The Tennessee Mid-South Regional Medical Program was one of the first regional programs to enter the operational phase. A large regional advisory group in conjunction with the decentralized staffing at Chattanooga, Knoxville and Hopkinsville assures the broad involvement of all regional interests. The program is currently being funded in the amount of $2,155,042.

Several of the operational projects will provide the necessary experience for greater insight into the development of improved patient care for rural areas. These operational projects include increased training in radiology and continuing education for medical personnel.

Dr. Stanley Olson is Program Coordinator and Dean D. T. Rolfe of Meharry Medical College and Dean Randolph Batson of Vanderbilt are on the Advisory Committee. The program is characterized by innovation and variety. For example, one project aims at improvement of patient care in a remote mountain community; a Meharry Medical School project studies the effectiveness of multiphasic screening in an urban population group served by an OEO Neighborhood Health Center. Another imaginative project experiments with the training of a medical "stewardess" to take over the non-clinical duties of a nurse to get more effective utilization out of health manpower.

More specific information on the Tennessee Mid-South Regional Medical Program follows.

March 1968
Tennessee Mid-South Regional Medical Program

REGION:
Eastern and Central Tennessee and contiguous parts of Southern Kentucky and Northern Alabama

COORDINATING HEADQUARTERS:
Vanderbilt University
Nashville, Tennessee

STARTING DATE:
July 1, 1966

FUNDING:
Current Award: $2,155,042
Current Request: $2,400,000
Projected Next Year

OPERATIONAL STATUS:
Received an operational grant on February 15, 1968 (list of projects is attached)

PROGRAM COORDINATOR:
Stanley W. Olson, M.D.

ADVISORY GROUP:
1. Chairman: Thomas P. Kennedy
2. Membership: Total 58
   Practicing physicians 8, Medical Society Representatives 5, Medical Schools 7, other university officials 2, hospital administrators 8, Hospital Association officials 1, Hospital Planning Association 7, Cancer Society Representatives 1, Heart Society 1, State Health Officers 1, other Public Health officials 2, Nurses 4, Dentists 2, other health professionals 1, Businessmen 1, labor 1, other public representatives 4, elected officials 3.

Preplanning activities were carried out during the period February through June, 1966 at which time an application grant was forwarded to the National Institutes of Health. During that time various individuals who later were appointed to the Regional Advisory Group, including Dean D.T. Rolfe, M.D. of Meharry Medical College and Dean Randolph Batson, M.D. of Vanderbilt University School of Medicine, participated in conferences and discussions to determine policy, decide on the boundaries of the region and clarify problems.
ORGANIZATION AND STAFFING:

The program has offices in six locations. The core staff consists of the Program Coordinator and the Sections of affiliated Health Science, Community Health, Hospital Planning and Administration, Nursing, Biostatistics, and Education Research. Personnel for planning and operations are also located at Meharry Medical College, Vanderbilt University, Hopkinsville, Chattanooga, and Knoxville. Interested groups have been formed in each of these areas and are working closely with program staff.

Planning has proceeded rapidly and intensively. Goals and priorities were formalized and an operational application has emerged and a grant awarded.

REGIONAL ADVISORY GROUP:

The Regional Advisory Group is a relatively large one with 58 members representing the key health interests and the public in Mid-South region.

SUBREGIONALIZATION:

Subregionalization consists of the area offices in Hopkinsville, Chattanooga, and Knoxvillie. A Project Coordinator is located in each of these offices.

PLANNING ACTIVITIES:

Planning thus far the Program has concentrated on developing the operational projects for which an award has been given. Other planning studies and data gathering activities are being carried on in the fields of medicine, nursing and hospitals. A sub-contract was negotiated with the Institute for Social Research of the University of Michigan to study the possibility of developing and implementing an improved patient care model at Vanderbilt University Hospital and one or several community hospitals.

RELATIONSHIP TO COMPREHENSIVE HEALTH PLANNING (P.L. 89-749):

The Tennessee Department of Public Health has recently been designated the official agency of the state of Tennessee to carry out the comprehensive health planning authorized by the Congress in P.L. 89-749. The Tennessee Mid-South Regional Medical Program will work closely with the agency and will utilize the data that emerges from its planning activity.
SUMMARIES OF TENNESSEE MID-SOUTH OPERATIONAL PROJECTS

1. **Continuing Medical Education--Meharry**

Meharry Medical College proposed to inform Negro physicians in the region about more effective techniques for treating heart disease, cancer, and stroke. Teams of physicians will teach 2-week courses in the three areas at the Medical Center, using various audio-visual aids and, where feasible, programmed instruction. One of this plan's interesting provisions is sending a senior resident from Meharry to care for the physician's practice while he is attending the course.

2. **Continuing Education--Vanderbilt**

In contrast to Meharry's approach of bringing the physicians to the Center, Vanderbilt proposes to establish continuing education centers at community hospitals. Libraries and information centers at the local hospitals will bring Vanderbilt's information resources to the local physician. The program, though planned and coordinated by Vanderbilt, will function through the local centers and emphasize bringing information to the physician at the times he needs it.

3 & 4. **Hopkinsville Education Center and Chattanooga Education Center**

These are the first of the local continuing education centers specified in the Vanderbilt plan. At each hospital, a full-time Director with an appointment at Vanderbilt and an assistant director will supervise resident and physician education in their area. Their services will be available to physicians at smaller community hospitals in each area, as will the enlarged hospital library facilities.

5. **Special Training for Practicing Radiologists--Vanderbilt**

This plan focuses on developing practicing radiologists' skills in vascular radiology, but might later be broadened to include all aspects of diagnosis and therapeutic radiology. Two post-graduate educational methods will be used. One to three month courses for technologists will be offered. In addition, eminent radiologists will preside at two-hour monthly seminars to which all radiologists in the region will be invited.

6. **Cardiac Nurse Training Program--Mid-State Baptist Hospital Nashville**

The key factor in reducing mortality from cardiac is the immediate availability of a knowledgeable person to initiate resuscitation. Mid-south Baptist proposes to instruct cardiac nurses in new resuscitation techniques by holding 3 four-week courses.
7. **School of X-Ray Technology—Meharry**

Meharry plans to establish a two-year program for training at least 10 X-ray technologists per year. The faculty will be the Meharry Radiology Staff. Feasibility studies for establishing nuclear medicine and radiotherapy programs will be conducted.

8. **Radiology Technologist Training Program—Vanderbilt**

Vanderbilt proposed to increase the number of X-ray technologists, improve the quality of their training, and increase their opportunities for continuing education. Three small hospital training programs in the area will be discontinued as separate entities and subsumed by a new school of X-ray technology at Vanderbilt. Practical clinical experience will be gained both at Vanderbilt and the smaller hospitals.

9. **Nuclear Medicine Training Program—Vanderbilt**

A new series of courses designed to increase the skill of physicians and technologists in nuclear medical techniques. When possible the physician and his technologist will spend some training time together to work out procedures suited to their situation. Trainees will be accepted from smaller hospitals planning to establish to improve nuclear medicine services.

10. **Expansion of School of Medical Technology—Baroness Erlanger Hospital—Chattanooga**

To augment medical technology capabilities in the area, this plan makes two proposals: (1) Expand the Baroness Erlanger program for medical technologists; and (2) establish a school for certified lab assistants who free technologists from more routine work for more complex procedures.

11. **Vanderbilt Coronary Care Unit**

This project's purpose is to establish a network of coronary care units with adequate equipment, staffed by well trained personnel. Vanderbilt will be the training and information center for the region; a demonstration unit there will provide a focal point for continuing education. In addition, communication systems will be set up to facilitate the flow of information from Vanderbilt to the community hospitals. Studies are being made to see if the small hospitals connected with Vanderbilt can become centers for local networks of coronary care facilities in still smaller hospitals.

12. **Franklin Coronary Care Unit—Williamson County Hospital—Franklin**

This is one of the subsidiary units mentioned in the Vanderbilt proposal. This is primarily a pilot project to study the feasibility and usefulness of establishing a center in a small community hospital.
13. Hopkinsville Coronary Care Unit—Jennie Stuart Memorial Hospital—Hopkinsville, Kentucky

This plan is similar to the Franklin plan, except that it mentions establishing links to smaller community hospitals by helping set up smaller care units in them.

14. Clarksville Coronary Care Unit—Clarksville Memorial Hospital

As is the case with the Franklin program, this project is a subsidiary of the Vanderbilt proposal. Since this hospital has been operating a unit, the plan calls for its expansion, continuing education and a phone hook-up to Vanderbilt.

15. Nashville General Coronary Care Unit—Nashville Metropolitan General Hospital

See the Franklin plan. Nurses here will be included in the inservice training programs initiated throughout the participating hospitals.

16. Meharry Medical College Coronary Care Unit

Meharry intends to establish a demonstration unit of coronary care facilities which will serve as a continuing education center for smaller hospitals in its region.

17. Murray Coronary Care Unit—Murray—Calloway (Kentucky) County Hospital

Murray—Calloway County Hospital, the training center for Murray State University School of Nursing, will serve as a demonstration center for the sub-region. Direct phone communication will be established with Vanderbilt, which will send consultants from its school of continuing education.

18. Chattanooga Coronary Care Unit—Baroness Erlanger Hospital

Baroness Erlanger plans to establish a coronary care unit in a cooperative program of cooperation with Vanderbilt. Both telephone communications and electronic maintenance systems connected with Vanderbilt will be installed. This unit will serve as a center for the smaller hospitals in Chattanooga.

19. Baptist Hospital Coronary Care Unit—Mid-State Baptist Hospital, Nashville

This plan is similar to the others included in the Vanderbilt plan. Baptist Hospital will expand its present facilities and aid in the establishment of smaller centers at Tullahoma and Crossville, Tennessee. Direct telephone lines will be established for consultations. The unit director will have a clinical faculty appointment at Vanderbilt. He will devote approximately 25% of his time to the unit.
20. Crossville Coronary Care Unit--Uplands Cumberland Medical Center Crossville

This project has two purposes: (1) to establish a two-bed coronary care unit in the hospital; and (2) to determine the feasibility of operating acute coronary care units in rural areas. The hospital will cooperate with Mid-State Baptist Hospital and Vanderbilt.

21. Tullahoma Coronary Care Unit--Harton Memorial Hospital, Tullahoma, Tennessee

See Baptist Hospital Program.

22. Meharry Super-voltage Therapy Program

This project is aimed specifically at improving cancer therapy for a large indigent population. Meharry will use its funds to obtain a cobalt 60 High Energy Source for therapy and a computer hook-up with Vanderbilt. These facilities will also be used to improve undergraduate and graduate radiology training programs at Meharry.

23. Proposal to Improve Patient Care in a Remote Mountain Community by Recruiting and Training Health Aides for a New Extended Care Facility--Scott County Hospital--Oneida, Tennessee

Manpower shortage in this isolated mountain hospital is critical. Personnel to man an extended care facility now under construction will be obtained by two methods: (1) in-service training for hospital personnel (2) an educational director (an RN) to serve as a liaison to the high schools to encourage young people to enter the medical field and come back home to practice. In addition a training program leading to the LPN would be initiated. Clinical training will be supervised by the Educational Director while local high schools provide basic training.

24. Health Evaluation Studies on a Defined Population Group--Multiphasic Screening--Meharry Medical College

Meharry will determine the effectiveness of a comprehensive health program and multiphasic screening examinations in early diagnosis of heart disease, cancer, stroke and their precursors. To run this experiment, a neighborhood medical center supported by OEO will serve a selected population of 18,000. The test population and a control population will be evaluated with reference to morbidity, changes in health attitudes and utilization patterns, effectiveness of the screening procedure, and the cost per patient diagnosed or treated.

25. Experiment to Test and Implement a Model of Patient Care--Vanderbilt University Hospital

This is an attempt to define a new structure for patient care. New personnel called stewardesses will be trained to take over nurses' non clinical duties. Nurses would then be free to spend more time with the patient and to keep up their specialized skills. After the model is refined at Vanderbilt
it will be tested in community hospitals—specifically Baptist and St. Thomas.

26. Patient Care Models—St. Thomas Hospital
(See # 25)

27. Patient Care Model—Mid-State Baptist Hospital
(See # 25 and # 26)

28. A Medical Surgical Nurse Specialist Graduate Program to Improve Nursing Care of Patients with Heart Disease, Cancer, and Stroke—Vanderbilt University School of Medicine

Vanderbilt is developing a program to train medical surgical nurse specialists to improve nursing care of heart, cancer, and stroke patients. It will be a master's degree program, staffed by physicians and clinical nurses (1 calendar year) plus 1 year of clinical experience half at Vanderbilt and half at a community hospital. Stipends will be provided during the first year only.

29. College Biomedical Science Summer Program—Meharry Medical College

This Cooperative program between Meharry and Fisk University is aimed at interesting culturally disadvantaged students in health careers and providing them appropriate educational background. Thirty freshmen students from Fisk will attend enriched science and humanities courses for 3 summers at Meharry and Fisk. Counselling will also be provided. At the end of the program the students will be eligible hopefully, to attend Meharry or any other professional school.

30. Medical Data Processing—Vanderbilt University Hospital

Vanderbilt Hospital will establish a central, computerized data bank continuing lab, physical and medication reports on each patient. This will provide easy access to data for the physician, prevent duplication and aid in early detection of diseases.
ADVISORY COMMITTEE FOR PLANNING FOR REGIONAL MEDICAL PROGRAMS
IN TENNESSEE MID-SOUTH

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Nashville, Tennessee

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