



E000410

Greetings -

IN this, our first issue of **VIEWPOINT**, an introductory word might not be amiss. Accenting prime areas of RMP concern, we begin with a look at our Cardiac Coordinating Committee. Later issues will feature other segments of Area V programs plus, we hope, increasing news of and from **YOU!** The success of RMP Area V inevitably depends on you — and on the **VIEWPOINT** of your community.

AN EXPLANATION —

Talking about Regional Medical Programs is a little like sex education for the uninitiated — the sooner the facts of the act are explained, the sooner real education can begin. So, lest there be any doubt, RMP is a government, a tax-dollar mechanism with Uncle Sam's stamp on it. Apprehensions, valid and invalid, about such sponsorship, may well apply.

Only eyes, ears, and a little compassion are needed to recognize how uneven is the quality of medical care, with the best of care available to some but not to all. Reasons vary, solutions are often hard to achieve, but to the degree that failure in dissemination of knowledge and capability is responsible for disparity in medical care, RMP may be a device for remedy.

Continued on Page Two

Philosophy of the Cardiac Coordinating Committee

George C. Griffith, M. D., Chairman

THE CARDIAC COORDINATING COMMITTEE believes that modern knowledge and facilities for prevention, diagnosis and management of heart disease should be available to all citizens of California Regional Medical Program's Area V. In an effort to attain these highly desirable goals, legislative bodies at local, state and federal levels have passed numerous health care measures such as **Medicare**, **Medicaid** and **Comprehensive Medical Care**, which have resulted in a huge expenditure of tax dollars.



Dr. Griffith, Kay Fuller

Health programs must be developed and administered by committees of responsible local people.

THE DEMAND FOR HEALTH SERVICES far exceeds available facilities and personnel. There is great opportunity for RMP to meet such increasing health demands. Our American heritage of freedom, private enterprise and individual initiative requires each physician and layman to be aware of new knowledge and overwhelming pressures, to profit from criticism and become involved in directing the health care program. Thus, at the community level, medicine's mission may be successfully fulfilled.

REGIONAL MEDICAL PROGRAMS grew out of an earlier concept of regional heart, cancer and stroke medical centers — seventeen or more — scattered throughout the United States. Congress rejected that idea, however, and instead passed Public Law 89-239, placing full responsibility for medical care in the hands of health-oriented people within each local area. The Cardiac Coordinating Committee, therefore, hopes to assist in development of local programs and projects throughout Area V, to fulfill the primary objectives of making the best measures for prevention, diagnosis and treatment available to everyone.

TRAINING OF PHYSICIANS AND NURSES in acute coronary care — this one project, to date, has been developed and has proceeded to the financial stage. The administrator and professional staff in each of the Area V medical centers will designate a physician and a nurse to receive the program's training-in-depth for specialized cardiac care.

Other projects directed toward reducing incidence and mortality of coronary heart disease are under study. Here, indeed, is where each program must be planned and structured for service to medical needs of a community.

It has been said that today's health services represent the third largest "industry" in the United States. Within five to seven years it may surpass all others, including automotive and communications.



Dr. Petit



Mrs. Fuller, on her month-long telephone call. Mrs. O'Conner, right, charting out survey results.

Coronary Care in Area V--What is Available, What is Needed, What is Planned

Mrs. Kay D. Fuller, R. N., Nurse-Coordinator

A PERSON-TO-PERSON TELEPHONE SURVEY was the device selected by the Cardiac Coordinating Committee in the development of a reliable evaluation of current intensive coronary care provisions in Area V. From February 21 to March 23, we canvassed administrators of the area's 111 licensed acute care hospitals admitting patients with myocardial infarction, for an up-to-the-minute report on existing coronary care services and identification of community resources for such care.

ADMINISTRATORS WERE ASKED TO SUPPLY INFORMATION on the current existence, or immediate plans, if any, for 1) a coronary care unit with monitored beds in a given hospital; 2) avenues of medical authority for the unit; 3) kinds of training provided or planned for the unit's nursing staff; 4) the estimated number of nurses the hospital might send to a four-week training program. Hospitals contacted varied in size from 14 to 2608 beds. Of these, 78.4% have 199 beds or less, accounting for over 42% of the total 17,610 beds available. Of the 111 hospitals surveyed, 41 have now provided space for coronary care. An additional ten hospitals project plans for coronary care units within the next six months, administrators reported.

185 EXISTING MONITORED BEDS FOR CORONARY CARE were reported available for coronary care patients, with an additional 71 beds planned. The intensive CC beds reported are in 20 separate CC units, and 21 combined intensive and coronary care units. Of the combined units, 13 are in hospitals with 149 beds or less, while 15 of the separate units are in hospitals having 150 or more beds. Stating that 11 outside training programs had been resorted to in previous training of specialized CCC nurses, administrators indicated they were presently interested in sending over 100 nurses to a four-week coronary care training program. Hospitals currently having CC provisions estimated that a similar number of nurses might be sent for training during the first year of such a training program.

A WEALTH OF SPECIALIZED INFORMATION AT THE COMMUNITY LEVEL has proven a valuable bonus gathered from our telephone inventory. Aside from our specific incentive for evaluation of area response to potential CCC training programs, we felt that the survey would seem to confirm our estimate that over 900 nurses might need training or retraining in order to provide for potential relief factors, attrition, planned new facilities, and expansion of existing units within Area V.

An Explanation

Continued from Page One

But only the community can define its own health needs—and no two communities are alike. RMP, then, stands as a channel of communication through which each community can define its own needs and develop its own remedies. No needs can be defined, however, nothing can be developed, if the community does not act.

Area V encompasses 55 cities and unincorporated area of Los Angeles County, with a constantly growing population of four and a half million people. From local health workers and other concerned citizens must come the incentive to define health needs, then to work toward establishment of ways in which regional cooperative arrangements between existing institutions and systems can meet these needs.

To encourage this type of thinking, the staff of Area V Central Office is holding a series of meetings, to which are invited the Chiefs of Staff, Administrators and Board Presidents of all hospitals in a given community. These important people are being encouraged to form groups within their own hospitals, to define educational needs of staff and allied health workers, and also to consider their own special roles in community health.

Such a group can provide a feeling for local needs that could never come from a central office. It is this inter-hospital, interdisciplinary thinking that must form the solid base for district and area committees who can function to develop medical services to meet the need.

We will welcome reports of local projects and problems.

Donald W. Petit, M. D.,
Director

A THOUGHT FOR TOMORROW

"Grant me the strength and opportunity always to correct what I have acquired, always to extend its domain; man... today can discover his errors of yesterday, and tomorrow may obtain new light on what he thinks himself sure of today."

Maimonides.



Area V Seminar-Workshop for Electrocardiographers

A TWO-DAY PLANNING STUDY-DISCUSSION-WORKSHOP PROJECT for electro-cardiographers, was held June 7-8 at the Huntington Sheraton Hotel in Pasadena. Participation was truly excellent! In all, some 60 physicians—representing 53 hospitals throughout the area—turned out, to share their views on methods for implementing programs in continuing education and training related to the various aspects of cardiology.

ORIENTATION TO PROGRAMS FOR CORONARY CARE IN AREA V was the prime feature of the first day's session, with special emphasis on the expanding activities of our Cardiac Coordinating Committee. But most rewarding highlights of the day were the lively discussions taking place in the small-group workshops chaired by George Griffith, M. D., Irwin Hoffman, M. D., Milford Wyman, M. D., and Willard Zinn, M. D., co-chairmen of the Cardiac Coordinating Committee.

AN IN-DEPTH DISCUSSION OF THE SCIENCE OF ELECTROCARDIOGRAPHY was the theme of the second day's sessions, which began with a multiple-choice test in EKG interpretation. Detailed review of the test set the stage for Dr. Wyman's presentation on "Diagnosis of Ventricular Tachycardia," and Dr. Hoffman's lecture on "Differentiation of Supraventricular Tachycardia with Aberration and Ventricular Tachycardia." Small-group workshops on arrhythmia diagnosis finished off the seminar.

CONCEIVED AND SPONSORED BY THE CARDIAC COORDINATING COMMITTEE, the success of the seminar-workshop was made possible largely through the efforts and direction of Dr. Irwin Hoffman, plus the enthusiastic response of Area V electrocardiographers. Plans for other such professional projects have been encouraged by this success and will be announced as details are completed.

Doctors and specialists in various aspects of electrocardiographic procedures, engaged in small-group discussions on EKG interpretation, diagnosis and programs for continuing education and training in cardiology, at June 7-8 Seminar Workshop. Other such projects are planned.



Role of the Nursing Advisory Committee

Mrs. Fotine Drulias O'Connor, Chairman

THE NURSING ADVISORY COMMITTEE FOR AREA V was formed last October, but it was not until the end of November, 1967 that our first meeting was held. Members began with thoughtful exploration of the gap between needs and available services in health care, particularly studying the role of nurses and nursing in the community health services team. Our most immediate concerns were the general lack of continuity in patient care, fragmentation of medical and nursing services at the community level, and the regrettably ineffectual use of existing resources.

AT PRESENT THE NURSING ADVISORY COMMITTEE does not see itself in an initiative role regarding RMP proposals, for nursing,

as always, is a supportive, rather than an incentive function. We are, however, deeply concerned about proposals being generated in which nurses and nursing must be specifically involved. Anxious to be of service, we believe that, at this point, our help can be most important in an advisory or consultant role in the early developmental stages of a project proposal.

THE ROLE OF THE PROFESSIONAL NURSE TODAY, we feel, needs to be interpreted by the professional nurse to other members of the health services team. Thus, in keeping with the nursing creed, we are eager to be of assistance to all committees whenever proposals are being discussed in which our professional skills and experience may be involved.

NURSING COMMITTEE REPORT

Grave concern for the stressful effects of the proposed closing of the School of Nursing at University of California at Los Angeles was expressed by the Nursing Advisory Committee. This concern was shared by the multidisciplinary RMP Area V Committee Chairmen group in their meeting on July 12.

In today's approach to community-centered health care, and the spiraling need for well-prepared nursing educators, administrators and clinical specialists, the proposed abandonment of this most productive source of nursing leaders in the southern California area is incomprehensible. This Committee urges your interested support in communicating to the Board of Regents the concern of the community regarding the future of the School of Nursing at University of California at Los Angeles.

THE WAY IT LOOKS FROM HERE

So many people are working so hard at so many things in so many communities, yet sometimes it may seem that not enough is really happening in the many-faceted activities of Area V. But we have a special VIEWPOINT, here at Area V headquarters—and from here we're beginning to see the program swing into gear, with important people getting involved, personally and professionally, in what we know is the only way to insure adequate health services at the community level.

Each issue of VIEWPOINT will highlight another RMP project, along with news of YOU and YOUR community. For, most of all, VIEWPOINT is designed to be just that — YOUR viewpoint, YOUR needs, YOUR people, YOUR plans. With the September issue we plan to begin a "Community Profile" series — vignettes of localized Area V problems and projects. Let's hear from YOU!



Published by

CALIFORNIA REGIONAL MEDICAL PROGRAMS

AREA V

UNIVERSITY OF SOUTHERN CALIFORNIA
SCHOOL OF MEDICINE

AREA OFFICE

1 West Bay State Street
Alhambra, Calif. 91801
Telephone (213) 576-1626

Doris Sanders, Editor

To :

Non-Profit Org.
U. S. POSTAGE
PAID
Los Angeles, Calif.
Permit No. 26306