and problems and to serve as the liaison group between the Georgia Central Regional Medical Program office and the local community. To date, 121 hospitals have appointed local advisory groups out of the total 178 hospitals in the region. These represent 90% of the general and limited services hospital beds in the region. These groups consist of a physician, a hospital administrator, a nurse, and at least one interested member of the public.

Connecticut

In Connecticut, four Advisory Conferences have been established to aid the Advisory Board in its work. These four conferences consist of: (a) the Presidents of the Boards of Trustees of the hospitals of Connecticut; (b) the Chiefs of Staff of these hospitals; (c) the Administrators of these hospitals; and (d) representatives of over 50 "health" agencies of Connecticut. Directors of Medical Education from Connecticut hospitals have also been invited to meetings of the Advisory Conferences.

Albany

Part of the Albany operational program is concerned with the equipping of hospitals with two-way radio equipment. The Regional Medical Program personnel have visited the non-participating hospitals and discussed with the administrators and members of the staffs the advantages of joining the radio network. The number of hospitals involved in this network increased by 50% in the first year, bringing to 36 the number of participating hospitals.

Maryland

In Maryland, the RMP staff has devoted considerable effort to developing contacts with the community hospitals. At least 21 of the 38 hospitals in the region have been visited by the Regional Medical Program staff.

In November 1967 a three-day planning workshop was held by the Maryland RMP. Invitations were extended to all the hospitals in the region and over half of the short-term, non-federal hospitals sent one or more representatives. Those who attended expressed a genuine desire to cooperate in the planning process.

OTHER DEVELOPMENTS

Community planning committees have been organized in several other regions including South Carolina, Intermountain, and Greater Delaware Valley. These local planning committees all include hospital administrators in their membership.

HOSPITAL ADMINISTRATORS ON THE NATIONAL ADVISORY COUNCIL AND ON THE REVIEW COMMITTEE

Council:

(1) Edwin L. Crosby, M.D., Director, American Hospital Association, Chicago, Ill.

(2) James T. Howell, M.D., Executive Director, Henry Ford Hospital, Detroit, Mich.

Committee: (1) Mr. John D. Thompson, Director, Program in Hospital Administration, School of Public Health, Yale University, New Haven, Conn.

Formers Members:

(1) Mark Berke, Director, Mount Zion Hospital and Medical Center, San Francisco, Calif.

(2) Howard W. Kenney, M.D., Medical Director, John A. Andrew Memorial Hospital, Tuskegee, Ala.

Mr. ROGERS. It seems to me the thrust of this program has got to get down to that.

How about in your regional medical councils, the local ones?

Dr. MARSTON. Ten percent of those represent hospitals.

Mr. ROGERS. Should there be more?

Dr. MARSTON. I don't know the answer to that, Mr. Chairman.

Mr. ROGERS. Give us your thinking on that. I am concerned that we are not getting enough of the people involved who are meeting the patient and getting care to him.