Tuberculosis hospitals were often located far from urban centers
the introduction of modern drug therapy in the 1940's. This
cordance with the then-prevalent theory that an abundance
fresh air and the avoidance of the stresses of urban living were
in the treatment of the disease. Since then, potent chemo-
tics have enabled an increasing proportion of patients to
ıe major part of their treatment through outpatient care after
period of hospitalization. This practice, together with the
in the rate of new active cases, has served to drastically
the demand for tuberculosis facilities. Many such hospitals,
rly the smaller State or local government tuberculosis facili-
have either closed or converted in whole or in part to other
uses.

Quantitative Standards of Performance

Hill-Burton State agencies are currently in the process of sub-
plans in which, for the first time, all States will determine
ty needs for hospital facilities on the basis of utilization rate,
occupancy, and population served. Uniform criteria for
existing beds and for determining the need for facility
ation are also being newly applied. Total beds in existence
the present time are equivalent to 3.97 beds per 1,000 population.
ɜ plans received thus far show a national need for 4.11 general
beds per 1,000 population (including 3.97 already in exist-
However, among many of the States, the gaps between avail-
beds and beds needed per 1,000 population are considerably
ɲn indicated by the averages for the Nation as a whole.

An additional task facing the country's general hospitals is to re-
or renovate approximately 260,000 beds now obsolete due to
or safety hazards or functional deficiencies. Final estimates of
for modernization and new capacity will be available later in
year when all State plans have been approved and summarized.

The decreased utilization of tuberculosis facilities is clearly illus-
by preliminary findings from State Hill-Burton plans for fiscal
1966. A national estimate from plans received to date indicates
total need for 0.23 tuberculosis beds per 1,000 population compared
total of 0.27 such beds per 1,000 population in existence at this

Minimum standards for evaluating the structural safety and ef-
of existing hospitals were recently established by the Public
Service. These standards refer to:

A. Structural resistance to fire.

B. Safety of electrical and mechanical equipment, exits, fire alarm system, interior finishes, shafts, smoke barriers, etc.

C. Patient areas, including room size, corridor width, nurses' stations, windows, and access to corridors.

D. Service departments, including surgical suite, radiological department central supply, and dietary area.

The standards may be raised or expanded in scope at the State's

Other PHS standards provide that in the nursing department
ɜnt room should have no more than four beds, not be located
any floor which is below ground level, and have a minimum of