

## DOCUMENT RESUME

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[Proposal for Replacement of Indian Health Service Hospital].  
HRD-78-124; B-164031(5). June 2, 1978. 2 pp.

Report to Sen. Henry Bellmon; by Gregory J. Ahart, Director,  
Human Resources Div.

Issue Area: Health Programs: Health Facilities (1203); Health  
Programs: Access to Health Care (1204).

Contact: Human Resources Div.

Budget Function: Health: Health Planning and Construction (554).

Organization Concerned: Department of Health, Education, and  
Welfare; Indian Health Service; Indian Health Service: W. W.  
Hastings Hospital, OK.

Congressional Relevance: Sen. Henry Bellmon.

The Indian Health Service (IHS) and the Cherokee Tribe jointly proposed to replace the W. W. Hastings Hospital operated by the IHS with a new facility adjacent to the city hospital at Tahlequah, Oklahoma. The IHS program document for the replacement of the W. W. Hastings Hospital was deficient in several respects. It did not contain sufficient planning for the integration of Indian and non-Indian health needs provided at the Tahlequah Community Hospital; calculate the number of acute care hospital beds and amount of square footage in accordance with planning methods approved by the Department of Health, Education, and Welfare; or develop the justification for and facility requirements of the training and educational programs which the tribe had planned. A review of the IHS hospital construction program identified weaknesses in program planning. The IHS method of planning for acute care hospital beds does not recognize the downward trend in IHS hospital usage; if IHS proceeds as planned, its hospitals will contain too many beds. Appropriations for IHS hospital planning and construction should not be made until IHS adjusts its method for planning hospital capacity and size to recognize the downward trend in hospital use and the availability of existing community facilities. (RRS)

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**UNITED STATES GENERAL ACCOUNTING OFFICE  
WASHINGTON, D.C. 20548**

**HUMAN RESOURCES  
DIVISION**

B-164031(5)

June 2, 1978

The Honorable Henry Bellmon  
United States Senate

Dear Senator Bellmon:

On April 19, 1978, we met with you and your staff and Mr. Ross Swimmer, Principal Chief of the Cherokee Tribe, to discuss a joint Indian Health Service (IHS) and Cherokee Tribe proposal to replace the W. W. Hastings Hospital operated by IHS with a new facility adjacent to the city hospital at Tahlequah, Oklahoma. We also discussed the status of our review of the IHS hospital construction program.

Our assessment was based on (1) the IHS program information document for the replacement of the W. W. Hastings Hospital, (2) discussions with Chief Swimmer and IHS headquarters officials, and (3) testimony of Chief Swimmer and IHS officials before the Subcommittees on Interior and Related Agencies of the House and Senate Committees on Appropriations, on the replacement of the hospital.

On May 10, 1978, the IHS provided us with a copy of a March 1978 feasibility study done by a working group under the leadership of Chief Swimmer. The study concluded that a joint venture between the W. W. Hastings Hospital and the Tahlequah City Hospital is a feasible alternative to separate hospitals offering duplicative, expensive services. Our limited review of the feasibility study indicates that the proposal advanced by the working group has merit.

However, we found that the IHS program information document for the replacement of the W. W. Hastings Hospital was deficient in several aspects. For example, it did not:

- Contain sufficient planning for the integration of the Indian and non-Indian health needs which would be provided at the Tahlequah Community Hospital.

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(102015)

--Calculate the number of acute care hospital beds and amount of square footage in accordance with planning methods approved by the Department of Health, Education, and Welfare.

--Develop the justification for and facility requirements of the training and educational programs which the tribe has planned in cooperation with the Northeastern Oklahoma State University.

Similarly, our review of the IHS hospital construction program has identified weaknesses in IHS program planning. We concur that some IHS hospitals, such as W. W. Hastings, need to be replaced. However, our field work to date shows that the IHS method of planning for acute hospital care beds does not recognize the historical downward trend in IHS hospital usage. If IHS proceeds as planned, its replacement hospitals will contain too many beds. These problems need to be corrected before IHS begins formal design of its new or replacement hospitals.

We believe that appropriations for IHS hospital planning and construction should not be made until IHS adjusts its method for planning hospital capacity and size to recognize (1) the historical downward trend in IHS hospital usage and (2) the availability of existing community facilities. With regard to the W. W. Hastings Hospital, we believe that the IHS should revise its program information document to more fully explain how the Tahlequah hospital will be used for the Indian and non-Indian health needs and to justify the training and education programs.

We trust that this letter will satisfy the purposes of your inquiry.

Sincerely yours,

  
Gregory J. Ahart  
Director