



E000702

P R O F I L E

TENNESSEE MID-SOUTH REGIONAL MEDICAL PROGRAM

**Grantee: Vanderbilt University on Behalf of Vanderbilt University School
of Medicine and Meharry Medical College**

Program Director: Paul E. Teschan, M.D.

**Originally Prepared by: Ray Maddox
Operations Officer**

Original Date: October 1969

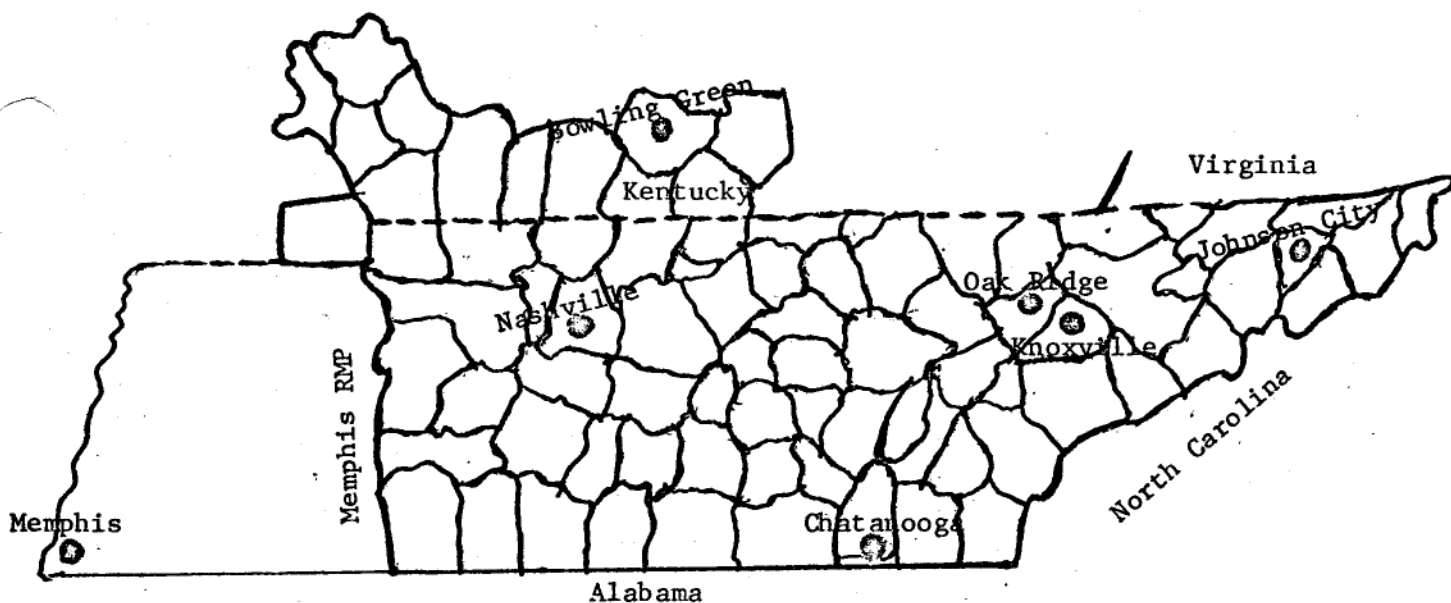
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I. GEOGRAPHY

1. The Tennessee Mid-South Region encompasses two-thirds of the State of Tennessee and part of Southern Kentucky. The Region extends east into the Appalachian Mountain area.
2. The original application included Northern Alabama but during the planning stage it became apparent that the developing Alabama Region wished to include all the counties of the State. Therefore, the Northern Alabama area was dropped from the TMS Region.
3. Most of the main roads in the Region are being improved steadily but the secondary road system is not advanced, posing problems for the rapid transportation of the ill and injured.



II. DEMOGRAPHY

A. Population: Roughly 3 million

1. Roughly 45% Urban
2. Roughly 90% White
3. Median Age: Approximately 28.5 years (U. S. 29.5)

B. Land Area: 69,138 square miles (State)

C. Health Statistics:

1. Mortality rate for heart disease - 329/100,000 (U. S. 375/100,000)
2. Rate for cancer - 128/100,000 (U. S. 151/100,000)
3. Rate for CNS vascular lesions - 136/100,000 (U. S. 107/100,000)

D. Facilities Statistics:

1. Vanderbilt University School of Medicine, Nashville - 4 year school - Enrollment 206.
2. Meharry Medical College, Nashville - 4 year school - Enrollment 234.
3. Ten institutions and hospitals training nurses and at least two are at the degree level.
4. There are 15 Schools of Medical Technology, one school of Cytotechnology, and eight schools of X-Ray Technology.
5. There are approximately 140 hospitals (112 short term and 28 long term) in the Region with about 26,000 beds.

E. Personnel Statistics:

1. There are approximately 3,000 medical doctors (131/100,000) and 45 osteopaths in the Region.
2. There is a total of about 6,600 nurses in the Region, of which 4,800 are active (277/100,000).

III. POLITICS

A. Governor: Buford Ellington (D) Elected for a four-year term which expires January 1971

B. Senators: Albert Gore (D) Elected to the Senate in 1952
Present term expires in 1971

Committee: Finance

Howard H. Baker, Jr. (R) Elected to the Senate in 1966. Present term expires in 1972

Committee: Government Operations

C. Representatives:

District

First James H. Quillen (R) Elected to 88th Congress in 1962, and reelected in 1968

Second John J. Duncan (R) Elected to the 89th Congress and reelected to each succeeding Congress

Third William E. Brock, 3d (R) Elected to the 88th Congress in 1962, and reelected to each succeeding Congress

Fourth Joe L. Evins (D) Elected to the 80th Congress in 1946, and reelected to each succeeding Congress

Committee: Appropriations

Fifth Richard H. Fulton (D) Elected to 88th Congress in 1962, and reelected to each succeeding Congress

Committee: Ways and Means

Sixth William R. Anderson (D) Elected to the 89th Congress in 1964, and reelected to each succeeding Congress

Seventh Ray Blanton (D) Elected to 90th Congress in 1966, and to each succeeding Congress

Committee: District of Columbia

Eighth Vacant

Ninth Dan H. Kuykendall (R) Elected to 90th Congress in 1966, and to each succeeding Congress

IV. HISTORICAL REVIEW

January-May, 1966

- Dean Batson of Vanderbilt University School of Medicine and Dean Rolfe of Meharry Medical College jointly explored the potential for establishing a Regional Medical Program in Tennessee. Consultation was sought from the Division of Regional Medical Programs, and information was obtained regarding the plans of medical schools and medical society groups for establishing Regional Medical Programs in the Memphis, Kentucky, North and South Carolina, Georgia and Alabama areas.

June, 1966

- Initial planning application was submitted by Vanderbilt University and Meharry Medical College for a planning grant to establish a Regional Medical Program serving Middle and East Tennessee, Southern Kentucky and Northern Alabama. Dr. Randolph Batson, Dean and Director of Medical Affairs at Vanderbilt, was designated as Coordinator.

June, 1966

- Planning application reviewed by a special ad hoc review group. The following points were of concern to the reviewers:
 1. The Region as defined encompasses areas which might more logically be served by medical facilities located outside the Nashville area.
 2. Of the 33 members named on the Advisory Committee, 32 are from the Nashville area.
 3. Firm statements of intent of participation by at least the major medical care, research, and training institutions within the Region should be furnished.
 4. The desired qualifications of the Program Coordinator should be identified together with job descriptions for other key personnel.
 5. Clarification is needed with respect to the administrative relationship to Meharry Medical College.
 6. The operational aspects of the proposal should be separated from the planning activities and the funds requested should be phased according to the needs.

- June, 1966 - National Advisory Council reviews the application and recommends approval with DRMP consultation to clarify certain items.

- July, 1966 - DRMP staff meets with representatives of TMS/RMP to discuss and clarify areas of concern to the National Advisory Council and ad hoc review group.

- August, 1966 - Planning grant award made to the TMS/RMP. Vanderbilt University School of Medicine was designated as the grantee agency, but the concept of joint sponsorship with Meharry Medical College was maintained. (Total award, 7-1-66 through 6-30-67, \$205,390)

- September, 1966 - Site visit to the TMS/RMP for the purpose of familiarizing the grantee with certain RMP requirements such as accounting procedures, etc. DRMP representatives: Messrs. J. Beattie, I. Alpert and Dr. J. R. Hamilton.

- January, 1967 - Dr. Stanley W. Olson appointed full time Coordinator of TMS/RMP.

- February, 1967 - Approval given Region to subcontract with the Institute for Social Research of the University of Michigan to do preliminary planning for an extensive effort to organize nursing core more effectively.

- May, 1967 - Planning grant continuation application submitted and reviewed by DRMP staff.

- May, 1967 - Site visit to the Region to discuss recently submitted continuation application as well as an operational proposal to be submitted in the near future.

- June, 1967 - Award made for 02 year planning continuation application (July 1, 1967-June 30, 1968). The total award of \$393,458 represents new funding of \$328,458 and estimated carry-over of \$65,000 for the 01 year.

- June, 1967 - Application for supplemental funds for 02 year planning grant received in DRMP. The request was for an additional \$106,090 for expansion of planning activities.

- July, 1967 - Operational project application (01 year) submitted to DRMP by the Region.

- July-August, 1967 - Review Committee and National Advisory Council recommend approval as requested of TMS/RMP supplemental planning application.
- August, 1967 - Dr. Robert M. Metcalfe joins the TMS/RMP, and assumes the duties of Head of the Hospital Relations Section.
- September, 1967 - Region is awarded \$106,090 (dc) for planning supplemental application for the remaining ten months of this current grant period. (September 1, 1967 through June 30, 1968)
- September, 1967 - Preoperational site visit to the Region. Site visitors included the following:
1. Mr. Storm Whaley -University of Alabama
 2. Dr. Bruce Everist -Green Clinic, Rustin, La.
 3. Dr. Robert Coon -University of Vermont
College of Medicine
 4. Dr. Julius Korein -New York University Medical
Center
 5. Dr. Richard Manegold -DRMP
 6. Dr. Jack Hall -DRMP
 7. Dr. Philip Klieger -DRMP
 8. Mrs. Martha Phillips -DRMP
 9. Mr. Peter Clepper -DRMP
- The site visit team recommends that the Region be approved for operational activities.
- 1967
- October-November - Review Committee and National Advisory Council recommend approval of operational application with specific conditions regarding individual projects.
- December, 1967 - Negotiation meeting with representatives of TMS/RMP to discuss newly approved operational application.

- January, 1968 - Dr. Robert Metcalfe is appointed Associate Director of TMS/RMP.
- February, 1968 - Region awarded \$1,499,868 (dc) for 01 year operational projects (February 1, 1968 through January 31, 1969).
- February, 1968 - Council approves (earmarked) funds to support four separate two-bed coronary care units in four hospitals of approximately 100 beds each. (First year total support - \$173,865.)
- April, 1968 - Planning grant continuation for the period July 1, 1968, to January 31, 1969, is submitted to DRMP. Note: The request is for seven (7) months only so that the planning activities grant periods can be consolidated with those of the operational projects.
- May, 1968 - Planning continuation for seven month period (operational supplement) is reviewed and approved by National Advisory Council.
- June, 1968 - Region is awarded \$382,279 for seven month period, 7-1-68 through 1-31-69 of planning continuation application (3 G03 RM 00018-01S1).
- August, 1968 - Visit to the Region by Mr. Sam Gilmer, new Operations Officer, for the purpose of becoming acquainted with over-all TMS/RMP.
- August, 1968 - Dr. Stanley W. Olson leaves TMS/RMP to become Director of Division of Regional Medical Program. Dr. Robert Metcalfe appointed Acting Director of the Region.
- October-November 1968 - Review Committee and National Advisory Council approve TMS/RMP continuation application. The proposed requested funds for (1) renewal of Core Administration support for three years; and (2) continued support for the second and third for 28 operational projects.
- January-February 1969 - Review Committee and National Advisory Council reviewed and approved operational projects Nos. 35, 36, 37 and 38. Project #39 was disapproved and action on #40 was deferred.
- February, 1969 - Region awarded \$2,141,110 (dc) for continued support of Core and operational projects.

- April, 1969

 - The Region is notified that because of fiscal constraints, no new funds can be made available for Projects Nos. 35, 36, 37 and 38.
- April-May, 1969

 - Review Committee and National Advisory Council reviews TMS/RMP operational supplement. Listed are the projects contained in the supplement plus Council actions. #41 East Tennessee Training Program in Cardiopulmonary Resuscitation - deferred; #42 Upper East Tennessee Coronary Care Training Program - deferred for site visit; #43 TMS Regional Biomedical Library Program - deferred for site visit; #44 The Mid-East Tennessee Comprehensive Rehabilitation Program - Approved; #45 Associate Degree Program in Inhalation Therapy, Mid-Tennessee Area - deferred for site visit.
- July, 1969

 - Site visit to the Region to further study three projects reviewed by Committee in April and Council in May (Projects Nos. 42, 43, and 45).
- July-August, 1969

 - The operational projects (42, 43 and 45) that were deferred by Council in May and site visited on July 14, were returned to Committee and Council. (#42 - disapproved; #43 - approved for one year planning; #45 - withdrawn.)
- August, 1969

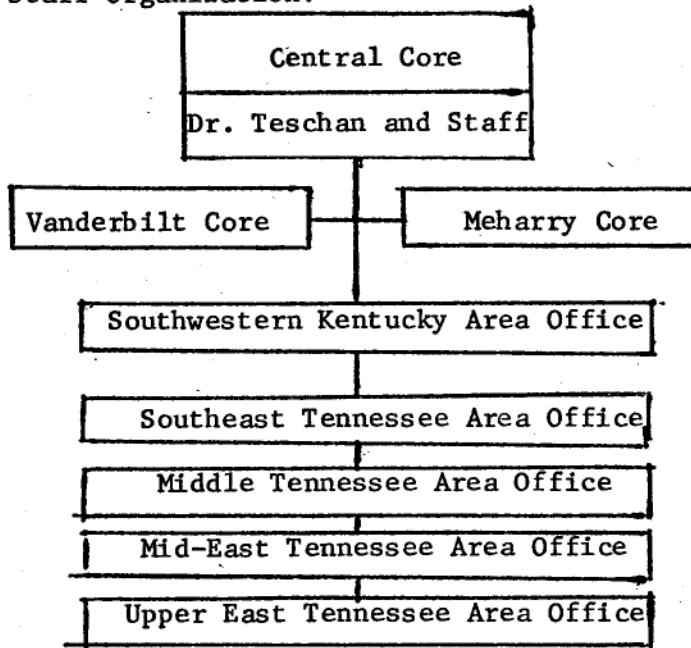
 - Dr. Paul E. Teschan becomes Director of TMS/RMP.

V. CORE STAFF

A. Core Staff Address: Tennessee Mid-South Regional Medical Program
1100 Baker Building
110 - 21st Avenue South
Nashville, Tennessee 37203

Phone: Area Code 615 244-2960

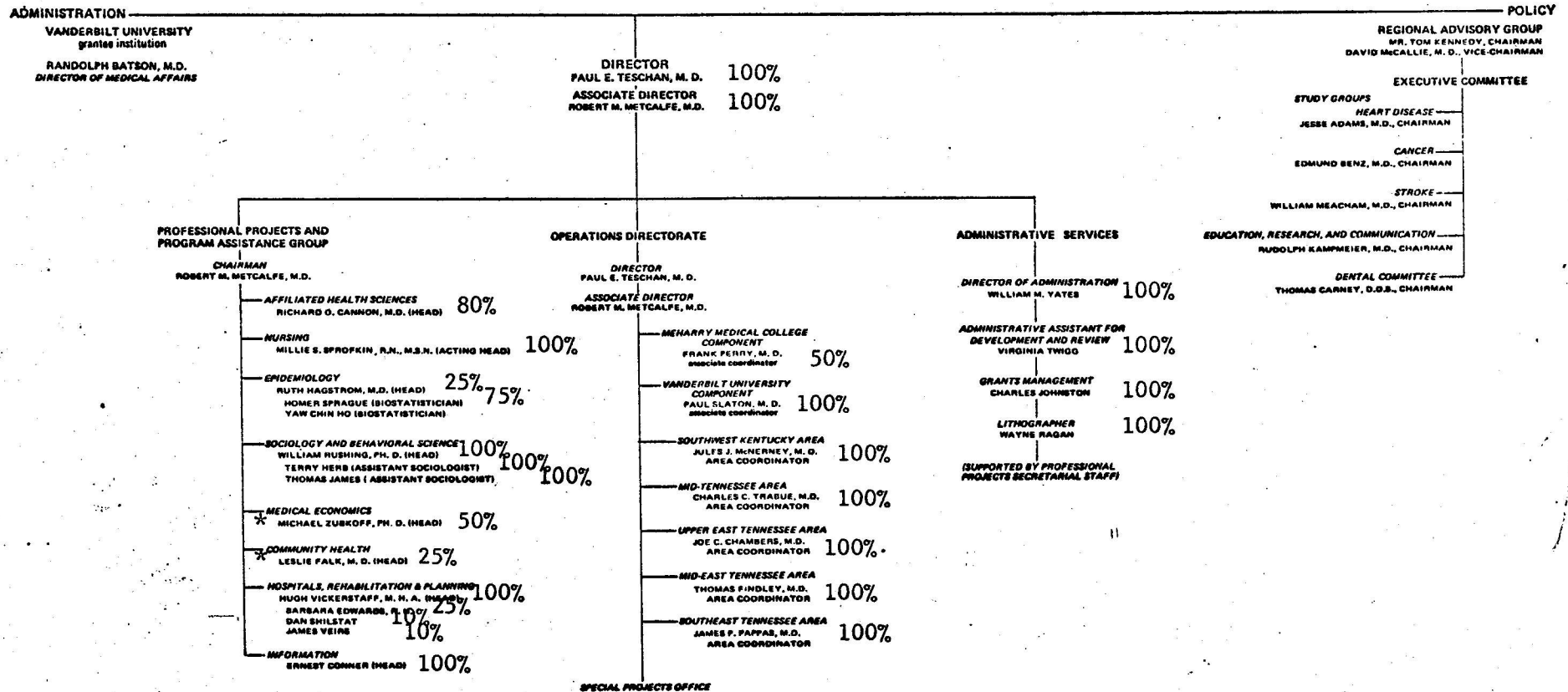
B. Core Staff Organization:



- C. About 36% or \$890,543 of the total direct cost allocated to the Region is for the core program.
- D. As of February 1969, the Core Staff included 21 professional and executive persons and 22 non professionals.
- E. The next page diagrams the key members of the TMS/RMP Core Staff and the percent of time with RMP.

TMS/RMP
ORGANIZATIONAL CHART

SPONSORING INSTITUTIONS: MEHARRY MEDICAL COLLEGE AND VANDERBILT UNIVERSITY Fiscal Agent



* Meharry Component Budget

Biographical Information

- A. Paul E. Teschan, M.D., Director
 - 1. Born - 1923
 - 2. B.S., M.B., M.D., M.S. - University of Minnesota
 - 3. Chief, Renal-Metabolic Service, Walter Reed Hospital, 1966
 - 4. Director, Division of Medicine, Walter Reed Institute of Research, 1966
 - 5. Chief, Department of Metabolism, Walter Reed Institute of Research, 1966
 - 6. Deputy Director, Division of Surgery, Walter Reed Hospital, 1965-66
- B. Robert M. Metcalfe, M.D., Associate Director
 - 1. Born - Colorado, 1913
 - 2. B.S. Geneva College, Beaver Falls, Pennsylvania
 - 3. M.D. University of Colorado, 1940
 - 4. M.S. University of Minnesota, 1945
 - 5. Physician, Crossville, Tennessee, 1940-67
 - 6. Medical Director, Cumberland Mountain Sanatorium, 1945-49
- C. Randolph Batson, M.D., Director of Medical Affairs, Vanderbilt U.
 - 1. Born - Hattiesburg, Mississippi, 1916
 - 2. B.A. and M.D. Vanderbilt University
 - 3. Dean, Vanderbilt School of Medicine and Director of Medical Affairs, 1963-69
 - 4. Acting Chairman, Department of Pediatrics, Vanderbilt, 1962
 - 5. Professor of Pediatrics, Vanderbilt, 1959-62
- D. Frank Perry, M.D., Associate Coordinator, Meharry
 - 1. Born - Lake Charles, Louisiana, 1921
 - 2. M.D. Meharry Medical College, 1945
 - 3. Assistant Dean, Meharry Medical College, 1968
 - 4. Professor of Surgery, Meharry Medical College, 1968
 - 5. Meharry Coordinator of RMP, 1967
 - 6. Director of Medical Education, Meharry, 1966

Note: See appendix for complete biographical information on major staff.

VI. ORGANIZATION

A. Regional Advisory Group

1. Appointment of the RAG is the responsibility of the applicant institution, Vanderbilt University. The program, however, is cosponsored by Meharry Medical College, which is fully consulted in the appointment of members to the RAG.
2. The initial RAG was appointed so that one-third would serve for a term of one year, one-third for a two year term, and one-third for a three year term. As the term of each member expires, a successor shall be appointed for a term of three years.
3. Currently has 58 members from throughout the Region, including 31 physicians, 4 nurses, 4 hospital administrators, 1 social or behavioral scientist, 12 business or managerial persons, 1 labor official, and 4 other professionals.
4. The President of the RAG is Mr. Thomas P. Kennedy, business executive and President of O'Bryan Brokers, Inc., Nashville.
5. Meetings are quarterly.
6. Functions: Has final responsibility for approving all grant applications and determining broad policy.

B. Executive Committee

1. The Executive Committee is made up of nine RAG members, including 2 business executives, 2 physician educators, 1 dentist educator, 1 hospital administrator, 1 PH nurse, and 2 practicing physicians.
2. The Executive Committee is appointed by the RAG.
3. Mr. Thomas Kennedy, President of the RAG, also serves as Chairman of the Executive Committee.
4. Meetings are held quarterly or on call by the Chairman.
5. Functions: To make interim policy decisions, and to review grant applications, so recommendations can be made to RAG. Staff recommendations are also endorsed by the Executive Committee.

C. Study Groups

1. There are four study groups in the areas of Heart Disease, Cancer, Stroke, Education, Research, and Communication, and a Dental Committee.

Heart - 16 members, consisting of three subcommittees:

- a. Diagnosis, Screening and Therapy
- b. Cardiovascular Surgery
- c. Respiratory Disease

Cancer - 16 members - Sets up priorities in early detection and prevention. Includes a subcommittee to establish criteria for future cobalt therapy proposals

- Stroke - 17 members - The group is establishing
- a. Standards of classification, definition, and terminology
 - b. Standards for diagnostic, preventive, and therapeutic measures

Education, Research, Communication - 17 members - Involved in all levels of education, undergraduate, graduate, post graduate, and continuing education

Dental - 9 members - Has recommended that preventive programs have priority over projects dealing with acute dental and curative measures

- 2. The study groups provide the RAG with professionally oriented opinions about needs and priorities in their area of interest, and they review project proposals for scientific and technical quality.
- 3. Study group members are appointed by the RAG from nominations received by the Executive Committee.

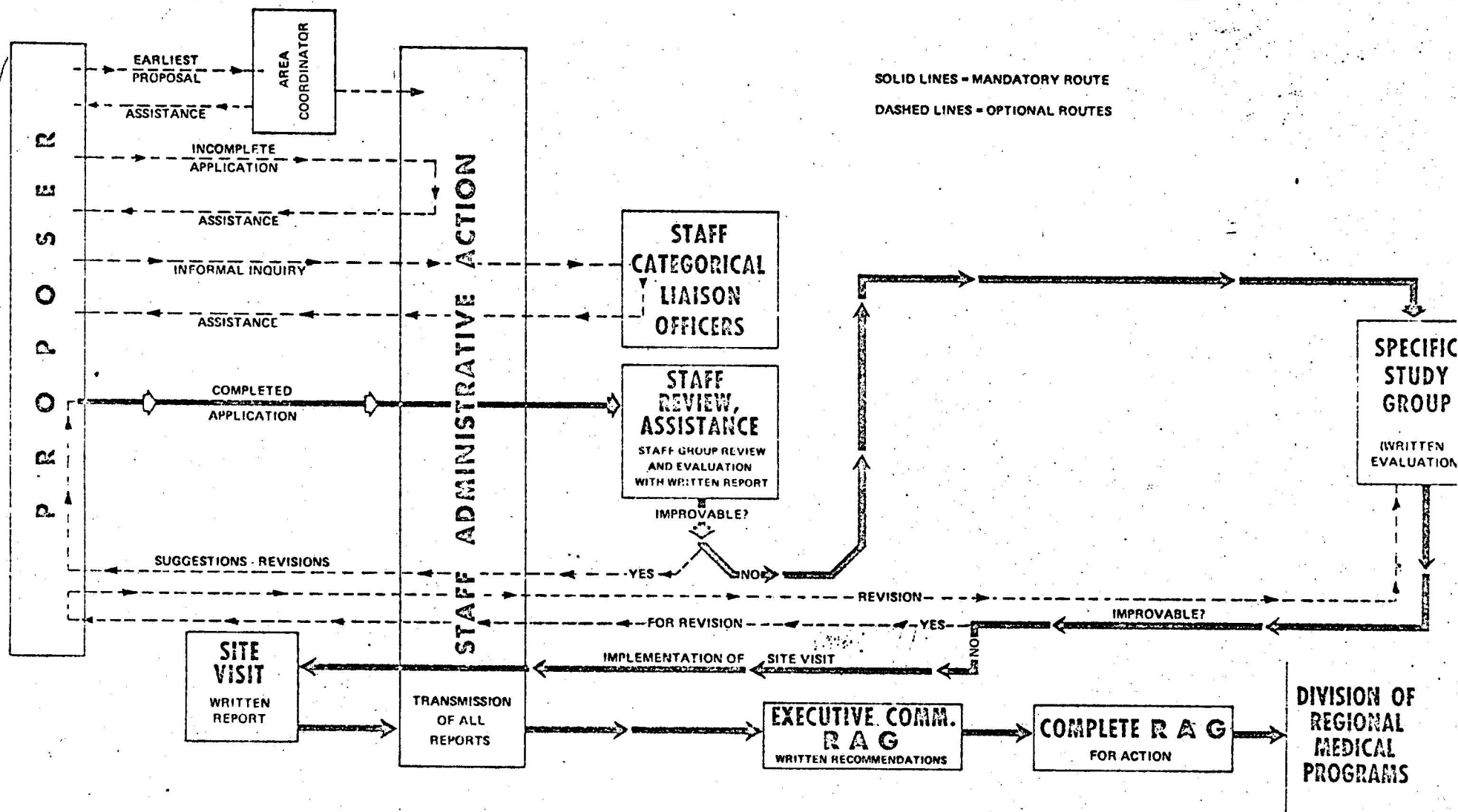
D. Site Visit Teams

These teams are utilized to review project proposals at the actual location of the project. These teams are composed of 2 members of the RAG, a study group member, and appropriate staff members.

Note: Project Flow Chart attached
Complete RAG listing in Appendices



FLOW DIAGRAM FOR APPLICATION --- OPERATIONAL GRANTS



VII. OPERATIONAL PROJECTS HISTORY

Project #1 - Continuing Medical Education for Physicians - Meharry
(67-1) Medical College

Objectives: To provide refresher courses for practicing minority group physicians in methods of diagnosing and treating heart disease, cancer and stroke. To provide post-graduate education through the use of more effective means of audiovisual education. To develop methods to insure the physician's participation in the program.

Project #2 - Continuing Education Program - Vanderbilt University
-(67-2) School of Medicine

Objectives: To improve the opportunities of physicians in the Region for continuing education and developing skills in caring for patients with heart disease, cancer, stroke and related diseases throughout this region.

Project #3 - Hopkinsville Education Center - Jennie Stuart Memorial
(67-3) Hospital, Hopkinsville, Kentucky

Objectives: To improve and develop opportunities for continuing education for physicians in Hopkinsville, Kentucky, and its surrounding communities.

Project #4 - Chattanooga Education Center - Baroness Erlanger Hospital,
(67-4) Chattanooga

Objectives: To improve the opportunity for physician education for residents and practicing physicians in Chattanooga and its surrounding communities.

Project #5 - Special Training for Practicing Radiologists - Vanderbilt
(67-5) University School of Medicine

Objectives: To improve the opportunity for practicing radiologists in this region to improve their knowledge and skills in the newer techniques of diagnostic and therapeutic radiology.

Project #6 - Cardiac Nurse Training Program - Mid-State Baptist
(67-6) Hospital, Nashville

Objectives: To provide a training program for coronary care unit nurses--approximately 30 nurses, three times a year.

Project #7 - School of X-Ray Technology - Meharry Medical College
(67-7)

Objectives: To establish a School of X-Ray Technology at Meharry Medical College.

Project #8 - X-Ray Technologist Training Program - Vanderbilt University School of Medicine
(67-8)

Objectives: To plan, implement, and evaluate an expanded radiology technologist training program at Vanderbilt University in cooperation with community hospitals.

Project #9 - Nuclear Medicine Training Program - Vanderbilt University School of Medicine
(67-9)

Objectives: To provide a training program in techniques of Nuclear Medicine for physicians and technicians of the Region.

Project #10 - Expansion of School of Medical Technology - Erlanger Hospital, Chattanooga
(67-10)

Objectives: To expand the School of Medical Technology at Erlanger Hospital and develop a school for certified laboratory assistants.

Project #11 - Vanderbilt University Coronary Care Unit - Vanderbilt University School of Medicine
(67-11)

Objectives: To aid in the establishment of coronary care units distant to metropolitan communities. Vanderbilt will serve as an information source and important hub in a coronary care network. Advice will be provided through direct telephone communications with four other units and, indirectly, through its faculty, with all participating units.

Project #12 - Franklin Coronary Care Unit - Williamson County Hospital
(67-12)

Objectives: To establish a two-bed acute coronary care unit in a 100-bed hospital located 30 miles from a relating major medical center and to evaluate its feasibility in such an environment.

Project #13 - Hopkinsville, Kentucky, Coronary Care Unit - Jennie Stuart Memorial Hospital
(67-13)

Objectives: To establish a four-bed coronary care unit communicating with a medical school hospital and staffed with well-trained nurses and informed physicians, and to establish the capability for providing training for nurses and continuing education for physicians in Hopkinsville and surrounding smaller hospitals in the management of patients with acute myocardial infarction.

Project #14 - Clarksville Coronary Care Unit - Clarksville Memorial Hospital
(67-14)

Objectives: To expand facilities and improve the quality of care in the acute coronary care unit at the Clarksville Memorial Hospital with electronic communication to Vanderbilt University.

Project #15 - Nashville General Coronary Care Unit - Nashville Metropolitan General Hospital
(67-15)

Objectives: To improve the care of the indigent population of Metropolitan Nashville by expanding and improving the facilities for acute coronary care in the Nashville General Hospital and to participate in the training program for nurses in coronary care units distant to the metropolitan community.

Project #16 - Meharry Medical College Coronary Care Unit - Meharry Medical College, Nashville
(67-16)

Objectives: To improve care of patients with myocardial infarction at Hubbard Hospital and throughout the region through the influence on training programs for medical students, house officers and nurses who receive their training at Hubbard's Hospital. To develop the potential for providing the communications and training programs necessary to aid in the establishment of coronary care units in smaller community hospitals in this part of the region. (two beds)

Project #17 - Murray Coronary Care Unit - Murray-Calloway County Hospital
(67-17)

Objectives: To improve patient care, to provide continuing education for medical and nursing staffs, to develop methods of communication with other institutions and to provide a broader scope of education and experience for student nurses in a local school of nursing. (two beds)

Project #18 - Chattanooga Coronary Care Unit - Baroness Erlanger Hospital
(67-18)

Objectives: To develop the necessary nurse training staff and cadre of physicians concerned with acute coronary care to allow this 700-bed teaching hospital to aid in the establishment of coronary care units in smaller hospitals neighboring Chattanooga, Tennessee.

Project #19 - Baptist Hospital Coronary Care Unit - Mid-State Baptist Hospital, Nashville

Objectives: To expand the existing coronary care unit at Baptist Hospital in order to meet patient care demands, provide necessary personnel and facilities for the training program for coronary care unit nurses, and aid in the establishment of on-line communication with coronary care units at Tullahoma and Crossville, Tennessee. (four beds)

Project #20 - Crossville Coronary Care Unit - Uplands Cumberland Medical Center

Objectives: To establish a two-bed coronary care unit in the 110-bed Uplands Cumberland Medical Center to serve a large rural population in east-central Tennessee. To determine the medical, financial and sociological feasibility of operating acute coronary care units in rural areas of the region in cooperation with a Metropolitan Medical Center that is not formally affiliated with a medical school (Mid-State Baptist).

Project #21 - Tullahoma Coronary Care Unit - Harton Memorial Hospital
(67-21)

Objectives: To establish a two-bed coronary care unit at the 100-bed Harton Memorial Hospital in Tullahoma and relate its personnel training and operation to the demonstration unit at Mid-State Baptist Hospital in Nashville.

Project #25 - Meharry Super -Voltage Therapy Program
(67-22)

Objectives: To improve cancer therapy for a large indigent population and increase the education potential for undergraduate and graduate radiology programs at Meharry Medical College. (Includes assistance in acquisition of cobalt high energy source.)

Project #28 - Health Evaluation Studies on a Defined Population Group - Multiphasic Screening Center at Meharry Medical College
(67-24)

Objectives: To establish a multiphasic screening laboratory with an Office of Economic Opportunity sponsored Community Health Center and to evaluate its effectiveness on screening and treatment of heart, cancer, and stroke, on a defined inner-city population group.

Project #29 - Patient Care Model - Vanderbilt University Hospital,
(67-25) St. Thomas Hospital, Mid-State Baptist Hospital, Nash-
ville

Objectives: To test, refine and implement a model designed to improve the efficiency and the quality of patient care. Nurses will perform only clinical tasks, and administrative functions will be handled by persons called stewardesses, and physicians. Trained nurse specialists must be among the nurse group to counsel other nurses. The underlying concept is of a cohesive group which will have the capability for maximum effectiveness in patient care.

Project #32 - A Medical-Surgical Nurse Specialist Graduate Education
(67-28) Program to Improve Nursing Care of Patients with Heart
Disease, Cancer and Stroke - Vanderbilt

Objectives: The purpose of this project is to develop medical-surgical nurse specialists in order to improve the nursing care of heart, cancer, and stroke patients.

Core Program

Objectives: To support administrative and planning function.

Project #35 - Continuing Education Program in Intensive Care Nursing
(68-1) for Registered Nurses and Technicians - East Tennessee

Objectives: To provide formal education and clinical experience for nursing service personnel of patients with cancer, heart disease, stroke and related diseases requiring maximum or intensive nursing care; and to prepare nursing personnel to staff Intensive Care Units in community hospitals.

Project #36 - Cardiac Screening of School Children - Southeastern
(68-2) Tennessee

Objectives: Proposes that the Chattanooga Area Heart Association study the effectiveness of a program for the mass screening of school children, many from underprivileged rural communities, for heart defects by use of the Phono-Cardio-Scan, an electronic screening instrument.

Project #37 - A Demonstration Project in Speech Therapy at a Community
(68-3) Hospital

Objectives: Nashville Memorial Hospital proposes a pilot feasibility project: (1) to primarily demonstrate the financial and functional practicality of providing a speech

rehabilitation center for aphasics and laryngectomees in a community hospital; (2) to provide this comprehensive rehabilitation center in a side area of Nashville which presently does not have close access to both speech and physical therapy at one location; (3) to provide a source of training and education through observation and participation for students and nurses.

Project #38 - Health Communication System - Southwestern Kentucky Area
(68-4)

Objectives: Four community hospitals will establish an inter-institutional communication system with Jennie Stuart Memorial Hospital in Hopkinsville as the area hospital center, and with Vanderbilt University Medical School as the Regional center.

Project #40 - A Computerized Network to Assist in Planning Radiotherapy - Vanderbilt University Hospital
(68-6)

Objectives: Under the leadership of Vanderbilt University, five hospitals in the Region will develop a telephone-linked consortium to test the practicality of planning radiotherapy by means of a dedicated computer and facsimile. If successful, the network will be extended to other institutions in the Region.

Project #41 - East Tennessee Training Program in Cardiopulmonary Resuscitation - East Tennessee Heart Association
(69-1)

Objectives: The objective is to establish a comprehensive training program in cardiopulmonary resuscitation for members of the medical, dental, nursing, allied health professions and health services in twenty-seven east Tennessee counties.

Project #43 - Tennessee Mid-South Regional Biomedical Library Program
(69-3) Vanderbilt University

Objectives: The primary purpose of the program is to provide to physicians, dentists, nurses, and other providers of health care in the Tennessee Mid-South RMP rapid access to professional literature, biomedical data, and printed documents pertaining to heart disease, cancer, stroke, and related diseases.

Project #44 - The Mid-East Tennessee Comprehensive Rehabilitation Program - Daniel Arthur Rehabilitation Center, Oak Ridge, Tennessee
(69-4)

Objectives: The Daniel Arthur Rehabilitation Center, an eighteen year old, non-profit, comprehensive rehabilitation center, proposes to create a model of comprehensive

care for patients chronically disabled from stroke and other neurological conditions. The program would draw from an identified reservoir of 800 patients in eight predominantly rural and economically underprivileged counties.

APPENDIX

I. Listing of Regional Advisory Group Members

II. Curriculum Vitae of Major Staff