

Hospital adjunct services can be formally organized and located to serve either inpatients only, outpatients only, or both categories of patients. Whether these services will be established and operated for both inpatients and outpatients, or solely for the use of the outpatient department, depends upon patient loads and characteristics, managerial concepts and decisions, and other considerations.

Regardless of the decision for utilization, the hospital's adjunct services need to be located in proximity to the outpatient clinics with accommodations to facilitate the flow of patient traffic.

In addition to the various general and specialty clinic services offered by hospitals, specialized health and clinic services are offered by Federal and local governments, voluntary agencies, and practitioners. These entities provide a wide range of preventive health services and specialized programs for chronic diseases, accident prevention, and direct patient care. The range of services offered (other than by the Federal Government) is usually determined by community demands and local availability of qualified professional practitioners. Representative of the more commonly offered clinical services are those concerned with:

Alcoholism	Immunizations
Cerebral palsy	Multiple sclerosis
Crippled children	Podiatry
Dermatology	Psychological
Family health	Social services
Health education	Speech
Hearing	Venereal diseases
Chronic long-term disease	Well-child

(c) *Standards of Performance*

Some measure of the overall magnitude of the increased use of outpatient facilities is indicated by the fact that, in 1955, a total of 4,832 hospitals reported outpatient visits to the American Hospital Association, compared with 5,624 hospitals reporting such visits in 1964. During that decade, total reported outpatient visits increased from 73,497,500 to 125,123,200,⁶ or from 445 visits per 1,000 population in 1955 to 654 per 1,000 in 1964. Although these increases reflect, to some extent, more complete reporting by hospitals registered with the American Hospital Association, the actual increase in visits is unquestionably substantial.

Included in total outpatient visits are those for emergency services, clinic services, and for diagnostic or treatment procedures upon referral from physicians. In 1964, of the 654 total outpatient visits per 1,000 persons, 139 per 1,000 were for emergency services, 239 per 1,000 were for clinic services, and 112 per 1,000 were for services upon physicians' referral. The remainder, or 164 visits per 1,000 persons, were not classified as to type of visit.

Public health centers have increased in number from 468 in 1948 to 1,194 as of January 1965. Auxiliary public health facilities also have grown substantially in number—from 722 to 1,050 in the 1948-65

⁶ American Hospital Association. *Hospitals*, "Guide Issue," pt. II, Aug. 1, 1965.