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UNITED STATES GENERAL ACCOUNTING OFFICE

WASHINGTON, D.C. 20548

MANPOWER AND WELFARE DIVISION

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The Honorable Elliot L. Richardson
The Secretary of Defense

Attention: Assistant Secretary of Defense
(Comptroller)

Dear Mr. Secretary:

During a survey of medical activities in the Department of Defense (DOD), we noted that the average length of hospital stay for all diagnoses for active duty personnel among the military services varied by as much as 12 days, while the length of stay for retirees, dependents, and other patients was relatively consistent. We examined the reasons for the variations because some of the military services may be keeping active duty personnel in a nonduty status longer than necessary, thus increasing the cost of providing medical care. The costs for the additional lengths of stay are the incremental hospital costs which are presently unknown.

However, according to DOD estimates, the costs (including physician and other costs) per patient-day averaged $57 for hospitalization of active duty personnel in its facilities in fiscal year 1971. This amount was not based solely on the costs of acute hospital care. It included a significant amount of costs for low-cost convalescent care for active duty personnel waiting return to duty but did not include depreciation, interest, and personnel retirement costs.

We examined medical records for 650 active duty (Air Force, Army, and Navy) personnel hospitalized for 6 emergency/nonemergency diagnoses and analyzed the lengths of stay for each. We also examined medical records for 400 retired personnel or dependents of retired personnel, dependents of active duty personnel, and others for 4 nonemergency diagnoses. Our review at the following military hospitals covered fiscal years 1970-72.

Air Force

U.S. Air Force Regional Hospital, MacDill Air Force Base, Tampa, Florida

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David Grant U.S. Air Force Medical Center, Travis Air Force Base, California

Army

Noble Army Hospital, Fort McClellan, Alabama

Letterman General Hospital, San Francisco, California

Navy

U.S. Naval Hospital, Orlando, Florida

U.S. Naval Hospital, Oakland, California

We found that DOD had not established uniform policies and procedures for governing the admission and discharge of patients and the granting of leave to active duty personnel in hospital status (days a patient is assigned or attached to the hospital--includes bed-days and leave). DOD delegated the responsibility for certain policies and procedures to the individual services which in turn delegated the responsibility to the individual hospital commanders. At the six hospitals included in our survey, the policies and procedures varied and, in certain instances, it appeared that the policies and practices in use resulted in active duty personnel's remaining in hospital status longer than necessary.

ADMISSION OF PATIENTS

For about 750 nonemergency cases, the time between admission and surgery for active duty personnel and other patients in 4 surgical diagnostic categories averaged 1 day. Hospital officials said that 1 day was the normal time needed for presurgery tests. We noted, however, as shown in the following table, that in 89, or 25 percent, of 356 active duty cases and in 44, or 11 percent, of 397 other cases, more than 1 presurgery day was used.

Days Between Time Of Admission To Hospital And Surgery For Active Duty Personnel And Other Patients

Number of days	Active duty personnel	Other patients
1	267	353
2	33	23
3	33	17
4	5	3
5	6	-
6	3	-
7 and over	9	1
Total	356	397

The primary reasons cited to us for the extra presurgery time were:

--Patients were admitted on a Friday and surgery was performed on Monday.

--Commands transferred personnel unannounced to a hospital for treatment. In these circumstances the hospitals had little alternative but to admit the personnel, even though it sometimes took a few days to schedule them for surgery.

--Emergency cases caused delays in elective surgery.

GRANTING LEAVE TO PATIENTS

The policies and procedures for granting convalescent leave (a period of authorized absence granted to active duty personnel in hospital status) and subsistence elsewhere (authorization to live outside the hospital while receiving medical care) differed at the six hospitals and affected the time active duty patients stayed in bed or in hospital status.

Navy leave policies result in patients occupying beds longer than necessary

Policies of the two Navy hospitals generally did not permit leave to active duty personnel in hospital status. The Oakland hospital granted convalescent leave to patients in only one of the six selected diagnoses--infectious mononucleosis--and hospital regulations limited subsistence elsewhere to

officers. In contrast, policies of the Army and Air Force hospitals permitted either convalescent leave or subsistence elsewhere to most active duty personnel. The Orlando hospital granted considerably less leave than the Army and Air Force hospitals.

To determine the impact of the differing leave policies, we compared the lengths of stay for active duty patients classified in six diagnoses in the hospitals in our survey. On the average, the Navy hospitals kept their active duty personnel in bed from 1 to 12 days longer than the Air Force and Army hospitals.

However, after October 1971, the average number of bed-days for active duty personnel decreased at the Oakland hospital in four selected diagnoses. Oakland officials attributed the decrease primarily to:

--Revisions of Oakland's policy on subsistence elsewhere to allow certain enlisted patients to subsist at home when their condition warranted. However, for various reasons, only a small percentage were allowed to subsist at home.

--Additional attention given to length of stay (resulting from our discussions with Oakland hospital officials) and to releasing personnel as soon as feasible.

Air Force and Army hospitals may be granting more leave than is necessary

To determine whether the Army and Air Force's liberal leave policies were resulting in active duty personnel's remaining in hospital status longer than necessary, we compared the average number of days in hospital status of patients who received convalescent leave or subsistence elsewhere at David Grant and Letterman with the average number of days in hospital status of patients who did not receive either type of leave at the Oakland hospital.

As shown below, patients at David Grant and Letterman remained in hospital status much longer than patients at Oakland in all but one diagnosis.

Diagnosis	Hospital status (average days) David Grant	Letterman	Oakland
Inguinal hernia	27.1	28.9	19.0
Appendicitis	22.0	29.0	16.4
Pilonidal cyst	30.6	28.3	31.5
Hemorrhoids	25.0	24.1	18.2
Deflected nasal septum	11.3	10.2	9.9

The above statistics indicate that the more liberal leave policies at David Grant and Letterman played a significant role in the longer hospital status of patients at those hospitals. David Grant officials agreed that the statistics raised questions about the lengths of leave granted by that hospital's medical staff and said that they would make further inquiries. Letterman officials had no comment.

DISCHARGE OF PATIENTS

Ending leave during duty hours would decrease bed-days

David Grant patients were generally discharged for return to duty on the day they returned from leave; Letterman and Oakland patients generally were not.

David Grant officials advised us that their policy for discharging patients required that a patient's leave end during normal duty hours and that patients return to the hospital in time to permit their doctors to examine and discharge them, if appropriate, on the day of return. Letterman and Oakland officials said that the return of their patients from leave was not planned around the doctor's schedule.

Letterman patients return from leave at any time on the appointed day and, as a result, many of those who return late in the day, or after duty hours, cannot be seen by a doctor until the next day. Letterman officials said they would insure, wherever possible, that patients return to duty on the day of their return from leave.

Oakland officials said they found it easier to have the patient returning from leave admitted to a bed, have any necessary tests taken, and have the patient seen by the doctor at the next scheduled time.

We did not find this situation at the other hospitals.

Delayed paperwork increased the number of bed-days

The two Navy hospitals required that the Narrative Summary--a summary of data on the condition and treatment of the patient, prepared by the doctor--be completed before an active duty patient could be discharged. As a result, the average length of hospitalization for active duty patients is increased. For example, at the Orlando hospital, 26 of 68 active duty patients were not discharged on the dates set by their doctors because the summary had not been completed. These patients remained in the hospital for a total of 42 days longer than necessary.

Officials at both hospitals said they were aware that the summary requirement added to the length of stay for active duty personnel but this procedure was better than the old one which had resulted in many complaints about lost summaries.

The Air Force and Army hospitals did not require the summary to be completed before discharging a patient. Officials at these hospitals said it was not appropriate to delay a discharge for an administrative practice.

Lack of reassignment orders increased bed-days

We found eight cases where Letterman patients were kept in the hospital longer than necessary because the hospital had not received reassignment orders. The patient's medical records showed that the patients were fit for active duty and could have been discharged from the hospital earlier. The additional time these patients were kept in the hospital varied from 1 to 13 days and averaged 7 days.

Letterman officials said, because the hospital was not authorized to issue reassignment orders, patients were, at times, kept in the minimum care ward after they were fit to return to duty. They said they were not allowed to transfer patients to the 6th Army for reassignment but must go to the Department of the Army for reassignment orders because the hospital reported directly to the Army Surgeon General's office (most Army hospitals do not report to this office). An official of this office said Army Regulation 40-3, entitled "Medical, Dental and Veterinary Care," authorized Letterman to issue reassignment orders and he had advised Letterman of this authority.

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We believe that the circumstances found at the six hospitals indicate that the length of time patients are kept in hospital status is subject to administrative procedures and controls as well as medical determinations, and that improved administrative and medical practices can reduce the average number of days in hospital status. DOD guidance should set forth the administrative procedures and practices to limit the lengths of hospitalization to that period which is necessary.

Please advise us within 60 days of actions taken by the six hospitals as a result of our survey and of any actions taken or planned by DOD to reduce hospital stays for all types of patients.

We appreciate the cooperation and assistance of DOD personnel. If you have any questions, we shall be glad to discuss them with you or your representatives.

We are forwarding copies of this letter to the Assistant Secretary of Defense (Health and Environment) and to the Departments of the Air Force, Army, and Navy.

Sincerely yours,

Gregory J. Ahart

Gregory J. Ahart
Director