speak. And we are developing training programs for practical nurses and others, and have been endeavoring to develop a program for practical nurses and others, and have been endeavoring to develop a program for nurses' training and for the training of less highly skilled personnel. I think the next few years will find an increased use of the less qualified personnel to do work presently being done by nurses. We think it is time to reduce the time spent by nurses on non-nursing duties such as delivering reports and doing things that can be done by messengers or less highly qualified personnel. I think we must reduce the non-nursing type duties presently performed by nurses.

I would further submit, looking ahead perhaps ten years, that we will see more practical nurses and nursing assistants taking over many of the duties of professional nurses, and the professional nurses will act as their trainers, because I think even bearing in mind there are additional nurses coming out of nursing schools, the need for them is increasing and we will not be able to have sufficient of them by using only professional nurses.

Mr. SISK. Thank, you Doctor. Congressman Gude of Maryland referred to your testimony that 8.1 days was the average length of hospital stay per patient. Have you noticed any substantial increase in that figure since the enactment and operation of the Medicare and Medicaid programs?

Dr. GRANT. There has been essentially no change in this area of the per diem utilization rate compared to what it was prior to Medicare. There has been relatively no change.

Mr. SISK. You do not feel, then, Dr. Grant, that the passage of Medicare and the services made available under that Act have substantially increased hospital usage over and above the normal need for hospitals?

Dr. GRANT. The big problem relates to one of the things that I have indicated in my testimony, namely, that the current bed utilization rate in the Washington area is so high, roughly 85 percent, that it would be impossible really for additional patients because most hospitals are pretty well occupied. The problem is waiting lists to get into the hospitals. Until and unless we get to the point where we can construct additional beds it is not possible for the utilization rate to go higher because the beds are not available.

Mr. SISK. Thank you, Dr. Grant. I think you have made a very excellent witness.

The gentleman from Maryland?

Mr. GUDE. Dr. Grant, in regard to the $73.91 per day cost, does this run higher than for other subdivisions of the country, such as States, for example? Could there be a higher cost here because of the high caliber of the facilities whereas in some areas you have hospitals which do not have these types of facilities.

Dr. GRANT. Let me try to respond in a different way. The only valid kind of comparison you can make would be between this and another similar type of hospital, of which there are many throughout the country.

I would suggest to you in making that kind of comparison you would find that some of these hospitals have a per diem rate lower than D.C. General and some would be higher.