success in the past and will, hopefully, continue to do so as the science of medicine and care of our patients advance. What we have not been able to do is to provide that facility required for after-care. The sub-acute patient whose condition has been stabilized in the acute hospital and who now needs controlled convalescence and/or rehabilitation before being referred to a nursing home or to his own home. This facility gap has caused a break in our being able properly to implement the concept of progressive patient care. This concept, providing for the right care at the right time at the right place and at the right price, means that the patient admitted to the hospital acutely ill needs more vigorous care than he does as his illness wanes and that he can be exposed to decreasingly intensive yet graded care as he convalesces. We who practice in general hospitals are forced to keep our patients in the general acute hospital at regretably higher costs than necessary for a longer period than necessary simply because there is no appropriate facility available for that period of their care preceding their ability to be self-sufficient or to be cared for at home or in a nursing home. These patients no longer need the intensity of services provided in the acute hospital, but they do need professionally conducted and controlled care for an extended period of time. This phase in our patients' program of care could be more properly served and it could be served at considerably reduced cost to the patients and to the community.

We of the Medical Staff of the Washington Hospital Center have been vitally interested in this potential for many years. Through appointed committees of the Medical Staff we have conducted research and an analysis of our patient's needs and have developed evidence indicating the true extent of this problem and the urgency for its recognition. Although the average stay of an acutely ill patient in the Center is less than 8 days, detailed analysis of our patients staying in the general hospital over three weeks showed their length of stay to be from 34 to 55 days, with an average of 41 days. Our Utilization and Audit Committees point out that this is an improper use of our acute hospital beds. There is usually little need for the orthopedic patient following a hip nailing, the medical patient who is recovering from a coronary attack or admitted because of uncontrolled diabetes and its complications, or for many others with postoperative situations whose conditions are stabilized to remain in a high cost facility were an extended care facility available. Our analyses further showed that the specialties of Medicine, Surgery and Orthopedics accounted for some 75% of these longer-staying patients and that 50+ percent of them would be ambulatory in a facility encouraging convalescence and rehabilitation. Our surveys were conducted exclusively on the Hospital Center's patient population. They indicated then a potential of some 75,000 patient days annually at the Center alone. This situation pertains to other Area hospitals and the magnitude of our patients' need becomes quite impressive. Should the plans of our Medical Staff and the administration of our hospital become a reality through favorable action of this proposed bill, it would be our intent to serve as much of the Washington community's Area hospitals' total need as is possible.

Thank you, Mr. Chairman, for this opportunity to express on behalf of our Medical Staff our concern and interest in this bill.