increase in independence and knowledge about their disease by participating in camping activities in a properly supervised atmosphere.

Children with diabetes can have an active and productive life with vascular and neurological changes prevented or delayed. This is the goal of the RED Project.

The RED project has contributed to the development, such as ~~other project [illegible]~~ ongoing patient education projects, diabetic detection programs, the organization of 5 area diabetes associations, and a summer camp for diabetic children.

Back-Up Sheet

Region: Missouri Regional Medical Program

Focus of Activity: Operational Project

Project Title: Early Diagnosis and Treatment of Children with Diabetes Mellitus - To Delay or Prevent Vascular Changes of the Disease

Status: Ongoing

Sponsoring Institute: Department of Pediatrics
University of Missouri Medical Center
Columbia, Missouri

Project Co-directors: Titles and Address:

Calvin C. Woodruff, M.D.
Professor

Richard A. Guthrie, M.D.
Associate Professor

Department of Pediatrics
University of Missouri Medical School
Columbia, Missouri 65201
Area Code 314 442-5111, Extension 647

Date: January 1, 1970 - January 1, 1972 (completion date of project January 1, 1973)

Funding:

Other Funds: Department of Pediatrics
University of Missouri Medical Center
Columbia, Missouri

Cooperating Agencies: Division of Health
Department of Public Health
Bureau of Maternal and Child Health

Area: Central Missouri area

Target Population: Children from birth to 16 years of age
Physicians and allied health personnel

Continuation after RMP support withdrawn:
Area hospitals to continue ongoing patient education. Continued communications through bi-monthly bulletin available by yearly subscription or other Medical Center money.

Core Staff Contact: Dr. Warren Sights

Date: 3/7/72

Drafted By: Richard A. Guthrie, M.D.

MO-70

MISSOURI

Mobile Rehabilitation Service Project

A mobile rehabilitation team travels from Springfield to outlying hospitals and nursing homes. They provides care which otherwise would not be available to rural residents. Vocational rehabilitation services are offered through Springfield Baptist Hospital Rehabilitation Center.

The staff has given 161 treatments to 80 patients since December. (1971) The staff now visits the following units one day each week: Skaggs Community Hospital, Branson, Missouri; Barton County Memorial Hospital, Lamar, Missouri; West Plains Memorial Hospital, West Plains, Missouri; Ash Grove Nursing Home, Ash Grove, Missouri; Thayer Nursing Home, Thayer, Missouri; Kabul Nursing Home, Cabool, Missouri, and West Vue Nursing Home, West Plains, Missouri. The three hospitals have bed capacity of 163 beds and the four nursing homes have a bed capacity of 322.

In addition to rendering actual treatment to patients, ~~an~~ the team also instruct~~ion program is carried out to~~s designated hospital personnel so that ~~to carry on~~ the ~~work between visits.~~ rehabilitation treatments until the next team visit

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: Mobile Rehabilitation Service Project

Status: Ongoing

Sponsoring Institution: Springfield Baptist Hospital Rehabilitation Center

Project Director, Title, Address:

Dr. Daniel L. Yancey
Project Director
1211 South Glenstone
Springfield, Missouri

Dates: 1971-74

Funding: 01 - $20,000
02
03 } undecided

Other Funds:
Hospital Support (Space, Equipment, etc.)

Cooperating Agencies and Institutions:

Springfield Baptist Hospital Rehabilitation Center

Area Served: Southwest Area

Target Population: Health Facilities, etc. in Southwest Area

Congressional Districts: #4 William J. Randall (D), #6 Durwood G. Hall (R)
Bill D. Burlison (D) #10

Continuation after RMP Support Withdrawn:

Not now known.

<u>Core Staff Contact</u>: Dr. Warren P. Sights

<u>Date Prepared</u>: 3/7/72

<u>Drafted by</u>: Elaine Selcraig

MO-11

COMPACT

(Cooperative Ongoing Medical-Health Participation and Continuous Teaching)

Practing physicians in the Greater Kansas City area are becoming actively involved in continuing medical education programs and seminars through the efforts of COMPACT.

The one-year demonstration program, supported by coordinating activities of the Kansas City Southwest Clinical Society and the School of Medicine of the University of Missouri - Kansas City (UMKC), improves the quality of community hospital specialty department meetings through planned sessions of joint clinical review and combined resource medical audit on predetermined topics (arrhythmia, hypertension, etc.). Evaluation of the sessions is through questionnaires to participants. Self assessment exams are administered to bolster the learning experience.

COMPACT also coordinates visiting lecturers, or "docents", of the UMKC Medical School with the continuing education programs of physicians in private practice. On October 26-30, 1971, two internationally known cardiologists from London, England, Drs. Jane and Walter Somerville, appeared extensively in the community, appearing at five of the local hospitals, UMKC, the University of Kansas Medical Center, Kansas City General Hospital, Wayne Miner Neighborhood Health Center, as well as at dinner meetings of the Greater Kansas City Society of Internists and the Kansas City Southwest Clinical Society. It is estimated they appeared before 436 physicians in private practice, 13 academic physicians, 134 residents and interns, 40 medical students and 123 nurses. A similar visit on December 16-18 by "Docent" Reginald Hudson, M.D., internationally prominent in cardiac pathology, resulted in appearances before 163 physicians in private practice, 5 academic physicians, 88 residents and interns, 110 medical students and 95 nurses.

COMPACT also serves as a clearinghouse by providing a quarterly calendar of the continuing medical education programs in the Greater Kansas City area. The calendar is designed to inform the practicing physician of medical education programs and to help prevent duplication of efforts by planners of such sessions. A card file of all guest speakers is being established to provide the highest quality speakers for future programs.

COMPACT wants to involve as many of the private physicians as possible in the Greater Kansas City area in improved specialty department meetings and special programs of the UMKC School of Medicine. Through involvement in continuing medical education and improved medical audit, the physicians of this metropolitan area will have increased the quality and level of patient care.

Back-Up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: COMPACT (Cooperative Ongoing Medical-Health Participation and Continuous Teaching)

Sponsoring Agency: Kansas City Southwest Clinical Society

Project Director: J.H. Morris, Jr., M.D.
2220 Holmes
Kansas City, Missouri
AC 816 471-3999

Effective Dates: July 1, 1972 -June 30, 1973

Funding: $45,000

Cooperating Agencies and Institutions: University of Missouri - Kansas City; Kansas City Southwest Clinical Society; Kansas City Heart Association; Community Hospitals

Area Served: Greater Kansas City

Target Population: 1,500 physicians

Congressional Districts: #4 William J. Randal
#5 Richard Bolling

Continuation after RMP Support Withdrawn: MoRMP anticipates the activities generated by COMPACT will be continued by the Kansas City Southwest Clinical Society and the University of Missouri - Kansas City with support of community hospitals and area specialty societies.

Core Staff Contact: Dr. Warren Sights

Date Prepared: 1/25/72

Drafted by: J.H. Morris, Jr., M.D.

MO-12

MISSOURI

Cardiac Care Missouri

Cardiac Care Missouri began in October, 1971. ~~Its~~ overall goal is to lower the death rate from cardiovascular disease in southeast Missouri.

There are 25 counties, including 25 hospitals, in the southeast region of the state. ~~So that we could gain in-depth penetration in this area,~~ the first phase of the project ~~includes~~ only 13 hospitals. Each of these hospitals has been personally contacted several times in an attempt to gain a greater knowledge of the present status, needs, and desires in coronary care in each of these hospitals.

~~In talking with~~ hospital administrators, chiefs of staff, and nursing service directors, ~~it was learned that~~ the greatest need apparently lies in nursing and physician education. To ~~fulfill~~ this need, ~~courses have been started to provide nursing education in~~ coronary care

~~A sample of activities in first few months:~~

CAPE GIRARDEAU COUNTY:

Coronary care training courses for nurses began at Southeast Missouri Hospital and St. Francis Hospital in Cape Girardeau. The ROCOM System is used as a teaching aid.

~~A class is being presented for~~ ambulance, rescue, fire and police personnel in cardiopulmonary resuscitation, in cooperation with the Cape County Ambulance Service.

"Early Warning Signs of Heart Attack," ~~are being presented~~ by staff and volunteers to civic organizations, Radio, television and newspapers ~~inform the public.~~

BUTLER COUNTY

A coronary care course has been started in Poplar Bluff, with 28 students. We have had 3 all day sessions. Seven more sessions are scheduled. We have been asked to follow with a repeat course for those unable to attend this time, due to limited enrollment. The four Poplar Bluff hospitals are cooperating in this effort to improve coronary care. The medical staffs of these hospitals have met jointly to plan on a Community wide basis.

MADISON COUNTY

In Fredricktown 37 persons participated in two (lecture/ return demonstration) classes on CPR.

Another class was presented on first aid and CPR. Twelve persons including police, industrial and ambulance personnel

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: Cardiac Care Missouri

Status: Ongoing

Sponsoring Institution: Missouri Heart Association

Project Director, Title, Address:

Clifford R. Talbert, Jr., M.D.
Cardiologist
#14 Doctors' Park
Cape Girardeau, Missouri 63701
Phone: 314-334-4444

Dates:

October 1, 1971 (Funds have been approved until July 1, 1972)

Funding: $50,000

Other Funds:

Cooperating Agencies and Institutions:

13 hospitals in SE Missouri (at present)

Area Served: 13 counties in southeast Missouri

Target Population: 25 counties in southeast Missouri

Congressional Districts: Bill D. Burlison (D) #10

Continuation after RMP Support Withdrawn: \

Core Staff Contact: Dr. Warren P. Sights

Date Prepared: 3/3/72

Drafted by: Karen Hendrickson, R.N.

MO-13

MISSOURI

SIKESTON INTENSIVE CARE UNIT

Intensive care, especially intensive coronary care, is becoming a necessity in small community hospitals with limited medical staff, ~~and~~ few or no cardiologists, ~~on the staff,~~ and ~~with~~ limited nurse specialists. The nearest metropolitan hospital to Sikeston ~~in a large metropolitan area~~ is 150 miles away. ~~and the~~ transportation of the critically ill person to this center would be extremely hazardous.

The Sikeston Missouri Delta Community Hospital, with approximately 200 beds serving a rural area of approximately 150,000 people, proposed to set up a model intensive care unit in the belief that a small community hospital can maintain a well-functioning intensive care unit.

The beneficial effects are shown in these results:

1. Patient care. The mortality in acute myocardial infarcts, which prior to the opening of the unit was 36%, dropped to 11.6% (well in line with the national average). Since the opening of the unit, only one patient below the age of 60 has died from an acute myocardial infarct while in the unit.

   Intensive respiratory care resulted in dramatic improvement in patients with acute respiratory problems such as crushed chests, acute respiratory failure due to chronic pulmonary disease, respiratory arrest, and etc.

   Major vascular surgery can be performed now in the hospital with good post-operative care in the intensive care unit. A number of aortic aneurysms have been operated upon successfully.

2. Two-week courses (forty hours) of intensive coronary care and intensive care are being given at six to eight week intervals. These courses consist of lectures by the project director, a vascular surgeon, a chest surgeon and the pathologist. There are also lectures and demonstrations by the inhalation therapist. The course is implemented with the Multi-Media Rocom System. The trainees are given practical demonstrations in cardiopulmonary resuscitation, are called to the unit to observe any procedures such as defibrillations or cardioversions, and are shown autopsies. At present, 22 nurses have been trained from the staff of the hospital and 19 nurses from other hospitals.

3. The opening of the unit has generated interest among the practitioners in the hospital. Several courses in basis electrocardiography have been well attended.

   The acceptance of the ICU by the medical staff was prompt and immediate. The treatment of the patients in the unit is under the supervision of the attending physician who, with the help of the intensive care nurse, is well able to handle most of the emergency situations. Cardiology consults are available on request.

4. The interest generated in the community and adjacent areas using our hospital is obvious in donations which helped buy the Rocom System for continuing coronary care nurse training. A resusciAnne, an electronic heart and other teaching aids have also been purchased for continuing nursing education.

5. Several nurses from small hospitals in the area attended our training program, and with the basic knowledge obtained through our course, they will eventually be able to be used in their own intensive care unit.

The Coronary Care Training Program has catalyzed other activities in the hospital. Emergency Room nursing personnel are being trained in cardiopulmonary resuscitation and monitoring of cardiac patients. This training program will be extended to other areas of the hospital such as X-ray technicians and laboratory technicians so that, ultimately, any person being with or around the patients knows the basics of cardiopulmonary resuscitation.

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: Sikeston Intensive Care Unit

Status: Ongoing

Sponsoring Institution: Missouri Delta Community Hospital

Project Director, Title, Address:

Carl G. Popp, M.D.
Project Director
1012 North Main
Sikeston, Missouri 63801

Dates:

Approved July, 1970. Unit opened, September, 1970.

Funding: July 1, 1970 - June 30, 1971 - $112,318
July 1, 1971 - June 30, 1972 - $ 40,000

Other Funds: None

Cooperating Agencies and Institutions:

Area Served: Sikeston and surrounding area.

Target Population: Approximately 150,000

Congressional Districts: #10 - Mr. Bill Burlison (D)

Continuation after RMP Support Withdrawn:

The Intensive Care Unit will function as a division of the Missouri Delta Community Hospital, Sikeston, Missouri, after termination of the project. The Coronary Care Nurse Training Program will be continued as an in-service training program indefinitely by the medical staff of the hospital and some of the nurse specialists.

<u>Core Staff Contact</u>: Warren P. Sights, M.D.

<u>Date Prepared</u>: March 8, 1972

<u>Drafted by</u>: Carl G. Popp, M.D.

MO-14

Automated Physician's Assistant

Residents of the small rural town of Salem can benefit from a Missouri Regional Medical Program project, the Automated Physician's Assistant. This group of computerized aids is installed in the clinic of Dr. B.J. Bass. Even though Salem is 130 miles from the University of Missouri-Columbia Medical Center, Dr. Bass uses the automated equipment to gain access to the newest technology and information. The automated devices free Dr. Bass and his nurses to use their technical skills more effectively and to devote more time to patient care.

The automated equipment is linked by telephone lines to a computer in the College of Engineering, University of Missouri-Columbia. With the computer's help, Dr. Bass and his staff can run tests that normally would require a patient to spend up to three days in the hospital, requiring much more time and expense.

All patients are weighed and have blood pressure and urinalysis taken every time they come in, to get a cumulative bulk of information over a period of time.

Examples of the automated tests are EKG interpretations, automated patient history interpretations, vision and hearing tests.

An automated program does 14 tests on each two-milliliter blood sample. Standards have been set for the normal ranges for any one blood test, given an individual's age, sex, diet and background. The computer compares new information with the established ranges; Dr. Bass can quickly assess what is normal for each patient.

A spirometer tests the patient's lung capacity as he blows through a device which measures flow and volume. Mathematical analysis of the speed and amount of exhalation aids diagnosis of respiratory ailments.

The computer compiles a list of key symptoms the patient has identified in his automated patient history procedure. With a thorough, computer-printed patient report of symptoms and test findings, Dr. Bass conducts a physical examination.

All patient data is recorded in the computer's memory. Any of the information can be recalled instantly by simply punching the patient's number into the system.

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: Automated Physician's Assistant

Status: Ongoing

Sponsoring Institution: University of Missouri - Columbia
School of Medicine and College of
Engineering

Project Director, Title, Address: Dr. Earl M. Simmons
University of Missouri
Medical Center N307
Columbia, Missouri 65201

Dates: 1971

Funding: 153,500

Other Funds:

Cooperating Agencies and Institutions: University of Missouri
Medical Center
University of Missouri
College of Engineering

Area Served: Southeastern Missouri

Target Population: Residents in southeastern Missouri, around
the Salem, Missouri, area

Congressional Districts: Richard Ichord (D) # 8

Continuation after RMP Support Withdrawn:

Core Staff Contact: Dr. Warren P. Sights

Date Prepared: 3/15/72

Drafted By: Elaine Selcraig

MO-#75

MISSOURI

Biomedical Information Service (BMIS)

Missouri health professionals can take advantage of BMIS, a system that provides quick access to extensive medical information.

BMIS relies on the comprehensive facilities of the University of Missouri's Medical School library, and on sources such as the Poison Control Center of Children's Mercy Hospital, Kansas City; and the Drug Information Center of the University of Missouri - Kansas City School of Pharmacy.

The heart of the system is a Mosler information system which stores more than a million pages from medical journals and monographs. These are indexed by content and the index is placed in the computer. The system can retrieve any single page in seconds.

If a physician needs specific information on a particular topic, for instance, he can telephone BMIS from anywhere in Missouri. The computer searches through its memory and identifies all the articles about this specific subject. The articles are retrieved and a printer converts the microfiche to standard pages. The BMIS staff checks the library and other sources for additional information . These items are either mailed or transmitted by photo facsimile. If a physician needs an answer in a hurry, the information can be relayed to him by telephone, and hard copy is sent later as a follow-up.

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: Biomedical Information Service

Status: Ongoing

Sponsoring Institution: University of Missouri - Columbia School of Medicine

Project Director, Title, Address: Dr. Warren P. Sights
112 Lewis Hall
Columbia, Missouri 65201

Dates: 1971-72

Funding: 30,000

Other Funds:

Cooperating Agencies and Institutions: University of Missouri - Columbia - School of Medicine; University of Missouri - Kansas City - School of Pharmacy; Poison Control Center, Children's Mercy Hospital, Kansas City

Area Served: All of Missouri

Target Population: Missouri health professionals

Congressional Districts: All Missouri districts

Continuation after RMP Support Withdrawn: Fee-for-service from users

Core Staff Contact: Dr. Warren P. Sights

Date Prepared: March 20, 1972

Drafted By: Elaine Selcraig

Mo.79

Plan for Improvement of Pharmaceutical Services in Missouri's Rural Health Care Institutions (Hospitals and Nursing Homes)

In the first year of this three-year project, approximately 50 hospitals of 100-bed size or less and 70 nursing homes will be evaluated to determine: current status of pharmaceutical services in the institution; facilities available for providing these services; and, local pharmacists available.

Cooperation of the hospitals and nursing homes was requested and thirty-eight hospitals and sixty nursing homes agreed to participate.

By using questionnaires developed by Project Director Wayne M. Brown for hospitals and nursing homes, an interview is conducted with the administrator, director of nurses, and pharmacist, if available. The nursing stations and pharmacy or drug room are visited also.

As of February 1, 1972, 33 hospitals had been visited. Five have the services of a full-time pharmacist, 16 have a part-time pharmacist, and 12 have the services of a consultant. Various drug distribution systems have been seen. Many hospitals are concerned and indicate they need help in improving their systems. It is believed that the services provided by the full-time pharmacist will, of course, be better than that provided by a part-time or consultant. It is hoped that a program can be developed and implemented to improve what the pharmacist is doing in these institutions. This is the ultimate objective of this project.

Thirty-nine nursing homes have been visited. Eleven have pharmacy consultants and the remaining 28 have no pharmacy service except for the actual providing of the drugs. Of the 11 consultants, 7 were spending some time in the nursing home. This time varied from a half-hour a week to one hour per month. In the other four, the pharmacist did not go to the nursing homes.

There is not a great deal of pharmacy input in nursing homes. In the next two years of the project, programs will be developed to help the pharmacist in the institutions provide better service.

Back-up Sheet

Region: Missouri Regional Medical Program

Locus of Activity: Operational Project

Project Title: Plan for Improvement of Pharmaceutical Services in Missouri's Rural Health Care Institutions (Hospitals and Nursing Homes)

Status: Ongoing

Sponsoring Institution: University of Missouri - Kansas City School of Pharmacy and Division for Continuing Education

Project Director, Title, Address: Wayne M. Brown
Assistant Professor
School of Pharmacy
University of Missouri - Kansas
Kansas City, Missouri 64110
816-276-1614

Dates: July 1 - June 30, 1971-72 (First year - evaluation)
July 1 - June 30, 1972-73 (Second year - program developmen
July 1 - June 30, 1973-74 (Third year - re-evaluation)

Funding: 1971-72 $25,000 ($3,000 added for Green Hills Project)
1972-73 $26,500
1973-74 No funding

Cooperating Agencies and Institutions: Missouri Hospital Association, Missouri Osteopathic Hospital Association, Missouri Nursing Home Association, Missouri State Medical Association, Missouri Association of Osteopathic Physicians and Surgeons, Missouri Pharmaceutical Association, Missouri Nurses' Association, and the Division of Health of Missouri.

Area Served: The State of Missouri - excluding St. Louis County

Target Population: 50 hospitals of less than 100 beds and 70 nursing homes.

Congressional Districts: #4 William J. Randall (D), #5 Richard Bolling (
#6 Wm. (Bill) Hull, Jr. (D), #7 Durwood G. Hall (R), Richard
#8 Ichord (D), Wm. L. (Bill) #9 Hungate, Bill D. #10 Burlison (D).

Continuation after RMP Support Withdrawn:

Core Staff Contact: Dr. Warren P. Sights
Date Prepared: 3/1/72
Drafted By: Wayne M. Brown

MISSOURI

Green Hills Cooperative Health Care Project

Twelve small community hospitals are pooling resources to improve the quality of service in the Green Hills area. The effort involves a communications network, training ambulance attendants, continuing education for health professions, and improvement of emergency care for coronary and stroke patients.

Just one example of this cooperation:

The Executive Committee of the Green Hills Cooperative Health Care Project requested that the School of Pharmacy at the University of Missouri - Kansas City provide a program of continuing education in pharmacology to nursing personnel now employed. It was their hope that, as a result of this instruction, patient safety would be improved and hospital costs reduced.

The programs were conducted by four professors from the School of Pharmacy. They divided into two teams consisting of a pharmacologist and a clinical pharmacist. The teams went to different hospitals and held conferences from 9 - 12 and 1 - 4.

It was believed that the pharmacist and nurse should be made more aware of drug administration problems and how to solve them. It was also thought that helpful suggestions could be given to decrease common drug errors in hospitals.

Handouts were given out on intravenous solutions - their contamination and incompatibilities, adverse drug reactions and drug interactions. These were discussed in an informal manner to allow the participants to get answers to any problems they were having.

Following the completion of these programs, an evaluation with the Green Hills ~~people~~ and the two teams will ~~be done to~~ determine the effects of the program and what type or types of programs ~~that~~ can follow.

Back-up Sheet

Region: MoRMP

Locus of Activity: Operational Project

Project Title: Green Hills Cooperative Health Care Project

Status: Ongoing

Sponsoring Institution: Chillicothe Municipal Hospital

Project Director, Title, Address:

Dr. Joseph Conrad
Project Director
Chillicothe Hospital
Chillicothe, Missouri

Dates: 1971-74

Funding: 01 $30,194

Other Funds: Contributing Hospitals

Cooperating Agencies and Institutions:

Gentry County Memorial Hospital
Noll Memorial Hospital
Gen. John J. Pershing Memorial Hospital
Carroll County Memorial Hospital
Chillicothe Municipal Hospital
St. Francis Hospital
Sullivan County Memorial Hospita
Axtell Osteopathic Hospital
Ray County Memorial Hospital
Wright Memorial Hospital
Putnam County Memorial Hospital
Cameron Community Hospital

Area Served: Northwest Missouri

Target Population: Population in area of 12 hospitals.

Congressional Districts: W.R. (Bill) Hull, Jr. (D)

Continuation after RMP Support Withdrawn:

Common Bond of Hospitals in a cooperative effort.

Core Staff Contact: Dr. Warren P. Sights

Date Prepared: 3/7/72

Drafted by: Elaine Selcraig

MTST-1

DRAFT VIGNETTE _ IDAHO (MOUNTAIN STATES)

THE NURSE PRACTITIONER AS A PHYSICIAN"S ASSISTANT

Certain areas of rugged land and low population density in Idaho face the same problem as many rural areas of America - few or no resident physicians. However, through the Mountain States Regional Medical Program, the State of Idaho has started a program designed to help extend the medical arm to many who otherwise have had to travel miles for basic medical attention. This program, known as the Nurse Practitioner as a Physician's Assistant Program, is involved in training highly qualified and motivated nurses to act as physician's assistants.

The success of the program is directly related to the cooperation of the medical and professional bodies in the State. From the start, the Idaho Medical Association, the Idaho Nurses Association, and the Boards of Nursing, Medicine and Pharmacy as well as the Idaho Hospital Association, nursing educators and the communities involved were included in the development of the project and kept informed of its progress, by the Regional Medical Program who acted as a liaison between participants.

Two family practitioners living in a community of 899 people and serving a population of more than 6,000 dispersed over a 100 mile radius, have agredd to employ the nurses as nurse practitioners upon their return from training.

Since Idaho has no medical school and currently no physician assistant training program, the two selected nurses were entered at the Stanford University Medical Center which was offering its first pilot program for "generalists." The Mountain States Regional Medical Program funded the training of the two nursds. At Stanford, the nurses underwent three months of intensive training, followed by a one month clinical experience with a family practitioner. They are now working on an internship basis with the employing Idaho physicians.

The nurse practitioner works under the supervision of the physician at all times, though this supervision may be through telephone contact. The nurse practitioner duties include: ~~doing~~ detailed system review and history taking; ~~performing physician~~ physical examinations; ~~handling additinal aspects of~~ pre-natal and well child care; ~~managing~~ chronic and geriatric care; normal deliveries; ~~mounting~~ immunization and prevention programs; ~~performing essential lab procedures~~; ~~pro-viding~~ emergency care, including suturing minor lacerations; ~~making~~ necessary house calls. The practicing nurse may write prescriptions, but these must be counter-signed by one of the physicians within 24 hours. Physicians also review records of all patients seen by the nurse practitioner.

During the 1971 legislative session, a change in the Nurse Practice Act of Idaho made it possible for the specifically trained nurse to perform those acts of medical diagnosis or prescription of therapeutic or corrective measures which "may be authorized by rules and regulations jontly promulgated by the Idaho State Board of Medicine and the Idaho Board of Nursing which shall be implemented by the Idaho Board of Nursing." This revision to the Idaho law allows the trained physician's assistant to function effectively without the ~~resulting~~ constraints which could be introduced by licensure of physician assistants or by use of rigid definitions in the Medical or Nursing Practice Acts.

Back-up Sheet

Region: Mountain States Regional Medical Program/Idaho Office

Locus of Activity: Core Activity

Project Title: Nurse Practitioners Pilot Project for Rural Idaho Areas

Status: On going

Sponsoring Institution: MSRMP -- see cooperating agencies, below

Project Director, Title, Address:

Dates: October 1, 1970 to present

Funding: MSRMP; training made possible by California RMP, Area III

Other Funds:

Cooperating Agencies and Institutions: Council physician and other health professionals, State Boards of Medicine, Nursing, Pharmacy, Idaho State Medical Association, State Nurses Association, State Hospital Association.

Area Served: 2 counties in south central Idaho

Target Population: 6,000+ rural residents

Congressional Districts: #1

Continuation after RMP Support Withdrawn: MSRMP funded training and has provided program coordination and continuity.

Core Staff Contact: Mrs. Eileen Merrell, R.N.

Date Prepared: February 14, 1972

rules and regulations jointly promulgated by the Idaho State Board of Medicine and the Idaho Board of Nursing which shall be implemented by the Idaho Board of Nursing." This revision to Idaho's Nursing Practice Act has been judged by health legislation experts to be the most progressive in the nation. The Idaho law allows the trained physician's assistant to function effectively without the resulting constraints which could be introduced by licensure of physician assistants or by the use of rigid definitions in the Medical or Nursing Practice Acts.

The rules and regulations are approaching a final draft. In addition, guidelines for employers or agencies utilizing nurses in all expanded roles will be made available upon request from the Idaho Board of Nursing.

LIABILITY INSURANCE

In addition to the liability insurance that the nurses carry for themselves, the Idaho physicians pay a minimal fee for additional insurance to cover the nurse practitioner.

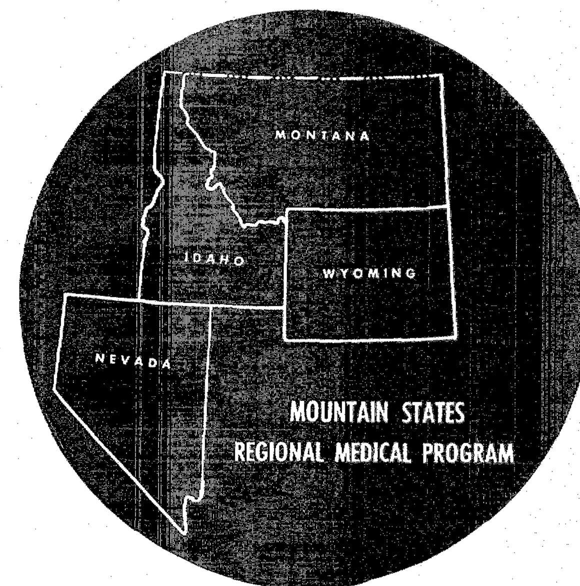
CONTINUING EDUCATION

The nurse practitioner must have opportunities for continuing education just as any other health professional does. During the first year's internship, the nurse practitioner will have a great deal of on-the-job learning experience. As she becomes even more proficient, preceptorships with specialists will be arranged to meet her individual needs.

The WICHE Mountain States Regional Medical Program encompasses Idaho, Montana, Nevada and Wyoming. It is one of 56 Regional Medical Programs throughout the nation authorized by Congress under PL 89-239.

Mountain States Regional Medical Program
Idaho Office
P.O. Box 957
Boise, Idaho 83701

IDAHO'S NURSE PRACTITIONER



A PILOT PROJECT
TO IMPROVE RURAL HEALTH CARE

THE NURSE PRACTITIONER AS A PHYSICIAN'S ASSISTANT

The state of Idaho, with 712,000 people scattered over nearly 83,000 square miles of ruggedly beautiful terrain, has many small communities and one entire county with no resident physician. The nurse practitioner is one answer to health problems encountered by many rural Idaho residents who would otherwise have to travel miles for medical attention. This brochure outlines the nurse practitioner pilot program in the Cambridge-Council communities.

WHAT MADE THE IDAHO PROGRAM GO?

. . . Interprofessional Involvement & Cooperation

From the start, the Idaho Medical Association, the Idaho Nurses Association, and the Boards of Nursing, Medicine and Pharmacy as well as the Idaho Hospital Association, nursing educators and the communities involved were included in the development of the project and kept informed of its progress. The Mountain States Regional Medical Program funded the training of the nurses at Stanford University Medical Center and served as a liaison between the Stanford program and the Idaho participants.

. . . Physician Acceptance

Two family practitioners living in a community of 899 people and serving a population of more than 6,000 dispersed over a 100 mile radius saw the potential for "extending the medical arm" through a nurse practitioner. Prior to the two Idaho nurses entering the training program, the physicians agreed to employ them as nurse practitioners upon their return.

. . . Suitable Nurse Candidates

Both nurses were currently in practice with demonstrated ability and a willingness to accept increased responsibility. One is a graduate of a three-year basic program and the other of a baccalaureate program.

. . . Community Acceptance

Both the Cambridge and Council communities recognized the need for more medical care, but additional physicians could not be recruited. The tiny community of Cambridge (population 383), working together without the benefit of outside assistance, remodeled an old building into a modern clinic to be used by the nurse practitioner. Opposition to this new health team worker has been minimal – virtually nonexistent. Other Idaho communities are eager to have the services of a nurse practitioner.

. . . Training Program

Idaho has no medical school and currently no physician assistant training programs. Stanford University Medical Center, offering its first pilot program for "generalists," accepted the two Idaho nurses. The three month intensive course at the Center was followed by a one month clinical experience with a family practitioner. The nurse practitioners are now working on an internship basis with the employing Idaho physicians.

FUNCTIONS OF THE PRACTITIONER

The nurse practitioner works under the supervision of the physician at all times – whether it is through side-by-side, over-the-shoulder, or telephone contact. Some of the new duties of the Idaho nurse practitioner include:

- doing detailed system review and history taking
- performing physical examinations
- handling additional aspects of pre-natal and well child care
- managing chronic and geriatric care
- normal deliveries
- mounting immunization and prevention programs
- performing essential lab procedures
- providing emergency care, including suturing minor lacerations
- making necessary house calls

All prescriptions written by the nurse practitioner are counter-signed by one of the physicians within twenty-four hours.

The nurse practitioner may request lab tests and x-rays for a patient. Under the physician's supervision or under standing orders, the nurse practitioner can perform duties for which she was trained in a hospital setting, providing, of course, she has the authorization of the hospital board of trustees and the administrator.

The physicians review the records of all patients seen by the nurse practitioner. The well trained nurse practitioner knows her limitations, and if she has any problem or doubt, she consults the physician.

SALARY AND FEES

The Idaho nurse practitioners are paid a fixed monthly salary. Billing is handled through the physicians, and there is no differentiation in charges between services performed by the physician and the nurse practitioner. Insurance carriers recognize the nurse practitioner as a bona fide health professional and honor her claims for services.

PROFESSIONAL AND LEGAL STATUS

During the 1971 legislative session, a change in the Nurse Practice Act made it possible for the specially trained nurse to perform those acts of medical diagnosis or prescription of therapeutic or corrective measures which "may be authorized by

The Nurse Practitioner as a Physician's Assistant

Certain areas of rugged land and low population density in Idaho face the same problem as many rural areas of America - few or no resident physicians. However, with the help of the Mountain States Regional Medical Program (MSRMP), the State of Idaho has designed a program to extend medical care to many who otherwise have had to travel miles for basic medical attention. This program, known as the Nurse Practitioner as a Physician's Assistant Program, is involved in training highly qualified and motivated nurses to act as physician's assistants.

The success of the program is directly related to the cooperation of the medical and professional bodies in the State. From the start, the Idaho Medical Association, the Idaho Nurses Association, and the Boards of Nursing, Medicine and Pharmacy as well as the Idaho Hospital Association, nursing educators and the communities involved were included in the development of the project and kept informed of its progress by the MSRMP who acted as a liaison between participants.

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Since Idaho has no medical school and currently no physician assistant training program, the two selected nurses were entered at the Stanford University Medical Center which was offering ~~its first~~ a pilot program for "generalists." The MSRMP funded the training of the two nurses. At Stanford, the nurses underwent three months of intensive training, followed by a one-month clinical experience with a family practitioner. ~~They are now working on an internship basis with the employing Idaho physicians.~~

The Nurse Practitioner works under the supervision of the physician at all times, though this supervision may be through telephone contact. The Nurse Practitioner duties include: detailed system review and history taking; physical examinations; pre-natal and well-child care; chronic and geriatric care; normal deliveries; immunization and prevention programs; emergency care, including suturing minor lacerations; necessary house calls. The practicing nurse may write prescriptions, but these must be countersigned by one of the physicians within 24 hours. Physicians also review records of all patients seen by the nurse practitioner.

During the 1971 legislative session, a change in the Nurse Practice Act of Idaho made it possible for the specifically trained nurse to perform those acts of medical diagnosis or prescription of therapeutic or corrective measures which "may be authorized by rules and regulations jointly promulgated by the Idaho State Board of Medicine and the Idaho Board of Nursing which shall be implemented by the Idaho Board of Nursing." This revision to the Idaho law allows the trained physician's assistant to function effectively without the constraints which could be introduced by licensure of physician assistants or by use of rigid definitions in the Medical or Nursing Practice Acts.

MTST-2

Mountain States Regional Medical Program

Idaho Office

CORONARY CARE TRAINING FOR SOUTHWEST IDAHO AND EASTERN OREGON

A unique consortium has developed to meet the need for trained coronary care nurses for southwest Idaho and eastern Oregon. Four area hospitals, St. Alphonsus and St. Luke's Hospitals in Boise, Caldwell Memorial Hospital in Caldwell and Mercy Medical Center in Nampa have formed a consortium to provide training to area nurses. The Idaho Heart Association provides monies for this training and coordinates the project. MSRMP/Idaho also provides some funds for the project and furnishes office space and secretarial assistance to the Nurse Coordinator. Four six-week programs in coronary care-intensive care are held at alternating hospitals. Nurses from outside the hospital consortium may take the training for a $100 tuition fee. More than 160 nurses have been trained in coronary care-intensive care in the two-and-one-half years the program has been in operation.

Back-up Sheet

Region: Mountain States RMP/Idaho Office

Locus of Activity: Operational Project

Project Title: Coronary Care Training in Southwest Idaho - Eastern Oregon

Status: On going

Sponsoring Institution: Idaho Heart Association

Project Director, Title, Address: Ray Willy
Executive Director
Idaho Heart Association
2309 Mountain View Drive
Boise, Idaho

Dates: August, 1969 to present

Funding: Idaho Heart Association; MSRMP/Idaho; St. Alphonsus Hospital in Boise; St. Luke's Hospital, Boise; Mercy Medical Center, Nampa; Caldwell Memorial Hospital, Caldwell.

Other Funds:

Cooperating Agencies and Institutions: Same as above. Area health professionals assist in the teaching through the coordination of a nurse coordinator.

Area Served: Southwest Idaho - Eastern Oregon (300,000 population)

Target Population: All coronary patients in target area

Congressional Districts: #1

Continuation after RMP Support Withdrawn: Hospital consortium, Idaho Heart Association, possibly other sources

Core Staff Contact: Mrs. Wilma Secor, R.N., Nurse Coordinator

Date Prepared: February 14, 1972

MTST-3

Mountain States Regional Medical Program

Idaho Office

TREASURE VALLEY EXPERIMENTAL HEALTH SERVICES DELIVERY SYSTEM

In July of 1971, the Director of the Idaho office of MSRMP, Fred O. Graeber, M.D., was asked to also serve as temporary director for the Treasure Valley Experimental Health Services Delivery System. the Treasure Valley System a HSMHA contract with Boise State College for the development of an experimental model system of health care, combining continues existing components in innovative arrangements. Through January 31, 1972, when a permanent director was appointed, Dr. Graeber served in this new capacity. An advisory committee and several ad hoc committees were formed. A work plan was formulated and articles of incorporation and by-laws were drafted. MSRMP/Idaho is presently providing office space to the permanent director and will continue to assist in the development of the project wherever possible.

Back-up Sheet

Region: Mountain States Regional Medical Program / Idaho Office

Locus of Activity: Core Activity

Project Title: Treasure Valley Experimental Health Services Delivery System

Status: On going

Sponsoring Institution: Boise State College

Project Director, Title, Address: Douglas M. Mitchell
Project Director
Treasure Valley EHSDS
P.O. Box 957
Boise, Idaho 83701

Dates: August 4, 1971 to present
(date contract was signed by Boise State College)

Funding: HSMHA contract

Other Funds: none at present MSRMP/Idaho contributing office space

Cooperating Agencies and Institutions:

Area Served: Treasure Valley - 10 counties in Southwest Idaho and one county in Eastern Oregon

Target Population: 300,000 urban and rural including large Chicano population

Congressional Districts: #1

Continuation after RMP Support Withdrawn:

Core Staff Contact: Fred O. Graeber, M.D.

Date Prepared: February 14, 1972

CONSUMER EDUCATION IN ATHEROSCLEROSIS

Too many people are ignoring the relationship of diet, exercise, and smoking to heart disease. In an effort to call these things to the attention of the general public, MSRMP/Idaho and the Idaho Heart Association prepared an attractive information leaflet (~~see sample attached~~) which was distributed to those who attended the Southwest Idaho State Fair in Boise during the last week in August, 1971. A booth at the fair demonstrated coronary care monitors and other equipment. Additional information on heart and related diseases was available for those interested. The Idaho Heart Association has made this leaflet available in their own information racks in various locations such as hospitals and physicians' offices.

Back-up Sheet

Region: Mountain States Regional Medical Program/Idaho Office

Locus of Activity: Core Activity

Project Title: Consumer Education in Atherosclerosis

Status: On going

Sponsoring Institution: MSRMP/Idaho and Idaho Heart Association

Project Director, Title, Address: William J. Coffman
Coordinator for Planning & Operations
MSRMP/Idaho
P.O. Box 957
Boise, Idaho 83701

Dates: August, 1971 to present

Funding: MSRMP/Idaho and Idaho Hospital Association

Other Funds:

Cooperating Agencies and Institutions:

Area Served: Southwest Idaho and Eastern Oregon

Target Population: All persons in area

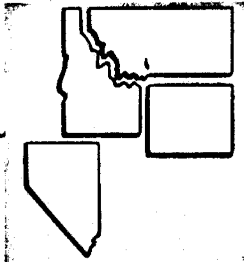
Congressional Districts: #1

Continuation after RMP Support Withdrawn:

Core Staff Contact: William J. Coffman

Date Prepared: February 14, 1972

FRED O. GRAEBER, M.D., *Director*



IDAHO DIVISION
MOUNTAIN STATES REGIONAL MEDICAL PROGRAM
P.O. BOX 957, BOISE, IDAHO 83701
TELEPHONE: (208) 343-4817

ACTIVITY BRIEF

NUMBER 36

AUGUST 2, 1971

MAST PROGRAM EXTENDED AT MOUNTAIN HOME AIR FORCE BASE

The Military Assistance for Safety in Traffic (MAST) program operated at Mountain Home Air Force Base has been expanded to include inter-hospital transfer of patients and pick up and delivery of blood, medicine and human organs for transplant. ~~according to MAST representatives, who attended a Boise meeting today.~~ The MAST program, which utilizes military equipment and medical personnel in providing emergency medical assistance and evacuation, particularly in accident cases, has been in operation as a pilot project on five military bases for nearly a year. At Mountain Home Air Force Base, seven rescue missions ~~have been~~ were flown ~~since~~ between January, + August, 1971 including the July 3rd air lift from an isolated area of a small boy who had broken his leg. The important feature of this service is the attendance of a medical corpsman during all missions flown by MAST.

The Idaho office of MSRMP has worked closely with MAST officials in Washington, D. C. and at Mountain Home Air Force Base, and with Idaho State Police and others involved in developing this helicopter medical service. MSRMP/Idaho members have attended all local and regional MAST meetings and assisted in organizing site visits and briefings.

A committee to coordinate MAST activities for this area and to educate professional and consumer groups about the availability of this additional emergency medical service is ~~currently~~ being organized. Everett Perry, Director of the Emergency Medical Service Division of the Idaho Department of Health, has been selected as coordinator, ~~and invitations for committee membership will soon be issued.~~

Back-up Sheet

Region: Mountain States Regional Medical Program/Idaho Office

Locus of Activity: Core Activity

Project Title: Military Assistance to Safety and Traffic (MAST)

Status: On going

Sponsoring Institution: Mountain Home Air Force Base, Idaho

Project Director, Title, Address: Major Charles W. Bradley
Chief, Safety Division
Mountain Home AFB
Hq. 347th Tactical Fighter Wing/Tac

Dates: July 1970 to present

Funding: Departments of Defense, Transportation and Health, Education and Welfare

Other Funds:

Cooperating Agencies and Institutions: Mountain Home Air Force Base, Idaho State Police and other law enforcement agencies, Idaho Department of Health (Emergency Medical Services division), MSRMP/Idaho

Area Served: Southwest Idaho

Target Population: Accident and injury victims

Congressional Districts: #1, possibly parts of #2

Continuation after RMP Support Withdrawn: MSRMP/Idaho support has been in coordinating meetings, facilitating communications, etc.

Core Staff Contact: William J. Coffman

Date Prepared: February 14, 1972

FRED O. GRAEBER, M.D., Director

IDAHO DIVISION
MOUNTAIN STATES REGIONAL MEDICAL PROGRAM
P.O. BOX 957, BOISE, IDAHO 83701
TELEPHONE: (208) 343-4817

ACTIVITY BRIEF

NUMBER 48

FEBRUARY 2, 1972

EMERGENCY MEDICAL SERVICES PLANNED FOR STANLEY BASIN AREA

The town of Stanley is located in the Sawtooth Mountains near Idaho's primitive area. The population in winter is only 47, but from June to mid-October, the population is swelled by numerous loggers, summer residnets, tourists and hunters. During this period, automobile accidents and injuries as well as hunting and gunshot accidents take their toll. The nearest hospital and physicians are 61 miles away, over an 8700 foot summit via a twisting road, which is 2--2 1/2 hours driving time. The closest source of assistance is the forest ranger station in Stanley.

Mrs. Marie Osborn, a registered nurse, living in Boise who is a summer resident of Stanley, approached both MSRMP/Idaho and the Idaho Hospital Association in her concern over major accidents and emergencies that have occurred. MSRMP/Idaho and IHA, working with the community of Stanley, physicians in nearby Hailey and St. Alphonsus and St. Luke's Hospitals in Boise, have developed a refresher and in-depth training program in emergency and trauma situations for Mrs. Osborn which will fit the requirements of the Rules and Regulations for expanded roles in nursing currently under final revision by the State Boards of Medicine and Nursing. Community initiative and involvement have been key factors in the development of this program. Stanley raised the funds to secure an ambulance and 25 of the town's 47 residents volunteered to take the first aid training which will be offered by Idaho Falls technicians. Two physicians in Hailey are interested in providing back-up and consultative services via phone and standing orders pertinent to anticipated situations.

Mrs. Osborn just completed a six-weeks observational practice experience at St. Luke's Hospital, and she will spend a period of time in the trauma unit in the new St. Alphonsus Hospital when it opens. She is currently attending the first two-weeks of the Southwest Idaho - Eastern Oregon Coronary Care Training Program course in coronary-intensive care. On February 14 she will go to Harborview Hospital in Seattle for a one-month preceptorship in emergency medical services through the cooperation of Washington/Alaska RMP. Finally, she will have some clinical experience with the two Hailey physicians in preparation for the provision of immediate assistance to accident and injury victims in the Stanley area this summer.

Back-up Sheet

Region: Mountain States Regional Medical Program/Idaho Office

Locus of Activity: Core Activity

Project Title: Emergency Medical Services for Isolated Rural Idaho Area

Status: On going

Sponsoring Institution: MSRMP/Idaho and Idaho Hospital Association

Project Director, Title, Address:

Dates: September, 1971 to present

Funding: MSRMP/Idaho, Idaho Hospital Association (Kellogg Foundation Grant)

Other Funds: Other foundation monies, private donations, contributions from community.

Cooperating Agencies and Institutions: MSRMP/Idaho, Idaho Hospital Association, Washington/Alaska RMP, St. Alphonsus and St. Luke's Hospitals in Boise, physicians in Hailey, Idaho, community of Stanley, Idaho Falls health professionals

Area Served: Stanley Basin, near Idaho primitive area

Target Population:

Congressional Districts: #2

Continuation after RMP Support Withdrawn: MSRMP providing funds for training only. Local sources are providing all other funds.

Core Staff Contact: Mrs. Eileen Merrell, R.N.

Date Prepared: February 14, 1972

NAS/SUF-1

Nassau-Suffolk

HOME HEALTH CARE

It ~~has been~~ apparent ~~for too long a time~~ that many people in need of health care could be cared for at home if necessary services were available. For these people, home care would prove a more humane, less costly procedure. ~~It would afford patients the comforts~~ of living ~~at home while~~ preventing unnecessary overcrowding of hospitals and nursing homes.

~~It is true that~~ some people are currently receiving certain home care services~~; however,~~ serious omissions remain in existing programs. Of major concern is access to services, particularly for patients lacking adequate financial resources.

In July of 1971, the Comprehensive Home Health Care Project was established ~~in an attempt~~ to address ~~this problem in a thorough, systematic manner. The project's primary goal is the~~ develop~~ment of~~ a coordinated comprehensive home health service system for Nassau and Suffolk Counties.

~~PHASE I - STUDYING THE PROBLEM AND BUILDING A MODEL~~

To develop a coordinated comprehensive system of home health services, ~~it is necessary to begin by analyzing~~ present programs and financing patterns, measur~~ing these~~ against the need for service. In addition to analysis of needs as perceived by provider agencies, it is essential to analyze needs as interpreted by users or potential users of home health services. Such a study will be conducted by The Health Management Group, a health management firm, under contract to the Nassau-Suffolk Home Care Council.

During the first year, the study will examine various situations which might benefit from home care, including mental as well as physical conditions. It will consider all types of home services needed such as nursing, homemaker, home health aide, physical therapy, occupational therapy, speech therapy, psychiatric, dental, optometric, "meals on wheels" and friendly visiting.

~~Further contacts will be initiated~~ with related organizations such as planning and coordinating agencies, professional associations and volunteer citizen and consumer groups.

Financing procedures will be investigated in order to identify constraints preventing needed services from being rendered. Among programs analyzed will be Medicare, Medicaid, Blue Cross, private insurance and individual payment.

As a result of this study, a "descriptive model" analyzing the existing service system will be created. Proposals for reorganization will then be formulated in a "normative model" and tested in group sessions involving both providers and consumers of service. The aim of the group sessions will be to arrive at agreement on administrative and organizational changes necessary for the creation of an effective system of coordinated comprehensive home care services.

PHASE II - TESTING

During the second year, proposed organizational models will be field tested to determine their feasibility.

PHASE III - IMPLEMENTATION

During the third year, the final plan for a program of coordinated comprehensive home care services for the residents of Nassau and Suffolk Counties will be effected.

The Nassau-Suffolk Regional Medical Program, Inc. has been particularly concerned with the problem of home health care as an important part of its commitment to the over-all improvement of the quality and quantity of ambulatory health care services on Long Island. It has, therefore, supported both the initial development of the Project as well as its current operation. The proposal for the Project was sponsored by the Federation of Visiting Nurse Services of Nassau and Suffolk Counties and the Nassau Community Health Services Foundation.

BACK-UP SHEET

1. REGION - Nassau-Suffolk Regional Medical Program

2. LOCUS OF ACTIVITY - Operational Project

3. PROJECT TITLE - Comprehensive Home Health Care Project

4. STATUS - Ongoing

5. SPONSORING INSTITUTION - Federation of Visiting Nurse Services of Nassau and Suffolk Counties, and The Nassau Community Health Services Foundation

6. PROJECTOR, TITLE, ADDRESS:

   Mr. Alan N. Fite, Project Director
   1200 Stewart Avenue
   Garden City, New York 11530
   516-997-5060

7. DATES - July 1971 - June 1974

8. FUNDING - $285,113 (over a three-year period)

9. OTHER FUNDS: None

10. COOPERATING AGENCIES AND INSTITUTIONS:

    Health Departments, visiting nurse associations, church sponsored home care services, Departments of Social Services and Mental Health, hospital-based home care programs, and proprietary homemaker-home health aide agencies.

11. AREA SERVED - Nassau and Suffolk Counties, Long Island, New York

12. TARGET POPULATION - All Nassau-Suffolk residents who could benefit from Home Health Care.

13. CONGRESSIONAL DISTRICTS:

C.D.#	Incumbent	Party
1	Otis G. Pike	D-L
2	James R. Grover, Jr.	R-C
3	Lester L. Wolff	D-L
4	John W. Wydler	R
5	Norman S. Lent	R-C

14. CONTINUATION AFTER RMP SUPPORT WITHDRAWN:

N-S RMP believes that existing and additional home health services will begin to operate within the framework of the model created for coordinated comprehensive home care services.

15. CORE STAFF CONTACT - Gladys Rothbell

16. DATE PREPARED - February 10, 1972

17. DRAFTED BY - Gladys Rothbell

BACK-UP SHEET

1. REGION - Nassau-Suffolk Regional Medical Program

2. LOCUS OF ACTIVITY - Operational Project

3. PROJECT TITLE - Comprehensive Home Health Care Project

4. STATUS - Ongoing

5. SPONSORING INSTITUTION - Federation of Visiting Nurse Services of Nassau and Suffolk Counties, and The Nassau Community Health Services Foundation

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14. <u>CONTINUATION AFTER RMP SUPPORT WITHDRAWN</u>:

    N-S RMP believes that existing and additional home health services will begin to operate within the framework of the model created for coordinated comprehensive home care services.

15. <u>CORE STAFF CONTACT</u> - Gladys Rothbell

16. <u>DATE PREPARED</u> - February 10, 1972

17. <u>DRAFTED BY</u> - Gladys Rothbell

NEBRASKA

CORONARY CARE TRAINING & SUPPORT PROGRAM

The Coronary Care Training and Support Program, existing at Bryan Memorial Hospital, Creighton Memorial St. Joseph's Hospital, and the University of Nebraska College of Medicine, has completed its second year of coronary care training. During this period, formal training programs were provided for 116 nurses, 75 doctors, and 39 technicians. Refresher courses (presented on an outstate basis) were attended by 388 nurses. Five technical service programs held at Creighton attracted participation from 115 persons. Six one-hour telephone conferences were conducted by the University of Nebraska in cooperation with 18 hospitals. The total number of personnel participating in these conferences was 287. A workshop held in Omaha by the University of Nebraska was attended by 52 physicians.

In addition to the Coronary Care Training and Support Program, another course of action has been undertaken using the existing equipment at the NRMP and the professional competencies made available through the project. Cassettes have been produced by the Inter-Mountain Regional Medical Program, in response to requests by physicians for continuing education materials on given procedures in coronary techniques and patient care. The audio cassettes have been furnished to physicians at six locations where they are shared in the clinics and hospitals.

A recent survey of all nurses trained by NRMP Coronary Care Training and Support Program indicated that 70 percent or 528 of these nurses wanted some form of continuing coronary education after taking their initial training. A course consisting of 36 programmed instructural lessons on electrocardiography was prepared for the nurses, and is currently being mailed at the rate of two lessons bi-monthly to each nurse. A course of 120 lessons are to follow these, mailed at the rate of ten per month.

During the coming year, additional activities are projected with the nurse and the physician continuing education material. There is also an expansion of the nurses' continuing education course planned, which would place copies of the course in the hospitals throughout the state so these can be incorporated into their medical libraries and made available to all nurses on the staffs of the various hospitals. NRMP is currently in the process of obtaining AAGP certification of the physician continuing education course so that physicians can receive accreditation in continuing education for participation in the described course.

At present, NRMP is undertaking follow-up evaluation testing (at seven centrally-located testing sites) for all persons having completed the Coronary Care Training and Support Program.

NEB-1

Back-up Sheet

REGION: Nebraska Regional Medical Program

LOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: Coronary Care Training & Support Program

STATUS: Ongoing

SPONSORING INSTITUTION: Nebraska Regional Medical Program

PROJECT DIRECTOR, TITLE, ADDRESS: Deane S. Marcy, M.D.
Project Administrator
Coronary Care Training & Support Program
700 C.T.U. Building
1221 "N" Street
Lincoln, Nebraska 68508

Richard Booth, M.D.
Project Director
Coronary Care Training and Support Program
Creighton Memorial St. Joseph's Hospital
2305 So. 10th St.
Omaha, Nebraska 68108

Charles Hamilton, M.D.
Project Director
Coronary Care Training and Support Program
University of Nebraska
College of Medicine
42nd & Dewey
Omaha, Nebraska 68105

Stephen Carveth, M.D.
Project Director
Coronary Care Training and Support Program
Bryan Memorial Hospital
4848 Sumner Street
Lincoln, Nebraska
68510

DATES: January 1, 1970, became an operational project

FUNDING: 02 $95,241

OTHER FUNDS: None

COOPERATING AGENCIES AND INSTITUTIONS: American Heart Association, Nebraska Heart Association, Creighton University, Omaha, Nebraska, University of Nebraska, Bryan Memorial Hospital, Lincoln, Nebraska, Inter-Mountain Regional Medical Program.

AREA SERVED: Nebraska, Iowa, South Dakota and Kansas

TARGET POPULATION: Nebraska

CONGRESSIONAL DISTRICTS: #3 Dave Martin (R), #2 Charles Thone (R), #1 John R. McCallister (R)

CONTINUATION AFTER RMP SUPPORT WITHDRAWN: The staff member responsible is exploring the possibility of continuing the programs without NRMP funding through such means as tuition fees paid by the participants benefiting from the training. He has also contacted insurance companies about assisting the program financially.

CORE STAFF CONTACT: Ronald D. Barnfield, Area Consultant

DATE PREPARED: 2/12/72

DRAFTED BY: Darrell D. Buettow/Dawn Greene Muich

NEBRASKA

MOBILE CANCER DETECTION UNIT

It is the purpose of the Mobile Cancer Detection Unit to improve cancer control in this region by making available, free to the public, a convenient way in which an individual may receive screening of major cancer target organs as well as cancer education. The Mobile Multi-Cancer Target Screening Unit is the first of its kind in the world. One of the priority objectives of the Unit is to stimulate improved medical care in different racial, ethnic, minority, and rural heterogeneous groups of individuals.

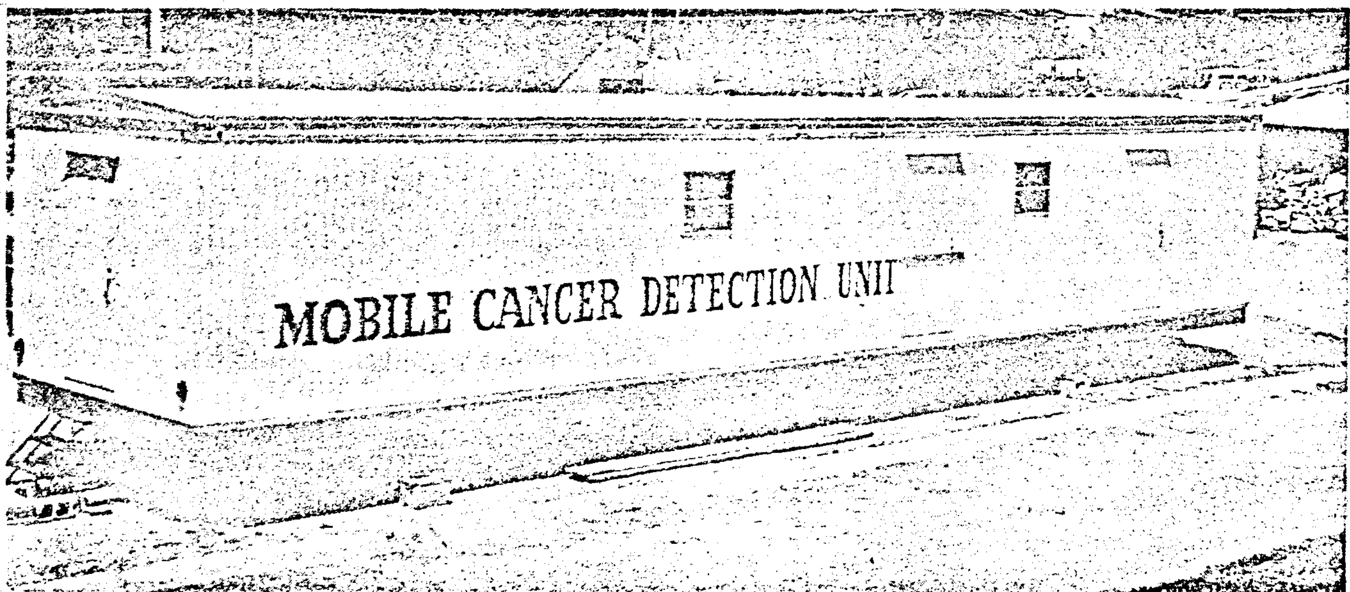
It is a fact that the majority of persons do not undergo periodic cancer screening. Reasons for this are legion and include socioeconomic and educational factors, residential location/proximity to physicians, and psychological factors. By literally bringing the detection unit to the patients' doorstep, preceded by an education and publicity campaign, the common denominators of fear, anxiety, apprehension, denial and fatalism are often avoided. The Unit provides multiphasic cancer screening, an excellent opportunity for cancer education, and provides the patient with the basis for a communicative and supportive follow-up relationship with his personal physician.

The Unit is 60' long and 12' wide. It contains a reception room where automated cancer-medical histories are taken, 2 rooms for proctosigmoidoscopy, a dental room for oral cancer screening, 2 rooms for gynecological screening and a room for mammography. Personnel consists of receptionists, 2 or 3 physicians, a dentist, social worker, nurses, and volunteers. Following local medical society endorsement and publicity, approximately 120 patients are seen each day at present. All patients are given an abdominal examination, and a complete examination of the skin, oral examination and American Cancer Society information. The time for examination in the Unit ranges from about 20 minutes for a male under age 40 (the cutoff age for proctosigmoidoscopies) to about an hour for a woman over age 40 who in addition to proctosigmoidoscope must have a pelvic examination and mammography. Each female patient is taught to perform a self-breast examination and provided with American Cancer Society information describing self-examination.

The entire project is computer adapted so that within a period of 48 to 72 hours, a full report will be sent to the patient's family physician. The report contains every piece of evidence pertaining to patient history and physical findings, including occupational and hereditary neoplasm hazards. As a double-check, a return postcard is provided with each report which must be checked and signed by the patient's physician, indicating receipt of the report. A follow-up call is made on failure to receive this card. In each case, the patient is urged to see the designated physician.

At three specific sites, 932 patients were seen with a confirmation of seven positive malignancies and 320 abnormalities in 27 possible disease areas or categories.

The acceptance and documented need at the three specific sites was overwhelming in every instance, and it has been extremely gratifying from a medical standpoint that people have traveled 200 miles in some instances (rural locations) to take advantage of the Mobile Cancer Detection Unit screening. The patients and physicians repeatedly express gratitude to us for providing this opportunity.



NEB-3

Back-up Sheet

REGION: Nebraska Regional Medical Program

LOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: A Proposal in Neoplastic Diseases: A Mobile Cancer Screening Unit

STATUS: Ongoing

SPONSORING INSTITUTION: Creighton University School of Medicine

PROJECT DIRECTOR, TITLE, ADDRESS: Henry T. Lynch, M.D.
Professor and Chairman
Department of Preventive Medicine and Public Health
Creighton University
School of Medicine
657 North 27 Street
Omaha, Nebraska

DATES: Initial RMPS support, January, 1970

FUNDING: 02 $76,024

OTHER FUNDS: $1000 from Massachusetts Mutual Life Insurance Company on the contingency that the Unit be operational during the first quarter of 1972

COOPERATING AGENCIES AND INSTITUTIONS: County Medical Societies, Nebraska Medical Association, Public Health Service, Indian Community Health Service, Comprehensive Health Association of Omaha, American Cancer Society, Women's Auxiliary Groups, Extension Organizations, Practicing Physicians, Churches, Newspapers, Radio and Television Stations.

AREA SERVED: Nebraska

TARGET POPULATION: Medically indigent of Nebraska

CONGRESSIONAL DISTRICTS: #3 Dave Martin (R)
#2 Charles Thone (R)
#1 John R. McCallister (R)

CONTINUATION after RMP SUPPORT WITHDRAWN: Applications to the Insurance industry as well as to the State Health Department in Nebraska have been made. At present a grant proposal is being prepared to submit to the American Cancer Society in order to keep this project viable at the end of NRMP grant support.

CORE STAFF CONTACT: Deane S. Marcy, Coordinator NRMP

DATE PREPARED: 2/12/72

DRAFTED BY: Darrell D. Buettow/Dawn Greene Muich

NE B-4

NEBRASKA
LEARNING RESOURCE CENTER

The Learning Resource Center (Medical Media Library) provides multidisciplinary programs that represent a broad distribution of overall categorical diseases and all departments represented in hospital structures. The Learning Resource Center has also designed and implemented inservice training programs covering a wide variety of areas for 15 hospitals in the state of Nebraska.

The media itself consists of: overhead transparencies, sound-slide sets, and sound filmstrip sets. The library purchases only commercially produced media that are first previewed by Core Staff, and approved or disapproved by two hospitals following their evaluation. The library will also purchase media upon request by a hospital. The library has material in the following areas: housekeeping, food service, nursing service, inhalation therapy, aid training, pharmaceutical service, emergency service, and particular emphasis on coronary and intensive care.

The goals of the Learning Resource Center are:

To provide commercially produced media to any health care institution at a minimum of cost.

To encourage health care institutions to develop continuous and ongoing inservice education programs for all types of employees.

To encourage health care institutions to seek outside resources for developing inservice programs.

To provide consultation to any health care institution requesting such consultation for evaluation of current inservice program or to help design new inservice programs.

To encourage local hospitals to form cooperative inservice training groups that can "pool" resources and ideas to promote better inservice training programs.

The Learning Resource Center has acted as consultant for closed circuit television to many hospitals, and has encouraged the establishing of review committees to preview and evaluate media materials before the hospital uses them in their inservice training programs. To date, this has been achieved in 88 per cent of the hospitals in Nebraska.

As of November 1, 1971, the Media Library has received 3,715 requests. We are projecting that during the second year of operation, the library will receive 4,164 requests.

The Learning Resource Center has planned and coordinated eight inservice training workshops throughout the State of Nebraska and has participated in numerous lectures and presentations to groups on the fundamentals and principals of training.

NEB-4

Back-up Sheet

REGION: Nebraska Regional Medical Program

LOCUS OF ACTIVITY: Core Activity

PROJECT TITLE: Learning Resource Center

STATUS: Ongoing

SPONSORING INSTITUTION: Nebraska Regional Medical Program

PROJECT DIRECTOR: John H. George, Director
Learning Resource Center
Nebraska Regional Medical Program
700 C.T.U. Building
1221 "N" Street
Lincoln, Nebraska 68508

DATES: In July, 1971, the Learning Resource Center became a Core Staff activity, and fully operational. Prior to that, it was a part of a funded operational (Communication Facility) Project from May, 1970 to July, 1971.

FUNDING: 01 $15,000

OTHER FUNDS: The Learning Resource Center will be receiving outside supplementary funding from the South Dakota RMP.

COOPERATING AGENCIES AND INSTITUTIONS: South Dakota Regional Medical Program, Nebraska Hospital Association, Nebraska Television Council for Nursing Education, Nebraska Nursing Home Association, National and Nebraska-Iowa Chapter of American Society of Hospital Food Service Administrators, and the Nebraska Nurses Association.

AREA SERVED: Nebraska and South Dakota

TARGET POPULATION: Nebraska and South Dakota

CONGRESSIONAL DISTRICTS: #3 Dave Martin (R)
#2 Charles Thone (R)
#1 John R. McCallister (R)

CONTINUATION AFTER RMP SUPPORT WITHDRAWN: The Director, Learning Resource Center, is investigating the possibility of phasing out the media library into one of the health associations, i.e., Nebraska Hospital Association or the Nebraska Nursing Home Association.

CORE STAFF CONTACT: John George, Director
Learning Resource Center

DATE PREPARED: 2/12/72

DRAFTED BY: Darrell D. Buettow/Dawn Greene Muich

NEB-3

Back-up Sheet

REGION: Nebraska Regional Medical Program

LOCUS OF ACTIVITY: Operational Project

PROJECT TITLE: A Proposal in Neoplastic Diseases: A Mobile Cancer Screening Unit

STATUS: Ongoing

SPONSORING INSTITUTION: Creighton University School of Medicine

PROJECT DIRECTOR, TITLE, ADDRESS: Henry T. Lynch, M.D.
Professor and Chairman
Department of Preventive Medicine and Public Health
Creighton University
School of Medicine
657 North 27 Street
Omaha, Nebraska

DATES: Initial RMPS support, January, 1970

FUNDING: 02 $76,024

OTHER FUNDS: $1000 from Massachusetts Mutual Life Insurance Company on the contingency that the Unit be operational during the first quarter of 1972

COOPERATING AGENCIES AND INSTITUTIONS: County Medical Societies, Nebraska Medical Association, Public Health Service, Indian Community Health Service, Comprehensive Health Association of Omaha, American Cancer Society, Women's Auxiliary Groups, Extension Organizations, Practicing Physicians, Churches, Newspapers, Radio and Television Stations.

AREA SERVED: Nebraska

TARGET POPULATION: Medically indigent of Nebraska

CONGRESSIONAL DISTRICTS: #3 Dave Martin (R)
#2 Charles Thone (R)
#1 John R. McCallister (R)

CONTINUATION after RMP SUPPORT WITHDRAWN: Applications to the Insurance industry as well as to the State Health Department in Nebraska have been made. At present a grant proposal is being prepared to submit to the American Cancer Society in order to keep this project viable at the end of NRMP grant support.

CORE STAFF CONTACT: Deane S. Marcy, Coordinator NRMP

DATE PREPARED: 2/12/72

DRAFTED BY: Darrell D. Buettow/Dawn Greene Muich

CORE STAFF CONTACT: John George, Director
Learning Resource Center

DATE PREPARED: 2/12/72

DRAFTED BY: Darrell D. Buettow/Dawn Greene Muich

CORE STAFF CONTACT: Ronald D. Barnfield, Area Consultant

DATE PREPARED: 2/12/72

DRAFTED BY: Darrell D. Buettow/Dawn Greene Muich

NJ-1

New Jersey Regional Medical Program

Regional Radiation Automated Dosimetry Project

A $67,445 "Regional Radiation Automated Dosimetry Project" sponsored by the New Jersey Regional Medical Program will upgrade the treatment of 8,000 of New Jersey's 25,000 new cancer patients annually. These patients require radiation therapy which, when properly applied, can cure a patient's cancer or at least reduce his suffering by destroying certain cancer cells.

To assure, safe, precise and effective radiation doses for their patients, 21 hospitals in New Jersey have formed the first state-wide network linked by teletype to the Dose Distribution Computation Service at New York's Memorial Hospital for Cancer and Allied Diseases.

Data on patients is forwarded by teletype to Memorial Hospital's computer which analyzes the information and relays a treatment plan back to the originating hospital. This plan assures the best distribution of radiation during treatment so that the cancer site receives the maximum dose while adjacent healthy tissues receive only a minimum amount of radiation. Using the prescribed treatment plan, radiation therapy is then administered by the hospitals' supervoltage radiation units.

This unique network will alleviate some of the problems caused by a shortage of radiation therapists in New Jersey by providing a system for direct transmission and analysis of treatment plan data to hospitals without full-time radiation therapy personnel. In addition, the system will make it possible to calculate the treatment plans in one-fourth to one-tenth the time it previously took, which means a significant saving in man-hours.

Back-up Sheet

Region: New Jersey Regional Medical Program

Locus of Activity: Operational project

Project Title: Regional Radiation Automated Dosimetry

Status: Ongoing

Sponsoring Institution: New Jersey Regional Medical Program

Project Director, Title, Address: Louis C. Habich
Cancer Program Coordinator
New Jersey Regional Medical Program
7 Glenwood Avenue
East Orange, New Jersey 07017
201-674-7270

Dates: April, 1971 - March, 1974

Funding: 01 year - $67,445

Other Funds: None

Cooperating Agencies and Institutions: The following 21 New Jersey hospitals which participate in the dosimetry network - Atlantic City Hospital, Bergen Pines County Hospital, Beth Israel Hospital, Christ Hospital, Dover General Hospital, Englewood Hospital, Hackensack Hospital, Mercer Hospital, Monmouth Medical Center, Morristown Memorial Hospital, Mountainside Hospital, Muhlenberg Hospital, Newark Beth Israel Medical Center, Orange Memorial Hospital, Overlook Hospital, Riverview Hospital, St. Barnabas Medical Center, St. Elizabeth Hospital, St. Joseph's Hospital, St. Peter's General Hospital, and United Hospitals Medical Center, Presbyterian Hospital Unit

Area Served: Entire state

Target Population: 8,000 new cancer patients yearly who require radiation therapy

Congressional Districts: #2 - Charles W. Sandman, Jr.(R); #3 - James J. Howard(D); #5 - Peter H. B. Frelinghuysen, Jr.(R); #7 - William B. Widnall(R); #8 - Robert A. Roe(D); #9 - Henry Helstoski(D); #12 - Florence P. Dwyer(R); #13 - Cornelius E. Gallagher(D); #14 - Dominick V. Daniels(D); #15 - Edward J. Patten(D)

Continuation after RMP Support Withdrawn: The project will become self-supporting as the participating hospitals will pick up the cost of operating the network after NJRMP support is withdrawn.

Core Staff Contact: Louis C. Habich

Date Prepared: February 10, 1972

Drafted by: Virginia L. Reger

NJ-3

New Jersey Regional Medical Program

Comprehensive Stroke Care and Educational Program

Six hospitals in Monmouth and Ocean Counties are cooperating in a "Comprehensive Stroke Care and Educational Program" for physicians and nurses to improve patient care in this area, which has a large percentage of the state's aging population and stroke patients.

Initiated in April, 1971 under a $25,800 grant from the New Jersey Regional Medical Program, the project covers preventive, acute and rehabilitative aspects of stroke.

Physicians have attended a series of lectures on statistical and economic aspects of stroke; the anatomy, physiology and pathology, symptomatology and diagnosis of stroke; treatment of the acute stroke patient and rehabilitation of the stroke patient.

The nurse education phase of the project has included an acute stroke care course and a course in rehabilitative care of stroke patients for nurse coordinators of stroke programs in the participating hospitals. These courses were held at Jersey Shore and Monmouth Medical Centers, respectively, where actual care was demonstrated and practiced in the centers' stroke units.

During the next project year, uniform records for stroke patients in all participating hospitals will be developed so that the diagnosis of cerebrovascular disease can be improved. This will result in improved management and treatment of patients.

Back-up Sheet

Region: New Jersey Regional Medical Program

Locus of Activity: Operational project

Project Title: Comprehensive Stroke Care and Educational Program

Status: Ongoing

Sponsoring Institution: Jersey Shore Medical Center

Project Director, Title, Address: Mrs. Hannelore Sweetwood
In-Service Program Director
Jersey Shore Medical Center
1945 Corlies Avenue
Neptune, New Jersey 07304
201-775-5500

Dates: April, 1971 - March, 1974

Funding: 01 year - $25,800

Other Funds: None

Cooperating Agencies and Institutions: Six hospitals in Monmouth and Ocean Counties - Community Memorial Hospital, Monmouth Medical Center, Paul Kimball, Point Pleasant and Riverview Hospitals

Area Served: Monmouth and Ocean Counties

Target Population: Educational aspect - physicians and nurses; direct care - approximately 1,375 stroke patients in the two-county area

Congressional Districts: #3 - James J. Howard(D)

Continuation after RMP Support Withdrawn: Cost of the continuing education programs will be shared by participating hospitals. Cost of patient care will be absorbed by existing payment mechanisms.

Core Staff Contact: Agnes E. McGinnis

Date Prepared: February 10, 1972

Drafted by: Virginia L. Reger

NJ-4

New Jersey Regional Medical Program

Establishment of Tumor Conference Boards

The New Jersey Regional Medical Program is assisting hospitals throughout the state to meet new and more stringent standards of service to cancer patients set by the American College of Surgeons. (ACS)

ACS now requires that hospitals have active tumor conference boards before their cancer programs receive accreditation. The New Jersey Regional Medical Program's Tumor Conference Board Project has helped 33 hospitals to upgrade or establish such boards.

During the three years of the project, which has been supported for a total of $300,177, an estimated total of more than 12,000 patients have been brought under team review of the status of their disease, treatment modes and rehabilitation plan.

Another aspect of the project involves the maintenance of accurate cancer registries, which include comprehensive, up-to-date records of diagnosis, treatment and management of each cancer case. Registries also insure lifetime follow-up of cancer patients and serve as sources of information for future cases.

Several cancer educational courses for physicians also have emanated from the NJRMP's Tumor Conference Board Project providing the latest medical information on cancer diagnosis, treatment and management.

Back-up Sheet

Region: New Jersey Regional Medical Program

Locus of Activity: Operational project

Project Title: Establishment of Tumor Conference Boards

Status: Ongoing

Sponsoring Institution: New Jersey Regional Medical Program

Project Director, Title, Address: Louis C. Habich
Cancer Program Coordinator
New Jersey Regional Medical Program
7 Glenwood Avenue
East Orange, New Jersey 07017
201-674-7270

Dates: October, 1968 - March, 1972

Funding: 01 year - $117,770; 02 year - $121,332; 03 year - $61,075

Other Funds: None

Cooperating Agencies and Institutions: 33 hospitals which have enrolled in a tumor conference board program - Atlantic City Hospital, Clara Maass Memorial Hospital, Cooper Hospital, Elizabeth General Hospital, Englewood Hospital, Hackensack Hospital, Helene Fuld Hospital, Irvington General Hospital, Jersey City Medical Center, Jersey Shore Medical Center, Martland Hospital Unit, Mercer Hospital, Monmouth Medical Center, Montclair Community Hospital, Morristown Memorial Hospital, Mountainside Hospital, Newark Beth Israel Medical Center, Our Lady of Lourdes Hospital, Overlook Hospital, Pascack Valley Hospital, Paterson General Hospital, Perth Amboy General Hospital, Point Pleasant Hospital, St. Barnabas Medical Center, St. Francis Community Health Center, St. Francis Hospital, St. Joseph's Hospital, St. Mary's Hospital, St. Michael's Medical Center, St. Peter's General Hospital, Somerset Hospital, Underwood Memorial Hospital and United Hospitals of Newark, Presbyterian Hospital Unit

Area Served: Entire state

Target Population: Physicians, nurses and allied health personnel; 25,000 new cancer patients yearly

Congressional Districts: #1 - John E. Hunt(R); #2 - Charles W. Sandman, Jr.(R); #3 - James J. Howard(D); #4 - Frank Thompson, Jr.(D); #5 - Peter H. B. Frelinghuysen, Jr.(R); #6 - Edwin B. Forsythe(R); #7 - William B. Widnall(R); #8 - Robert A. Roe(D); #9 - Henry Helstoski(D); #10 - Peter W. Rodino, Jr.(D); #11 - Joseph G. Minish(D); #12 - Florence P. Dwyer(R); #13 - Cornelius E. Gallagher(D); #14 - Dominick V. Daniels(D); #15 - Edward J. Patten(D)

Back-up Sheet - Establishment of Tumor Conference Boards (cont'd)

Continuation after RMP Support Withdrawn: Hospitals will continue support for their own tumor conference boards and cancer registries.

Core Staff Contact: Louis C. Habich

Date Prepared: February 10, 1972

Drafted by: Virginia L. Reger

NJ-5

New Jersey Regional Medical Program

Evaluation of the Status of Implanted Pacemakers

Eight hospitals have been linked by teletype to the pacemaker evaluation clinic at Newark Beth Israel Medical Center to form a diagnostic network which is saving the lives of cardiac pacemaker patients.

In April, 1969 the New Jersey Regional Medical Program funded the pacemaker evaluation clinic at $29,247. The following year a $57,804 grant made it possible to expand the evaluation project to include three affiliated hospitals and full regionalization occurred in the 03 year when an additional five hospitals joined the network under a $69,721 grant. With the eight affiliates functioning in collaboration with the base institution, the entire state, and its pacemaker patient population of approximately 2,000, now has access to this service.

A pacemaker is a battery-powered device, about the size of a pack of cigarettes, which is implanted surgically in the chest to stimulate the heart to beat at a relatively normal rate of speed. The average pacemaker lasts almost two years and then must be replaced.

Evaluation through the new network has eliminated emergency surgery resulting from unpredicted pacemaker failure. This fact is borne out by a report from the affiliated hospitals that during 1971 all pacemaker changes required were made electively. The net effect has been to reduce the cost, inconvenience and threat to the patient's life. In addition, while the psychological effect of the continual need for emergency procedures cannot be measured, elimination of this need is an obvious benefit to the patient and his family.

Back-up Sheet

Region: New Jersey Regional Medical Program

Locus of Activity: Operational project

Project Title: Evaluation of the Status of Implanted Pacemakers

Status: Ongoing

Sponsoring Institution: Newark Beth Israel Medical Center

Project Director, Title, Address: Victor Parsonnet, M.D.
Director of Surgery
Newark Beth Israel Medical Center
201 Lyons Avenue
Newark, New Jersey 07112
201-923-6000

Dates: April, 1969 - March, 1972

Funding: 01 year - $29,247; 02 year - $57,804; 03 year - $69,721

Other Funds: None

Cooperating Agencies and Institutions: Eight affiliated hospitals - Hackensack Hospital, Helene Fuld Hospital, Jersey Shore Medical Center, Morristown Memorial Hospital, Overlook Hospital, Shore Memorial Hospital, Pascack Valley Hospital and Valley Hospital

Area Served: Entire state

Target Population: Estimated 2,000 patients with implanted pacemakers

Congressional Districts: #2 - Charles W. Sandman, Jr.(R); #3 - James J. Howard(D); #4 - Frank Thompson, Jr.(D); #5 - Peter H. B. Frelinghuysen, Jr.(R); #7 - William B. Widnall(R); #10 - Peter W. Rodino, Jr.(D); #12 - Florence P. Dwyer(R)

Continuation after RMP Support Withdrawn: Since the pacemaker clinics are operated on a fee-for-service basis, they are self-supporting. Thus, the hospitals will be able to continue their affiliation in the network.

Core Staff Contact: Charles J. Heitzmann

Date Prepared: February 10, 1972

Drafted by: Virginia L. Reger

NJ-7

New Jersey Regional Medical Program

Hospital-Based Family Health Care Service

A "Hospital-Based Family Health Care Service" at Middlesex General Hospital in New Brunswick is providing a new system of delivering health care to 4,000 of the city's poor. The project was initiated in October, 1971 with a $143,440 grant from the New Jersey Regional Medical Program.

Comprehensive health care is provided to ambulatory patients by a "Family Health Care Team" of physicians, dentists, nurses, medical technicians, nutritionists and social workers. Patients receive basic services such as general medical, pediatric, obstetrical-gynecological, peripheral vascular, diabetic, eye and dental. Middlesex General's specialty clinics are available to provide additional services. Whenever necessary, treatment is coordinated with in-patient services and home care.

This program is primarily aimed at replacing the traditional hospital out-patient system in which patients attend a specialty clinic on a certain day, depending on their illness, age or sex. At the Family Health Care Center, patients are seen on an appointment basis.

One problem encountered in treating the poor is the shortage of health personnel, particularly physicians. In order to alleviate this problem, the Family Health Care Center is expanding the role of the registered nurse so that physicians can use their time more effectively. As "nurse practitioners," the R.N.'s role is increasing in the management of patients with chronic diabetes, hypertension, stroke and congestive heart disease.

To help promote understanding of the program and keep communications open between the center and the community, representatives of the families using the facility have been elected to the project's advisory committee and comprise 51% of its membership.

Back-up Sheet

Region: New Jersey Regional Medical Program

Locus of Activity: Operational project

Project Title: Hospital-Based Family Health Care Service

Status: Ongoing

Sponsoring Institution: Middlesex General Hospital

Project Director, Title, Address: Mrs. Grace Evans, R.N.
Director of Ambulatory Services
Middlesex General Hospital
180 Somerset Street
New Brunswick, New Jersey 08903
201-828-3000

Dates: June, 1971 - March, 1974 (Actual operational aspects began in October.)

Funding: 01 year - $143,440

Other Funds: Middlesex General Hospital; New Jersey State Department of Health

Cooperating Agencies and Institutions: None

Area Served: City of New Brunswick

Target Population: 4,000 urban disadvantaged

Congressional Districts: #15 - Howard J. Patten(D)

Continuation after RMP Support Withdrawn: By the end of the third project year, sufficient experience will have been gained in facilities, services and personnel requirements and in per visit and per family cost analysis, that an accurate annual family cost can be determined for Medicaid reimbursement and also for fee schedules for private patients and Blue Cross and Blue Shield reimbursement. When the project development phase is completed in 1974, existing payment mechanisms will pay for the services.

Core Staff Contact: Agnes E. McGinnis

Date Prepared: February 10, 1972

Drafted by: Virginia L. Reger

NJ-8

New Jersey Regional Medical Program

Urban Health Component

The New Jersey Regional Medical Program's three-year old Urban Health Component, funded at $160,000, provides health planners to the state's eight federally-designated Model Cities Programs. Under separate funding, the component provides similar assistance to 16 cities in New Jersey's Community Development Programs.

This project, which presently serves a population of 205,000 disadvantaged residents in the Model Cities and an undetermined number in CDP's, began in 1968 when urban health coordinators were assigned to the state's first three Model Cities. Working with elected citizens' health panels, the coordinators identified the priorities for health services, developed an operational framework for action in the cities, and helped plan the health component of Parts I, II and III of the Model Cities applications.

Since the assignment of full-time urban health coordinators was so successful, the project was expanded in April, 1970 to include New Jersey's other Model Cities. To date, the staff has secured more than $8.4 million from sources other than RMP to fund health programs in these cities.

The Urban Health Component expanded again in 1971 when the NJRMP signed a contract with the New Jersey Department of Community Affairs to provide health planning assistance to the 16 cities in the state's 10 Community Development Programs. As in the federally-designated Model Cities, urban health coordinators plan and organize facilities and manpower resources to increase the effectiveness of local health care delivery systems by involving citizens' panels, defining priorities and securing operational grants through existing federally- and state-supported programs.

Back-up Sheet

Region: New Jersey Regional Medical Program

Locus of Activity: Operational project

Project Title: Urban Health Component

Status: Ongoing

Sponsoring Institution: New Jersey Regional Medical Program

Project Director, Title, Address: Henry M. Wood, Director
Urban Health Component
New Jersey Regional Medical Program
7 Glenwood Avenue
East Orange, New Jersey 07017
201-674-7270

Dates: April, 1970 - March, 1973

Funding: 01 year - $211,000; 02 year - $160,000

Other Funds: $126,769 (New Jersey Department of Community Affairs); $30,000 (local share)

Cooperating Agencies and Institutions: New Jersey Department of Community Affairs, Model Cities Programs, Comprehensive Health Planning, New Jersey State Department of Health, Department of Health, Education and Welfare, Department of Housing and Urban Development and State Law Enforcement Planning Agency

Area Served: Eight federally-designated Model Cities and 16 cities in the state's Community Development Programs

Target Population: 205,000 in Model Cities Programs; undetermined number in Community Development Programs and other associated cities

Congressional Districts: #1 - John E. Hunt(R); #2 - Charles W. Sandman, Jr.(R); #3 - James J. Howard(D); #4 - Frank Thompson, Jr.(D); #8 - Robert A. Roe(D); #10 - Peter W. Rodino, Jr.(D); #11 - Joseph G. Minish(D); #12 - Florence P. Dwyer(R); #13 - Cornelius E. Gallagher(D); #14 - Dominick V. Daniels(D)

Continuation after RMP Support Withdrawn: Contracts stipulate that if the Model City is favorably impressed with the Urban Health Coordinator's contribution, the city will take over his salary.

Core Staff Contact: Alvin A. Florin, M.D.; James P. Harkness, Ph.D.

Date Prepared: February 10, 1972

Drafted by: Virginia L. Reger

NJ-9

New Jersey Regional Medical Program

Statewide Data Bank

The New Jersey Regional Medical Program has established the country's first statewide computerized health care data bank. Initiated in June, 1971, the bank is supported by $18,500 in planning money from the NJRMP and $7,500 from the State Comprehensive Health Planning Agency.

Information collected by the NJRMP on hospital facilities, services and manpower presently available for the treatment of major diseases, which account for 75-80% of all deaths in New Jersey, has been programmed by the Hospital Research and Educational Trust, an affiliate of the New Jersey Hospital Association.

For the first time, all of the state's 102 general hospitals have voluntarily submitted detailed data on specialized services they provide to their communities. Now that this data is available from the Trust, the hospitals will have a means of controlling costs by eliminating unnecessary duplication of expensive equipment.

The NJRMP will use the data to plan new programs.

The inventory of cardio-pulmonary-renal-vascular-cancer facilities and services will aid the CHP to determine the need for new facilities and services and to plan their distribution to all parts of the state. Recently enacted "Certificate of Need" legislation requires the CHP to authorize new hospital construction and medical services.

Back-up Sheet

Region: New Jersey Regional Medical Program

Locus of Activity: Core

Project Title: Statewide Data Bank

Status: Ongoing

Sponsoring Institution: New Jersey Regional Medical Program

Project Director, Title, Address: John Gary Collins
Director of Statistical Services
New Jersey Regional Medical Program
7 Glenwood Avenue
East Orange, New Jersey 07017
201-674-7270

Dates: June, 1971 (continuing)

Funding: $18,500

Other Funds: $7,500 - Comprehensive Health Planning

Cooperating Agencies and Institutions: Hospital Research and Educational Trust of New Jersey and State Comprehensive Health Planning Agency

Area Served: Entire state

Target Population: All New Jersey short-term, general hospitals

Congressional Districts: #1 - John E. Hunt(R); #2 - Charles W. Sandman, Jr.(R); #3 - James J. Howard(D); #4 - Frank Thompson, Jr. (D); #5 - Peter H. B. Frelinghuysen, Jr.(R); #6 - Edwin B. Forsythe(R); #7 - William B. Widnall(R); #8 - Robert A. Roe(D); #9 - Henry Helstoski(D); #10 - Peter W. Rodino, Jr.(D); #11 - Joseph G. Minish(D); #12 - Florence P. Dwyer(R); #13 - Cornelius E. Gallagher(D); #14 - Dominick V. Daniels(D); #15 - Edward J. Patten(D)

Continuation after RMP Support Withdrawn: Since the data bank is a source of basic planning data for the NJRMP, support will continue.

Core Staff Contact: John Gary Collins

Date Prepared: February 10, 1972

Drafted by: Virginia L. Reger

Back-up Sheet

Region: New Jersey Regional Medical Program

Locus of Activity: Operational project

Project Title: Establishment of Tumor Conference Boards

Status: Ongoing

Sponsoring Institution: New Jersey Regional Medical Program

Project Director, Title, Address: Louis C. Habich
Cancer Program Coordinator
New Jersey Regional Medical Program
7 Glenwood Avenue
East Orange, New Jersey 07017
201-674-7270

Dates: October, 1968 - March, 1972

Funding: 01 year - $117,770; 02 year - $121,332; 03 year - $61,075

Other Funds: None

Cooperating Agencies and Institutions: 33 hospitals which have enrolled in a tumor conference board program - Atlantic City Hospital, Clara Maass Memorial Hospital, Cooper Hospital, Elizabeth General Hospital, Englewood Hospital, Hackensack Hospital, Helene Fuld Hospital, Irvington General Hospital, Jersey City Medical Center, Jersey Shore Medical Center, Martland Hospital Unit, Mercer Hospital, Monmouth Medical Center, Montclair Community Hospital, Morristown Memorial Hospital, Mountainside Hospital, Newark Beth Israel Medical Center, Our Lady of Lourdes Hospital, Overlook Hospital, Pascack Valley Hospital, Paterson General Hospital, Perth Amboy General Hospital, Point Pleasant Hospital, St. Barnabas Medical Center, St. Francis Community Health Center, St. Francis Hospital, St. Joseph's Hospital, St. Mary's Hospital, St. Michael's Medical Center, St. Peter's General Hospital, Somerset Hospital, Underwood Memorial Hospital and United Hospitals of Newark, Presbyterian Hospital Unit

Area Served: Entire state

Target Population: Physicians, nurses and allied health personnel; 25,000 new cancer patients yearly

Congressional Districts: #1 - John E. Hunt(R); #2 - Charles W. Sandman, Jr.(R); #3 - James J. Howard(D); #4 - Frank Thompson, Jr.(D); #5 - Peter H. B. Frelinghuysen, Jr.(R); #6 - Edwin B. Forsythe(R); #7 - William B. Widnall(R); #8 - Robert A. Roe(D); #9 - Henry Helstoski(D); #10 - Peter W. Rodino, Jr.(D); #11 - Joseph G. Minish(D); #12 - Florence P. Dwyer(R); #13 - Cornelius E. Gallagher(D); #14 - Dominick V. Daniels(D); #15 - Edward J. Patten(D)

Back-up Sheet - Establishment of Tumor Conference Boards (cont'd)

Continuation after RMP Support Withdrawn: Hospitals will continue support for their own tumor conference boards and cancer registries.

Core Staff Contact: Louis C. Habich

Date Prepared: February 10, 1972

Drafted by: Virginia L. Reger

A year-long pilot project, the Family Health Care Center will be monitored to determine if this system of health care delivery to the poor is feasible for community hospitals to undertake. If it proves successful, efforts will be made to secure assistance to initiate similar programs in other hospitals.

NM-3

THE RMP NEW MEXICO LEUKEMIA-LYMPHOMA PROGRAM

Currently in select cancer centers the median survival of acute childhood lymphoblastic leukemia is approximately 3-1/2 years with a five year survival rate that ranges between 25 and 50%. Of the five year survivors approximately one half may be considered permanently cured. With intensive radiotherapy, patients in the early stages of Hodgkin's disease have a 90% change of being permanently cured. Even with advanced disease current approaches with intensive chemotherapy afford the possibility of cure. In July of 1972 the Director of the National Cancer Institute was quoted in an editorial appearing in the New England Journal as stating "less than 15% of children with acute lymphoblastic leukemia throughout the country are receiving intensive chemotherapy with a curative approach".

In New Mexico approximately 2,000 new cancer patients are diagnosed each year. Approximately 200 of these patients have leukemia or lymphoma. The New Mexico Regional Medical Program Tumor Registry has identified that there are approximately 130 new patients with leukemia-lymphoma problems each year. Approximately 10% of these patients are Indian and 20% Spanish-American.

The Leukemia-Lymphoma Program is striving for highest quality treatment of patients throughout the State of New Mexico. Its purpose is achieved through the mobilization of existing manpower and facilities. In most regions of the country management of these disorders is carried out at major medical centers. The achievement of cure in some hematologic malignancies makes it mandatory for all patients to receive the most current effective therapy. Much of this management can be effectively carried out by the family practitioner in a small community through coordination of his efforts and those of our program personnel.

We have established a team of physicians involved in cancer chemotherapy, radiotherapy, and supportive care for the cancer patient. At the present time a total of 71 physicians from all regions of the state are actively participating in our Leukemia-Lymphoma Program in the management of more than 200 patients. A current evaluation of effectiveness of this program reveals that we are actively involved in the care of more than 80% of children with acute leukemia throughout the state and more than 50% of patients with Hodgkin's disease, which represents two malignancies having the potential of cure. Considerable effort has been spent in continuing education of physicians, nurses, and paramedical personnel throughout the region.

Region: New Mexico Regional Medical Program

Locus of Activity: Diagnosis and treatment

Project Title: Leukemia-Lymphoma Program for New Mexico

Status: Ongoing

Sponsoring Institution: University of New Mexico School of Medicine

Project Director, Title, Address: John H. Saiki, M.D., Asst. Prof. of Medicine
University of N.M. School of Med., Albuquerque, N.M. 87106
Telephone: A.C. 505-265-4411, Extension 2465

Dates: Date of Initial RMP support: 9-1-70
Anticipated termination from RMP support: 9-1-75

Funding: RMP budget request - $26,000 - Fiscal year 1971-1972

Other Funds: National Cancer Institute - $26,000 of which $16,000 is specifically ear marked to assist patient evaluation and treatment costs.
New Mexico Leukemia-Lymphoma Society - $4,800 annually.

Cooperating Agencies and Institutions:

UNM School of Medicine and physicians throughout the State of New Mexico

Area Served: New Mexico with portions of Arizona, Colorado and Texas

Target Population: Patients, physicians and nurses

New Mexico Regional Medical Program has intensified its efforts in the field of Continuing Education for Physicians in response to increased demands upon the program.

A recently enacted law requiring Continuing Education credits for continued licensure to practice medicine in New Mexico is partly responsible. NMRMP is one of a few agencies ~~with~~in the State with an active, viable program in the area of continuing education.

In an effort to make programs more meaningful in terms of improving patient care, a questionnaire was sent to all physicians ~~requesting topics~~ which would be most helpful to them. Response was excellent. A second, follow-up questionnaire, dealing with specifics is in preparation.

Most programs, which are given in communities throughout the state, are designed to be practical in nature, making liberal use of case material and are often ~~times~~ followed by rounds at the local hospital the following morning. Physicians have found the follow-up program with current patients most helpful, and are able to relate what was presented ~~in a~~ direct ~~way~~ to patient care.

Opportunities to come to Albuquerque for an individual learning experience are also offered. A number of hospitals, institutions and agencies are cooperating to provide opportunities to observe and practice needed skills which the physician requests and to participate in clinics, classes, etc.

Several seminars are offered each year in Albuquerque which cover a single topic and are usually related to diagnosis and treatment.

The response to all programs has been excellent, ~~and~~ NMRMP will continue to develop its continuing education potential to meet the needs of physicians ~~in New Mexico~~ to improve the quality of care. ~~of its citizens.~~

EMB/jah
2/14/72

Training School for EMS Technicians

~~A NEW MEXICO VIGNETTE~~

A training school for the development of Emergency Medical Service Technicians has been established at the University of New Mexico by the New Mexico Regional Medical Program. The Program (of three months' duration) is designed to create an allied health professional who will function in a fashion similar to the Remote Duty Military Corpsman. They will work under medical supervision in remote health care clinics, in sophisticated Emergency Vehicles, or in hospital Emergency Departments in smaller rural hospitals. In view of the lack of medical resources in ten counties in the state, they will become members of a priority health care delivery system which will provide improved availability and accessability of medical services in those economically depressed areas whose populations are predominantly of Spanish-American and Indian origin. They will be functioning in satellite facilities that are tied to hospitals (of excellence) by duplex micro-wave radio communication.

The school has several features which make it unique.

The trainee is not entered in the school until a clearly committed position for employment is identified for him at the completion of his training. Additionally, he is recruited from the community in which he intends to work. He will be accepted as a health professional in that community's subculture. Previous medical military experience is welcomed but is not a specific requirement for admission to the school. High school graduates, men and women, are given favorable consideration if they have shown an expressed interest and desire to work in the health delivery field. Their rate of compensation upon employment is substantial enough ($6,000 to $8,000 per year) to provide status in the community and ensure continued employment in the health industry.

The training program which is jointly funded by the Regional Medical Program; the State Department of Vocational Education; the Presbyterian Medical Services, Inc.; and The University of New Mexico, School of Medicine, consists of approximately 500 hours of training of which 120 hours are spent in classroom and laboratory demonstration activity. The remainder of the training is carried on in the clinical services of the Bernalillo County Medical Center and the Presbyterian Hospital in Albuquerque. This portion of the learning experience is essentially an on-the-job training type of education. Ultimately, academic credit will be awarded for the training in order to provide the opportunity for vertical mobility in an educational sense.

The present class of 12 trainees will be employed in Sandoval, Rio Arriba, Taos, Hidalgo, Grants, and Torrance Counties to work in the model system designed by the Regional Medical Program two years ago for delivery of priority health care services to rural communities who have none.

Continuation after RMP Support Withdrawn:

National Cancer Institute and New Mexico Leukemia-Lymphoma Society

Core Staff Contact:

Date Prepared: 9-18-72

Drafted by: Dr. John Saiki
Joy Meldrum

NM-4

TUMOR REGISTRY PROGRAM

Among the 1,016,000 New Mexico residents, there are about 2,500 new cancer cases and 1,100 cancer deaths each year. Surgical treatment is provided in many of the State's 60 hospitals. (~~Thirteen towns and cities outside of Albuquerque have pathologists; at least 20 have board certified surgical specialists~~). There are currently five cobalt units (mostly small) in New Mexico, but there has been only one radiologist devoting full time to radiation therapy. Until 1971, cancer patients requiring up-to-date chemotherapy often had to ~~go~~ travel hundreds of miles ~~to Houston, Los Angeles, etc.~~

At present, 51 hospitals (~~federal, state, county, city, church-affiliated, non-profit, and proprietary~~) participate in the New Mexico Tumor Registry. Each hospital receives special reports and regular monthly and annual reports that permit continuing evaluation of their own cancer experiences. These reports, in combination with direct telephone communication (WATS line), give each hospital rapid and easy access to their own cancer registry information. Response times are often much faster than could be provided by a full-time, in-house, tumor registry secretary; the variety and complexity of reports are greater than she could attempt, and state-wide data can be provided for comparison. Individual physicians also receive reports regularly and they may request information and special reports for continuing education programs, staff meetings, lay education programs, ~~etc.~~

If each hospital were to establish, staff, and maintain its own separate registry, the cost would be over $200,000 per year, according to American College of Surgeons 1968 cost estimates (~~10¢ per bed per day for almost 6000 beds~~). It is unlikely that many of New Mexico's small hospitals could attract and keep trained tumor registry personnel and there would be other problems such as lack of quality control and lack of uniformity among hospitals. Even if those problems could be solved at the local hospital level, the State Health Department, Comprehensive Health Planning, or some other central agency would need to establish and maintain an office, staff, procedures etc., for accumulating the data, checking for duplicate registrations, preparing summary reports of prevalence, incidence, survival and mortality, etc.

There are some who say that "not every hospital needs a tumor registry", but throughout the world, registries are recognized as key elements of cancer programs that plan and deliver and follow through with highest quality cancer care. The American health care system is being asked to monitor and evaluate the outcome of health care; cancer registries provide one model to accomplish that task. It is also argued that "not every state (county, region) needs a central tumor registry". The United States lags behind much of the rest of the world in the development of central population-based cancer registries, and as a result, much of the often-quoted cancer incidence data for the U.S.A. are inexact extrapolations based on the data from the Connecticut Tumor Registry.

Many hypotheses about causes of cancer are derived from observations of differing patterns of cancer in various populations and geographic regions around the world. The ethnic diversity of New Mexico makes it almost unique in North America for the collection of such information. Preliminary data from the NMTR shows that breast, lung, and colon cancers are higher among Anglos than among Spanish Americans and Indians; gall bladder cancer is high among Indians, etc. The New Mexico Tumor Registry has recently been admitted to membership in the International Association of Cancer Registries an organization that promotes comparative epidemiologic studies in all parts of the world.

The New Mexico Tumor Registry has been innovative and responsive to local conditions and needs and has produced a unique system that has attracted cancer experts from France, New Zealand, Hawaii and neighboring states. A consultant from the N.C.I. to the government of Chile presented our system of trained "circuit-riding" abstractors

as a model for collecting reliable cancer data in sparsely populated areas with small, often understaffed, medical institutions.

The NMTR is designed to serve ~~all of the~~ multiple purposes ~~mentioned above~~, with overall efficiencies and economies to the region's health budget. The small registry staff, with invaluable computer assistance: (1) assists hundreds of physicians in providing follow-through and continuing care for cancer patients, (2) maintains 51 individual hospital evaluatory-type tumor registries, (3) provides state-wide data to the State Health Department and Comprehensive Health Planning Agencies, (4) provides cancer data to the United States Public Health Service Indian Health Service, (5) provides data for physicians interested in further study, and (6) provides a unique source of cancer statistics as a base for epidemiologic studies among Anglos, Spanish Americans and Navajo, Pueblo and Apache Indians.

In the not-too-distant future (?1974-75) the New Mexico Tumor Registry will probably be housed in the proposed Cancer Research and Treatment Center that is planned for the University of New Mexico Health Sciences campus in Albuquerque. The aim of that center is to be a resource for the entire region and the established cooperative tumor registry system can be one of the services that the center provides. At the same time, cancer epidemiology studies to test hypotheses derived from registry data will be expanded as a major research endeavor of the center. There is another unique situation in New Mexico that makes the availability of accurate cancer statistics and a patient follow-up system that can be utilized for clinical studies particularly fortuitous. The $56,000,000 Los Alamos Meson Physics Facility is being built primarily for nuclear physics research, but for the forseeable future, it will be the world's most intense source of negative pi-mesons (pions) for radiation therapy. Facilities with less intese pion sources are being developed at Stanford, Vancouver and Zurich, but many of the pre-clinical studies and eventual clinical trials of this new radiation modality will be done here in New Mexico. The New Mexico Tumor Registry has provided data used in planning for both the Cancer Center and the Meson Facility and a close association with both projects will continue.

To date, virtually all of the financial support for the New Mexico Tumor Registry has come from the New Mexico Regional Medical Program. A contract for $27,150 (direct costs) with the Biometry Branch, National Cancer Institute was obtained in April, 1972, for the purpose of expanding the existing program into a complete population-based registry. It is anticipated that National Cancer Institute support, either direct or through the Cancer Center, will largely replace New Mexico Regional Medical Program funding in about three years.

It should be noted here that the Tumor Registry participates in the overall New Mexico Regional Program in a number of ways that are not related to cancer. Computerization of Health Manpower Registers, production of mailing labels and computerization of the New Mexico Regional Medical Program administration's budget monitoring graphs are specific examples.

NC-2

NORTH CAROLINA

Chapel Hill Homekeepers

In Chapel Hill many of the aged do not want to leave their homes for hospitals or nursing homes, yet they cannot always meet life's routine demands. Their problem was taken to the Chapel Hill Council on Aging, which brought at least a partial solution and a request for funds to the North Carolina Regional Medical Program. The result is the pilot Homekeeper Training Program, a two-month course for semi-skilled home and health service workers. The importance of the program to town residents is demonstrated not only by interagency cooperation but by the town itself, which is acting as fiscal agent.

The program's benefits are three-fold: it makes services available to many who need them; it provides a vocation and an opportunity for private employment to many who are unemployed or underemployed; and it reduces the need for or length of institutionalization. Homekeepers will be referred not only to the infirm aged but to the handicapped and those struck by sudden illness or family emergency. Requests for services already triple the number being trained in this initial effort.

Back-up Sheet

Region: Association for the North Carolina Regional Medical Program

Locus of Activity: Core Staff Developmental Component

Project Title: Chapel Hill Homekeeper Training Program

Status: Ongoing

Sponsoring Institution: Chapel Hill Council on Aging

Project Director, Title, Address: Mrs. Bernice Hopkins
Executive Director
Chapel Hill Council on Aging
304 E. Franklin St.
Chapel Hill, N. C. 27514

Dates: This program is funded from January 1, 1972 through May 31, 1972, but it did not become operational until February 1, 1972.

Funding: $4,152

Other Funds: None

Cooperating Agencies and Institutions: Chapel Hill Council on Aging, Home Health Agency of Chapel Hill, Inc., Nursing Inservice Education Program of the North Carolina Memorial Hospital, the Town of Chapel Hill, the Chapel of the Cross (Episcopal church), local citizens, organizations and radio and t.v. stations.

Area Served: Town of Chapel Hill, N. C.

Target Population: Unemployed and underemployed, to be trained to serve the aged, handicapped, and those persons temporarily struck by sudden illness and family emergency.

Congressional Districts: 4th, Nick Galifianakis (D)

Continuation after RMP Support Withdrawn: It is expected that the agencies involved and the Town of Chapel Hill will generate or locate funds for continuing the Homekeeper Program after the initial pilot effort. The curriculum developed has potential for incorporation in hospital inservice education and community and technical college curriculums. It is anticipated that similar programs will be offered in other areas of the state.

Core Staff Contact: Miss Audrey Booth, R. N., M. S. N., Director of Professional Services, NCRMP

Date Prepared: February 11, 1972

Drafted: Patricia M. Jones

NC-3

North Carolina

Adult Screening Program for Hypertension, Heart Disease, Possible Impending Stroke, Diabetes, and Anemia

One out of every two North Carolinians will die of some disease related to the circulatory system unless steps are taken to change current statistics. Early case finding, referral, and treatment offer the greatest opportunity to save these lives. North Carolina leads the nation in devising a model system which rapidly screens adults to detect signs of these diseases, involves a minimum of medical manpower, and incorporates referral to physicians and follow-up procedures which can considerably reduce the incidence of disabling and fatal events.

Funded under a grant of $84,933 from the North Carolina Regional Medical Program, the North Carolina and Forsyth County Heart Associations are conducting a pilot screening project with three population types: low-income urban residents, rural residents, and employees in industry. Initial testing with members of senior citizens' clubs yielded more than the anticipated 100 screenees per five-hour day. The pilot project expects to screen 40,000 adults in the six-month period.

Tests are designed to detect possible hypertension, heart disease, impending stroke, diabetes and anemia. They include the Electrocardiometer test (based on lead 1 information), Blood Pressure Measurement, Carotid Bruit Test, Blood Glucose Determination, and Hemoglobin test. For each 1,000 screened, from 30 to 200 are expected to test outside normal limits for each of the five tests. Testing time is less than ten minutes at a cost of about $2.00 a person. The program is utilizing about 150 volunteers and two nurse-coordinators, as well as a small administrative staff. Also being utilized are volunteer groups of physicians and allied health personnel to secure the cooperation of the medical community in accepting referrals and providing for follow-up for the medically indigent.

Back-up Sheet

Region: Association for the North Carolina Regional Medical Program

Locus of Activity: Operational

Project Title: Adult Screening for Hypertension, Heart Disease, Possible Impending Stroke, Diabetes, and Anemia

Status: Ongoing

Sponsoring Institution: North Carolina Heart Association

Project Director, Title, Address: Robert N. Headley, M. D.
Associate Professor of Internal Medicine
Bowman Gray School of Medicine
Winston-Salem, N. C. 27103
919-727-4331

Dates: July 1, 1971 through June 30, 1974

Funding: $84,933 (July 1, 1971 through June 30, 1972)

Other Funds: None

Cooperating Agencies and Institutions: Forsyth County Heart Association, Bowman Gray School of Medicine, Stratford Kiwanis Club, numerous local clubs, organizations, civic and professional groups; volunteer group of physicians and allied health personnel.

Area Served: Forsyth County and Winston-Salem

Target Population: Winston-Salem aged and low-income persons, employees of industries in the Winston-Salem area and rural residents of Forsyth County.

Congressional District: #5, Wilmer Mizell (R)

Continuation after RMP Support Withdrawn: With the experience that will be gained in this project, the North Carolina Heart Association will be able to continue adult screening beyond Regional Medical Program funding through plans that are already being developed and which will be ready for implementation at the end of the Regional Medical Program funded period.

Core Staff Contact: John H. Young, III, M. P. H., Assistant Director, Project Development

Date Prepared: February 11, 1972

Drafted by: Patricia M. Jones

Addendum to Back-up Sheet

Region: Association for the North Carolina Regional Medical Program

Locus of Activity: Operational

Project Title: Adult Screening for Hypertension, Heart Disease, Possible Impending Stroke, Diabetes, and Anemia

Status: Ongoing

Sponsoring Institution: North Carolina Heart Association

Project Director, Title, Address: Robert N. Headley, M. D.
Associate Professor of Internal Medicine
Bowman Gray School of Medicine
Winston-Salem, N. C. 27103
919-727-4331

Dates: July 1, 1971 through June 30, 1974

Funding: $84,933 (July 1, 1971 through June 30, 1972)

Other Funds: None

Cooperating Agencies and Institutions: Forsyth County Heart Association, Bowman Gray School of Medicine, Stratford Kiwanis Club, Winston-Salem State University, Emmanuel Baptist Church, Radio Station WAAA, Model City Commission, Comprehensive Health Program, Reynolds Memorial Hospital; Neighborhood Service Center System, Adolescent Service Mental Health, Urban League, Health Committee Alpha Kappa Alpha, Daughters of Isis, Sethos Temple, Department of Social Services, Downtown Church; Housing Authority of the City of Winston-Salem, Neighborhood's Advisory Council, Easton Manor, North Hills, Cherryview, Morningside Manor, numerous local clubs, organizations, civic and professional groups; volunteer group of physicians and allied health personnel.

Area Served: Forsyth County and Winston-Salem

Target Population: Winston-Salem aged and low-income persons, employees of industries in the Winston-Salem area and rural residents of Forsyth County

Congressional District: #5, Wilmer Mizell (R)

Continuation after RMP Support Withdrawn: With the experience that will be gained in this project, the North Carolina Heart Association will be able to continue adult screening beyond Regional Medical Program funding through plans that are already being developed and which will be ready for implementation at the end of the Regional Medical Program funded period.

Core Staff Contact: John H. Young, III, M. P. H., Assistant Director, Project Development, NCRMP

Date Prepared: February 18, 1972

Drafted by: Patricia M. Jones

NC-4

NORTH CAROLINA

Wake County Community Health Care Task Force

(NCRMP)

With the assistance of the North Carolina Regional Medical Program, the 100-member Wake County Community Health Care Task Force is working to establish a family health center program to reach rural and urban low-income residents. The Task Force, representing a wide spectrum of community groups and interests, is applying for a federal grant of $750,000 to establish six hospital-based "outreach" centers which provide health information and support, preventive care, out-patient diagnosis and treatment, and rehabilitation.

The program will enroll between 5,000 and 20,000 people, depending on money available, on a prepaid basis. Enrollees will be from three groups: those who can pay for care, those who cannot, and those eligible for a third party health program.

A great deal of NCRMP staff time has gone into gathering data and consulting on program design. The North Carolina Regional Medical Program is also making $3,500 available to the Task Force for consultant time in preparing the final draft for the grant application.

Back-up Sheet

Region: Association for the North Carolina Regional Medical Program

Locus of Activity: Professional Staff Activity

Project Title: Wake County Family Health Center Program

Status: Ongoing

Sponsoring Institution: Wake County Community Health Care Task Force

Project Director, Title, Address: J. Forest Barnwell
Task Force Chairman
Charter Industries
226 Hillsborough Street
P. O. Box 25548
Raleigh, N. C. 27611

Date: May, 1971 - present

Funding: $3,5000 from developmental components funds

Other Funds: Raleigh Community Relations Council, several hundred dollars for postage, etc.; Health Planning Council for Central North Carolina, $1,000.

Cooperating Agencies and Institutions: North Carolina Regional Medical Program, Comprehensive Health Planning, Baptist State Convention, North Carolina State Board of Health, League of Women Voters, Raleigh Community Relations Council, NCSU Urban Affairs Center, Wake County Pharmaceutical Society, Wake County Health Department, Raleigh Public Schools, Wake County-Raleigh Headstart Program, ESEA Programs - Wake County Schools; Wake County Department of Social Services, Urban Affairs and Community Health Center; Research Triangle Area TB and RD Assoc., N. C. Department of Mental Health, Family Service; Health Planning Council of North Carolina, Research Triangle Institute, J. C. Penney Co., Wake County Memorial Hospital Systems, Inc.; North Carolina State University, Division of Continuing Education; Medicenter; Carolina Power and Light Company, Rex Hospital, Mechanics and Farmers Bank; Charter Industries, Inc., Branch Banking and Trust Co., Wake County Courthouse; Wake County Commission

Area Served: Southside of City of Raleigh and Wake County

Target Population: 5,000 to 20,000 low-income urban and rural residents

Congressional District: 4th, Nick Galifianakis (D)

Continuation after RMP Support Withdrawn: Since RMP involvement is to secure a grant from the federal government, continued funding is governed by Section 314 (e) of the Public Health Service Act (42 U. S. C., 246 (e))

Core Staff Contact: I. Manly Fishel, M. S. P. H., Assistant Director, Project Development, NCRMP

Date Prepared: February 11, 1972

Drafted by: Patricia M. Jones

NC-5

North Carolina

Edgemont Community Clinic

The Edgemont Community Clinic is a new approach to health care delivery. Located in an old house and serving the low-income area surrounding it, the Clinic is open Monday and Thursday nights to provide free health services. But the most innovative aspect of the Clinic is the community health worker.

Edgemont's community health workers are a part of the community in which they work and spend much of their time in patients' homes. In this setting they can determine the sociological and environmental factors which are critical to health maintenance and health care as well as providing services not otherwise accessible to the neighborhood people. These tasks vary with individual and family needs: dietetic instruction, hygiene education, diabetic instruction, social services education and referral, and perhaps most important, interpretation of health care services and systems to allay fears and encourage patient cooperation in essential diagnosis and treatment.

During the clinic hours the health care workers are available to provide valuable information to physicians and other volunteer health personnel regarding patient and family circumstances relevant to medical problems, and to interpret where educational and socio-economic differences make communication between staff and patients difficult. They also take general histories and are currently being trained to take medical histories.

The Edgemont Clinic staff, which includes medical students, consulting physicians, nursing students, and community health workers, sees about ~~thirty~~ 30 patients an evening for general medical assessment as well as episodic and acute care. The community health workers assist the patient in utilizing hospital or other facilities when referral is necessary, and insure, through follow-up, that patients receive and correctly use any prescribed drugs or treatment.

Supported by a $5,000 grant from North Carolina Regional Medical Program, the Edgemont community health workers bridge the gap between the community residents and clinic staff and aid in bringing an underserved population into the mainstream of health care. The NCRMP grant is demonstrating the viability of the community health worker as a functional part of the community clinic model.

Back-up Sheet

Region: Association for the North Carolina Regional Medical Program

Locus of Activity: Core Staff Developmental Component

Project Title: Edgemont Community Clinic

Status: Ongoing

Sponsoring Institution: Lincoln Community Health Center

Project Director, Title, Address: Mr. Jim Hughes
Edgemont Community Clinic
1012 E. Main Street
Durham, North Carolina 27701
919-682-1750

Dates: October 15, 1971 to June 30, 1972

Funding: $5,000 (The project received operational funds of $6,627 from November 23, 1970 to June 30, 1971).

Other Funds: Donations from a number of sources in the community

Cooperating Agencies and Institutions: Lincoln Community Health Center, Duke University School of Medicine, Duke University Department of Community Health Sciences, Edgemont Community Center, Operation Breakthrough (OEO), Durham County Health Department, University of North Carolina School of Medicine, UNC School of Public Health, Lincoln Hospital, Durham-Orange County Chapter of the AMA, Watts Hospital and physicians, medical students, and nursing students from local hospitals and educational institutions.

Area Served: Edgemont Area of Durham, North Carolina

Target Population: 5,000 low-income residents, half black, half white, of the Edgemont area

Congressional Districts: 4th District - Nick Galifianakis (D)

Continuation after RMP Support Withdrawn: The Edgemont Community Clinic receives support to pay rent, utilities, and janitorial/secretarial services from the community which it serves. With the aid of NCRMP Core Staff, a more permanent source of funds for staff salaries, now being paid by NCRMP, is being sought. This funding may come from federal agencies, volunteer agencies, or community groups.

Core Staff Contact: Patricia M. Jones, Communications Coordinator, NCRMP

Date Prepared: February 11, 1972

Drafted by: Patricia M. Jones

NC-7

North Carolina

Family Nurse Practitioner

The Family Nurse Practitioner will play an increasingly vital role in helping solve the health manpower shortage in North Carolina, especially in communities beset by physician shortages. In a health center or clinic, a physician's office, or patient's home, this new breed of nurse may be the first person the patient sees.

She takes a health history, does the physical exam, uses her own judgment to start preventive screening or diagnostic procedures. She coordinates health care needs, makes proper referrals, provides health instruction, counseling, and guidance. If the patient has simple symptoms, she can treat him, using standing orders from the doctor. If his illness is more complicated, she can refer him to the doctor and later handle his follow-up care. Periodically she may visit the patient in the home.

A pilot project was held last year for seven carefully selected nurses. Six are now the core of a two-county Comprehensive Health Services Program with a central clinic at North Carolina Memorial Hospital and two rural satellite clinics. In these rural areas, the Family Nurse Practitioner is part of a health team which also includes physicians and community health workers.

This year, through support from the National Center for Health Services Research and Development, the University of North Carolina, and a $70,000 grant from the North Carolina Regional Medical Program, twelve more Family Nurse Practitioners are being trained. These North Carolina nurses are from carefully selected practice sites, including a solo general practice, a State hospital for the mentally retarded, a group medical practice, a county hospital with satellite hospitals, and an organized system of centers for providing comprehensive health care.

Rural patients and their families have shown ready acceptance of the Family Nurse Practitioner, and health professionals and institutions across the state are becoming increasingly aware of and interested in this expanded nursing role.

Back-up Sheet

Region: Association for the North Carolina Regional Medical Program

Locus of Activity: Operational Project

Project Title: Family Nurse Practitioner

Status: Ongoing

Sponsoring Institution: University of North Carolina, School of Nursing

Project Director, Title, Address: Dr. Susanna L. Chase, Professor
Director, Continuing Education
School of Nursing, University of N. C.
Carrington Hall
Chapel Hill, North Carolina 27514
919-966-1411

Dates: July 1, 1971 through June 30, 1974

Funding: $70,000 (Funding from July 1, 1971 through June 30, 1972)

Other Funds: National Center for Health Services Research & Development, School of Nursing, University of North Carolina; Auxiliary Health Manpower, Division of Health Affairs, University of North Carolina

Cooperating Agencies and Institutions: Private physicians; Western Carolina Center, Morganton, N. C.; Pinehurst Medical Clinic; Wake County Memorial Hospital; Orange-Chatham Comprehensive Health Services, Inc.; UNC Schools of Medicine, Nursing, Public Health, Health Services Research Center; and Wake Memorial County Hospital.

Area Served: North Carolina

Target Population: Registered Nurses

Congressional Districts: #4 Nick Galifianakis (Initial Training Center)

Continuation after RMP Support Withdrawn: Other sources of funds currently supporting this project plus an increasing interest on the part of North Carolina educational institutions and health professionals should insure that this program, if its viability continues to be demonstrated, will become an institutionalized part of nursing curriculum.

Core Staff Contact: Audrey Booth, R. N., M. S. N., Director of Professional Services, NCRMP

Date Prepared: February 11, 1972

Drafted by: Patricia M. Jones

ND-2

NORTH DAKOTA

Dial Access Medical Library

More than 2800 medical messages have been transmitted to physicians and nurses in North Dakota through the media of the Dial Access Medical Program provided by the North Dakota Regional Medical Program.

Begun late in 1969, the program has grown from a library of 250 tapes, to a total of over 500 tapes covering a multitude of medical and health subjects. The user, refering to a listing of the subjects available, selects the tape he wants to hear, and placing a phone call to the library operator, requests the tape be played over the telephone. The requested tape is placed on the play back machine and the information is relayed over the telephone lines. Upon completion, the telephone connection is automatically terminated.

The Medical School, University of North Dakota, has also utilized this system in supplementing various lectures. Through the use of speakers located in the lecture rooms, the telephone reception is replayed to the entire class.

The program, originally developed by the University Extension of the University of Wisconsin, is being made available through cooperative arrangements with the Wisconsin Regional Medical Program.

The tapes, prepared by authorities in their respective medical fields, are continually reviewed and updated so as to provide the current medical information relating to the subject material.

Back-Up Sheet

Region: North Dakota Regional Medical Program

Locus of Activity: Core Activity

Project Title: Dial Access Medical Library

Status: On Going - Being phased into a reduced NDRMP involvement by requiring the user to pay telephone toll charges.

Project Director, Title, Address: J. A. Grim, NDRMP
1512 Continental Drive
Grand Forks, North Dakota 58201
701-775-5535

Dates: Feasibility status November 1969 - Operational status January 1, 1970

Funding: 01 - $6,397 (No other funds)
02 - 6,170
03 - 6,170

Other Funds: None

Cooperating Agencies and Institutions: University Extension, University of Wisconsin, Madison, Wisconsin, and the Wisconsin RMP.

Area Served: State of North Dakota

Target Population: 600 physicians, Hospital In-Service and Directors of Nursing Service (52 Hospitals), Dietitians.

Congressional Districts: #1 Mr. Mark Andrews (R)
#2 Mr. Arthur Link (D)

Continuation After RMP Support is Withdrawn: Phase down in 03 year has started. Cost of toll phone call is presently being paid for by the user. Sources for funding of the program are being sought.

Core Staff Contact: J. A. Grim

Date Prepared: February 2, 1972

Drafted by: J. A. Grim

ND-3

NORTH DAKOTA

Emergency Medical Services

Emergency Medical Services is a high priority program of the North Dakota Regional Medical Program. (NDRMP).

The need for this activity was recognized in the early planning stages of the NDRMP. Working in cooperation with the State Highway Patrol, Highway Department, Registrar of Motor Vehicles and other state agencies, the NDRMP developed and provided an inexpensive colorful sticker indicating the phone numbers to call when requiring emergency assistance on the highway. Over 600,000 of these stickers were distributed through state agencies and by over-the-counter distribution. The use of this number for emergencies jumped from 900 a year in 1967 to over 12,000 in 1971. There was a monthly high of 1,256 calls for assistance in October, 1971.

The demands on this service resulted in a dramatic expansion of the communication facilities (telephone and radio) devoted to emergencies, the development of a capability data to meet the emergency, and an expansion of the service to meet state-wide emergencies, including assistance for farm accidents.

The NDRMP is now serving on the North Dakota Emergency Medical Services Advisory Committee and assisting the North Dakota Committee on Trauma, American College of Surgeons with their Emergency Medical Technician (EMT) ambulance training program. The EMT Program is being implemented with the cooperation of the State Health Department, Committee on Trauma, and the NDRMP. The NDRMP has arranged for meetings, provided staff support, including administrative and secretarial assistance, prepared and distributed press releases, obtained TV and radio publicity, provided printing and mailing support, and sponsored consultants. Five training programs are presently under way in various sections of the state.

In addition, the NDRMP has cooperated with the North Dakota Heart Association in planning for, and participating in, training courses and demonstration projects which teach of cardiopulmonary resuscitation.

During 1972, a full time NDRMP staff member will work with the State Health Department in expanding the present EMS activities, assist the CHP (b) Area-Wide Councils in North Dakota, and participate in the planning and evaluation of EMS activities in North Dakota.

Back-Up Sheet

Region: North Dakota Regional Medical Program

Locus of Activity: Core Activity - Developmental

Project Title: EMS (Emergency Medical Services)

Status: Ongoing and Expanding

Sponsoring Institution: NDRMP

Project Director, Title, Address: John A. Grim, NDRMP
1512 Continental Drive
Grand Forks, North Dakota 58201
701-775-5535

Dates: 1969 - 1972

Funding: Staff Support - Non-operational

Other Funds: None.

Cooperating Agencies and Institutions: State Health Department, North Dakota Committee on Trauma, American College of Surgeons, MEDEX, CHP Area Wide Councils, Hospitals, Newspapers, Radio and T.V. Stations, and, limited to certain phases of the program, State Highway Department, Registrar of Motor Vehicles, and State Highway Patrol.

Area Served: The entire state of North Dakota

Target Population: The 617,761 people of North Dakota

Congressional Districts: #1 Mr. Mark Andrews (R)
#2 Mr. Arthur Link (D)

Continuation after NDRMP Support is Withdrawn: NDRMP believes that this will be a program requiring continual support, on a special and demand type basis, until the state wide plan becomes implemented. Even then the NDRMP support, if available, may be required in this cooperative effort to meet unusual circumstances.

Core Staff Contact: John A. Grim, NDRMP

Date Prepared: February 2, 1972

Drafted By: John A. Grim

ND-4

Health Manpower Study

North Dakota has an excellent two-year basic science medical school and a number of good educational programs in various institutions for training Allied Health Care professionals.

Among the many changes in the educational process now being carried out or proposed throughout the country, there is an almost universal trend towards providing clinical training at an earlier and earlier stage in the medical student's curriculum. Additionally, a number of studies, notably the Carnegie Report on Education, suggest that existing two year schools develop into degree granting institutions or be discontinued.

Recognizing the climate of change, the faculty of the North Dakota School of Medicine sought the advice of the North Dakota Medical Association leadership and other physicians. They were in general agreement that a complete survey should be carried out as soon as possible.

It was generally agreed that the major emphasis of the survey would be to consider the future of the School of Medicine. It should also include an overall study of the primary education and subsequent training of all persons who provide any type of health care services.

On March 18, 1971, a group of physicians in and out of the medical school met to discuss this subject. The second meeting of a similar group occurred in Bismarck shortly thereafter.

Following this meeting on March 18, in a memorandum to Dr. Harwood, Willard Wright, M.D., Program Director, RMP, submitted some suggestions. In this memorandum, he outlined the following suggested procedures:

A. Form a Steering Committee representing the Medical School, the University, other educational institutions, physicians, nurses, other health care professionals, legislators, and prominent citizens.

B. Look for Grant funds to finance study.

C. Employ a Program Director.

D. Study other developing and related programs.

E. Be sure and involve as early as possible all health care professional organizations, and other interested parties.

The North Dakota Medical Association House of Delegates, the Medical School Alumni, the Medical Center Advisory Council, and other groups endorsed the project.

The Board of Directors appointed Willard Wright, M.D., as Executive Director of NDMRF and employed Gary Dunn, M.A., formerly Assistant Dean, University of Alabama, as Research Director.

Conduct Of The Study

The Initial activity of the research group was to collect and develop information on the present educational and other resources available, and what

the apparent needs are in North Dakota, as well as a consideration of national trends and what types of support might be available from out-of-state sources. (Phase I)

Advise and counsel was sought from persons representing the various professions, education and service institutions, state government, etc. During the course of the study, every effort was made to ensure that all interested individuals, organizations, and institutions had an opportunity to participate.

The North Dakota Regional Medical Program Regional Advisory Group were briefed on the nature and progress of the study on November 20.

The North Dakota State Health Planning Council held an Interagency Forum on November 5 and 6, and discussed the entire range of Allied Health Education in North Dakota.

The Board of Directors of NDMRF meeting on December 9, 1971, and discussed in detail some of the more important factors affecting the Medical School.

They directed the Study Group to develop definitive information needed for in depth consideration of the following two proposals: (Phase II)

1. Development of a complete clinical training program with granting of M.D. degree in either three or four years; formulation of a clinical teaching staff; utilization of community hospitals and medical staffs with assistance from full time education directors and development of residency and internship programs.

2. Develop a degree granting school primarily for training of family physicians with the student having an option to continue in North Dakota or transfer to another, perhaps more specialist oriented school.

The Medical School faculty and Study Group met with the Board of Higher Education and explained the situation. The Board agreed that some plan of action should be developed and further agreed to instruct Dr. Clifford, President of UND to forward a letter of intent to HEW indicating that the school of medicine, UND will be an applicant for appropriate funds available under the Health Manpower Act of 1971.

December 20, 1971, Mr. Earl Strinden, Bryce Streibel, Dr. Wright, Dr. Eelkema, and Dr. Nelson met informally and discussed methods of keeping members of the State Legislature informed on the progress of the study. Mr. Streibel formed a special nine man Legislative Committee as a part of the standing Legislative Research Council of which he is Chairman.

The nine member Legislative Council Committee is composed of the following:

Chairman - Oscar Solberg - Rolla

State Senators		State Representatives	
Robert Nasset	- Regent	Art Bunker	- Fargo
Evan Lips	- Bismarck	Brynhild Haugland	- Minot
Lee Christensen	- Kenmare	Robert Peterson	- Williston
George Unruh	- Grand Forks	Ralph Dotzenrod	- Wyndmere

On January 28, 1972, the Health Manpower Study Advisory Group, Special Committee of the Legislative Research Council, the Medical Center Advisory Council, Board of Higher Education, and the State Comprehensive Health Planning Agency, were provided the Phase II Report on the requirements and feasibility of a degree granting medical school for the state.

A final report on total Health Manpower needs for North Dakota and an implementation plan for a degree granting medical school will be finalized by March 18. The report will be given to the State Medical Association, Board of Directors of the North Dakota Medical Research Foundation, all other interested groups, and the State Legislature. The determination of a course of action will ultimately be made by the State Medical Association, Board of Higher Education, and the State Legislature.

ND-5

NORTH DAKOTA

Intensive Care Unit And Education Program

On October 27, 1971, the North Dakota Regional Medical Program, United Hospital, Grand Forks, the North Dakota League for Nursing, the Great Plains Perinatal Organization, and the Nurses Association of the American College of Obstetrician and Gynecologists-North Dakota Section, co-sponsored a neonatal workshop, ~~at the Westward Ho Motel.~~

Over 124 nurses, physicians, student nurses, licensed practical nurses, and MEDEX attended this workshop which included talks on respiratory distress, use of oxygen, ~~and~~ the care of the critically ill newborn, intrautering growth, high risk pregnancy, and maternal and infant relationship.

Since then, the United Hospital of Grand Forks has met with the Agassiz Comprehensive Health Area Planning Group and have determined that they will initiate an intensive care unit for the neo-nate in the United Hospital and conduct continuing education courses to serve the whole comprehensive health area. The intensive care unit is now being ~~set up.~~ established.

Back-Up Sheet

Region: North Dakota Regional Medical Program

Locus of Activity: Core Activity

Project Title: Neo-Natal Workshop

Status: One-day workshop in Grand Forks and Minot

Sponsoring Institution: North Dakota Regional Medical Program & United Hospital

Project Director, Title, Address: Sister Carol Neuburger
Assistant Director, Health Education
1512 Continental Drive
Grand Forks, North Dakota 58201
701-775-5535

Dates: October 27, 1971 thru 1972

Funding: "In Kind" support from United Hospital

Cooperating Agencies and Institutions: United Hospital, North Dakota League for Nursing, Great Plains Perinatal Organization, Nurses' Association of the American College of Obstetricians and Gynecologists-North Dakota Section

Area Served: Eastern part of North Dakota and western part of Minnesota

Target Population: Agassiz Health Planning Area (approximately 200,000 population)

Congressional Districts: #1 Mr. Mark Andrews (R)
#2 Mr. Arthur Link (D)

Continuation After RMP Support is Withdrawn: United Hospital of Grand Forks, North Dakota will continue the workshops and operate the intensive care unit for the neonate for the area.

Core Staff Contact: Sister Carol Neuburger, Assistant Director, Health Education

Date Prepared: February 1, 1972

Drafted by:: Sister Carol Neuburger

ND-6

NORTH DAKOTA

In-Service Education

The North Dakota Regional Medical Program was requested to assist individual hospitals and nursing homes in setting up an in-service education program for their personnel on various aspects of nursing. Larger hospitals with good in-service programs have been of assistance to surrounding hospitals, but many have not been able to take advantage of the programs offered. As a result, the North Dakota Regional Medical Program, in cooperation with the North Dakota State School of Science in Wahpeton, planned a ~~program on~~ in-service for ~~the in-service personnel in all of~~ the hospitals and nursing homes in the state.

The course "Introduction to Teaching Techniques" is taylored to the needs of in-service personnel in the hospitals and nursing homes. The course includes preparing instructional objectives, importance of objectives, identifying terminal behavior, how people learn, principles of learning, four-step method of teaching, analyzing occupations for teachable content, ~~determining what to teach~~, individualized learning, ~~communicating in the classroom~~, ~~use of questions~~, motivation of the student, learning readiness, keeping records and reports, ~~job lists~~, ins~~tructional sheets~~, progress charts, audiovisual teaching aides, testing as means of evaluation, ~~types of tests and other means of evaluation~~, and use of grades and records.

This first course was held in Bismarck and Fargo. Between each sessions, the 40 participants read assignments and prepared course work for discussion and translation into actual practice.

The instructor for the course was Mr. Odin Stutrud, vocational teacher coordinator from the North Dakota State School of Science in Wahpeton. Forty participants attended the course.

Two additional workshops on the teaching aspects of coronary care are being offered utilizing the ROCOM Equipment ~~to facilitate teaching coronary care to their own personnel in their hospitals~~. As a result, the coronary care course ~~teaching that we have been~~ doing in North Dakota will be taken over by the institutions in the state.

Back-Up Sheet

Region: North Dakota Regional Medical Program

Locus of Activity: Core Activity - Developmental

Project Title: Introduction to Teaching Techniques

Status: Ongoing

Sponsoring Institution: North Dakota Regional Medical Program and North Dakota State School of Science in Wahpeton, N.D.

Project Director, Title, Address: Mr. Odin Stutrud
Vocational Teacher Coordinator
North Dakota State School of Science
Wahpeton, North Dakota 58075

Dates: 1972-1973

Funding: Staff Support - Non-operational

Other Funds: None

Cooperating Agencies and Institutions: North Dakota Regional Medical Program, North Dakota State School of Science in Wahpeton, N.D.

Areas Served: North Dakota Region

Target Population: In-service Directors in hospitals and nursing homes

Congressional Districts: #1 Mr. Mark Andrews (R)
#2 Mr. Arthur Link (D)

Continuation After RMP Support Withdrawn: The hospitals and nursing homes will take over teaching coronary care within their own institutions after having a background in teaching techniques. The "Teaching Techniques" Course will be offered by North Dakota State School of Science on a contract or fee basis.

Core Staff Contact: Sister Carol Neuburger, Assistant Director, Health Education

Date Prepared: February 1, 1972

Drafted by: Sister Carol Neuburger

PREVENTIVE AND REHABILITATIVE NEEDS OF THE UNDER 65 HOMEBOUND

Through a grant by the Northeast Ohio Regional Medical Program, the Youngstown, Ohio Visiting Nurse Association is studying the needs of homebound persons under 65-years of age. Working with a team composed of a physical therapist, speech therapist, and social worker, the Visiting Nurse Association is concerned with finding, evaluating and referring to existing health care providers and facilities those individuals in need of care.

Under the direction of Nellie Grant, R.N., the team uses a variety of means to find homebound persons not presently receiving care. Many contacts are made through appeals to the public via the news media and through special communications sent to all health and welfare agencies in the community.

The Model Cities Program of Youngstown has been particuarly instrumental in locating homebound persons and has included a question regarding homebound patients in a survey conducted in the Model Cities area of Youngstown. Service organized parent groups, clubs, neighborhood centers, the Council of Churces, and Community Action Center have also been responsible for making a large number of referrals.

Studies are currently being undertaken to test the effectiveness of current methods of reaching all homebound persons under age 65 in the area.

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity:
Core Activity

Project Title:
Preventive and Rehabilitative Needs of the Under 65 Homebound

Status: ongoing

Sponsoring Institution:

Visiting Nurse Association

Project Director, Title, Address:

Nellie Grant, R.N.
Visiting Nurse Association
518 E. Indianola Ave.
Youngstown, Ohio

Dates:
July, 1971 - June, 1972

Funding:

$28,615

Other Funds:

Cooperating Agencies and Institutions:

Visiting Nurse Association, Model Cities Program, all media, Multiple Schlerosis Society, Library Outreach Project, Community Action Centers, Metropolitan Housing Authority, Goodwill Industries, Service Club, Youngstown City Health Dept.

Area Served:

Youngstown Model Cities area

Target Population:

several thousand

Congressional Districts:

#19

Continuation after RMP Support Withdrawn:

N/A

Core Staff Contact:

Jean Baird, R.N.

Date Prepared:

Feb. 11, 1972

Drafted by:

Fran Koneval

COMPREHENSIVE OUTPATIENT STROKE REHABILITATION PROJECT

Since its inception in October, 1970, the Comprehensive Outpatient Stroke Rehabilitation Project in the Lake County area of Northeast Ohio has provided services for over 60 stroke victims. Improvement has been significant in terms of shortening the length of hospital stay, improving the course of rehabilitation, and studying the course of the disease.

Under the direction of J. George Furey, M.D., the program is housed in the Lake County Society for Crippled Children and Adults, and was begun as a demonstration project to develop and apply a concept of more efficient care for stroke patients in an area where present services were insufficient. Funding was made available through the Northeast Ohio Regional Medical Program.

The project utilizes a team approach to stroke rehabilitation, consisting of a physician, physical therapist, speech therapist, occupational therapist, and social service counselor, all housed conveniently at one facility. When a patient is referred by either his physician or other interested party, his needs are studied and he then receives instruction in those areas of rehabilitation which best suit him.

Lake County has only three hospitals, and more than 65% of stroke victims in the area are treated at the two divisions of Lake County Memorial Hospital. Because of limited facilities, hospital stays for a stroke patient average eight days shorter than other Northeast Ohio hospitals, and rehabilitation facilities after discharge were minimal prior to the project's start.

It is hoped that increasing public awareness of the medical benefits and social economics of the project will make it self-supporting by 1973 and that the rehabilitation potential of many stroke patients will be encouraged.

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity:
Demonstration Project

Project Title:
A Comprehensive Outpatient Stroke Rehabilitation Project

Status:
Ongoing

Sponsoring Institution: The Lake County Society for Crippled Children & Adults

Project Director, Title, Address: J. George Furey, M.D., Medical Director
Lake County Society for Crippled Childre
and Adults
9521 Lakeshore Blvd.
Mentor, Ohio 44060

Dates: October, 1970 - June, 1972

Funding: $36,174 (Oct., 1970 - June, 1971)
$48,233 (fiscal 1972)

Other Funds:

Cooperating Agencies and Institutions:
All area hospitals

Area Served:

Lake County, Ohio

Target Population:

all stroke victims in Lake County

Congressional Districts:

#11

Continuation after RMP Support Withdrawn:

N/A

Core Staff Contact:

Sandra Knott, R.N.

Date Prepared:

February 15, 1972

Drafted by:

Fran Koneval

NEOHIO - 4

CONTINUING EDUCATION OF NURSES IN CORONARY CARE

In July, 1970, the Northeast Ohio Regional Medical Program joined in support of a program for continuing education of nurses in coronary care which was initiated by the American Heart Association's Northeast Ohio Chapter.

Under the direction of Simon Ohanessian, M.D., Cardiologist, and a Senior Clinical Instructor in Medicine at Case Western Reserve University School of Medicine, the project is designed to avoid costly duplication of effort and resources through shared, coordinated planning and instruction.

The course consists of an intensive four-week course with periodic advanced seminars for registered nurses after completion of the initial four-week course. Each course is 120 hours in length, with 80 hours devoted to classroom instruction and 40 hours spent in coronary care units for supervised clinical experience.

The ultimate goal of the instructional program is to prolong the lives of patients with acute myocardial infarction and other acute cardiac conditions through systematic education of nurses in Northeast Ohio in the disciplines necessary for care of patients admitted to intensive coronary care units. There are now approximately 300 monitored beds in Northeast Ohio.

A special two-week course is offered to licensed practical nurses in the area in order to give them the knowledge, skills, and attitudes to function optimally as a member of the coronary care team. These courses are offered under the supervision of a registered nurse in a coronary care unit.

The program has already been initiated in several of the major hospitals in the 12-county area, and it is hoped that it will ultimately serve as a foundation for future expansion into a university-based program in cardiovascular nursing.

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity: Operational Project

Project Title: Continuing Education of Nurses in Coronary Care

Status: Ongoing

Sponsoring Institution:

American Heart Association, Northeast Ohio Chapter

Project Director, Title, Address: Simon Ohanessian, M.D.

Dates: July, 1970 - June, 1973

Funding: $85,381 (fiscal 1970-1971)
$65,008 (Fiscal 1971-72)

Other Funds:

Cooperating Agencies and Institutions:
all area hospitals

Area Served:
12-county Northeast Ohio area

Target Population:

4,500,000

Congressional Districts:

#13, #14, #16, #19, #20, #21, @22, #23

Continuation after RMP Support Withdrawn:

N/A

Core Staff Contact:

Sandra Knott, R.N.

Date Prepared:

Feb. 15, 1972

Drafted by:

Fran Koneval

NEOHIO

NEORMP

LASER TV TRANSMISSION

Inter-hospital communications in Northeastern Ohio are being stepped up thanks to a laser system developed at the Health Sciences Communications Center at Case Western Reserve University (CWRU) through the combined efforts of faculty and students of CWRU Schools of Medicine and Engineering.

Grants from the Cleveland Foundation and from the Northeast Ohio Regional Medical Program made possible the purchase of a return link and evaluation system to be added to an existent one-way laser system used to transmit video and audio signals from Lakeside Hospital to the Veterans Administration Hospital. Project director is Dr. William T. Stickley, Associate Professor of Medical Education and Acting Director of the Health Sciences Communications Center.

When fully operative, the laser will provide capabilities for offering inter-hospital communications which could be used for (noon) conferences, patient demonstrations, courses, and special events for professional education of health sciences personnel. Future plans include the installation of cabling in the Schools of Medicine, Dentistry, Nursing and in University Hospitals and the possible application of the system to other hospitals in the 12-county Northeast Ohio area.

Initially, the laser will be used for a patient-care program designed by Dr. J. S. Gravenstein, Professor of Anesthesiology at Lakeside Hospital. The system will facilitate communication between nurse anesthetists and surgeons at the Veterans Administration Hospital and anesthesiologists at Lakeside Hospital. The laser will provide the capacity for immediate communication and consultation needed in some

operating room instances and for constant patient monitoring by anesthesiologists at Lakeside Hospital.

The laser av-tv system was developed by Dr. Yoh-Han Pao, Professor and Head of the Division of Electrical Engineering and Applied Physics and graduate students John W. Allen and Jonathan P. Freeman at Case Western Reserve University.

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity: Core Activity

Project Title: Laser Tv Transmission

Status: ongoing

Sponsoring Institution:
Case Western Reserve University

Project Director, Title, Address: William T. Stickley, Ph. D.
Yoh-Han Pao, Ph. D.
Div. of Research in Med. Education
School of Medicine, CWRU
2119 Abington Road
Cleveland 44106

Dates:

Funding:
$8,500 per year

Other Funds:

W.K. Kellogg Foundation and Cleveland Foundation

Cooperating Agencies and Institutions:

Case Western Reserve University, VA Hospital, University Hospitals

Area Served:
Cuyahoga County

Target Population:

2,000,000 +

Congressional Districts:

#20, #21, #22, #23

Continuation after RMP Support Withdrawn:

Core Staff Contact:

Leonard Chansky

Date Prepared:

Feb. 15, 1972

Drafted by:

Fran Koneval

NEOHIO-6

DISCHARGE PLANNING FOR CONTINUITY OF CARE

Mrs. V. is an 84-year-old woman with diabetes, a peptic ulcer, and cardiac difficulties. Recently discharged from the hospital, she lives alone and refuses to be placed in a nursing home for care. She requires a complicated medical regime, and supervision and assistance in preparing special diets to keep her alive.

She was referred to a special hospital coordinator, who made arrangements with the Visiting Nurse Association and the Homemaker Service in Lorain County, Ohio, to help Mrs. V meet her needs. A container was devised by the Visiting Nurse to enable Mrs. V to remember to take her medications. It was marked with different colors for each day of the week, and subdivided into four cup-like divisions to indicate the time of day each medication was to be taken. The container for Friday was colored red so the patient would remember to save a urine specimen for the Visiting Nurse to test on her weekly visit to the home.

Mrs. V and many other residents of Lorain County are learning to meet their medical needs through the Discharge Planning for Continuity of Care Program sponsored by the Lorain County Health Department, and funded under a grant by the Northeast Ohio Regional Medical Program. The aim of the project is to establish a fully cooperative discharge planning program which will insure adequate care for the continuing health needs of patients from all hospitals in Lorain County.

Under the direction of Betty Wolfe, R.N., the project began in September, 1971, and currently is being administered through Elyria Memorial Hospital. By 1974, project administrators hope to have the discharge planning program operative in all Lorain County hospitals.

Referrals for patients who will need post-hospital care and treatment are made by personal physicians, therapists, and other interested parties to the nurse coordinator, who confers with the patient's physician to determine the individual's needs. Arrangements are then made with various agencies to provide special services and equipment to insure optimum care to the individual. In many cases, this includes nursing services, therapy programs, social service counseling, dietary consultations, transportation, and coordination of outpatient visits. Programs are tailor made to fit each patient.

Through this program, individuals who are not aware of the many community agencies who can be of help to them are put in touch with everyone who can assist them in meeting their health requirements.

This program is being studied as a model by the Regional Medical Program in the hope that it can be expanded to other areas of their 12-county Northeast Ohio region.

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity:

Core Activity

Project Title:

Discharge Planning for Continuity of Care

Status: Ongoing

Sponsoring Institution:

Lorain County Health Department, 880 S. Murray Ridge Road, Elyria, Ohio

Project Director, Title, Address:

Betty Wolfe, Program Director
9880 South Murray Ridge Road
Elyria, Ohio 44035

Dates:

June, 1971 - July, 1972

Funding:

$37,647

Other Funds:

Cooperating Agencies and Institutions:

Lorain County Health Department, Visiting Nurse Association, Lorain County Hospital (and generally all health and social service agencies in Lorain County)

Area Served:

Lorain County

Target Population:

270,000

Congressional Districts:

Ohio #13

Continuation after RMP Support Withdrawn:

N/A

Core Staff Contact:

Martha McCrary

Date Prepared:

February 7, 1972

Drafted by:

Fran Koneval

NE OHIO-7

LORAIN COUNTY COMMUNITY HEALTH CENTER

Through a planning grant by the Northeast Ohio Regional Medical Program, the Lorain County Community Health Center is working toward the development of a comprehensive health care program for up to 28,000 Lorain County residents who are below the national poverty level and who are presently receiving inadequate medical care.

Following two years of volunteer effort by a large number of residents and representatives of community and county agencies, the grant provides for a full-time administrator/planner to study the needs of Lorain County's indigent population and obtain the necessary federal, state, and local funds to operate the comprehensive health center program. Frederick Richards was hired on November 1 and has already set plans for financing and construction of the facility into motion. He hopes to have construction underway by 1974.

Lorain County is a rapidly expanding industrial and rural area of 250,000 people, with over 28,000 people below the national poverty level. Current outpatient facilities at two Lorain County hospitals are limited, offering services only one morning per week, and neither facility has a dental clinic. At present, Lorain County has no pre-natal clinic, and no preventive medical care program for the indigent.

Plans for the center propose general family medical and dental care. Special services would include a well-baby clinic and immunization program, obstetrical and gynecological care, an x-ray department and

laboratory, a comprehensive mental health program, with programs on alcoholism and drug addiction, a health education program, hearing evaluation, visual testing, pharmacy, and day care center for children.

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity:
Core Activity

Project Title:
Lorain County Community Health Center

Status: Ongoing

Sponsoring Institution:

Lorain County Community Health Center, Inc., 1536 East 30th Street, Lorain 44055

Project Director, Title, Address:

Albert A. Fisk, M.D., President
Lorain County Community Health Center, Inc.
1536 East 30th Street
Lorain, Ohio 44055

Dates:

July, 1971 - June, 1972

Funding:

$26,780

Other Funds:

Cooperating Agencies and Institutions:

Hough-Norwood Health Center, Cleveland; Lorain County Mental Health Board, Lorain County Commissioners, Lorain County Medical Society, United Community Services of Greater Lorain County, the Lorain County Health Department, Lorain City Health Department, Lorain County Neighborhood Association

Area Served:

Lorain County

Target Population:

up to 28,000

Congressional Districts:

Ohio #13

Continuation after RMP Support Withdrawn:

Possibly OEQ or other HEW funds

Core Staff Contact:

Martha E. McCrary

Date Prepared:

February 7, 1972

Drafted by:

Fran Koneval

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity:

Core Activity

Project Title:

Discharge Planning for Continuity of Care

Status:
Ongoing

Sponsoring Institution:

Lorain County Health Department, 880 S. Murray Ridge Road, Elyria, Ohio

Project Director, Title, Address:

Betty Wolfe, Program Director
9880 South Murray Ridge Road
Elyria, Ohio 44035

Dates:

June, 1971 - July, 1972

Funding:

$37,647

Other Funds:

Cooperating Agencies and Institutions:

Lorain County Health Department, Visiting Nurse Association, Lorain County Hospital (and generally all health and social service agencies in Lorain County)

Area Served:

Lorain County

Target Population:

270,000

Congressional Districts:

Ohio #13

Continuation after RMP Support Withdrawn:

N/A

Core Staff Contact:

Martha McCrary

Date Prepared:

February 7, 1972

Drafted by:

Fran Koneval

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity:
Core Activity

Project Title:
Lorain County Community Health Center

Status: Ongoing

Sponsoring Institution:

Lorain County Community Health Center, Inc., 1536 East 30th Street, Lorain 44055

Project Director, Title, Address:

Albert A. Fisk, M.D., President
Lorain County Community Health Center, Inc.
1536 East 30th Street
Lorain, Ohio 44055

Dates:

July, 1971 - June, 1972

Funding:

$26,780

Other Funds:

Cooperating Agencies and Institutions:

Hough-Norwood Health Center, Cleveland; Lorain County Mental Health Board, Lorain County Commissioners, Lorain County Medical Society, United Community Services of Greater Lorain County, the Lorain County Health Department, Lorain City Health Department, Lorain County Neighborhood Association

Area Served:

Lorain County

Target Population:

up to 28,000

Congressional Districts:

Ohio #13

Continuation after RMP Support Withdrawn:

Possibly OEO or other HEW funds

Core Staff Contact:

Martha E. McCrary

Date Prepared:

February 7, 1972

Drafted by:

Fran Koneval

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity:
Core Activity

Project Title:
Preventive and Rehabilitative Needs of the Under 65 Homebound

Status: ongoing

Sponsoring Institution:

Visiting Nurse Association

Project Director, Title, Address:

Nellie Grant, R.N.
Visiting Nurse Association
518 E. Indianola Ave.
Youngstown, Ohio

Dates:
July, 1971 - June, 1972

Funding:

$28,615

Other Funds:

Cooperating Agencies and Institutions:

Visiting Nurse Association, Model Cities Program, all media, Multiple Schlerosis Society, Library Outreach Project, Community Action Centers, Metropolitan Housing Authority, Goodwill Industries, Service Club, Youngstown City Health Dept.

Area Served:

Youngstown Model Cities area

Target Population:

several thousand

Congressional Districts:

#19

Continuation after RMP Support Withdrawn:

N/A

Core Staff Contact:

Jean Baird, R.N.

Date Prepared:

Feb. 11, 1972

Drafted by:

Fran Koneval

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity:

Demonstration Project

Project Title:

A Comprehensive Outpatient Stroke Rehabilitation Project

Status:

Ongoing

Sponsoring Institution: The Lake County Society for Crippled Children & Adults

Project Director, Title, Address: J. George Furey, M.D., Medical Director
Lake County Society for Crippled Children and Adults
9521 Lakeshore Blvd.
Mentor, Ohio 44060

Dates: October, 1970 - June, 1972

Funding: $36,174 (Oct., 1970 - June, 1971)
$48,233 (fiscal 1972)

Other Funds:

Cooperating Agencies and Institutions:

All area hospitals

Area Served:

Lake County, Ohio

Target Population:

all stroke victims in Lake County

Congressional Districts:

#11

Continuation after RMP Support Withdrawn:

N/A

Core Staff Contact:

Sandra Knott, R.N.

Date Prepared:

February 15, 1972

Drafted by:

Fran Koneval

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity: Operational Project

Project Title: Continuing Education of Nurses in Coronary Care

Status: Ongoing

Sponsoring Institution:

American Heart Association, Northeast Ohio Chapter

Project Director, Title, Address: Simon Ohanessian, M.D.

Dates: July, 1970 - June, 1973

Funding: $85,381 (fiscal 1970-1971)
$65,008 (Fiscal 1971-72)

Other Funds:

Cooperating Agencies and Institutions:

all area hospitals

Area Served:

12-county Northeast Ohio area

Target Population:

4,500,000

Congressional Districts:

#13, #14, #16, #19, #20, #21, @22, #23

Continuation after RMP Support Withdrawn:

N/A

Core Staff Contact:

Sandra Knott, R.N.

Date Prepared:

Feb. 15, 1972

Drafted by:

Fran Koneval

BACK-UP SHEET

Region: Northeast Ohio Regional Medical Program

Locus of Activity: Core Activity

Project Title: Laser Tv Transmission

Status: ongoing

Sponsoring Institution:

Case Western Reserve University

Project Director, Title, Address: William T. Stickley, Ph. D.
Yoh-Han Pao, Ph. D.
Div. of Research in Med. Education
School of Medicine, CWRU
2119 Abington Road
Cleveland 44106

Dates:

Funding:
$8,500 per year

Other Funds:

W.K. Kellogg Foundation and Cleveland Foundation

Cooperating Agencies and Institutions:

Case Western Reserve University, VA Hospital, University Hospitals

Area Served:
Cuyahoga County

Target Population:

2,000,000 +

Congressional Districts:

#20, #21, #22, #23

Continuation after RMP Support Withdrawn:

Core Staff Contact:

Leonard Chansky

Date Prepared:

Feb. 15, 1972

Drafted by:
Fran Koneval

Vignette Description:

NORTHLANDS

MINNESOTA HEALTH CARE OPINION SURVEY

A comprehensive survey recently conducted by Northlands RMP, Comprehensive Health Planning, and Blue Cross, revealed attitudes held by Minnesotans toward health care. The study included 2,000 door-to-door interviews and 5,000 mailed questionnaires, which were sent to physicians, medical students, hospital trustees and administrators, and others involved in providing health care. Among the results were the following significant findings:

In relation to problems facing society, the highest priority ~~was~~ assigned to health care problems ~~by Minnesotans;~~

Costs associated with health care such as hospital charges, health insurance, physician and dentist fees, represent a major concern to all groups surveyed;

The quality of health care is not considered a major problem by consumers and providers, but there is a concern for the continuation of this level of quality;

While the findings tend to reflect a rather positive picture of health care, they also indicate some gaps, deficiencies and weaknesses;

The findings indicate a considerable willingness by both consumers and providers to permit a physician's assistant to perform a number of services traditionally provided by physicians;

There are mixed opinions among the consumer and provider groups regarding the idea of national health insurance;

There is a strong difference of opinion within both consumer and provider groups in respect to prepaid group medical practice;

No definite patterns emerged identify~~ing~~ differences of opinion in the various geographic areas of Minnesota nor between the various consumer and provider groups;

The study shows that there is a general acceptance ~~by consumers~~ of providers participation in seeking solutions to health care problems in Minnesota.

Back-Up Sheet

Region: Northlands Regional Medical Program, Inc.

Locus of Activity: Core Activity

Project Title: Minnesota Health Care Opinion Survey

Status: Professional Staff Activity

Sponsoring Institutions: Northlands Regional Medical Program, Inc., Minnesota Comprehensive Health Planning Agency, and Minnesota Blue Cross-Blue Shield-MII.

Project Director, Title, and Address: Russell N. Hill, Ph.D.
Evaluation and Data Officer
Northlands Regional Medical Program, Inc.
375 Jackson Street
St. Paul, Minnesota 55101

Dates: Survey conducted in Spring, 1971 and published and released in November, 1971.

Funding: 02 $25,000

Other Funds: Funded also by Minnesota Comprehensive Health Planning Agency and Blue Cross-Blue Shield-MII.

Cooperating Agencies and Institutions: The Minnesota Health Care Opinion Survey Advisory Committee included representatives from the Minnesota State Medical Association, Minnesota Hospital Association, Institute for Interdisciplinary Studies (Mpls.), Minnesota Planned Parenthood, University of Minnesota Hospitals (Mpls.), Eitel Hospital (Mpls.), Henry Ford Hospital (Detroit), Duluth-Miller Hospital Research Complex (Duluth), Charles T. Miller Hospital (St. Paul), University of Minnesota (Department of Public Planning and Program in Health Care and Hospital Administration), as well as representatives from Northlands Regional Medical Program, Minnesota Blue Cross-Blue Shield-MII, and Minnesota Comprehensive Health Planning Agency.

Area Served: State of Minnesota

Target Population: The respondents were divided into two broad categories: health consumers and health providers. The health consumers were further divided into "general consumers" and "specific consumer groups". The health providers were divided into "medically oriented groups" and "hospital related groups." Interviews were conducted with 2,000 health consumers and 5,000 health providers.

Continuation after RMP Support Withdrawn: No, but study may possibly be updated in two years.

OH ST-1

MOBILE CORONARY CARE UNIT PROGRAM

Heart attacks kill more than 500,000 persons each year in the United States and of that number better than half die before reaching a hospital and the benefits of a modern coronary unit.

Proving that this high mortality rate could be reduced by speeding intensive heart care directly to the patient was the purpose of the Columbus Heartmobile, a feasibility study funded through the Ohio State Regional Medical Program.

The vehicle has proven that premise, but what's more has lead to improved emergency medical care for all residents of the city. As a result of the project, three mobile "trauma units" complete with portable coronary care unit equipment are now serving Columbus and all fire department emergency squadmen receive in-depth training in heart-saving techniques.

The mobile coronary care unit program was funded as a feasibility study and then as an operational project from April 1968 through June 1971, sponsored by the Ohio State University College of Medicine in cooperation with the Central Ohio Heart Association.

The specially designed van was equipped with the features of a modern hospital coronary care unit, including electrocardiograph, defibrillator, and heart-lung resuscitator plus a telemetry unit for transmitting the patient's electrocardiogram to a hospital.

Staffed by members of a specially trained crew of the Columbus Fire Department Emergency Squad, a physician and occasionally a nurse, the Heartmobile began 24-hour service in April 1969. It served a six-square-mile area encompassing about half the daytime population of metropolitan Columbus.

The van was alerted at its base at OSU Hospital by calls from the Central Fire Department. After stabalizing the patient's condition at the scene of the attack, the emergency team could transport the victim to the nearest hospital with a CCU while administering continuing care.

Evaluation of Heartmobile runs revealed that the time-lag between heart attack and treatment did make a difference. Of 1,000 calls examined at one point, (346 of which were cancelled en route) 59 deaths prior to hospital admission were reported, the majority of these were sudden deaths due to coronary artery disease. There were 58 cardiopulmonary resuscitations with seven long-term survivors. Over half of the myocardial infarction patients required therapy for serious arrhthmias while within the vehicle.

The impact of the feasibility project reached far beyond the patients who received treatment in the original Heartmobile. At the program's termination, the City of Columbus assumed sponsorship of the vehicle to assure continuance of the service. A 64-hour course was developed to train all emergency squad personnel in heart treatment techniques with the van utilized as a training unit. By fall

of 1971, three additional mobile "trauma units" equipped with portable CCU equipment had been purchased to serve the entire City of Columbus.

OH 57-2

CORONARY CARE UNIT NURSES' TRAINING PROGRAM

More than 600 nurses have received training for the specialized duties in hospital coronary care units through a program funded by the Ohio Regional Medical Program and sponsored by the Central Ohio Heart Association. In operation since May, 1969, the project is directed by George C. Morrice, M.D., a cardiologist in Newark, Ohio.

The purpose of the project is to help hospitals provide qualified nursing staffs for this special type of intensive care unit which is being utilized by many hospitals to provide optimum care for heart attack patients.

Initially, the training program was offered through a two-week course held at the Ohio State University Hospital in Columbus. Nurses received instruction in all aspects of nursing care and equipment management currently in use in coronary care units. Topics covered include: ~~the~~ coronary care concept; anatomy and physiology of the heart and circulation; fundamentals of electrophysiology; drugs and treatment; pathology and physiology of myocardial infarction; cardiopulmonary resuscitation; the complications of myocardial infarction; arrhythmias; nursing considerations, and the psychological aspects of treatment. The nurses also received practice on "Rescui Annie" and "Arrythmia Annie" mannikans, learned to operate monitoring equipment and underwent clinical experience in established CCUs.

In the program's second year, in order to make the training available to nurses who could not come to Columbus for the two-week class, courses were implemented in 12 more hospitals in nine designated "core area" or central communities in the region. To staff these course, 18 local nurses received special in-depth training as instructors.

These classes, held over a 20 to 30-week period, offered basically the same curriculum as the original course. To supplement lectures and demonstrations, however, a multi-media instructional system containing CCU film strips, tapes and slides in a portable unit was obtained for circulation among the core are classes.

Overall, during the project's three years of operation, some 643 nurses representing 47 counties and 84 hospitals in Ohio completed the training program. It is estimated that approximately one-third to one-half of the nurses trained are currently working in coronary care units.

Funding for the program ~~for~~ by the Ohio State Regional Medical Program, ~~which~~ amounted to $169,760, ~~will~~ expire June 30, 1972, but Because of ~~the~~ its success ~~of the~~ training ~~program~~, support ~~after that time will be~~ was assumed by the Central Ohio Heart Association.

In the upcoming months, the project staff plans to place increased emphasis on assisting community hospitals in establishing their own CCU training programs so the courses can become an ongoing inservice educational activity.

OH ST-3

OHIO

Training Program for Directors of Medical Education

A Training Program for Directors of Medical Education is offered by the Ohio Regional Medical Program. Developed originally by the Continuing Education Program of the Ohio State Regional Medical Program, the DME Training Program is based upon the concept that community hospitals are educational institutions. The program deals specifically with three areas: (1) educational activities, (2) interrelationships between education and other hospital activities, and (3) collateral activities. It is a basic three-month program with an optional but highly recommended fourth month Preceptorship with an experienced Director of Medical Education in a community hospital.

The functions of a DME vary from hospital to hospital but the essential responsibilities common to most community hospitals are explored. A systematic approach to developing education programs in community hospitals is stressed and training is both didactic and experience-centered with two-way continuous feedback and evaluation.

The first few weeks are spent becoming familiar with the role of the DME in a community hospital including the functions and responsibilities as well as requirements in terms of behavioral characteristics: art of communication, interpersonal relationships, maturity of judgment and self-concept. Whenever possible, a patterned learning sequence is followed. However, the available time devoted to the program by cooperating Directors of Medical Education varys ~~as well~~ as will the available time of consultants in Education and in the Behavioral Sciences. Conferences, seminars and selected professional meetings also influence the sequence to some degree, but all areas described in an accompanying syllabus are covered during the trainee's program. Consultants are selected from the Social and Behavioral Sciences, Adult Education, as well as Medical Education so that the trainee recognizes the interrelationship of the cultural, social, psychological and environmental factors with the delivery of health care.

The tuition for the program is $500 per month, and in addition to program content, the fee includes guest faculty parking permit, library privileges, recreation card, desk space, secretarial assistance, travel expenses to program-related conferences and seminars (off campus), consultants' honoraria, membership dues in medical education organizations, certain journal subscription fees and selected textbooks with which to begin a core library in the field of medical and allied medical education. Information or application forms may be obtained from the Ohio Regional Medical Program.

OHST-4

OHIO

Patient Care Conferences

Patient Care Conferences are aimed at holding hospital-based educational conferences with a goal of improving patient care. Participating in the pilot program was Grandview Hospital in Dayton, Ohio, which continues to hold monthly conferences. Operating on the premise that the quality of care in an institution is directly related to the quality of its educational program, the Patient Care Conference concept was designed as an interdisciplinary program including not only nurses but LPNs and other allied health professionals.

Using a problem-solving approach, a case abstract of a specific, but anonymous, recently hospitalized patient is presented to the participants along with a description of the nursing care problems encountered with that patient. After presentation of facts, the participants are divided into small groups and asked to recommend solutions to the problems presented. The groups recovene after an alloted time and each presents its suggestions. The remaining time is spent evaluating the actual and recommended methods of care with emphasis placed on the fact that the particular case presented is not of prime importance, but is used as a means to relate patient care problems in general, as well as potential solutions.

Any interested health related persons can arrange to attend a session of the Patient Care Conference for first-hand observation, or contact the Ohio Regional Medical Program for further information in setting up such conferences.

OHIO

Postgraduate Preceptorship Program

The Ohio Regional Medical Program in cooperation with the Center for Continuing Medical Education of the College of Medicine of The Ohio State University and the Ohio Academy of Family Physicians, is offering short Preceptorships for practicing physicians. Originally begun by the Continuing Education Program of the Ohio State Regional Medical Program, the Preceptorships are continuing to be offered through ORMP.

The Preceptorships are of one, two or three weeks' duration in the physician's field of interest, and provide an opportunity for the physician to acquire new or refresh present knowledge or skills. The program is structured to allow ample opportunity for free and informal discussion. Preceptorships may be in a single field or in combined fields of interest and are available in most practice areas.

Applicants are asked to state in advance what they wish to learn (educational objectives). This information is submitted to the Preceptor so that the training experience can be individualized as much as possible. The Preceptee subsequently is involved in the evaluation of his experience based upon his original educational objectives.

The Preceptorships have been approved for a minimum of 10 credit hours by the Ohio Academy of Family Physicians and for a mimimum of two days postgraduate credit by the Ohio Osteopathic Association. The Preceptorships are also creditable under Category 4 for the 1972 Physician's Recognition Award.

A tuition is charged, which in addition to course content, includes registration, parking fees, noon meals and library services. The Preceptorships are open to out-of-state physicians with the stipulation that Ohio physicians will be considered first. Information or application forms may be obtained from the Ohio Regional Medical Program.

MOBILE CORONARY CARE UNIT PROGRAM

Heart attacks kill more than 500,000 persons each year in the United States and of that number better than half die before reaching a hospital and the benefits of a modern coronary unit.

Proving that this high mortality rate could be reduced by speeding intensive heart care directly to the patient was the purpose of the Columbus Heartmobile, a feasibility study funded through the Ohio State Regional Medical Program.

The vehicle has proven that premise, but what's more has lead to improved emergency medical care for all residents of the city. As a result of the project, three mobile "trauma units" complete with portable coronary care unit equipment are now serving Columbus and all fire department emergency squadmen receive in-depth training in heart-saving techniques.

The mobile coronary care unit program was funded as a feasibility study and then as an operational project from April, 1968 through June, 1971, sponsored by the Ohio State University College of Medicine in cooperation with the Central Ohio Heart Association.

The specially designed van was equipped with the features of a modern hospital coronary care unit, including electrocardiograph, defibrillator, and heart-lung resuscitator plus a telemetry unit for transmitting the patient's electrocardiogram to a hospital.

Staffed by members of a specially trained crew of the Columbus Fire Department Emergency Squad, a physician and occasionally a nurse, the Heartmobile began 24 hour service in April, 1969. It served a six-square mile area encompassing about half the daytime population of metropolitan Columbus.

The van was alerted at its base at OSU Hospital by calls from the Central Fire Department. After stabalizing the patient's condition at the scene of the attack, the emergency team could transport the victim to the nearest hospital with a CCU while administering continuing care.

Evaluation of Heartmobile runs revealed that the time-lage between heart attack and treatment did make a difference. Of 1,000 calls examined at one point, 346 of which were cancelled, en route, 59 deaths prior to hospital admission were reported, the majority of which were sudden deaths due to coronary artery disease. There were 58 cardiopulmonary resuscitation with seven long-term survivors. Over half of the myocardial infarction patients required therapy for serious arrhthmias while within the vehicle.

The impact of the feasibility project reached far beyond the patients who received treatment in the original Heartmobile. At the program's termination, the City of Columbus assumed sponsorship of the vehicle to assure continuance of the service. A 64-hour course was developed to train all emergency squad personnel in heart treatment techniques with the van utilized as a training unit. By fall

of 1971, three additional mobile "trauma units" equipped with portable CCU equipment had been purchased to serve the entire City of Columbus.

Back-up Sheet

Region:	Ohio State Regional Medical Program
Locus:	Operational Project
Project Title:	Mobile Coronary Care Unit Program
Status:	Past Operational
Sponsoring Institution:	Ohio State University College of Medicine in cooperation with the Central Ohio Heart Association
Project Director, Title and Address:	James V. Warren, M.D. Chairman, Department of Medicine College of Medicine Ohio State University N1013 University Hospital 410 West Tenth Avenue Columbus, Ohio 43210
Dates:	Feasibility study, April, 1968 through June, 1969 Operational Project July, 1969 through June 30, 1971
Funding:	Feasibility study $167,702 Operational Project $269,580
Other Funds:	None
Cooperating Agencies and Institutions:	Columbus Fire Department, Dave Ellis Design Corporation, Ohio State University Hospital.
Area served:	Metropolitan Columbus
Target Population:	Columbus residents
Congressional Districts:	12
Continuation after RMP support withdrawn:	Sponsorship assumed by City of Columbus at project's termination with Heartmobile incorporated into the Fire Department Emergency Squad. Mobile CCU expanded with addition of three "trauma units" equipped with CCU capabilities and fire squadmen trained in heart-saving techniques.
Core Staff Contact:	Marilyn Fitch, Assistant Director Communications
Date Prepared:	6/1/72
Drafted by:	Marilyn Fitch

CORONARY CARE UNIT NURSES' TRAINING PROGRAM

More than 600 nurses have received training for the specialized duties in hospital coronary care units through a program funded by the Ohio Regional Medical Program and sponsored by the Central Ohio Heart Association. In operation since May, 1969, the project is directed by George C. Morrice, M.D., a cardiologist in Newark, Ohio.

The purpose of the project is to help hospitals provide qualified nursing staffs for this special type of intensive care unit which is being utilized by many hospitals to provide optimum care for heart attack patients.

Initially, the training program was offered through a two-week course held at the Ohio State University Hospital in Columbus. Nurses received instruction in all aspects of nursing care and equipment management currently in use in coronary care units. Topics covered include: the coronary care concept; anatomy and physiology of the heart and circulation; fundamentals of electro-physiology; drugs and treatment; pathology and physiology of myo-cardial infarction; cardiopulmonary resuscitation; the complications of myocardial infarction; arrhythmias; nursing considerations, and the psychological aspects of treatment. The nurses also received practice on "Rescui Annie" and "Arrythmia Annie" mannikans, learned to operate monitoring equipment and underwent clinical experience in established CCUs.

In the program's second year, in order to make the training available to nurses who could not come to Columbus for the two-week class, courses were implemented in 12 more hospitals in nine designated "core area" or central communities in the region. To staff these course, 18 local nurses received special in-depth training as instructors.

These classes, held over a 20 to 30-week period, offered basically the same curriculum as the original course. To supplement lectures and demonstrations, however, a multi-media instructional system containing CCU film strips, tapes and slides in a portable unit was obtained for circulation among the core are classes.

Overall, during the project's three years of operation, some 643 nurses representing 47 counties and 84 hospitals in Ohio completed the training program. It is estimated that approximately one-third to one-half of the nurses trained are currently working in coronary care units.

Funding for the program for the Ohio State Regional Medical Program, which amounted to $169,760, will expire June 30, 1972. Because of the success of the training program, support after that time will be assumed by the Central Ohio Heart Association.

In the upcoming months, the project staff plans to place increased emphasis on assisting community hospitals in establishing their own CCU training programs so the courses can become an ongoing inservice educational activity.

Back-up Sheet

Region:	Ohio State Regional Medical Program
Locus of Activity:	Operational Project
Project Title:	Coronary Care Unit Nurses' Training Program
Status:	Ongoing
Sponsoring Institution:	Central Ohio Heart Association
Project Director, Title, Address:	George C. Morrice, M.D. Director, Cardio-Pulmonary Division Licking County Memorial Hospital 1320 West Main Street Newark, Ohio 43055 (614)344-0331
Dates:	Funded as an Operational Project from 5/1/69 through 6/30/72
Funding:	
5/1/69 through 6/30/70	$120,590
7/1/70 through 6/30/70	41,679
7/1/71 through 6/30/72	7,500
	$169,769
Other Funds:	Matching funds for last year of operation from Central Ohio Heart Association $7,500.
Cooperating Agencies and Institutions:	Central Ohio Heart Association, Ohio Heart Association, Ohio State University Hospital, 84 hospitals in OS-RMP region.
Area Served:	Entire OS-RMP region of 61 counties
Target Population:	600 nurses in 61 counties
Congressional Districts:	4,8,7,12,17,16,18,15,6,24,10
Continuation after RMP support withdrawn:	Central Ohio Heart Association will maintain program in modified form. Classes actually conducted by project staff will be reduced while more effort will be placed on assisting hospitals in setting up their own CCU educational programs so courses will become an ongoing in-house activity.
Core Staff Contact:	Marilyn Fitch, Assistant Director, Communications
Date Prepared: 6/7/72	Drafted by: Marilyn Fitch

Postgraduate Preceptorship Program

The Ohio Regional Medical Program in cooperation with the Center for Continuing Medical Education of the College of Medicine of The Ohio State University and the Ohio Academy of Family Physicians, is offering short Preceptorships for practicing physicians. Originally begun by the Continuing Education Program of the Ohio State Regional Medical Program, the Preceptorships are continuing to be offered through ORMP.

The Preceptorships are of one, two or three weeks' duration in the physician's field of interest, and provide an opportunity for the physician to acquire new or refresh present knowledge or skills. The program is structured to allow ample opportunity for free and informal discussion. Preceptorships may be in a single field or in combined fields of interest a nd are available in most practice areas.

Applicants are asked to state in advance what they wish to learn (educational objectives). This information is submitted to the Preceptor so that the training experience can be individualized as much as possible. The Preceptee subsequently is involved in the evaluation of his experience based upon his original educational objectives.

The Preceptorships have been approved for a minimum of 10 credit hours by the Ohio Academy of Family Physicians and for a mimimum of two days postgraduate credit by the Ohio Osteopathic Association. The Preceptorships are also creditable under Category 4 for the 1972 Physician's Recognition Award.

A tuition is charged, which in addition to course content, includes registration, parking fees, noon meals and library services. The Preceptorships are open to out-of-state physicians with the stipulation that Ohio physicians will be considered first. Information or application forms may be obtained from the Ohio Regional Medical Program.

Back-up Sheet

Region: Ohio Regional Medical Program

Locus of Activity: Core activity

Project Title: Postgraduate Preceptorship Program

Status: Ongoing

Sponsoring Institution: none

Project Director, Title, Address: Rose Lee Kennedy
Assistant Director
Comprehensive Health Service Center Development
Ohio Regional Medical Program
1760 Zollinger Road
Columbus, Ohio 43221

Dates: July, 1971 -

Funding: Self-supporting except for program staff time.

Cooperating Agencies and Institutions: Center for Continuing Medical Education of the College of Medicine of Ohio State University; the Ohio Academy of Family Physicians; Ohio Osteopathic Association.

Area Served: Ohio (open also to out-of-state physicians with the stipulation that Ohio physicians will be considered first)

Continuation after RMP support withdrawn: It is anticipated that the program will be incorporated into the continuing medical education offerings in selected community hospitals.

Congressional Districts: All 24 congressional districts in Ohio.

Core Staff Contact: Rose Lee Kennedy

Date Prepared: 5/31/72

RURAL PRIMARY CARE COORDINATION

Cooperative funding by the Ohio Valley and Tennessee/Mid South Regional Medical program and the Southeastern Kentucky Regional Health Demonstration, Inc. is giving impetus to a primary health care project serving a rural area on the Kentucky-Tennessee border. As a result of the project, residents in the Frakes, Kentucky, and Clairfield and White Oak, Tennessee, areas will for the first time have full-time health care available to them.

Planning for the program was based on a study conducted by the University of Kentucky Department of Community Medicine and sponsored by OVRMP which revealed that over 57 percent of the households have incomes of less than $3,000 a year. Since there are no physicians living in these Appalachian communities, the 4,500 area residents, not surprisingly, have had to travel to other communities to obtain medical care. The survey found that the cost of medical care and lack of transportation were major reasons for this population not receiving medical care.

A by-product of the survey, for which local residents served as interviewers, was "An Interviewer's Basic Handbook," written especially for use in similar studies which plan to utilize resident/interviewers having widely divergent backgrounds and educational levels.

Staffing for each of the three clinics in the project will consist of a full-time nurse practitioner, a patient assistant, a health aide, an automobile driver, and an outreach worker.

A physician will serve each clinic the equivalent of 1½ days weekly and the specially trained and certified nurse practitioners will maintain preventive, health surveillance, and limited emergency services in the clinics the remainder of the week. Plans also include establishment of dental services, with a dentist, dental assistant, and aide to be shared by the three participating clinics.

The clinics moved from part to full-time operation in January, 1972, and already over half of the area's residents are now using the clinics. In addition to acute ambulatory care, preventive medicine and health education are integral components of the clinic's programs.

The project is sponsored by United Health Services of Kentucky and Tennessee. An executive board composed of 18 local residents has been organized and is responsible for overall program coordination and administration. The Board's basic aim is to link the clinic programs to existing resources in neighboring communities to avoid unnecessary replication of existing specialized services.

Region: Ohio Valley Regional Medical Program

Locus of Activity: Operational Project

Project Title: Rural Primary Care Coordination

Status: Ongoing

Sponsoring Institution: United Health Services of Kentucky & Tennessee

Project Director, Title, Address: Steven A. Kabin
United Health Services of Kentucky
and Tennessee
Health Planning Office
Frakes, Kentucky 40940
606-337-5810

Dates: Summer, 1970-summer activity, part time clinics until present.
Full-time beginning January, 1972.

Funding: 1970-$11,607; 1971-$9,500
FY 01-$60,000

Other Funds: Tennessee/Mid South RMP - $40,000
Appalachian Regional Commission - $58,000(This may be increased)
Local funds

Cooperating Agencies and Institutions: Appalachian Regional Commission of Kentucky, Tennessee/Mid South Regional Medical Program, Southeastern Kentucky Regional Health Demonstration, Inc., Appalachian Regional Hospitals, University of Kentucky Department of Community Medicine, Tennessee Valley Authority, Vanderbilt University School of Medicine, Tennessee State Department of Public Health

Area Served: Bell and Whitley Counties, Kentucky; Campbell and Claiborne Counties, Tennessee

Target Population: Rural poor

Congressional Districts: #5 Kentucky - Mr. Tim Lee Carter (R)
#4 Tennessee - Mr. Joe L. Evins (D)
#2 Tennessee - Mr. John Duncan (R)

Continuation after RMP Support Withdrawn:
Expected to be largely self supporting within three years

Core Staff Contact: Mr. Collin Hyde

Date Prepared: 2/14/71

Drafted by: Pamela Hoskins

LOUISVILLE HMO PLANNING

An organized coalition of 30 widely different organizations in the Louisville, Kentucky area has produced the Louisville HMO Planning Grant Steering/Liaison Committee. The specific role of the Steering/Liaison Committee is to coordinate preliminary planning for the HMO development in the Louisville area. The impetus to form the committee came from the initial efforts in the fall of 1970 by the Group Health Association of America (GHAA) to begin organizing a prepaid group practice in the Louisville area and a subsequent rise in community interest in health maintenance.

Following four months of activity involving an increasing number of local individuals and organizations, an organizational meeting was held in February of 1971 to form the committee. At that meeting plans were also begun for an area-wide conference on alternative methods of health care delivery, and an application for an HMO planning grant was subsequently developed.

The purpose of the conference of health care delivery systems, held in October, 1971, was to outline the range of options available in planning HMO's and thus set the stage for the work of the Steering/Liaison Committee. Moderator of the conference was the noted Dr. Avedis Donabedian, University of Michigan School of Public Health.

Studies conducted in the initial stage determined possible HMO candidates and identified those areas with the greatest need for improved care. Also being completed is the collection, analysis, and evaluation of health care resources data and the identification of at least 7,000 families willing to subscribe to such a health care plan. The results of these studies are being made available through the Steering/Liaison Committee to groups wishing to develop HMO's. To date GHAA and the Jefferson County Medical Society have initiated such developmental work.

As a further refinement of the overall planning function, several sub committees have been formed, including Benefit Package, Location and Facility, Public Relations and Recruitment, Legal, and Finance. The information coming out of the work of these subcommittees is expected to provide additional assistance to the GHAA and Medical Society efforts.

Work of the Steering/Liaison Committee is supported by the HSMHA HMO Development Grant with some additional support from GHAA, the University of Louisville, and the AFL-CIO Labor Council.

Membership of the Steering/Liaison Committee includes the following sponsors of the conference on alternative systems of health care delivery:

> Blue Cross-Blue Shield; Falls Regional Health Council; Greater Louisville Central Labor Council (AFL-CIO); Group Health Association of America; Hospital Council of Metropolitan Louisville; International Chemical Workers Union; Jefferson County Medical Society; Louisville Area Chamber of Commerce; Ohio Valley Regional Medical Program; Park-DuValle Neighborhood Health Center; United Auto Workers-CAP Committee; United Way Labor Participation Department; University of Louisville School of Medicine.

Since the conference, the following organizations have also joined the Steering/ Liaison Committee:

Community Services - AFL-CIO; Falls City Medical Society; Floyd and Clark County, Indiana, Central Labor Council, AFL-CIO; Health Insurance Council; Health and Welfare Council, UW; International Union of Electrical Workers; Jefferson County Teachers Association; Kentucky Association of Older Persons; Kentucky Dental Association; Kentucky Nurses Association; Louisville Dental Society; Louisville and Jefferson County Community Action Commission; Region Eight Mental Health-Mental Retardation Board; Social Security Administration; and the Visiting Nurse Association. A continued effort is being made to involve consumers in the planning of the HMO.

BACK-UP SHEET

REGION: Ohio Valley Regional Medical Program

LOCUS OF ACTIVITY: Core Activity

PROJECT TITLE: Louisville HMO Planning

STATUS: Ongoing

SPONSORING INSTITUTION: Falls Region Health Council, Louisville, Kentucky

PROJECT DIRECTOR, TITLE, ADDRESS: Jack Chamberlin
Project Coordinator
Falls Region Health Council
434 South Fourth Street
Louisville, Kentucky 40202
(502) - 583-8367

DATES: July 1, 1971 to June 30, 1972

FUNDING: 01 $59,700 (Planning grant from HSMHA HMO Development Grant)

OTHER FUNDS: Group Health Association of America - $30,500; University of Louisville - $1,000; AFL-CIO Labor Council - $8,700.

COOPERATING AGENCIES AND INSTITUTIONS: Community Services - AFL-CIO; Falls City Medical Society; Floyd and Clark County Central Labor Council, AFL-CIO; Group Health Association of America; Health Insurance Council; Health and Welfare Council, UW; Hospital Council of Metropolitan Louisville; International Chemical Workers Union; International Union of Electrical Workers; Jefferson County Medical Society; Jefferson County Teachers Association; Kentucky Association of Older Persons; Kentucky Blue Cross-Blue Shield; Kentucky Dental Association; Kentucky Nurses Association; Louisville Area Chamber of Commerce; Louisville Dental Society; Louisville and Jefferson County Community Action Commission; Park-DuValle Neighborhood Health Center; Region Eight Mental Health-Mental Retardation Board; Social Security Administration; United Auto Workers-CAP Council; University of Louisville School of Medicine; Visiting Nurse Association.

AREA SERVED: Greater Louisville, Kentucky, Metropolitan Area

TARGET POPULATION: General Population

CONGRESSIONAL DISTRICTS: #3 - Kentucky - Mr. Romano L. Mazzoli
#4 - Kentucky - Mr. Gene Snyder (R)

CONTINUATION after RMP SUPPORT WITHDRAWN: Funding is from HSMHA, not RMP

CORE STAFF CONTACT: Mrs. Evangeline Hebbeler, Program Development Specialist

DATE PREPARED: March 31, 1972

DRAFTED BY: Pamela Hoskins

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PROJECT DIRECTOR, TITLE, ADDRESS: Jack Chamberlin
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AREA SERVED: Greater Louisville, Kentucky, Metropolitan Area

TARGET POPULATION: General Population

CONGRESSIONAL DISTRICTS: #3 - Kentucky - Mr. Romano L. Mazzoli
#4 - Kentucky - Mr. Gene Snyder (R)

CONTINUATION after RMP SUPPORT WITHDRAWN: Funding is from HSMHA, not RMP

CORE STAFF CONTACT: Mrs. Evangeline Hebbeler, Program Development Specialist

DATE PREPARED: March 31, 1972

DRAFTED BY: Pamela Hoskins

OKL-1

OKLAHOMA

EMERGENCY MEDICAL SERVICE SYSTEM

Five counties in the predominantly rural, northwest quadrant of Oklahoma have begun development of an Emergency Medical Service System. Although still in the primal stages, the interest of local physicians and ambulance personnel coupled with ORMP's support has established a basis for future growth.

Of the problems facing the area, the lack of adequate training and equipment for ambulance personnel is one of the most urgent. Some areas are as much as an hour from the nearest medical services, so in many cases, emergency care must be initiated long before arrival at the nearest emergency room. Until now this has not been possible, because the ambulance personnel were not qualified nor did they have the equipment to deliver such care.

The absence of any ~~system of~~ communications among the hospitals and emergency vehicles is another urgent problem. With only a few services located in the area, coordination of activities is a necessity, but any communication link that would facilitate this coordination is still virtually non-existent.

A survey, funded by ORMP, is currently in progress. Its purpose is to determine the specific needs and problems of the area by talking with local physicians, hospitals, and providers of ambulance service. Furthermore, the survey will establish the feasibility of such a coordinated emergency medical service system in a rural area.

ORMP's involvement also includes presentation of the first training course for ambulance personnel in the area. The 72-hour course, developed in Tulsa by the American College of Surgeons - Committee on Trauma, is designed to raise the abilities of the ambulance technicians to initiate qualified emergency care, immediately. The first class is already filled, as local ambulance personnel are anxious to enlarge their own capabilities.

The course utilizes lectures, demonstrations, and practical exercises to increase the skills and understanding of an ambulance technician's functions and responsibilities. In addition, each student will serve a full shift in an emergency service area, during the latter third of the course. This portion is intended to develop an appreciation of the interdependence of the ambulance-emergency unit-patient relationship.

ORMP is also assisting in stimulating public interest locally, through a series of feature articles highlighting local needs and developing solutions. Ultimately the success of a cooperative Emergency Medical Service System will depend upon the support of the people using it and paying for it.

BACK-UP SHEET

Region: Oklahoma Regional Medical Program

Locus of Acitvity: Core Developmental Component

Project Title: Emergency Medical Service System - Okeene

Status: Ongoing

Sponsoring Institution: Oklahoma Regional Medical Program

Project Director, Title, Address: Bill Dotter, M.D.
General Surgery
P.O. Box 389
Okeene, Oklahoma 73763

Dates: Initiated January 1972

Funding: ORMP has committed funds not to exceed $3,000

Other Funds: None

Cooperating Agency and Institution: American College of Surgeons - Committee on Trauma; Area Hospital and Ambulance Services

Area Served: Sections at Blaine, Garfield, Major, Dewey, and Kingfisher counties.

Target Population: Consumers and Providers of EMS in the area.

Congressional District: District #6, Representative John N. "Happy" Camp

Continuation after ORMP Support: Support being developed locally

Core Staff Contact: Dr. George Cooper, Coordinator, Division of Planning, Research, and Development.

Date Prepared: 2-14-72

Drafted by: Brian Nasky

VIGNETTE #2

Oklahoma RMP
(Project #2R)

Primary

- Heart Disease
- Remote Monitoring
- Impact on Morbidity/Mortality
- Regionalization
- Rural

Secondary

- CCU's
- Patient Care Demonstration
- Training
- Inter-regional

Continual electronic heart monitoring services comparable to those available in large urban hospitals are being introduced into Oklahoma's small community and rural hospitals as a result of a State-wide coronary care program initiated by the Oklahoma Regional Medical Program.

Under the direction of Dr. Charles W. Robinson, Jr. cardiologist at the University of Oklahoma School of Medicine, about 43 monitor-equipped beds for heart attack victims, or attack-threatened patients, in 28 small community hospitals have been linked by special telephone lines to 12 central monitoring hospitals (CMU's). These figures include a few beds in neighboring towns of Kansas and Arkansas and 2 central monitoring hospitals in Arkansas. By mid-1972 a total of 59 beds will be equipped.

Dr. Robinson describes the program as "a boon for small rural hospitals which cannot afford the services of the highly trained personnel required to operate an independent coronary care unit." Specially trained nurses in the central monitoring units help monitor remote patients, and, when an abnormality is detected, confer with local staffs by telephone "hot lines." The importance of immediate coronary care stems from the fact that most heart attack victims

who die, do so within the first few hours.

The general hospital mortality rate from acute coronaries (myocardial infarction) is about 30 percent. With coronary care units, this is usually reduced 15 to 20 percent. An October, 1970 survey of Oklahoma hospitals by the project staff showed that 46 percent of that State's hospitals with 50 beds or less had no facilities for coronary care, and 33 percent of hospitals with 51 to 150 beds had none. Besides training for nurses, the project also provides continuing education and training for physicians and paramedical personnel, including preparation of Job Corps students as coronary care technicians.

OKL-3

REGIONAL UROLOGY PROJECT

During the three years of this project 2,242 patients with cancer of the prostate have been identified. A retrospectrum methodology was utilized whereby all patients admitted to the 176 hospitals in Oklahoma for any reason who had a diagnosis at sometime of cancer of the prostate during the three year period of 1967, 1968, and 1969. In addition admissions at forty-four hospitals in bordering states where Oklahoma residents are likely to go for hospitalization (i.e. Fort Smith, Arkansas) were reviewed.

This is being done by a field staff of registered nurses specially trained for this project. A twenty-two page system profile form was designed for computer utilization for this purpose. The nurses utilized the hospital medical records to complete this form. This project represents a joint effort of the Department of Urology and the Department of Biostatistics and Epidemiology. The statistical consultants have selected three hundred patients from the total for a more in-depth study including follow-up information. This sample is a representative of the total and is sufficiently large enough to inidicate statistical significance having a 13% sample.

During the in-depth phase the physicians of the three hundred patients were interviewed and records of subsequent hospitalizations were reviewed and the patients and/or their families interviewed.

The objective of this project is to measure the level of genito-urinary care in Oklahoma. This includes screening for early diagnosis, diagnostic techniques, treatment procedures for both care and palliation, complications of drug therapy, adjunctive therapy, chemotheropeutics, irradiation etc. This information is then used in continuing education programs primarily for physicians but also other health professionals.

~~In the latter phases~~ the project is being expanded to include cancer of the bladder, penis, testes and kidney.

It is anticipated that this type of project can provide a base for developing a state wide tumor registry. Another "spin off" may be the development of a medical record designed for computer analysis using the RUP form as a prototype.

Currently sponsored by the Oklahoma Regional Medical Program, ~~it~~ is cooperating with the Veterans Administration Cooperative Urological Research Group through the National Cancer Institute. The NCI is currently considering funding of this project in its expansion to other GU malignances.

BACK-UP SHEET

Region: Oklahoma Regional Medical Program

Locus of Activity: Terminating Project (Future funds sought from NCI)

Project Title: Regional Urology Project

Status: Terminating May 31, 1972

Sponsoring Institution: Oklahoma Regional Medical Program

Project Director, Title, Address: William R. Parry, M.D.
Project Director
Department of Urology
Oklahoma University Health Sciences Center
P.O. Box 26901
Oklahoma City, Oklahoma 73190

Dates: June, 1969 to May, 1972

Funding:

Other Funds: None

Cooperative Agencies and Institutions: All Oklahoma hospitals; 44 hospitals in bordering states; National Cancer Institute; Oklahoma Urological Association; Oklahoma State Department of Health.

Area Served: State of Oklahoma

Target Population: Cancer patients; various ethnic groups (Indians, blacks)

Congressional Districts: All Districts, Representatives Albert, Belcher, Camp, Edmonson, Jarman, Steed.

Continuation after ORMP Support: Proposal has been submitted to the National Cancer Institute for funding beginning September 1972.

Core Staff Contact: Vickie Holloway, R.N., Program and Project Development

Date Prepared: 2-14-72

Drafted By: Brian Nasky

OKL-4

OKLAHOMA

CORONARY CARE

The establishment of a remote coronary monitoring network that covers 46 beds in 32 community hospitals across the state is probably ORMP's most innovative contribution to improved patient care.

Initiated three years ago, the project has surpassed its original goals on approximately one-quarter of the requested funding. The major influence in the success of the project has been the interest and support generated by the small hospitals in communities throughout Oklahoma.

Basically, the system gives smaller, rural hospitals the coronary care capabilities of larger metropolitan hospitals at a very minimal expense. When patients in the smaller hospitals are placed in the remote monitoring unit, which includes EKG monitoring equipment, the monitoring signal is read at bedside and on a screen in the central monitoring unit many miles away. A trained coronary care nurse watches the signal ~~and several others~~ from ~~other~~ remote monitoring units on a bank of screens. She is trained to notice any variations which may be the first sign of a coming arrhythmia.

The same telephone line over which the EKG signal is transmitted carries a communication link between the units. Should a problem develop, specialists in the central monitoring unit can signal and talk to personnel at the patient's bedside. Although final decisions rest with the physician in the remote monitoring unit, he does have the opportunity to consult with specialists who are in effect "on the scene".

In most cases the small hospitals can offer qualified coronary care at a cost of little more than the equipment and the telephone line. Very seldom is there a need for additional personnel.

Realizing that having the hardware makes no difference if the personnel can't ~~make~~ use ~~of~~ it, the project has held extensive training courses for physicians and nurses in all parts of the state. Their training includes a study of physiology, reading EKG charts, knowing the proper care in various emergencies, use of medication, ~~and many other facets of coronary care.~~ The additional training turns the hardware into invaluable tools for improving patient care.

What you have, in effect, is a trained coronary care team - some in the remote monitoring unit at the patient's bedside, and the rest in a central monitoring unit many miles away. Through training, teamwork, and use of the hardware, the coronary patient in even the smallest of hospitals can receive care equivalent to that in a large medical complex.

BACK-UP SHEET

Region: Oklahoma Regional Medical Program

Locus of Activity: Operational Project (Entering Evaluative Phase)

Project Title: Coronary Care

Status: Ongoing

Sponsoring Institutions: ORMP; Hospitals on the remote monitoring network

Project Director: Charles Robinson, M.D.
Project Director, Coronary Care
Department of Medicine
Oklahoma University Health Sciences Center
P.O. Box 26901
Oklahoma City, Oklahoma 73190

Dates: June, 1969 to May, 1972 (operational phase)
June, 1972 to May, 1973 (planned evaluation phase)

Funding: 3 year funding $516,233 ($190,000; $216,233; $110,000)

Other Funds: Most hospitals pay for the leased telephone line and some of the equipment.

Cooperative Agencies and Institutions: Oklahoma Heart Association; Hospitals on the remote monitoring network.

Area Served: State of Oklahoma

Target Population: Providers and consumers of Coronary Care.

Congressional District: Districts #1 through #6, Representatives Albert, Belcher, Camp, Edmonson, Jarman, Steed.

Continuation after ORMP Support: Networks will become self-supporting.

Core Staff Contact: Frank Bexfield, Chief, Division of Review and Evaluation.

Date Prepared: 2-14-72

Drafted By: Brian Nasky

SOUTH DAKOTA REGIONAL MEDICAL PROGRAM
216 E. CLARK
VERMILLION, SOUTH DAKOTA 57069
(605) 624-4446

February 17, 1972

Ms. Patricia Q. Schoeni
Acting Director
Office of Communication and Public Information
PHS/HSMHA/RMPS
Parklawn Building Rm 11-22
5600 Fishers Lane
Rockville, Maryland 20852

Dear Pat,

In glancing over the vignette I sent you earlier this week, I noticed that there was an omission on the back-up sheet. Under the heading of Funding-04, there is an * after the individual amounts. However, there is not a reference for the *. At the end of the second page, there should have been another * indicating that this is the funding level requested in our FY'73 application which was just filed with RMPS.

Thought you might like to know that the * did mean something. Will try and get the other vignettes I mentioned in my February 14 letter to you soon.

Sincerely yours,

Pat

Patricia O'Connor
Health Information Specialist

SC-1

South Carolina

NUCLEAR MEDICINE TRAINING

A training program for radiologic technicians supported by the South Carolina Regional Medical Program ~~and~~ designed to help close the health care gap in nuclear medicine by providing technician training ~~for this area of health services in South Carolina~~ is underway at Self Memorial Hospital in Greenwood, S. C.

Self Memorial has engaged in radiation training activities for several years on a limited local basis, ~~but~~ with SCRMP assistance ~~will be able~~ to expand the technician training statewide ~~in the area of advanced or continuing instruction for these specialized health personnel.~~

Nuclear medicine, the discipline concerned with the diagnosis, treatment and clinical investigation of diseases utilizing internally administered radioactive isotopes and sophisticated electronic detecting equipment, is one of the most useful and rapidly growing branches of modern medicine. Technicians assist physicians in handling much of the equipment used.

In the practice of diagnostic nuclear medicine, radioactive substances are given orally or intravenously to patients. These materials then act as tracer doses throughout the body which can be detected and recorded by various kinds of nuclear medicine equipment.

Some examples include use of radioactive iodine to diagnose disorders of the thyroid gland and other radioactive materials to diagnose abnormalities of the brain, liver, bone, and various blood disorders including anemia.

In the therapeutic division of nuclear medicine, very large doses of radioactive material are used in the treatment of cancer and other diseases. The handling of isotopes in respect to storage, preparation for administration and transferral is a part of the study program.

The project is under the direction of Dr. William A. Klauber, ~~a native of Bamberg, S. C. and a graduate of the Medical University of S. C.~~ staff member at Self Memorial Hospital,

Doctor Klauber says, "The primary objectives of the new project at Self Memorial are to provide the specific training necessary to insure that the number of trained nuclear medicine technicians in South Carolina keep pace with the rapidly increasing demand in their field; to insure better patient care; to stimulate a greater awareness of the advances in this area useful in hospitals of all sizes throughout the region and provide for the ultimate self-sufficiency of this program."

The instruction is available to radiologic technologists, laboratory technologists, and registered nurses in the state. ~~and~~ The project is primarily concerned with upgrading performance of each participant to the degree necessary to fulfill specific needs of the institution where they are employed. Any hospital in the state may select and send a person for training in ~~any~~ one or a combination of ~~the~~ courses ~~of instruction for varying lengths of time.~~

BACK-UP SHEET

Region: South Carolina Regional Medical Program

Locus of Activity: Greenwood, S. C.

Project Title: Statewide Continuing Education Program in Nuclear Medicine

Status: ongoing

Sponsoring Institution: Self Memorial Hospital, Greenwood, S. C.

Project Director, Title, Address: William A. Klauber, M.D., Self Memorial Hospital, West Alexander Street, Greenwood, S. C. 29646, 803-227-4190.

Dates: Date of initial RMPS support: 7/1/71
Anticipated termination of RMPS support: 6/30/74

Funding: RMPS direct cost this budget period: $25,000.

Cooperating Agencies and Institutions: Medical University of S. C., Upper Savannah Development Program, S. C. Hospital Association, Comprehensive Health Planning, S. C. Chapter the ASCP and ART, SCRMP Medical District Committee for District 2, and representatives of S. C. Technical Education Program.

Area Served: Geographical area of South Carolina

Target Population: Radiologic technologists, registered nurses and physicians.

Congressional Districts: William Jennings Bryan Dorn (D)

Continuation after RMP Support Withdrawn: The Project will be entirely self-supporting as of the beginning of the 04 year by placing whole activity on a fee basis.

Core Staff Contacts: C. W. Bowman, Associate Coordinator, SCRMP

Date Prepared: February 11, 1972

Drafted By: Charles R. Wyrosdick

CARDIOPULMONARY RESUSCITATION TRAINING

A statewide Cardiopulmonary Resuscitation Training Program to develop ongoing training for physicians, hospital and allied health personnel in emergency life-saving techniques of mouth-to-mouth breathing and closed chest heart massage procedures has had spectacular success in South Carolina.

The project started August 1, 1968 under auspices of the South Carolina Heart Association and supported by a grant from the South Carolina Regional Medical Program.

Subsequently, 69 hospitals and clinics participated in the program that included at least one hospital-based training program being conducted in 38 of the 46 counties in the state.

Thirteen workshops were held and 794 instructors were qualified. Training courses totalled 639 with a combined attendance of 18,169 persons.

The Instructors are fairly evenly distributed throughout the state and are available for instructing others that meet the requirement standards set by the CPR Task Force of the South Carolina Heart Association and those of the American Heart Association. The lists of names and addresses of these instructors are available to all allied health, Medical and Para-medical Agencies in the state.

Trainees have included emergency rescue and industrial safety personnel, ambulance personnel, nurses, inhalation therapists, coronary care unit nurses, physicians, dentists and dental assistants.

The CPR techniques can revive victims of heart attack, suffocation, electric shock, drowning and many other incidents that may result in sudden death. Dr. Ambrose Hampton, Jr., of Columbia, a chairman of the Heart Association's CPR Task Force says, "if a trained rescuer can reach a victim within four to six minutes after his heart stops beating, there is a 40 percent chance of restoring life."

The grant support for the CPR project from SCRMP ceased July 1, 1971. However, as planned and envisioned for all RMP-supported projects, the CPR program is continuing in South Carolina under auspices of other agencies.

In meeting the objectives of phasing out SCRMP support for CPR training, the Medical University of S. C. in their schools of Medicine, Dentistry, and Nursing have added the training to the curriculum as have all the schools of nursing in the State. The S. C. Association of Rescue Squads have had their training officers complete courses to serve as faculty and instructors within their organization.

VIGNETTE #1

South Carolina RMP
(Projects #15 and 16)

Primary

- Stroke
- Impact on Morbidity/Mortality

Secondary

- Patient Care Demonstration
- Team Approach
- Rehabilitation

A dramatic reduction in death rate of stroke patients in the Columbia (S.C.) Hospital recorded over the past year has been attributed to a special stroke unit established as part of the Acute Stroke Management Demonstration Project supported by the South Carolina RMP.

Dr. Robert R. Taylor, Jr., project director, compared a previous death rate of 52 percent among all hospitalized stroke patients prior to opening of the unit to the death rate, over a 26-month period, of 19 percent within the special unit. These results he attributes to an innovative "stroke team" approach for handling victims of acute cerebral vascular (stroke) disease. An extremely high incidence of the disease in central South Carolina was the basis for establishing the project in August, 1968.

A complementary RMP activity, the Stroke Recovery and Rehabilitation Project, was established simultaneously in the hospital under the direction of Dr. Joseph W. Taber, Jr. He and Dr. Taylor coordinate the team of stroke nurses, a speech therapist, discharge planner and public health nurse.

The acute stroke project provides comprehensive study of the patient's condition, optimum nursing, and, if necessary, corrective surgery. Intensive rehabilitation under the companion project is

begun on patients shortly after admission to the unit and has resulted in a reduction in hospital stays from an average of 21 days to 15 days. The service area of the project covers a 50 mile radius around Columbia with a population of more than 335,000.

SC-35-52

POISON INFORMATION CENTER OPERATING

A computerized Poison Information Center, designed to provide data within four to fifteen seconds to South Carolina's physicians and dentists, is in operation at the Medical University of S. C. in Charleston.

The Center, a first step in the planned development of a comprehensive medical and pharmaceutical information system for the State, is supported by the South Carolina Regional Medical Program.

Located in the Medical University Hospital Pharmacy and operating around-the-clock since October 1, 1971 the new PI Center has the capability of providing immediate information concerning poisonous plants and animals, household products, pesticides, herbicides, cosmetics, commercially available drugs and chemicals and proprietary drug products.

When a request is received, the computer responds almost instantaneously with the name, formula, potential toxicity, symptomology, prognosis and treatment of potential poisons.

All physicians and dentists in the State have been advised of the special telephone number for the PI Center at MUSC. However, callers require identification before the Center will dispense poison control information.

Persons calling the Center who cannot be identified as a physician or dentist are told to take the victim, along with the poison to their family doctor or to the nearest hospital emergency room.

The capability of the Poison Information Center is expanding to include computerized information on adverse drug reactions and drug interactions (as the SCRMP supported comprehensive system swings into operation.)

The Center has the capability to provide original journal article information (150 journals monthly) concerning drug therapy, indication/contraindications, drug interactions, and adverse drug reactions.

During its first three months of operation, the Center responded to more than 100 requests for information from across the state and the requests are increasing daily.

CORONARY CARE TRAINING PROJECT

In an effort to deal with South Dakota's leading cause of morbidity and mortality, the Nebraska-South Dakota Regional Medical Program formulated an Operational Project to train ~~their~~ health personnel in improved coronary care delivery. The Coronary Care Training Project ~~was~~ begun in April ~~of~~ 1970. ~~It~~ has continued as an Operational Project since the separation of the Nebraska and South Dakota RMPs in July 1971.

Of the 6,500 resident deaths in South Dakota in 1970, almost 40% were due to heart disease. The difficulties in treating the coronary patient are further magnified by the rural nature of the State with its communication and transportation problems, a lack of advanced coronary care training, and a population which has a significantly large number of older persons.

The Project is divided into three teams. One team is located at Sioux Valley Hospital in Sioux Falls. ~~They provide basic training for Sioux Valley Hospital in Sioux Falls. They provide basic training for Sioux Falls~~ and the surrounding area. The University of South Dakota School of Medicine team operates from Vermillion in providing training to the hospitals east of the Missouri River. The third team is at St. John's McNamara Hospital in Rapid City and provides ~~the~~ basic training and ~~does the~~ field work west of the Missouri River.

Several types of training are provided by the Project. Basic training courses are taught on either a three evenings per week for four weeks basis or a one-two evenings per week for thirteen weeks basis. An intensive training course is currently offered at St. John's McNamara and another ~~will~~ begin at Sioux Valley in March. These courses meet daily for three weeks and provide more clinical as well as class room experience. Several refresher workshops and symposia are presented during the year. ~~The exact content of the~~ courses varies with the needs of the health personnel ~~who are to be involved~~. The final type of training provided by the Project is with the Roche Laboratory's ROCOM Unit. At Sioux Valley Hospital, the ROCOM is used as a supplement to the basic course and is available for use by ~~the nurse in the~~ coronary care unit ~~as desired~~. The Medical School places their ROCOM Unit in a hospital for a six-week period. The visuals of the ROCOM are the focal point of this course ~~with~~ local physicians, trained nurses, and members of the Project team providing ~~the~~ supplemental lectures. More than 1,500 physicians, nurses, and allied health personnel have participated in at least one of the various types of training provided by the Project during the past year. Physicians who attend the symposia are able to earn credit through the American Academy of Family Practice.

In addition to ~~the~~ training in ~~the area of coronary care~~, ~~the members of~~ the Project staff ~~have~~ participated in two Emergency Medical Training workshops (conducted during 1971) as instructors in (the area of) cardiopulmonary physiology. They have given several lectures and demonstrations on cardiopulmonary resuscitation. In-service education programs on pacemakers, cardioanatomy and physiology, and arterial blood gases have also been given.

During the two years of the Project there have been several positive results. The confidence and abilities of those dealing with the coronary patient, especially the nurse, have been greatly increased. In the 47 hospitals in eastern South Daklta, the Project has helped in establishing twenty-five coronary care/monitored

bed units. E~~ighteen~~ other hospitals ~~are~~ ~~currently~~ ~~in the process~~ ~~of~~ establishing units, ~~with the Project's~~ assistance. This increased knowledge and ability on the part of the nurse ~~has been~~ one factor which resulted in legislation being introduced in the 1972 session of the South Dakota legislature to extend the role of the nurse as outlined in the State's Nurse Practice Act. The quality of care being received by the patient in the South Dakota hospital has definitely been upgraded. It is estimated that deaths resulting from heart disease have decreased from 35%-40% per hospital as a result of the additional coronary care facilities.

Back-up Sheet

CORONARY CARE TRAINING PROJECT

Region: South Dakota Regional Medical Program

Locus of Activity: Operational Project

Project Title: Coronary Care Training Project

Status: Ongoing

Sponsoring Institution: The University of South Dakota School of Medicine, Vermillion; Sioux Valley Hospital, Sioux Falls; and St. John's McNamara Hospital, Rapid City.

Project Director, Title, Address: Warren Jones, M.D.
Associate Director
Coronary Care Training Project
School of Medicine
University of South Dakota
Vermillion, South Dakota 57069

Dates: April, 1970-July, 1971 - Operational Project of the Nebraska-South Dakota RMP
July, 1971-to present - Operational Project of the South Dakota RMP

Funding: 01 $119,480 (School of Medicine, $57,615; Sioux Valley, $25,615; St. John's McNamara, $36,250) (April 3, 1970 - December 30, 1970)

02 $58,205 (School of Medicine, $28,809; Sioux Valley, $11,271; St. John's McNamara, $18,125) (January 1, 1971 - June 30, 1971)

03 $120,000 (School of Medicine, $57,790; Sioux Valley, $25,788; St. John's McNamara, $36,422)

04 $104,662 (School of Medicine, $45,844; Sioux Valley, $29,868; St. John's McNamara, $28,950)*

Other Funds: None

Cooperating Agencies and Institutions: South Dakota Heart Association, American Academy of Family Practice (the physicians who participate in the symposia can receive credit from the AAFP), 65 South Dakota hospitals (public, private, state, and PHS), practicing physicians, nurses (R.N. and L.P.N.), newspapers, and television stations.

Area Served: State of South Dakota

Target Population: All South Dakotans; especially those in rural areas.

Congressional Districts: #1, Mr. Frank Denholm (D); and #2, Mr. James Abourezk (D)

Continuation after RMP Support Withdrawn: At this time, it is anticipated that the Project will run until July, 1973. At that time the Sioux Valley and St. John's McNamara units will probably be absorbed by their respective hospitals. The future of the Medical School unit after July, 1973 is uncertain at present.

Core Staff Contact: John A. Lowe, M.D., Director
South Dakota Regional Medical Program
216 East Clark
Vermillion, South Dakota 57069

Date Prepared: February 11, 1972

Drafted by: Patricia O'Connor

* funding level requested in FY 73 application

Back-Up Sheet

EMERGENCY MEDICAL TECHNICIAN TRAINING WORKSHOP

(140 hour)

Region: South Dakota Regional Medical Program

Locus of Activity: Core Activity

Project Title: Emergency Medical Technician Training Program

Status: Completed

Sponsoring Institution: The University of South Dakota School of Medicine, Vermillion; McKennan Hospital, Sioux Falls; and State Department of Health, Pierre.

Project Director, Title, Address: George R. Halter
Assistant Director - Education
South Dakota Regional Medical Program
216 E. Clark
Vermillion, South Dakota 57069

Dates: December 8-22, 1971

Funding: 01 $1000

Other Funds: Emergency Employment Act-Salaries and expenses of the twelve students.
Department of Transportation - matching funds with MUHS counties for ambulances.

Cooperating Agencies and Institutions: Sioux Falls Ambulance, Minnehaha County Civil Defense Unit, participating physicians, newspapers, and television stations.

Area Served: Counties in the MUHS Project (At the present time the exact South Dakota counties to be involved in this project have not been determined. They will probably be Millette, Todd, and Bennett, in addition to at least one other.)

Target Population: Persons in the MUHS counties.

Congressional Districts: #1 - Frank Denholm (D) - where the course was taught

#2 - Mr. James Abourezk (D) - some of the counties involved are in his district

Continuation after RMP Support Withdrawn: At this time it is difficult to speculate on this as it is an area into which SDRMP is just beginning to direct its efforts. Past work in this area has been done by the Department of Transporation in cooperation with the South Dakota State Department of Health.

Core Staff Contact: George R. Halter
Assistant Director - Education
South Dakota Regional Medical Program
216 E. Clark
Vermillion, South Dakota 57069

Date Prepared: February 29, 1972

Drafted by: Patricia O'Connor

SOUTH DAKOTA

EMERGENCY MEDICAL TECHNICIAN TRAINING WORKSHOP

The South Dakota Regional Medical Program in conjunction with the University of South Dakota School of Medicine, the State Department of Health, and McKennan Hospital in Sioux Falls, recently sponsored an Emergency Medical Technician Training Workshop at McKennan Hospital. ~~Twelve individuals were~~ students in the course. The graduates of the 140-hour workshop will be driving ambulances in those counties which are participating in the Minimum Uniform Health Services (MUHS) Project to serve counties which currently lack adequate emergency medical personnel and services.

The training program began on December 8th and concluded on the 22nd. Members of the McKennan Hospital staff, various Sioux Falls physicians, representatives of the Sioux Falls Ambulance Service, the V.D. Control Section of the State Department of Health, and the Minnehaha County Civil Defense Unit provided the classroom instruction. Also instructing were: Dr. Robert H. Hayes, State Health Officer; and Dr. Joseph D. Welty, Assistant Director, SDRMP Coronary Care Training Project, The University of South Dakota School of Medicine.

~~A total of 60 hours of~~ classroom instruction ~~was provided.~~ Areas covered included bleeding and cardio-pulmonary resuscitation, extrication and lifting, shock and burns, psychiatric emergencies, childbirth, fractures, and environmental injuries. Each student also spent 80 hours in clinical observation of the Recovery, Obstetric, Surgical, Coronary Care, Intensive Care, and Emergency Wards of McKennan and riding with the Sioux Falls Ambulance Service.

This course is the latest in a series of EMT Courses to be presented in the State. Seventy-two hour training programs have been given in South Dakota during the past two summers. The first of these was in August ~~of~~ 1970 at the School of Medicine in Vermillion. The second was at St. John's McNamara in Rapid City during June, 1971. Both were co-sponsored by the School of Medicine and the State Department of Health in conjunction with the Department of Transportation and under the standardized requirements of the National Highway Safety Act.

The workshop was also part of the initial phases of the MUHS project. The students will be assigned as ambulance drivers in three-man teams, one per county. ~~The~~ ambulances ~~they will be driving were~~ provided for by matching funds from the county to which they are assigned and the Emergency Health Services Section of the State Health Department in cooperation with the Department of Transportation and the South Dakota Highway Department. Funding for other parts of the MUHS project was presented to the South Dakota State Legislature during its 1972 session. The Project was unanimously passed by both houses. The ambulance drivers were hired through funds provided by the Federal Emergency Employment Act.

~~Coordinator of the course was~~ George R. Halter, Assistant Director of Education for SDRMP. ~~Mr. Halter has been a coordinator in~~ the 72-hour courses. Assisting him with the clinical phase of the training was Dr. Michael Rost, McKennan Anesthesiologist.

SD-3

SOUTH DAKOTA

Rosebud Project

Four University of South Dakota Medical School students will be spending this summer at the U.S. Public Health Service Hospital on the Rosebud Reservation. Funds for this project are being provided by the South Dakota Regional Medical Program (SDRMP).

The idea of having some of the medical students spend their summer at Rosebud was developed by 2nd year medical student, Mike Haley of Mitchell, who grew up in the area of the Reservation. He got three other students interested in the project and then approached the Regional Medical Program as to the possibility of their funding the project. On February 9th, the Regional Advisory Group of SDRMP heartily endorsed the program in approving its funding. The project will not only add to the education of the medical students, but it will greatly benefit the health care delivery system at Rosebud. Though other medical students have previously participated in summer work on the Pine Ridge and Eagle Butte Reservations, none have been to Rosebud. The hospital at Rosebud has 55 beds. It serves approximately 25,000 outpatients and has 17,000 active charts.

During the summer the one first-year and three second-year students will assist the five Public Health Service doctors by administering physicals and taking histories, thus freeing the doctors for work in other areas. The students will also be conducting a survey as to the incidence of pulmonary disease among the Indians. No survey of this nature has been undertaken previously. While at Rosebud, the students hope to interest some of the Indian youth in pursuing careers in medicine or a paramedical profession.

SUSQ-1

Community Health Worker Training Program

Many residents of the impoverished Hamilton District of Harrisburg, Pennsylvania, are getting personalized health care for the first time. This care is being brought about through the efforts of ten Community Health Workers.

These workers, almost all residents to Hamilton District, (~~most Hamilton District residents themselves~~) started training in January, through a $9,000 grant from the Susquehanna Valley Regional Medical Program. After several weeks of classes, they conducted a door-to-door survey of the one and one-half square mile District. This survey was designed to get community residents to be tested for Sickle Cell Disease and lead poisoning. (Preliminary results of the survey indicate that 80 percent of the families visited agreed to testing.)

Although the workers' initial contact with the community was aimed at bringing residents to the newly-created Hamilton Health Center for tests, it also served to make residents aware of the Center's existence and the personalized care it offers.

Through the training program, the Community Health Workers are being taught how to establish ~~a~~ rapport with the residents. Once this rapport is formed, it is expected that the Workers will be able to determine residents' needs. If they can be met through the Center, the Worker will refer clients there. If not, she will advise families assigned to her whom to contact for assistance.

Selecting the trainees from the Hamilton District serves a double purpose. First, it is expected that persons who have lived ~~resided~~ there ~~in this ghetto~~ will be most capable in ~~of~~ relating to ~~its~~ other residents. Second, the training program provides an excellent starting point for someone desiring a health career, ~~and~~ who is unable to afford ~~(obtain it) through~~ more costly educational programs.

After the first ten Workers have completed their 12-week training program, the Hamilton Health Center, Incorporated, plans to continue training through 314B funds so that an adequate number of Workers will be available to meet the community's needs.

SUSQ-2

Rural Health Service

Up until several years ago, when a farmer in rural Columbia or Montour County got seriously ill, he faced an extended hospital stay. Even though he recovered enough to convalesce at home, there was no physician nearby to look in on him. Since then things have changed.

The Columbia-Montour Home Health Service, supported by a grant from the Susquehanna Valley Regional Medical Program, began training home health aides to supply skilled nursing care, therapy, and preventative medicine in the home.

Last year, 17 home health aides made over 5,500 visits. They were able to care for patients with a number of different illnesses: heart disease, non-communicable diseases, diabetes, stroke, injuries, chronic diseases, arthritis, cancer, and others. Most of the patients (3 out of 4) were over 65. Nearly 20 percent were on medical assistance.

To receive home health service, a patient must have written orders from his physician. Then, every two months a report on the patient's progress is sent to the physician for further medical orders.

Status: Operational as of 10/70

1st year - $15,900
2nd year - 13,100
3rd year - 10,000

TENN-MS-1

Tennessee Mid-South Regional
Medical Program

A young mother gave premature birth to her twins. Physicians at a rural community hospital knew they would lose one of them and possible both. There was only one thing left to do. A call was placed to the Intensive Care Nursery at the University of Tennessee Memorial Research Center and Hospital. Within five hours both twins had been transported to the nursery by Volkswagen bus. Today, both of the twin girls are alive and healthy.

This is a story of just one of many mothers in the East-Tennessee Appalachian Region who is thankful to the Intensive Care Nursery. Since the Infant Intensive Care Unit was set up in October 1971, 278 babies have been saved. Many have been transported from rural areas for treatment.

One of the unique features of this service is the transporting of these infants in distress in a converted Volkswagen bus. It contains a portable isolette and other equipment necessary to sustain life until the infant reaches Knoxville.

Two years ago the pediatrician in charge discovered there was an alarming infant mortality rate in Eastern Tennessee. The rate of 25.5 compared to 11.7 in the entire United States. The figures revealed highest death rates were in counties with inadequate equipment and few physicians. Many of the mothers received no pre-natal care and many had insufficient diets.

Concern by the pediatrician led to the development of the Infant Intensive Care Unit, and his attempt to share information gained through its development throughout the region.

The Tennessee Mid-South Regional Medical Program (TMS/RMP) has approved funds to allow a physician-nurse team to travel to rural hospitals in the area. They will try to upgrade skills and to evaluate the health care facilities and make practical suggestions regarding equipment.

The physician and nursing staff has participated in many teleconferences and seminars sponsored by TMS/RMP. Nurses from all areas of Tennessee and Kentucky participate and observe in a one-day training program in the ten-bed Infant Intensive Care Unit at Knoxville.

Effects have already been far reaching. Many of the nurses and doctors in isolated regions have adapted their nurseries in an attempt to give newborns a better chance at life. Many of the hospitals have purchased warmers. Some have changed feeding and bathing methods.

The unit currently serves an area that stretches in a 200-mile radius around Knoxville and the staff also provides a 24-hour telephone counseling service to physicians.

TENN/M-S/2

Tennessee Mid-South Regional Medical Program

A two-year study designed to allow nurses to do follow-up care on patients with high blood pressure at the Alton Park Health Center has been approved by the Tennessee Mid-South Regional Medical Program (TMS/RMP).

The Center is located in a predominately black area of Chattanooga, and average family income is $3,500 to $4,000 a year. Hypertension, or high blood pressure, is a serious problem among blacks. According to national statistics, one in four has high blood pressure and three in four with high blood pressure have heart disease.

Currently, the center treats 1,000 patients with high blood pressure but many do not bother to be treated and many do not continue treatment on a regular basis.

However, hypertension can be serious. Many people with hypertension die not only from stroke, but also from heart attack or heart failure.

There are not enough physicians to take care of people with hypertension. The TMS/RMP is hoping to find a way to alleviate this problem by assigning tasks previously carried out by physicians to specially trained nurses.

Three nurses at the center will be responsible for follow-up care of hypertensive patients. It is hoped the project will demonstrate that close care of patients will lead to lower morbidity rates in the Alton Park Health Center area.

Two family health workers will also be involved in the program at the center which currently serves over 33,000 people in this area of Chattanooga.

TENN/MS-3

Tennessee Mid-South Regional
Medical Program

Residents of three rural Appalachian communities will have full-time health care available for the first time this year. The Tennessee Mid-South Regional Medical Program has approved a grant which will allow clinics in Frakes, Kentucky and Clairfield and Duff, Tennessee to operate daily.

Each clinic will be staffed by a full-time nurse practitioner, an assistant, a health aide, an automobile driver and an outreach worker. Doctors will visit the clinics on a weekly basis, but the nurse practitioner will be able to perform some duties without direct physician supervision. She will be a specially trained registered nurse who has received additional certified training as a nurse practitioner.

The three clinics, prior to funding, operated on a part-time basis. More than half of the 4,500 residents of the region are now using them.

Many people have not had any full-time care because there has been no medical service available. There is not one resident doctor in the area. Many of the people, over 57 percent, have incomes of less than $3,000 a year, do not own motor vehicles and are unable to travel out of the region for medical care.

The program will also emphasize good dental health and a dentist, dental assistant and aide will also be hired. Education in health areas and prevention of health problems are two other aims of the program.

The project was planned by residents of the three communities in an attempt to find a solution to their health need problems. A board, made up of citizens of the three communities, will be responsible for the distribution of funds and they will administer the program.

The Clear Fork Community Development Projects, Inc. is located in the Clairfield Tennessee Community Center. The White Oak Clinic in Duff, Tennessee is in a 12 foot by 60 foot converted house trailer. The Frakes, Kentucky clinic is currently located in the basement of the Post Office.

The project has also received funding from the Ohio Valley Regional Medical Program.

TENN/MS-4

Tennessee Mid-South Regional
Medical Program

Health professionals in 65 health facilities are now continuing their educations without leaving their employment. An extensive teleconference system was set up by the Tennessee Mid-South Regional Medical Program in November 1970 to enable health professionals to continue learning without sacrificing valuable time and money traveling.

A teleconference is really a group telephone conversation. A lecturer can speak to many professionals in the region by using a conference phone. The hospitals participating also have conference phones and therefore, there is a two-way communication between lecturer and audience. This system is one method being used to disseminate information to health personnel outside academic institutions.

In November 1970, eight hospitals and 40 people participated in the teleconference network. Today, 65 health facilities are participating and as mnay as 400 perople have taken part in a single teleconference.

Currently, there are two series being presented. An eight-week program on beginning librarianship is being attended by 66 "students" in four states. Also, a nine-week overview for medical record personnel is being held in the Middle Tennessee area.

The Tennessee Hospital Association is now planning a nine-month statewide course on "Modern Techniques for Supervisory Development." This course will emphasize cost containment and supervisory techniques.

A clinical content teleconference is also an integral part of the total program. These conferences are presented separately for three networks. Each month there are at least four programs on each network aimed toward the health care professional.

The programs are planned by curriculum committees comprised of health professionals from the areas served and TMS/RMP core staff.

TENN/MS-5

Tennessee Mid-South Regional
Medical Program

Patients discharged from the Oak Ridge Hospital of the Methodist Church in Oak Ridge, Tennessee will now be assured of continued care. A liaison nurse will serve as a link between the hospital staff and health centers in the community to insure continued health care for patients who require it.

The Tennessee Mid-South Regional Medical Program has funded this project to see if it will result in reduced re-hospitalization and shorter hospital stay for some patients.

The liaison nurse will act as a bridge between the private physicians and the patient and those providing direct community service. She will also educate the nursing staff of the hospital to make them aware of patient needs for further health care outside the hospital complex.

She will serve an area that includes Anderson, Campbell, Claiborne, Roane and Scott counties.

TENN MS-6

CARDIOPULMONARY RESUSCITATION

Many people in East Tennessee are alive today because ambulance attendants and health professionals have learned how to care for and treat heart attack victims in emergency situations.

The East Tennessee Heart Association in cooperation with the Tennessee Mid-South Regional Medical Program is training health professionals and emergency medical personnel in the use of cardiopulmonary resuscitation techniques. Since the program began in January, 1971, more than 180 health professionals have attended all-day sessions in Knoxville.

Health professionals are taught intubation techniques, open heart massage, drug therapy, and mouth-to-mouth resuscitation. Many of the health professionals have returned to their own hospitals throughout East Tennessee and Southeastern Kentucky and have instructed their staffs on use of these methods.

According to Mrs. Gertrude Killebrew, inservice education director at New Tazewell, a week after the staff completed the training, a patient went in to cardiac arrest. She said if they had not had the course, no one would have known what to do.

Over 2,000 ambulance attendants, rescue squad personnel and police and firemen have taken the three-hour course offered for them in mouth-to-mouth resuscitation techniques.

Mr. George Duell, Jr., of the Jellico, Tennessee Rescue Squad says members of his department used artifical respiration prior to taking the course. They now all use the mouth-to-mouth resuscitation method and have had some "saves" as a result.

Miss Edna Workman of Knoxville is one of the women saved by an ambulance attendant who took the cardiopulmonary resuscitation course. Her friend, Juliaette Jones, who accompanied her to the hospital praised the work of the attendant.

"He knew how critical it was," she said, " and gave her mouth-to-mouth resuscitation all the way to the hospital. The experience pointed up the necessity of people knowing what to do in an emergency situation."

jpc

September 26, 1972

Tennessee Mid-South Regional Medical Program

TENN MS-7

CANCER REGISTRY

Cancer patients, physicians and thirty Tennessee hospitals are currently being helped by the cancer registry project of the Tennessee Mid-South Regional Medical Program.

Since the program began, records of more than 7,000 cancer patients have been fed into a computer at the Meharry Medical College in Nashville, Tennessee.

According to Project Director, Dr. Charles Trabue, accumulation of this information provides a service to the patients, serves as a source for investigative work by physicians writing scientific papers and allows hospitals and physicians to evaluate results of cancer care at their facility.

The program encourages and promotes life-time followup care of cancer patients. Participating hospitals receive forms each month from the cancer registry listing patients treated at their facility who are due for annual re-examination.

All information gathered by the cancer registry is available to any of the participating physicians. He may use this information for scientific research or to evaluate methods of cancer care at his hospital as compared to methods at other participating hospitals.

Hospitals belonging to the cancer registry can effectively notify people of the need for re-examination and through this, can play the role necessary for it to provide comprehensive health care to the health consumer.

The cancer registry also makes other information available to hospitals and physicians during the year. Each hospital receives a complete list with data on all patients treated at their facility four times a year. Once a year, physicians are sent lists of patients he has treated. Each month, the registry publishes a site review giving pertinent data on all patients in the registry who have cancer of a specific organ with a brief scientific article relating to cancer of that organ.

jpc

September 26, 1972

Tennessee Mid-South Regional Medical Program

TENN MS-6

EMERGENCY MEDICAL SYSTEM

A coordinated trained emergency medical service system is now operating in Tennessee.

Dr. Robert Lash, head of Emergency Medical Services at the University of Tennessee Memorial Research Center and Hospital, has brought together trained physicians, nurses, paramedics, rescue squad people, cardiopulmonary resuscitation personnel, Red Cross volunteers and a contingent of the Tennessee National Guard medical battalion to form a coordinated emergency medical service system in East Tennessee.

The system demonstrates the value of forming cooperative arrangements between health professionals. The cardiopulmonary resuscitation people were trained by the East Tennessee Heart Association with funds from the Tennessee Mid-South Regional Medical Program. Rescue squad and Red Cross volunteers received training from the Red Cross. Nurses have been trained in coronary care and emergency medical treatment by the University of Tennessee Memorial Research Center and Hospital through continuing education courses. Emergency Medical Teams have also received training at the Hospital. Company C of the medical battalion of the Tennessee National Guard received Army training.

Dr. Lash said most of these people have been trained during the past two years. He brought them together to form the coordinated emergency medical corps.

The corps will be available in case of disaster in Tennessee. Some members are trained in ski slope and mountain rescue. The teams are also available for use at large public gatherings in the Knoxville area.

Currently, the team is workirg at all home football games at the University of Tennessee in Knoxville. During the season opener, over 50 persons were treated for various injuries and illnesses. The most serious was a heart attack.

One man, accorindg to Dr. Lash, fell on the track while leaving the stadium after the game. His heart had stopped beating. The medical team worked on him with the emergency equipment and he is now a patient in the coronary care unit at the University of Tennessee Hospital.

"He would have been dead," said Dr. Lash, "if the equipment and trained personnel had not been available."

At the games, fifteen teams of trained medical personnel patrol the stadium which holds 80,000 patrons. There are four vehicles available which have been converted to mini-ambulances to take injured or sick from the stands to four mini-emergency rooms set up within the stadium. If hospitalization is necessary, five fully equipped ambulances are also available.

jpc

October 1, 1972

Tennessee Mid-South Regional Medical Program.

TEX-1

Project GRO

(Grass-Roots Organization for Health Services Education)

Patients in at least three large geographic areas of the vast Texas region have already felt the results of shared, expanded and improved education for health professionals. Approximately 1800 registered nurses, physicians, licensed vocational nurses, nurses aides and other allied health personnel typical of rural Texas have learned new patient care skills at 23 workshops and various types of educational sessions conducted (as of February, 1972) within their own hospital or at a nearby institution. Attendance and active participation has been termed excellent by both the community health providers who learn new skills and health professionals who travel from the larger resource institutions to share their knowledge and the latest treatment modalities.

Begun in September, 1971, this cooperative, coordinated health service education is available because three groups of approximately ten community hospitals each agreed with the RMPT concept of sharing expenses and efforts to bring the kind of education needed by the health providers in the three different rural areas.

Project GRO is a prime example of RMPT's new program activity. Its purpose is to extend health services education into the smaller community hospital groups, and, more than that, to establish a self-supporting system for continuing this training with person-to-person linkages between resource centers and health personnel in the outlying, inaccessible areas.

Under the project's first year plan, three hospital groupings are organized for cooperative sharing of a local health professional as a coordinator of health services education. Located in county groupings west of Fort Worth, in the Huntsville-Lake Livingston area, and in extreme northeast Texas, each group averages ten hospitals, representing collective capacities of 500 beds plus the addition of area nursing homes.

The local education coordinator determines current needs and implements educational sessions within this interdisciplinary pilot program. To arrange quality training, the coordinator acts as planning liaison between the hospital group and institutional resource centers willing to provide specific, needed education programs to allied health professionals. Visiting faculties of physicians, dentists, nurses, speech therapists, occupational therapists, physical therapists and others have presented sessions including coronary care, stroke rehabilitation, burns treatment, inhalation therapy and speech therapy. Related subjects have ranged from library resources, nursing care plans and inservice training, orderly training and legal aspects of nursing to virological and immunological studies of human neoplasia. The latter was attended by 200 physicians, nurses and hospital personnel in the West Cross Timbers Council.

Interest continues high by the health professionals who are eager to learn and by multi-disciplinary health professionals who have enthusiastically shared their expertise. In short, project GRO is growing into a healthy success.

The fourth hospital group stands ready to join this cooperative venture of hospitals in rural Texas at the beginning of Project GRO's second fiscal year in September, 1972.

TEX-2

TEXAS

MEDICAL PHYSICS ORGANIZED, COORDINATED

"Medical Physics in a Regional Center", a Regional Medical Program of Texas funded project which is based at The University of Texas M. D. Anderson Hospital and Tumor Institute at Houston, has improved radiation patient care in Texas by standardizing procedures and providing patient treatment data.

One of several outgrowths of this project has been the ~~organization~~ formation of the statewide organization, Texas Regional Medical Physicists.

In collaboration with this organization and M. D. Anderson Hospital's Physics Department, one of the major elements of this project is the calibration of radiation measuring instruments. Members of this organization are encouraged to bring their instruments for calibration at workshops which are held twice yearly. Between sessions, members may mail thermoluminescent dosimeters to verify exposure rates of radiation therapy machines. A fee is charged for this service in the hopes of making the entire program self-supporting when RMPT funds are phased out at the end of the current fiscal year. The M. D. Anderson Hospital Physics Department facility, which is available for this service, has the support of the National Bureau of Standards and can promptly provide these services because of its proximity to its members.

At bi-annual meetings of the Texas Regional Medical Physicists, committees review means of standardizing procedures. The subjects of some of the meetings held to date include "Calibration of Radiation Therapy Machines; X-rays, 10 Kev to 35 Mev; Electrons, 5 to 50 Mev; Cobalt-60 and Cesium-135 Irradiators" and "Room Planning and Facility Design for Radiation Installations".

This RMPT project not only provides instrument measurement but also data on individual patient's treatment as well. A centralized computer calculates the distribution of radiation dosage used in treatment. From the resulting isodose curves printed by the computer, radiologists can determine the amounts of radiation delivered to the tumor and surrounding tissue. This data is available for patients treated by interstitial, intracavity or external beam radiation.

Graphical information such as the contour or placement of sources is transmitted to the Center by mail or telecopier. The resultant isodose distribution is returned by the same means. Twenty-one telecopiers operate in the network. The system is available for physician communication, but the Center offers no clinical advice.

In addition, a project staff member regularly publishes a bibliography of physics journals containing articles of interest to physicists in the health sciences.

A central list of participants available for consultation is also maintained. Some of the areas of specialty include external beam dosimetry, leak testing of sealed sources, radiation accidents and decontamination, radiation protection measurements, etc.

Other programs related to diagnostic radiology and nuclear medicine have been developed more recently.

TEX-3

IDENTIFYING ELECTRICAL HAZARDS

Identifying electrical hazards in hospitals, the major goal of an RMPT project ~~based in the Coordinator's Office,~~ has been accomplished. Six target hospitals were visited and sufficient information gathered to develop a survey ~~an informational~~ report. This information, intended to help eliminate hazards and provide continuing, preventive information to hospital personnel involved, was ~~will be~~ disseminated early in 1972 ~~this Spring~~ to all interested hospitals and clinics.

Overall results of project efforts will lessen a major health concern in Texas, reducing the problem of electrical hazards in medical electronics instrumentation.

"Electrical Hazards in Critical Care Areas" seeks to provide useful information to the medical community about hazards of electrical apparatus in hospitals, critical care unit electrical systems and safety areas of medical-electronic engineering concern. In the process of gathering, assessing and disseminating information, the increasing hospital responsibilities in the area of electronic services, their potential hazards, and the need for adequate monitoring are being stressed.

The resulting ~~ensuing~~ program will improve health manpower understanding and the use of latest advances in surveillance, and of sophisticated electrical systems.

Project efforts have been developed and coordinated in cooperation with the Texas Medical Association, Texas Hospital Association (THA) and Texas Nurses Association, and The University of Texas Department of Electrical Engineering. For example, contact with the THA Subcommittee on Electronic Hazards has been made and liaison will continue. THA has recently taken action in the electrical safety area and RMPT project personnel are coordinating their efforts with THA. Sources of support for the continuation of this program are being sought as an integral project effort.

The project's electrical consultant and a biomedical instrumentation technician visited ~~a minimum of~~ six target hospitals selected for testing of electrical outlets in patient care areas and medical electronic equipment in specialized critical areas. Earlier, major hospitals in both Dallas and Houston were visited to assess their existing electrical systems safety programs and to plan the extent of the project tests.

The project resulted from concerns expressed by the Heart Task Force and is receiving guidance from a Medical Advisory Committee composed of Task Force members.

TEX-4

DENTAL REHAB METHODS EXTENDED

Many cancer rehabilitation patients in Texas have another common bond - the inability to resume an active role in society because of the residual effects of treatment required to arrest their disease.

While extensive surgery and radiotherapy have prolonged the lives of many patients with cancer of the head and neck, some of these disfigured patients are in danger of losing their personal and professional lives.

A project in its third year of funding by the Regional Medical Program of Texas has helped to effect rehabilitative procedures for these patients and to extend the use of restorative methods throughout the region.

The "Reduce Complications Following Radiotherapy" project is based at The University of Texas Dental Branch at Houston with support from The University of Texas M. D. Anderson Hospital and Tumor Institute at Houston. These institutions, close neighbors in the Texas Medical Center, are a central focus of the project.

While the project's original purpose has been to reduce complications of head and neck cancer patients following radiation therapy, efforts have since focused on sharing these new methods of managing patients and bringing the dentist into the health care team to achieve a lower incidence of complications. Because the first objective has been substantially accomplished, the project staff is focusing on informing the clinicians throughout the state of the problems that can exist with special emphasis on radiation patients, and on sharing new techniques ~~available~~ to manage and prevent the problems.

Needed changes have been effected and are still ongoing in this once neglected field. Target groups include radiotherapists, radiologists, dentists, head and neck surgeons, pathologists, and internists in Texas as well as the various major and small radiotherapy centers in Texas.

Information emphasis is on training the local dentist to provide consultation and methods of management, and, above all, to approach the dental problems of the head and neck cancer patient without fear or reluctance.

With this knowledge and the closer working relationship between dentists and physicians, another goal is being accomplished - to continue to increase the quality of living and qualitative survival following successful treatment of head and neck cancer.

Interregional activities have also been conducted at five major professional meetings of clinicians and interest has been stimulated to establish similar programs. "Refresher Course Booklets" concerning various types of oral care for the head and neck cancer patient undergoing radiation have been published and distributed as part of the interregional efforts.

~~When~~ RMPT support ends August 31, 1972, ~~it~~ is ~~planned that~~ individual support from local institutions ~~can be utilized in the~~ maint~~enance of~~ these patients.

STRENGTHENING INHALATION THERAPY

PATIENT CARE PROGRAMS

The Texas Hospital Association has almost completed a two-phase educational program to help regional hospitals organize and strengthen inhalation therapy patient care programs.

Funded by the Regional Medical Program of Texas for fiscal year 1971-1972, the first phase of the inhalation therapy educational project included four two-day institutes conducted in the East Texas Chest Hospital, Tyler, October, 1971; Hendrick Memorial Hospital, Abilene, November, 1971; Memorial Medical Center, Corpus Christi, December, 1971; and St. Joseph Hospital, Fort Worth, January, 1972.

Hospital administrators, nursing directors, nurses and other hospital personnel attended the sessions to gain practical, organizational and clinical applications in order to develop effective inhalation therapy patient care programs.

The second phase involved clinical experience workshops held in two-week sessions in five Houston hospitals including The Methodist Hospital, The M.D. Anderson Hospital and Tumor Institute, The Veterans Administration Hospital, St. Joseph Hospital and Heights Hospital.

These in-hospital workshops served as follow-up experience to the two-day institutes. A total of four were held during October, November, January and February.

Lectures, demonstrations, supervised laboratory observations and practice were used in the five clinical settings to provide versatile experience in inhalation therapy administration and first-hand insight into the organization and functions of inhalation therapy departments.

Each hospital whose personnel attended the two-day institute, selected one or two employees to participate in the clinical experience phase. Participants were then qualified to assist the hospital administrator, nursing director, and medical staff to organize and develop the inhalation therapy patient care program.

Inhalation therapy is a relatively new and rapidly expanding specialty involving the administration of oxygen and other gases and drugs to treat patients with cardio-pulmonary diseases and other respiratory disorders.

Attendance and response to the inhalation therapy educational activities has been reported as excellent by THA. The association will tabulate and analyze the project from "baseline" information collected before and after participation by hospitals. The information will be studied to compare progress in improving inhalation therapy patient services and to develop an operational plan for hospitals.

TEX-6

TEXAS

STROKE PROGRAM RESPONDS

TO OUTREACH NEEDS

The primary purpose of the Stroke Demonstration Program, based at Presbyterian Hospital and The University of Texas Southwestern Medical School at Dallas, is to demonstrate comprehensive, progressive care of the stroke patient and provide education to physicians, nurses and allied health personnel.

The multi-disciplinary team of health specialists includes neurology, nursing, speech pathology, occupational therapy, physical therapy and social service, in its comprehensive education effort on the latest techniques for treatment and rehabilitation of the stroke patient.

Regular stroke workshop conferences for physicians in the North Texas area and for nurses from across the state are conducted by the project director, a neurologist, and the education director, a registered nurse.

The two-day physician's workshop, "Diagnosis and Treatment of the Stroke Patient", discusses all phases of medical and surgical management and the rehabilitation of stroke patients and draws physicians primarily from the areas of North and East Texas.

While a two-day program based within the stroke unit is superior, Dr. North favors outreach programs as an excellent alternate mode for continuing education, and he acknowledges the increasing need to take the program to the doctor.

Emphasis is on taking the stroke team's one-day post-graduate education program on stroke into the outreach area at least monthly, depending on the number of ongoing nursing rehabilitation workshops and other commitments.

Another effort is to interest the larger area hospitals in developing stroke care hospital training programs. There are some 36 community hospitals outside of Dallas within the North Texas area with 100 beds or more which the project director hopes to reach.

Area physicians have been invited to spend a working day or more in the Presbyterian Hospital Unit.

The five and one-half day nursing workshop conferences are conducted on a semi-monthly basis. They are also held at the Presbyterian Hospital and include a field trip to a long-term rehabilitation center, the Dallas Institute of Rehabilitation. Response to the nursing workshops has been very good; attendance is usually booked six months in advance. The nursing rehabilitation aspects have already been taken into a number of outlying communities and other institutions within the Dallas metropolitan area. While the one-day program is obviously not as detailed or comprehensive as the regular nursing workshop, there is value beyond accessibility. Nurses become aware that something can be done for stroke patients; they receive literature and become knowledgeable about inservice education possibilities.

Education for nursing and allied health personnel now includes more nursing home personnel in the workshops. Participation by these nurses is increasing and one result has been nursing inservice education in nursing homes conducted by workshop participants.

The Stroke Demonstration Program is now in the final year of a three-year funding period. RMPT support will be phased out at the end of the 1971-1972 fiscal year, but it is fully expected that the program will be continued.

Back-up Sheet

Region: Regional Medical Program of Texas

Locus of ACtivity: Core Activity and Operational Project

Project Title: Grass Roots Organization for Health Services Education

Status: Ongoing

Sponsoring Institutions:
1) Mid Trinity Valley Council for Health Resources Development
2) West Cross Timbers Council for Health Resources Development
3) Northeast Texas Council for Health Resources Development

(Each of the three councils averages 10 hospitals representing collective capacities of 500 beds)

Project Director: N. Don Macon
Director, Community Health Programs
Regional, Medical Program of Texas
1600 Holcombe, Room 1005
Houston, Texas 77025

713-747-9442

Dates: September 1971 - September 1972
(Proposed funding is for a three-year period at $225,000.)

Funding: $75,000

Other Funds: The three hospital groups or councils are assessing nominal membership fees to accrue partial operating funds beginning the second year.

Cooperative Agencies and Institutions:

The approximately ten member hospitals within the three hospital groups and various member nursing/convalescent homes and central resource institutions such as The University of Texas medical and nursing schools; Texas Woman's University Nursing schools, larger hospitals,and other RMPT projects who have supplied personnel to conduct multiple health services education workshops and seminars.

Area served:
1) Huntsville-Lake Livingston area in East Texas
2) Stephenville area west of Fort Worth
3) Extreme Northeast Texas

Target Population: Health professionals and allied health personnel

within the hospital groups and areas described above.

Congressional Districts:

1 Rep. Wright Patman of Texarkana
2 Rep. John Dowdy of Athens
17 Rep. Omar Burleson of Anson
6 Rep. Olin Teague of College Station
11 Rep. Bob Poage of Waco.

Continuation after RMP Support Withdrawn:

RMPT support will diminish at the rate of 25 percent per year beginning the second year. Thus, RMPT pays 100 percent the first year, 75 percent the second year and 50 percent the third year. Each of the three groups of hospitals assumes the gradual deficit and, beginning the fourth year, pays 100 percent of cost. The diminishing cost to RMPT provides funds during the second and third year for implementing three additional groups of hospitals.

VA-1

Region Virginia Regional Medical Program, Inc.

Locus of Activity: Core Activity

Project Title: Public Education on Sickle Cell Disease

Status: Ongoing

Sponsoring Institution: Virginia Regional Medical College, Virginia State College, Medical College of Virginia

Project Director, Title, Address: Mrs. Evelyn Jemison
Associate Professor of Biology
Virginia State College
Petersburg, Virginia

Dates: 1 December 1971 - 30 November 1972 (Sickle Cell Screening & Study)
1 September 1971 - 31 August 1973 (Core Staff activities)

Funding: 01 $6,200

Other Funds: None

Cooperating Agencies and Institutions: Virginia State College, Medical College of Virginia, State Department of Education, State and County Health Departments, Community Action Program, Model Cities Programs.

Area Served: Statewide program with concentration in areas of predominantly high Black population: Norfolk, Portsmouth, Newport News, Hampton, Roanoke,

Target Population: Black population and Health Professionals (Core Staff aspect of program) 3000 Black Students (Sickle Cell Screening)

Congressional Districts: # 1 Mr. Thomas N. Downing (D)
2 Mr. G.W. Whitehurst (R)
4 Mr. Watkins M. Abbitt (D)
6 Mr. Richard H. Poff (R)

Continuation after RMP Support Withdrawn:

Core Staff Contact: Mrs. Harriet Peoples, Assistant in Allied Health, Virginia Regional Medical Program, Inc.

Date Prepared:

Drafted By: Tandy T. Shields, Editorial Assistant

VA-3

Region Virginia Regional Medical Program, Inc.

Locus of Activity: Operational Project

Project Title: Cardiopulmonary Resuscitation Training

Status: Ongoing

Sponsoring Institution: Virginia Heart Association, Inc.

Project Director, Title, Address: J. H. Stone
Virginia Heart Association, Inc.
Richmond, Virginia

Dates: 1 March 1970 - 28 February 1973

Funding: (unavailable at this time)

Other Funds: Virginia Heart Association

Cooperating Agencies and Institutions:

Virginia Heart Association and Community Hospitals throughout the State.

Area Served: Statewide Program.

Target Population: Reduce deaths of Cardiac Arrest Victims through training and retraining of hospital and emergency personnel.

Congressional Districts: All

Continuation after RMP Support Withdrawn: At the end of RMP support, the project funding is to be assumed by the Virginia Heart Association, Inc.

Core Staff Contact: Mrs. Ann S. Cann, Communications & Community Relations Officer, Virginia Regional Medical Program, Inc.

Date Prepared:

Drafted By: Tandy T. Shields, Editorial Assistant

Cardiopulmonary Resuscitation as an Emergency Measure

A program to train health professionals and emergency personnel in closed chest heart massage (cardiopulmonary resuscitation or CPR) is making quite an impact on the State of Virginia. The program is sponsored by the Virginia Regional Medical Program and conducted through the Virginia Heart Association.

The aim of the CPR program is to train instructor training teams from community hospitals (generally two physicians and two nurses), who ~~are~~ then ~~prepared to~~ train other hospital and emergency personnel in their home communities. To date, ~~six hundred~~ (600) instructors have trained almost ~~fifteen thousand~~ (15,000) persons affiliated with ~~one hundred and twenty-seven~~ (127) hospitals throughout Virginia.

Since the requirement of emergency training under the new "Safety Act," instituted by the Department of Labor in June 1971, industry has shown considerable interest in CPR training. Important advances have been made in helping ~~the~~ high risk industries ~~to~~ implement basic emergency systems. A total of 1222 industry and emergency personnel were trained during 1971.

To give insight into the remarkable success of this project: in one small urban hospital (80 beds), the term CPR was barely known until the VRMP program was launched. Since the hospital team was trained, there have been four cardiac arrests--with three successful resuscitations. The survivors are all less than 50 years old and have returned to useful, productive lives in their community.

The CPR program will be continued and maintained through constant retraining of hospital and emergency personnel. It is hoped that further CPR program activities can be a part of core staff efforts in other emergency health services areas.

Sickle Cell Anemia

Long overlooked both on National and State levels is the area of Sickle Cell Disease. In support of this statement, attention is called to the President's Health Message.

> "It is a sad and shameful fact that the causes of this disease have been largely neglected throughout history. We can not rewrite this record of neglect, but we can reverse it. To this end, this administration is increasing its budget for research and treatment of Sickle Cell Disease five fold, to a new total of $6,000,000."

Shortly after Nixon's speech, the Blue Sheet Drug Research Reports featured a 4 1/2 page report on current research in the field of sickle cell anemia. The following paragraph appeared:

> "Another type of program is developing in Virginia. Under the leadership of the Governor's Special Assistant, William Robertson, and Dr. Robert B. Scott of the Medical College of Virginia, the State is becoming involved in wide-spread screening of the black population."

Upon seeing this report, Virginia Regional Medical Program staff immediately consulted Dr. Scott and Mr. Robertson to discuss ways in which VRMP might aid the sickle cell program. It was decided that our main thrust would be in public education.

VRMP community liaison staff were oriented in certain aspects of sickle cell disease and its effects on potential carriers. This information is disseminated to the black population, to health professionals, and other interested groups.

Presently underway through direct efforts of the VRMP, is an attempt to incorporate the topic of sickle cell anemia into high school biology curriculums. Meetings have been held with representatives of the State Department of Education, and very favorable responses were received. To implement the program, one school district in each VRMP subregion has been selected for pilot study.

The second aspect of VRMP involvement is the funding of a sickle cell program at Virginia State College in Petersburg. The $6,200 grant is the first one made in the State for determining the frequency of sickle cell trait carriers. This seed money will aid in the beginning of a five-year study, which will encompass public education, mass screening, and eugenical counseling services for all black Virginians.

Treatment and Rehabilitation of Stroke Patients in a Rural Community

Many rural communities in Virginia are miles away from hospital facilities. These rural communities contain many older citizens who are prone to strokes. In an attempt to improve care and rehabilitation of stroke patients in such communities, a pilot project has been initiated in Virginia. In the target area are a privately owned medical center and two nursing homes.

The project links health professionals in the rural area of Blackstone, Virginia, with the Medical College of Virginia in Richmond. The strategy is a multidisciplinary approach with two-way consultations, patient referrals, and reciprocal personal visits in order to up-date knowledge and skills of the health provider. Identified as the four major stages of activity are:

1. determining past treatment methods;
2. studying and implementing new treatment methods;
3. evaluation of what has been learned; and
4. application of findings to other rural areas.

One of the key efforts of the stroke program is patient rehabilitation. To accomplish this end, health providers, institutions, and families of the patients are all working together. In addition to continuing education programs for the participating physicians, core and project staff hold monthly sessions for all area nurses and nursing assistants. Families of stroke patients have also been in attendance. Subjects discussed are acute care of the stroke patient, emotional status of patients and families, aphasia and dysarthria, working with patients with speech problems, positioning and exercises for the patient, and transfer and ambulation training for stroke patients.

Providing physical therapy consultation are graduate students in the Medical College of Virginia School of Physical Therapy, and speech therapy has been provided by a speech therapist on the Virginia Regional Medical Program staff.

WASH-ALA-1

MOBILE INTENSIVE/CORONARY CARE UNIT

Sixty-six victims of heart attacks in Seattle, Washington, owe their lives to the immediate, on-the-spot intensive care provided by the City Fire Department and its Mobile Intensive/Coronary Care Unit system in the first 18 months of service. Hundreds of other residents had life-threatening situations averted by prompt response to their calls for help.

The fully equipped mobile van, known as Medic I, or one of the 10 smaller aide cars, all staffed by trained firemen, can reach the scene of a cardiac emergency within two to five minutes and begin their life saving treatment immediately. The large van can continue the treatment while the patient is on the way to hospital. Previously, heart attack victims were often a crucial one to two or more hours away from this intensive hospital care.

This demonstration project for cardiac emergency care proved so successful that Seattle and its citizens have now taken over the funding for it; at least five nearby communities are establishing similar emergency services; and its training course for personnel has stimulated three community colleges to introduce classes for emergency medical technicians for the area's firemen, policemen and ambulance attendants. Medic I crews themselves have held 500 cardio-pulmonary resuscitation classes for more than 10,000 ordinary citizens, and, so far, 30 firemen have completed a total of 500 hours in a trauma care course.

The Washington/Alaska REgional Medical Program provided the bulk of the money - ($243,578) - to introduce the system, with a strong assist from the STate Division of Health, the STate Heart Association, and Harborview Medical Center administered by the University of Washington. Subsequently more than $200,000 was contributed by civic groups and private citizens to insure continuation of the service, (following the lead-in period.)

The City Fire Department is responsible for communications, response of the aid cars, dispatching, personnel matters and vehicle maintenance. During the first 10 months of operation, a physician accompanied Medic I on each run, now the paramedical fire department personnel travel with the van and rely on monitoring by a physician through radio and telephone contact. Resuscitation of circulatory arrest is carried out by the staff under standing written orders. Originally Medic I operated out of Harborview Medical Center, now all of the 14 hospital coronary care units in the city participate in the program.

Averaging 250 runs a month, Medic I made 3,058 runs in the first 18 months at an average cost of $72 per run. A large number of patients with ventricular fibrillation were treated - 324 in the initial months, 36 percent of these patients being resuscitated with a long-term survival rate of 13 percent.

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WASH-ALA-2

HOSPITAL SHARING

Fifty-five percent of the residents in the Willapa Harbor area, a lumbering and fishing region on the west coast of WAshington state, had sought medical services outside their area in one year and 37 percent had not been able to see a doctor when they wanted to. Only one physician, close to retirement, resided in the area serving nearly 9,000 people. The administrator of the small hospital became concerned about what was happening to medical care. He telephoned the Seattle offices of the Washington/Alaska REgional Medical Program 130 miles north, asking for help.

That was in 1969. Two years later, the picture had changed radically, due to W/ARMP response to his call for help. Today the town has two resident physicians. A Health Board was elected. A Comprehensive Health Planning agency is functioning. Military helicopters fly emergency cases directly to a specialized care center. And an unusual cooperative arrangement between the 39-bed Willapa Harbor Hospital and Virginia Mason's 300-bed medical center in Seattle is proving to be a model for coordination of medical care throughout the entire region.

In September of 1971, the State Hospital Association established a special task force to inventory existing shared programs between hospitals and "to study methods of developing, expanding and financing additional inter-hospital sharing activities on a local, regional and state-wide basis."

What happened to Willapa Harbor should happen to other small towns who face a typical health care problem - the uneven distribution of resources and manpower between large cities and rural towns.

First W/ARMP's Community Health Services activated a citizen's group to conduct a survey, outlining the residents' health needs and wants, and assisted them in carrying out the recommendations, ~~which resulted in the changed picture~~. Practical advantages for local patients and hospital staff in sharing the resources and expertise of a big city medical center ~~also~~ were soon demonstrated.

A "hot-line" for consultation was set up between the two hospitals. Transportation, both by air and land, was coordinated. Continuity of patient care was established. A drug inventory and development of a formulary resulted in savings of $5,000 in a one year period. Unit price of one drug, for example, dropped from 82¢ to 32¢. A local pharmacist was encouraged to provide daily hospital service.

Continuing staff education is another big plus. Nurses were trained in coronary care and the region's lumber company provided the equipment. Inhalation therapy equipment and technics were updated. Regular nursing seminars have been extended to include another small hospital staff 45 miles away and rotate between the three hospitals. Willapa Harbor Hospital morale became high.

"Virginia Mason is learning from this experience, too," says that hospital's administrator. "It's a professional boost for our staff who are challenged by what they see and learn in a different environment."

W/ARMP is producing a 20 minute film which CHS field staff will use in explaining the concept and possibilities of hospital sharing in other communities.

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WASH-AL A-3

STROKE NURSING PROGRAM

For three long years, the elderly stroke patient had lain in his bed in a nursing home, unable to speak. A nurse's aide, who had attended a local course in restorative patient care decided to apply some of her newly-learned skills. In a short time, she had the patient up and walking, able to perform routine daily activities. Soon he was talking, too. In a nearby nursing home, an R.N. decided to help a wheel-chair patient regain the use of his left hand, which he had not used for 19 years. Her success, too, was added to the store of incidents which demonstrate the direct results of a locally-initiated training course of restorative care.

January, 1972, marked the fourth anniversary of the Central STroke Nursing Program, begun in the Centralia College in WAshington state in 1968 and the only rehabilitative course in the state for licensed practical nurses and nurse's aides as well as for R.N.s.

Since then, nearly 300 nursing personnel have completed the 12 week courses; the program has been extended to cover the neighboring county; and courses to involve physicians, patients' families and nursing home and hospital administrators are scheduled this year.

In 1971, 15 R.N.s, eight L.PN.s and 37 nurse's aides participated in 144 hours of classroom instruction and 179 hours of laboratory experience. After each person completes formal training, Course Instructor Gail Wrzesinski, R.N., makes a follow-up visit to the home institution. Last year she gave 500 hours of follow-up visits, including one and two day session for the entire nursing staff in some institutions.

Skills taught in the course include exercises for strengthening muscles, learning causes and treatments for various chronic illnesses, working with speech and communication problems and how to institute crafts and other activities for mental and physical stimulation.

The first courses at Centralia College were the result of one local resident's dissatisfaction with the care given his uncle. They were planned and funded by the college, the State Heart Association and local hospitals and nursing homes. The following year, WAshington/Alaska Regional Medical Program granted funds to expand the program to the next county and enlarge the scope of the courses.

"We must get over the idea of a nursing home as a place to go and die," said Mrs. Wrzesinski. "The attitude of people who work in the nursing home is most important. More people should visit nursing homes and find out what is going on in them. Our experience shows that one concerned citizen can help to revolutionize the treatment."

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WENY

VIGNETTE

Under the sponsorship of the Regional Medical Program for Western New York The Rural Externship Program has become an effective means of directing health manpower toward delivery of primary care in underserved rural areas. The program places teams of Health Science students from a variety of disciplines in a number of rural health care settings for a period of eight weeks during the summer. By so doing, the project provides rural communities and community hospitals with access to Health Science students and a means of attracting them to careers in rural medicine. At the same time, the program provides Health Science students with a powerful exposure to primary care, and to health care settings not currently utilized in their formal clinical curricula.

During the summer of 1971, the Rural Externship Program placed 22 students in 11 communities in outlying areas of Western New York. During the eight weeks they spent on assignment, the students were exposed to over 50 professional preceptors. The Regional ~~Medical Program for Western New York~~ RMP (LARMP) played the central role in coordinating the program, identifying suitable preceptors, overseeing student selection, developing program guidelines and methods for evaluation, raising local funds to subsidize the cost of student stipends, and developing outside financial resources to carry out the program. Gene Bunnell of the ~~RMP/WNY~~ LARMP core staff served as co-director of the project during 1971 along with J. Warren Perry, Ph.D., Dean of the School of Health Related Professions, S.U.N.Y. at Buffalo. ~~RMP/WNY~~ LARMP core funds were used in a developmental fashion to establish this innovative student-oriented program. In addition, $9,000 in local contributions was raised in addition to obtaining a $20,000 grant through the Appalachian Regional Commission.

~~RMP/WNY~~ LARMP hopes to see the Rural Externship expand in ~~the year~~ 1972

to include 50 Health Science students. Also planned is close coordination of activities with the National Student Health project, sponsored by the Student American Medical Association. RMP/WNY is hiring a full time director to coordinate and expand the program in the future.

The program has many benefits for both student and community. During their externship, students receive a first hand exposure to the rural health care system and to the health problems of these communities. In addition, our evaluation of the 1971 program strongly indicates that the Rural Externship is a means of positively influencing students' career choices: specialty and preferred locations. At the same time students augment existing health manpower in rural areas and assist in giving attention to critical aspects of health maintenance: continuity of care, prevention and follow-up. The presence of Health Science students stimulates rural communities to consider their manpower needs and ways of improving the organization and delivery of health services. Finally, the program provides a means for bringing new ideas to rural practitioners who often suffer from professional isolation. This contact with students may, in fact, encourage health professionals currently practicing in rural communities to remain in those settings.

~~In conclusion~~, RMP/WNY believes that the Rural Externship represents a concrete and meaningful way of making the training of Health Science students responsive to the primary care needs of rural areas.

WEN4-2

WESTERN NEW YORK

Treatment of Skin Cancer

An effective cure for skin cancer has been developed in Buffalo. Edmund Klein, M.D., Chief, Department of Dermatology, at Roswell Park Memorial Institute has poineered a new method of treatment in which a cream containing an anti-cancer drug, topical 5-Fluoroucil, is applied to the skin.

Each year in the United States 4,000 people die of skin cancer and 100,000 new cases appear. In addition, at least 5 to 10 million people develop very early stages of the disease. Until recently, skin cancer was treated by a laborous surgical procedure. Now, applications of the cream cure skin cancers in four weeks or less. The cream is also very helpful to the doctor because it makes skin cancers visible at very early stages, which would otherwise remain undetected.

Since this simple procedure is readily usable by the community physician, the RMP for WNY supported a project funded as of March 1, 1970 to disseminate the method and materials on a large scale throughout our area, and through analysis of data received, to develop this region as a model in skin cancer treatment for the entire nation. The Buffalo-Rochester Dermatologic Society formed a six-member "liaison committee." These liaison directors trained community physicians and provided a link with the cancer treatment center at Roswell Park in Buffalo.

Many physicians in various parts of the region who already had specialized training in the use of skin drugs were eager to cooperate in the project. They used the materials and provided information necessary to establish the feasibility of large-scale use of the cream by community physicians in this region.

The feasibility of general use of the cream by community physicians was established. ~~As a result,~~ it is now marketed commercially by several pharmaceutical companies and is available to all physicians.

Area Health Education Center

Residents of Erie, Pennsylvania and the surrounding area will benefit from improved delivery of health care and the advantages of a health science center right in their own location by the establishment of the Lake Area Health Education Center (LAHEC). Through the efforts of the Regional Medical Program for Western New York, the deans of the health-science schools of the State University of New York at Buffalo, the director of the Roswell Park Memorial Institute in Buffalo, and administrations of the three major hospitals in Erie, Pennsylvania came together to discuss methods of establishing the center.

The Regional Medical Program recruited a full-time director for the Center, Michael C.J. Carey, who came aboard June 1, 1971. Since his arrival, the organization of the center has moved along quickly. LAHEC is the first area health education center to be funded by the Veterans Administration, and will soon achieve the status of a public nonprofit corporation for educational and scientific purposes.

To better meet the health needs of the Erie, Pennsylvania area, committees are being established for medicine, dentistry, pharmacy, and allied health professions. Local colleges will coordinate their health-science programs through LAHEC so they can train the health personnel that are most needed in the area.

As a measure of the local interest in the development of LAHEC, the Erie, Pennsylvania hospitals, the Veterans Administration, and the Regional Medical Program have all made monetary commitments to the Center.

Mr. Carey has been active in discussing the development of the area health education center in Washington. He has also been invited to many areas across the country to review the development of LAHEC and help other areas establish their own Centers.

Back-up Sheet

Region: Regional Medical Program for Western New York

Locus of Activity: Operational Project (locally supported for 1 year, through carryover or rebudgeted funds)

Project Title: Topical Chemotherapy Treatment for Precancerous Lesions and Cancer of the Skin

Status: Terminated

Sponsoring Institution: RMP/WNY

Project Director, Title, Address: Edmund Klein, M.D.
Chief, Department of Dermatology
Roswell Park Memorial Institute
666 Elm Street
Buffalo, New York 14203
716-845-3163

Dates: March 1970 - February 1971

Funding: 1 year from carryover funds, $47,454 direct costs

Other Funds: Research supported in part by the Albert and Mary Lasker Foundation, New York City, N.Y., Research grant #CA 08578 from the National Cancer Institute, and Research grant #AI 09479 - 01, from the National Institute of Allergy and Infectious Diseases, NIH, Bethesda, Maryland, Research grant #T-429 from the American Cancer Society, New York City, N.Y., Research grant G-64-RP-15 from the United Health Foundation of Western New York; the Marge Tinjanoff Fund, Buffalo, N.Y., and the Arcade Community Chest, Arcade, New York.

Cooperating Agencies and Institutions: Buffalo-Rochester Dermatalogic Society, Roswell Park Memorial Institute, National Institutes of Health, practicing physicians, newspapers, radio and television stations, pharmaceutical companies, county medical societies.

Area Served: Western New York and Rochester regions

Target Population: the 3,300,000 residents of Western New York and Rochester regions; community physicians who serve this population.

Congressional Districts: 38, 39, 40, and 41 in Western New York
23 and 24 in Pennsylvania

Continuation After RMP Support Withdrawn: The cream is now available commercially.

Core Staff Contact: John R.F. Ingall, M.D., Executive Director, RMP/WNY

Date Prepared: 2/10/72

Drafted by: Sandra Berlowitz

PAP SMEAR SCREENINGS

Routine Pap smear screening has been recognized as an effective means of determining cervical cancer, the third leading cause of death from cancer in the United States. Six such screenings, combined with a program to train registered nurses to collect the cervical smears, were carried out in Western Pennsylvania by county units of the American Cancer Society, cooperating hospitals and the Western Pennsylvania Regional Medical Program (WP/RMP) in 1971 and 1972.

Almost ~~five thousand~~ 5,000 women in Clearfield, Clarion, Crawford, Jefferson, Somerset and Greene Counties were screened in free public programs. Results of five screenings (~~all the results from the~~ Crawford County screening results are not in yet) ~~have~~ uncovered four ~~frankly~~ positive smears. ~~of~~ These women ~~who~~ were referred immediately for treatment.

In five of the six areas, nurses specially trained in Pap smear collection participated in the screening programs. In many cases, women preferred a nurse to perform the Pap test although physicians were available.

This ~~points to~~ was one of the many advantages in training registered nurses to perform Pap tests: ~~many women, some of~~ whom ~~have never had a Pap test taken, may have less anxieties about the procedure if performed by another woman~~. Other advantages include: 1) because the Pap test is largely a technical skill, nurses can be ~~correctly and~~ efficiently trained to perform the procedure; 2) ~~physicians often give the reason of being too busy to perform the Pap test;~~ having nurses collect the Pap smear ~~eliminates this~~; 3) hospitals can adopt the policy to screen all female inpatients of proper age, thereby insuring that a certain percentage of the female population is screened.

Almost a third of the ~~total~~ women screened ~~(in areas from which results are completed and information is available)~~ had never had a Pap test. Another significant number of women had not received a Pap test in four years or more. Combined with the nurse training and screening efforts were public education programs designed to encourage women to continue scheduling regular Pap tests and to perform~~ing~~ monthly breast self-examinations.

The public education programs involved a variety of media. Films on cervical cancer were shown on cable television and at screening sites. ~~Interviews of screening directors were conducted on television~~ in one area. Newspaper articles and brochures publicizing the screenings and outlining the need for Pap tests and breast self-examination ~~were employed~~.

★In addition, a survey was conducted in a teaching hospital and an ambulatory care facility in June, 1972 to determine evidence ~~that might~~ support the assumption that many women in Western Pennsylvania, even those cared for in these facilities, do not have adequate histories of cervical smear screening. Four hundred interviews were conducted, half in the teaching hospital and half in the ambulatory care center.

It was found that: 50.5 percent of the women surveyed at the teaching hospital and 35 percent of the women interviewed at the ambulatory care center either had not had a Pap test in three years or had never received a Pap test; ~~Twenty-five~~ 25 percent of the women interviewed at the teaching hospital and 11 percent of the women surveyed at the ambulatory care center had never had a Pap test;

When questioned as to whether they would participate in a program in which properly trained female paramedical personnel or nurses would obtain the Pap smears, 71 percent of the teaching hospital interviewees and 80 percent of the ambulatory care center interviewees responded affirmatively.

The results of both the interview and feelings expressed by participants in the six Pap smear screenings seem to indicate substantial patient acceptance of the nurse in performing the Pap test.

★At this time, a proposal outlining a comprehensive program to prepare nurses to screen for cervical cancer is being submitted to the Western Pennsylvania Regional Medical Program.

The project, if funded, would train nurses to collect Pap smears; attempt to initiate a program that would screen all hospital female inpatients, eventually expanding to other health care facilities; encourage the medical community's acceptance of the nurse in collecting Pap smears; and demonstrate the expanded role of the nurse in gynecological nursing. The main goal of the project is the reduction of the number of deaths from cancer of the cervix in Western Pennsylvania by 50 percent.

(6)

VIGNETTE BACK-UP SHEET

Region: Western Pennsylania Regional Medical Program

Locus of Activity: Core Activity

Project Title: Somerset County Pap Smear Program

Status: Completed

Sponsoring Institution: Somerset County Unit, American Cancer Society

Project Director: Ms. Shirley Schweitzer
Somerset County Unit, ACS
Somerset, Pa. 15501
(814) 445-2584

Dates: April 3 to April 8, 1972

Funding: None (Assistance provided by training nurses to collect Pap smears)

Other Funds: (Services provided by cooperating agencies)

Cooperating Agencies and Institutions: Somerset County Unit of the American Cancer Society; Boswell Medical Associates; Pennsylvania Division of the American Cancer Society; and the WP/RMP.

Area Served: Somerset County

Target Population: 911 women in a rural area in Western Pa.

Congressional Districts: #12

Continuation After RMP Support Withdrawn: American Cancer Society will probably continue to sponsor such screenings. Other factors are as indicated on the other screening fact sheets.

Program Staff Contact: Ruth Mrozek, R.N.
Nursing Specialist in Oncology
WP/RMP

Date Prepared: September 21, 1972

Drafted by: Maureen Ryan

(5)

VIGNETTE BACK-UP SHEET

Region: Western Pennsylvania Regional Medical Program

Locus of Activity: Developmental Component (Planning Study)

Project Title: Punxsutawney Pap Smear Program

Status: Screening completed; Reading of slides completed

Sponsoring Institution: Adrian Hospital Association, Punxsutawney, Pa.

Project Director: Mrs. Ruth Fleckenstein, R.N.
Adrian Hospital Association
Punxsutawney, Pa. 15767
(814) 938-4500

Dates: April 6, April 13, April 20, and April 27, 1972

Funding: $1,460 *(WP/RMP trained nurses to collect Pap Smears)

Other Funds: (in-kind services contributed by cooperating agencies)

Cooperating Agencies and Institutions: Punxsutawney Jaycee-ettes; Adrian Hospital; Nurses Alumni Association; and the Jefferson County Unit of the American Cancer Society; and Magee-Womens Hospital, Pittsburgh.

Area Served: The town of Punxsutawney and surrounding area in Jefferson County.

Target Population: 681 women in a rural area

Congressional Districts: #22

*Core Activity

Continuation After RMP Support Withdrawn: Incorporated into the screening program was the training of registered nurses to perform the Pap smears. It is hoped that by training the nurses, Pap smear screening will become a regular service of the hospital for female inpatients. Therefore, subsequent screenings will be built into general health care costs.

Program Staff Contact: Ruth Mrozek, R.N.
Nursing Specialist in Oncology
WP/RMP

Date Prepared: September 20, 1972

Drafted by: Maureen Ryan
WP/RMP Communications Assistant

(4)

VIGNETTE BACK-UP SHEET

Region: Western Pennsylvania Regional Medical Program

Locus of Activity: Developmental Component (Planning Study)

Project Title: Meadville Area Pap Smear Program

Status: Screening completed; results to be completed

Sponsoring Institution: Meadville City Hospital and Spencer Hospital, Meadville.

Project Director: Jean Clegg, R.N.
Meadville City Hospital
751 Liberty Street
Meadville, Pa. 16335
(814) 336-3121

Dates: June 5 - June 30, 1972

Funding: $2,500 *(WP/RMP also trained nurses to collect Pap smears)

Other Funds: (In-kind service contributed by cooperating agencies)

Cooperating Agencies and Institutions: Meadville City Hospital; Spencer Hospital; Crawford County Unit of the American Cancer Society; and Magee-Womens Hospital, Pittsburgh.

Area Served: The city of Meadville and surrounding area in Crawford County

Target Population: 1,250 women in a rural area in Western Pa.

Congressional Districts: #24

*Core Activity

Continuation After RMP Support Withdrawn: Future efforts to be conducted by the American Cancer Society. Efforts will be made to encourage hospitals to take Pap smears on all female inpatients, thereby making screening part of general care costs.

Program Staff Contact: Ruth Mrozek, R.N.
Nursing Specialist in Oncology
WP/RMP

Date Prepared: September 22, 1972

Drafted by: Maureen Ryan

(3)

VIGNETTE BACK-UP SHEET

Region: Western Pennsylvania Regional Medical Program

Locus of Activity: Core Activity

Project Title: Greene County Pap Smear Program

Status: Screening and results completed

Sponsoring Institution: Greene County Unit of the American Cancer Society

Project Director: Mrs. Lewis Vance, Mrs. Walter Atalski, Mrs. Harold Craft
Members of the Education Committee
Greene County Unit, American Cancer Society
Milliken Building - 51 W. High Street
Waynesburg, Pa. 15370

Dates: April 30, 1972

Funding: None (Nurses trained to collect Pap smears by WP/RMP)

Other Funds: (Services contributed by Carmichaels Clinic and American Cancer Society)

Cooperating Agencies and Institutions: Carmichaels Clinic; and American Cancer Society

Area Served: Greene County

Target Population: 179 women in rural area of Western Pa.

Congressional Districts: #26

Continuation After RMP Support Withdrawn: American Cancer Society is likely to stage such screenings periodically in the future. If the concept of nurses taking Pap smears becomes well accepted for female inpatients, expenses could be built into general care costs.

Program Staff Contact: Ruth Mrozek, R.N.
Nursing Specialist in Oncology
WP/RMP

Date Prepared: September 21, 1972

Drafted by: Maureen Ryan

(2)

VIGNETTE BACK-UP SHEET

Region: Western Pennsylvania Regional Medical Program

Locus of Activity: Developmental Component (Planning Study)

Project Title: Clarion County Pap Smear Program

Status: Screening and results completed

Sponsoring Institution: Clarion Osteopathic Hospital, Clarion, Pa.

Project Director: Dr. David Humphrey, Radiologist
Clarion Osteopathic Hospital
214 S. Seventh Avenue
Clarion, Pa. 16214
(814) 226-9500

Dates: June 1, 1972

Funding: $700 *(Nurses trained by WP/RMP to collect Pap smears)

Other Funds: (In-kind services by cooperating agencies)

Cooperating Agencies and Institutions: Clarion State Teachers College; Clarion Osteopathic Hospital; Clarion County Unit of the American Cancer Society; and Magee-Womens Hospital, Pittsburgh.

Area Served: Clarion County

Target Population: 341 women in a rural area of Western Pa.

Congressional Districts: #22

*Core Activity

Continuation After RMP Support Withdrawn: Future screening efforts are likely to be undertaken by the American Cancer Society. If area hospitals adopt a policy to screen all female inpatients, Pap screenings could be built into general care costs.

Program Staff Contact: Paul Martin
Area Liaison Representative
WP/RMP

Date Prepared: September 21, 1972

Drafted by: Maureen Ryan

(1)

VIGNETTE BACK-UP SHEET

Region: Western Pennsylvania Regional Medical Program

Locus of Activity: Developmental Component (Planning Study)

Project Title: Bucktail Area Pap Smear Program

Status: Completed

Sponsoring Institution: DuBois and Maple Avenue Hospitals, DuBois, Pa.

Project Director: Dr. Ernest F. Getto
DuBois Hospital
DuBois, Pa. 15801
(814) 371-2200

Dates: April 30, May 6, May 12 and May 18, 1971

Funding: $1,173

Other Funds: None (in-kind services were provided by cooperating agencies)

Cooperating Agencies and Institutions: Young Womens Club of DuBois; DuBois and Maple Avenue Hospitals; and the Clearfield County Unit of the American Cancer Society.

Area Served: The town of DuBois and surrounding area in Clearfield County.

Target Population: 1,524 women in a rural area

Congressional Districts: #23

Continuation After RMP Support Withdrawn: It is anticipated that the Clearfield County Unit of the American Cancer Society will continue to sponsor such programs from time to time. Built into the public education and information aspects of the screening was the importance of regular Pap tests and monthly breast self-examination which hopefully encouraged many women screened to schedule future tests themselves. If the project (The Preparation of Nurses to Screen for Cervical Cancer)which is in the process of submission to WP/RMP is funded, area nurses are likely to be trained to collect smears from female inpatients and the screening can be built into general costs of the hospital. (In this first screening that WP/RMP was involved in, physicians collected the Pap smears)

Program Staff Contact: Ruth Mrozek, R.N.
Nursing Specialist in Oncology
WP/RMP

Date Prepared: September 20, 1972

Drafted by: Maureen Ryan

Back-up Sheet

Region: Wisconsin RMP

Locus of Activity: Developmental Funds

Project Number: #32

Title: Health Care Delivery System R&E

Status: New Project

Sponsoring Institution: Marshfield Clinic Foundation

Project Director, Title, Address

John H. Mitchell, M.D.
Dept. of Community Medicine
Marshfield Clinic
Marshfield, Wisconsin 54449

Dates: 3/1/72 to 8/31/72

Funding: $25,691

Other Funds: None

Cooperating Institutions:

Marshfield Clinic
St. Joseph's Hospital
Marshfield Clinic Foundation
Blue Cross-Blue Shield

Areas Served: Greater Marshfield Area

Target Population:

40,000 people living in Greater Marshfield area.

Congressional Districts:

Continuation After RMP Support Withdrawn:

Application References:

Project #32 Continued

Other References:

Specific Evaluation Reports:

Core Staff Contacts:

Date Prepared: 1/26/72

Drafted By: F. Wenzel

WISC-1

Project #31
(Wisconsin RMP)

The 16th Street Community Health Center (HOPE) is located in the Inner City--South, and contains over 74,000 people in an area of 7.15 square miles.

Approximately 19,400 families live here. One-fourth of them earn less than $5,000 per year, and of these less than one-fifth receive some form of public assistance. About 12.4% are over 65, with one of every 20 persons over 75. One dwelling unit of every thirteen is overcrowded. Approximately 10,000 of its residents are of Latin American descent.

HOPE has engaged in many activities relating specifically to this community. It has been determined, both through objective criteria and the articulated perceptions of the local community, however, that the most important need in the community is primary care, especially for adolescents and adults. Secondly, many people are motivated to seek proper health care, but lack an appropriate knowledge of health, especially in the areas of self-care prevention of illness. Hence, there is also a considerable need for community health education activities.

The specific objectives of this project are to:

-- provide primary health care to persons in the local community who are unable, financially or otherwise, to obtain care elsewhere

-- demonstrate the capability of a nurse practitioner to function as the focus of a primary care system

-- develop relationships between the Health Center and other sources of primary and secondary care, both public and private, which facilitate patient service

-- demonstrate the effectiveness of using community health workers as outreach personnel collaborating with a nurse practitioner

-- develop community group health educational activities

-- demonstrate the effectiveness of using community health workers as organizers of community health education groups

-- upgrade the skills of Center staff, and community health worker personnel in other southside agencies, through an initial and an ongoing training program

In general, the Community Health Contact Center activities will include:

I. Direct Patient/Family Health Services

-- entry into health care for persons identifying own needs for service
  a. triage (medical and health history, evaluating of signs and symptoms)
  b. treatment of minor illnesses
  c. first aid and treatment of minor injuries
  d. appointment to Center or other local medical clinics
  e. referral to diagnostic or treatment resources.

-- management of chronic illness
  a. assessment of current status
  b. evaluation of and assistance with management in the home
  c. patient-family education regarding care
  d. assessment of temporary illnesses

-- physical examinations and immunizations

-- follow-up of patients
  a. receiving Center services
  b. referred to other resources

-- family health management
  a. counseling in child-bearing, rearing and management
  b. health supervision and education
  c. referral and collaboration with other persons and agencies serving family

-- patient advocacy

-- assistance with and arranging for babysitting and transportation

-- assistance with obtaining prescriptions, equipment, translator or interpreter

-- assistance with filing health and social service aid applications

II. Community Service (These services are "outreach" in nature and reflect the Center's attempt to respond to community needs identified by local residents.)

-- assistance in organizing people to meet their own needs (babysitting, transportation)

-- providing resources for health-related education (first aid, weight-watching, venereal disease)

-- arranging for local screening and testing programs (multiphasic screening, TB screening, lead poisoning)

III. Relationships of Center with Other Health Care Resources

-- development of arrangements with major public sources of medical care (Milwaukee County General Hospital, Children's Hospital, Milwaukee City Health Department). These relationships would enable a nurse in the Center to treat some patients on the spot, provide some patients with medical care at the Center through expansion of clinics, providing some patients with informed care on arrival at the hospital or clinic.

-- develop relationships with dentists and doctors in the neighborhood which provide "crisis" appointments for some patients, continuing care by private practitioners for selected patients, and patient education to facilitate home management

-- develop arrangements with hospitals (Mt. Sinai Medical Center, St. Luke's Hospital, St. Mary's Hospital, etc. medical and nursing staffs) to provide inpatient care for selected patients, and cooperation to help implement needed services for patients

-- foster communication and cooperation between local health centers and clinics to coordinate patient services, develop needed patient services and implement community education programs. In addition, this relationship would assist in staff development programs, and resolution of common problems.

Back-up Sheet

Region: Wisconsin RMP

Locus of Activity: Operational Project - Milwaukee Inner City - South

Project Number: #31

Title: Health Center - Inner City South

Status: New Project

Sponsoring Institution (Grantee): H.O.P.E., Inc.

Project Director, Title, Address:

Mr. Greg Kusiak
16th Street Community Health Center
1036 South 16th Street
Milwaukee, Wisconsin 53204

Dates: 9/1/72 to 8/3/75

Funding:	72-73	73-74	74-75
	$109,951	$112,322	$116,995

Other Funds: None

Cooperating Institutions:

Marquette University College of Nursing
University of Wisconsin-Milwaukee School of Nursing
State Department of Health and Social Service
The United Community Service
Independent Learning Center
Esperanza Unida
Federation of Community Schools
Milwaukee Health Department
Milwaukee County General Hospital
Social Development Commission

Area Served: Milwaukee Inner City - South

Target Population:
74,000 people, largely Mexican-American, living in an area of 7.15 square miles, 60,000 of whom live in an area of 3 square miles

Congressional District: Fourth

Continuation After RMP Support Withdrawn:

Application References:

Other References:

Specific Evaluation Reports:

Core Staff Contacts:

Date Prepared:

Drafted By:

WISC-2

Society today is vitally interested in the cost, availability, accessibility and quality of medical care. Committees are being formed, books are being written and proposals are being formulated all which relate to the medical care system. However, one major deficiency that exists is the development and accessibility of concrete data and information to assist the medical community and state and federal agencies in making specific devisions. Information on regionalization, utilization, referral patterns, disease entities and specific costs are difficult to obtain. That data which is presently available is often from large prepaid programs with a selected patient population and are not all encompassing in their services nor the population which they serve.

The lack of organized information has led to the proposal for the development of a research planning and evaluation section within the Marshfield Clinic Foundation. Definitive data on costs of medical care, utilization of services, specificity of disease patterns and other tangibles will be evaluated so that intelligent decisions and planning can be carried forth to assist in the development of a model regional health care delivery system.

Since the Marshfield Clinic is the main source of medical care for approximately 40,000 people for which it gives primary, secondary and tertiary care through numerous methods of payment, an immediate data bank is present. A data system has been developed which includes all patients covered by the GMCHP. This system will provide part of the important data for studying changed in medical care patterns and the problems related to financing medical care. A great deal of data is also available on non-plan patients who are seen at St. Joseph's Hospital or the Marshfield Clinic. There is, however,

no research section within the above institutions to use the currently available data and develop new studies and evaluation of the delivery of medical services on a broad base regional level. The plan, in general calls for the development within the Marshfield Clinic Foundation of a section devoted to this broad purpose.

The short range objective of the proposal is to assemble the staff and begin outlining studies of the health care system. The data that is presently being generated in conjunction with GMCHP plus the records of the Marshfield Clinic, St. Joseph's Hospital and Blue Cross-Blue Shield will allow for start ~~up~~ of an immediate systematic study of some of the health systems. Other data sources within the area and state will also be used as well as data on the non-GMCHP patients. The data from these programs will be made available to all areas of the state and nation.

~~There are numerous~~ reasons ~~that should allow~~ for the success of this program include the fact that. Within the GMCHP area all physicians are cooperating with the plan, and almost all medical care for GMCHP patients can be traced. Another reason is that the population is stable and is of mixed ethnic religious and national background. Approximately 14 ~~fourteen~~ percent of the population fall under OEO's guidelines as economically distressed, and approximately 20 ~~twenty~~ percent of the patients are covered under Medicare and/or Medicaid. Information on all these groups would be available plus those under the prepaid and fee-for-service program.

The developmental award has four principal objectives:

1. Allow hiring of the personnel for the research planning and evaluation section within the Marshfield Clinic Foundation.
2. Begin definitive and in-depth research programs on the health

care system and regional planning.

3. Develop complex computer programs to assist in the research designs.

4. Provide temporary funding during which a three-year project proposal will be written and submitted to WRMP for further development of the section and its studies.

Some of the primary research efforts that would be undertaken during the developmental period and would extend into and be part of the three-year project proposal are as follows:

1. Quality medical care: What is it and how can it best be evaluated? There is much discussion of quality of medical care and yet there is no good definition of what good quality is and how it can be determined particularly on the regional level.
2. Cost of medical care: From the existing system and data presently available, specific costs for medical care can be determined on patients within the immediate area. This would provide data on the cost for total comprehensive care over a period of time. Dependent variables that could be observed are: the family, disease specificity, sex, age, ethnic nationality, educational level, income level, urban-rural area and numerous other parameters. Through cross-correlation of the above data, through the comparison of the prepaid and the fee for service plus Medicare and Medicaid and hopefully other federal fundings, the costs and financing of medical care could be evaluated.
3. Utilization of medical services and facilities: Medicare has mandated utilization review committees and pending legislation

is doing the same. The central Wisconsin area provides a natural laboratory for research on the methods of the delivery of health services and the utilization of medical services by patients. This would include not only patients within the immediate area but also throughout the whole region of central and northern Wisconsin. It could also include more specific services that are over-utilized and under-utilized by various groups of consumers and providers. This should lead to a peer review system which would then be part of the research project.

4. Outreach programs: Through the diagnostic mix and referral patterns specific information on the unmet needs of the rural area and potential services that should be provided to areas of central and northern Wisconsin would be defined. This in time should lead to relationships and cooperative services on a more organized regional basis.

5. Other studies: Methods of record linkage, patient flow, health education, screening techniques and other projects as deemed worthwhile could be explored.

In summary, with the new developments in health care delivery systems, changes should not be made for the sake of change alone but on the basis of predetermined studies and data. All the components of a total medical care system are available and accessible for research in the Marshfield setting. With the GMCHP in operation and expanding plus other sources of data, this research endeavor should be fruitful. The principle needs at this particular time are start-up funds for staff development and program planning.

FORM 15 RMP Wisconsin

PROJECT SUMMARY

[ ] 1 yr. report [ ] 3 yr. report [X] Final Report

Project Title: Colposcopy Project

Project No.:

Disease Category: None

Health Care Focus:

Target Group(s): All women over 20 years of age in Wisconsin

Primary Purpose:

Date of initial RMPS Support (mo.,yr.): 9 1970

Anticipated Termination RMPS Support: 8 1971

Geographic Scope: State of Wisconsin

Related Federal Programs: None

Objectives: Reduce medical costs, improve comfort of patient through improved testing technique.

Progress: Project successfully terminated September, 1971.

Colposcopy Project

~~Proposal~~: Almost everything people are trying to do--decrease the cost of medical care, bring the advancements of medical science and technology to the community level for implementation, keep the health and welfare of the patient foremost in mind--is exemplified by the recent success of the Wisconsin Regional Medical Program's Colposcopy Project.

Evaluation of the project has shown that the cost of a uterine cancer examination, done as a result of an abnormal Papanicolaou (PAP) smear, can be reduced as much as 93 percent.

The project, under the direction of Dr. Adolf Stafl of the Medical College of Wisconsin, is part of Wisconsin Regional Medical Program's Gynecologic Malignancy Program under the direction of Dr. Ben M. Peckham, Chairman, Department of Gynecology and Obstetrics, University Hospitals, Madison, and Dr. Richard F. Mattingly, Chairman, Department of Obstetrics and Gynecology Medical College of Wisconsin.

It is a good example of how Regional Medical Programs are succeeding in bringing the advancement of technology and science to the local level for general implementation in an effort to keep the costs of medical care at a minimum and patient care at an optimum.

Colposcopy is a procedure used in the detection of uterine cancer following a PAP test. If the PAP test ~~shows an~~ indicat~~ion~~es ~~of being~~ an abnormal, the colposcopic examination is used in place of a diagnostic conization procedure. It is estimated that 750 cases of uterine cancer will be found in Wisconsin in 1972 and approximately 43,000 cases will be found in the United States

with funding from the Wisconsin R M P

Dr. Stafl has helped train six physicians ~~throu~~

FORM 15

RMP Wisconsin

PROJECT SUMMARY

[ ] 1 yr. report [ ] 3 yr. report

Project Title

Project No.

Disease Category

Health Care Focus

Target Group(s)

Primary Purpose

Date of initial RMPS Support (mo.,yr.)

Anticipated Termination RMPS Support

Geographic Scope

Related Federal Programs

Objectives

Progress:

Proposal:

~~gram,~~ who have become highly proficient in utilizing the technique. They are located at St. Francis Hospital and the Gunderson Clinic, La Crosse; Marshfield Clinic, Marshfield; St. Elizabeth Hospital, Appleton; and University Hospital, Madison. Dr. Stafl ~~He~~ is presently training several physicians at Milwaukee County General Hospital, ~~who are serving their residency.~~

"Several of the hospitals have been able to develop a cost analysis which reflects the savings to both the hospital and the patient," Dr. Stafl says ~~continued.~~ "St. Francis Hospital at La Crosse estimated that the average cost of a conization is approximately $493, $319 for the hospital, $24 for anesthesiology and $150 for the surgeon. ~~he added.~~ With the introduction of the colposcopic procedure, the total cost was reduced to only $35."

VIGNETTE #7

Project #15
(Wisconsin RMP)

Primary

- AMBULATORY CARE
- KIDNEY DISEASE
- Legislation
- Manpower
- PATIENT/PUBLIC EDUCATION
- Prevention and Screening
- REDUCTION IN HEALTH CARE COSTS

Secondary

- Access Improvement
- Combination Training/Patient Care
- Comprehensive Care
- Home Health Care
- Organ Banks
- Regional

In Wisconsin, about 140 persons each year enter the final stages of renal (kidney) disease who are judged good candidates for kidney transplants or artificial kidney machine dialysis. Until recently, the latest advances in care of such patients were high in cost and not uniformly available Statewide. Now, a carefully organizaed, comprehensive renal disease program sponsored by the Kidney Foundation of Wisconsin and supported by grants from the Wisconsin Regional Medical Program (WRMP) totalling more than $1 million, is beginning to change this picture.

The program is designed to develop a Statewide cooperative kidney transplant program to prevent tissue mismatches and reduce expensive, long delays in transplantation; and to establish a program of dialysis located within patients' homes and in strategic community hospital dialysis units. A prevention and early detection program is now underway, providing local physicians with information and inexpensive testing kits for detecting kidney disease. As a result of the project a "Catastrophic Costs" bill has been introduced into the State Legislature to establish a program supplementing the high costs of treatment for families of modest means.

In February, 1971, a large dialysis training facility began operating at Madison Methodist Hospital, with a capacity to train 20 to 30 patients per year, along with their spouses, in performing dialysis at home or in community dialysis centers. The substitution for hospital space and staff substantially reduces costs (from $20,000-25,000 to about $7,000 per patient each year in Wisconsin). As of December 31, 1971, 11 individuals had successfully completed the training and performed hemodialysis at home.

The project is planning distribution of dialysis centers for most economic use of machines and staff. The Madison facility and a post-graduate training program at Milwaukee County Hospital also provide education and training for physicians, nurses, dietitians, and technicians on the latest knowledge of renal disease and its management, dialysis equipment and establishment of dialysis units.

As part of the Statewide transplant program, three tissue typing labs have been established in Milwaukee and Madison to ensure successful transplants by pairing kidney patients with compatible tissue from deceased donors in the State. As of April, 1971, 250 donor/recipients had had 407 tissue typings performed by the labs. Current information on potential recipients, prepared by the Marquette Biomedical Computer Center, is provided to transplant surgeons each week.

Back-up Sheet -- Vignette #7

Region Wisconsin RMP

Locus of Activity Operational Project

Project Number #15

Title: Comprehensive Renal Disease Program

Status: Ongoing (Note: terminating project, "Tissue Typing," being phased into #15).

Sponsoring Institution: Kidney Foundation of Wisconsin

Project Director, Title, Address: (Co-directors)

Richard E. Rieselbach, M.D.,
Assistant Professor
University of Wisconsin Medical School
Madison, Wisconsin 53706
(Phone: AC 608-262-1722)

and

Arvin B. Weinstein, M.D.
Associate Professor
University of Wisconsin Medical School

Dates: 6/70 - 8/73

Funding:

	01 (15 months)	02
(dco)	$450,000	$469,234
+	92,155 (rebudgeting)	
-	Wilson cut = $530,807	

Other Funds: Kidney Foundation has performed some fund-raising.

Cooperating Institutions:

Madison Methodist Hospital,
Milwaukee County Hospital
Kidney Foundation of Wisconsin

Area Served: Statewide

Target Population: Annually, about 140 persons each year who develop end-stage renal disease, plus all those potential kidney patients screened because of the project's prevention and early detection program.

Congressional Districts: All

Continuation After RMP Support Withdrawn: WRMP expects that the Kidney Foundation will eventually administer the program, with the "Catastrophic Costs" Bill (Senate Bill #593 - Wisconsin legisature) as one source of funds. If passed, the Bill would increase the present level of State assistance from about $2,300 per family to a base of $10,000 per family. The bill would also establish a Kidney Disease Board of professionals to certify patients (eligible for assistance) and treatment centers.

Application References:

Continuation Application dated 9/1/70, pp. 181-237
Triennium Application dated 9/71, form 15-6

Other References:

RMPS Summary of Anniversary Application for July, 1970 Review Committee, pp. 14-15

Specific Evaluation Reports:

Site Visit Report - December 8-9, 1970, pp. 18-20
Report of Site Visit Team (on Project #15), April 21, 1971.

Core Staff Contacts:

Mr. Roy Ragatz (Madison) AC 608-263-2851

and

Mr. H. Scott Ainsworth
Executive Director
Kidney Foundation of Wisconsin
AC 608-241-1279

Date Prepared:

11/10/71

Drafted By:

Teresa Schoen

WISC-3

FORM 15

RMP Wisconsin

PROJECT SUMMARY

[ ] 1 yr. report   [X] 3 yr. report

Date of initial RMPS Support (mo.,yr.) 9 1969

Anticipated Termination RMPS Support 8 1972

Project Title: Nurse Utilization

Project No. 17

Geographic Scope: State of Wisconsin

Disease Category: None

Related Federal Programs: None

Health Care Focus: Intermediate Care of Medical Surgical Patients

Objectives: To design a system of patient care based on patient needs.

Target Group(s): Nurses, Physicians, Hosp. Admin. Pharmacists & Engineers

Primary Purpose: Provision of service for patients

Progress:

The project was successfully terminated in August, 1972. ~~A final report is being prepared and will be available within the next few months.~~

Proposal: Nurse Utilization: A Patient Care Systems Project

The actual needs and wants of the patient may be quite diff rather than what health personnel think he should have is the basis for this Wisconsin RMP project.

Started in 1969, the project was developed to meet the needs of the patient through the redesign of the traditional hospital setting. The needs of the patient were looked at first, not last, and the means of providing this service came next in line.

Two-way supply cabinets were installed enabling personnel to stock the cabinet from the corridor rather than entering the patient room. A center communications system was designed allowing a non-health person to monitor patient requests directly and to allow easy access to health personnel anywhere in the facility. In short, many innovations were made to more efficiently utilize health and allied health professionals and equipment allowing for improved care and more bedside nursing care by hospital personnel.

In September, 1972, the Wisconsin RMP received an award for the project from the Gerard Lambert Foundation which is administered through pollster George Gallup. The award, the first ever presented to a Regional Medical Program, is made annually to encourage innovations designed to improve patient care and reduce the cost of health care. More than 1,000 ideas were reviewed by the Awards Committee.