2. Information and Communications Exchange Service: Direct Cost, $40,300

The CIES is a region-wide clearing house for information about IRMP. Staff will be put in local communities to act as public relations representatives and also to distribute information to medical personnel and the public. The community staff will also gather information on community needs and resources and serve as a station for collecting economic, social, and medical data.

3. Cardiopulmonary Resuscitation Training Program: Direct Cost, $63,400

The University of Utah will give a 3-day course in resuscitative techniques to selected physicians from small communities. Each physician will then be responsible for teaching the techniques to health personnel in his community. This resuscitation consultant will also collect data about the number of times resuscitation is employed and the results.

4. A Training Program in Intensive Cardiac Care: Direct Cost, $118,600

A core faculty of experts in using Cardiac Care Units and diagnosing and treating heart disease will teach short courses in their subjects. The students will be interested physicians and nurses from community hospitals building coronary care units.

5. Training for Nurses in Cardiac Care and Cardiopulmonary Resuscitation: Direct Cost, $34,000

This is an integral part of both the cardiac care and cardiopulmonary resuscitation programs for physicians (#3, #4). Nurses trained in Salt Lake City will return to their communities to serve as a core faculty for teaching the techniques at the local level. The nurses will work closely with the similarly trained physicians.

6. Visiting Consultants and Teacher Program for Small Community Hospitals: Direct Cost, $14,800

Small communities will be given the option of requesting one or two-day clinics. A minimum number of four cardiac patients will be required. These clinics will upgrade the level of care of victims of heart disease living in a remote area. Visiting physicians will assist the local physician in a precise diagnosis of his patients.

7. A Regional Computer-Based System for Monitoring Physiologic Data on-line from Remote Hospitals in the Regional Medical Program: Direct Cost, $637,100

This project's purpose is to test the feasibility of using a central computer to process a variety of physiological signals generated by patients in remote hospitals, feeding the results of calculations from these signals back to stations within the hospitals, and using the information for diagnosis.

8. Cancer Teaching Project: Direct Cost, $94,300

This project attempts to upgrade the level of care available to local communities. The co-ordinator will direct a program of physician education to create trained cancer specialists who, in turn, will become centers of cancer information in their local communities. The physicians will receive a small stipend for teaching and obtaining information. A region-wide tumor registry will be started as will a training program in new techniques for pathologists.

9. Stroke and Related Neurological Diseases: Direct Cost, $98,700

This project will establish clinics to bring expert consultation service in stroke and related neurological diseases to local communities; will provide continuing education to local physicians and nurses; will collect data about stroke patients seen and the problems they present to the practitioner. A 24-hour telephone consultation service and information library service will be maintained at the Utah Medical Center to provide community physicians with immediate advice. In addition, practicing physicians will be trained at the medical center in the latest diagnostic and treatment techniques. The courses will last from 4 weeks to one year.

KANSAS REGIONAL MEDICAL PROGRAM

The Kansas Region is emphasizing cardiovascular care in its rural programs. In addition it is setting up a comprehensive model training program in a small community. The project descriptions follow: