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A study of veterans readmitted to Nichols Veterans Administration Hospital, Louisville, Kentucky from February 1, 1949 through March 5, 1949 emphasizing those factors contributing to their return.

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UNIVERSITY OF LOUISVILLE

A STUDY OF VETERANS READMITTED TO NICHOLS VETERANS
ADMINISTRATION HOSPITAL, LOUISVILLE, KENTUCKY
FROM FEBRUARY 1, 1949 THROUGH MARCH 5, 1949
EMPHASIZING THOSE FACTORS CONTRIBUTING
TO THEIR RETURN

A Research Project

Submitted to the Faculty

Of the Raymond A. Kent School of Social Work

In Partial Fulfillment of the

Requirements for the Degree

Of Master of Science in Social Work

By

Elizabeth Ann Copeland
Ann Rose DiSalvo
Sarah Miller McCormack
Lucille Amiotte Polmeteer

1949

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TITLE OF RESEARCH PROJECT:

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FACTORS CONTRIBUTING TO THEIR
RETURN

APPROVED:

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DATE:

June 6, 1949.

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CHAPTER I

INTRODUCTION

Upon the request of the Admissions Division of Nichols Veterans Administration Hospital in Louisville, Kentucky, this study of readmissions to that hospital during the period February 1 through March 5, 1949, was undertaken. The Chief of Admissions expressed concern over the seemingly large number of readmissions and requested that research be undertaken to determine their frequency rate and factors involved. At first, a statistical comparison of the number of readmissions to admissions from July 1, 1948, through January 31, 1949, was undertaken by the writers to see if this observation was valid. The results of this statistical study showed 21.4 per cent of the 6,269 patients admitted during this period were readmissions. As this was considered a significant number it was decided that a more intensive study would be undertaken.

Nichols Veterans Administration Hospital was converted from a temporary Army Hospital into a Veterans Administration Hospital on April 15, 1946. Veterans Administration Hospitals are classed specifically as Tuberculosis, Neuropsychiatric, and General Medical and Surgical. Although Nichols Hospital falls in the latter category, it also includes tuberculosis and neuropsychiatric services. In those cases requiring long hospitalization for a tuberculous or neuropsychiatric illness, transfer to a Veterans Administration center set up for that type of service is made.

A summary of the Admission Policy of a Veterans Administration Hospital follows:

All veterans who seek hospitalization are required to file an Application for Hospitalization or Domiciliary Care, otherwise known as

Form P-10,¹ which must also be properly notarized in every case. In emergencies, the preliminary filing of the form may be dispensed with, and, instead, the form may be filed at the time that the emergency case is being admitted.

Those individuals eligible for hospital treatment, medical, and domiciliary care from the Veterans Administration include veterans of all wars, members of the Women's Army Corps and Women's Reserves, and veterans of peacetime service who were honorably discharged for disability incurred in the line of duty or who are in receipt of compensation for a service-connected disability. To the Veterans Hospitals there may also be admitted on a humanitarian basis persons other than veterans needing extreme emergency treatment for the period of the emergency only, and veterans not included in the categories previously cited.² Thus, admissions to the hospitals are as follows: (1) Emergencies, (2) veterans with service-connected disabilities, and (3) other veterans.

The types of admissions to the hospital fall into four categories:

1. Regular: These admissions cover the patients who come to the Admission Office, are processed and admitted. This also covers admissions of patients called in from the waiting list.

2. Observation and Examination: Patients may be admitted for observation and examination for pension purposes or to determine mental and physical fitness for proper performance of their position.

3. Follow-up: These admissions are used to check on the progress being made by the patient.

¹ See Appendix A, page 53.

² American Red Cross Services to Armed Forces Handbook, Omnibus letter N. 8, part 2.

4. Dental: Admissions for dental treatment only must have proper authorization.¹

Veterans from Branch Number Six, which includes the states of Ohio, Michigan, and Kentucky, are ordinarily admitted. However, veterans from other parts of the country may be admitted when sufficient beds are available.

When the writers sought to undertake the intensive study, they decided to focus it mainly on those reasons to account for the large number of readmissions. The purpose for exploring the readmissions of patients was to arrive at some definite understanding of the factors leading to readmission.

In conducting this study the data obtained consisted of five types of information regarding the readmitted veteran. Pertinent personal information was covered in the first area. Such items as age, race, sex, marital status, number of dependents, occupation, and major source of support were included. The second type of information covered the war service of the patient. Included in this was the war served by the veteran, and the type of Veterans Administration benefits, if any, he received. The third type of information related to the number of admissions of each veteran. This covered the length of stay with dates of all admissions and discharges with diagnoses, lapse of time between each hospitalization period. The health of the patient and the inter-related factors in that area were covered in the fourth type of information. Such factors as the type of medical care received by the patient since the last discharge, the understanding of instructions and recommendations given by the ward doctor at the time of discharge and

¹ See Appendix B, page 55.

the complicating factors preventing the carrying out of these instructions were considered. Data concerning the purpose for which the patient was using the hospital was also included in this section. Thus, the fact of whether or not these patients were hospitalized for acute or chronic illnesses and whether or not the admission was medically necessary according to medical opinion was considered.

The fifth and last type of information obtained in this study concerned the referrals of the patient while in the hospital to Social Service and/or to the psychiatrist. The dates of all the contacts by the hospital Social Service Department were secured. Also, the number of patients referred for neuropsychiatric consultations on their last admission was noted.¹

At the time the present study was contemplated no statistical report of readmissions was available as a basis for comparison. Therefore, to secure this information for the first part of the study, the total number of admissions per month from July 1, 1948, through January 31, 1949, was obtained from the Statistical Clerk in the Admissions office.

A schedule was compiled for the study and was used as a guide in securing the five types of information previously mentioned herein.² Interviews with all veterans who were readmitted to the hospital during the period studied, February 1, 1949, through March 5, 1949, were conducted daily. This period was selected as being representative of readmissions to the hospital in any month of the year. Preceding each interview the complete past medical chart and present chart on the ward were reviewed. Following each interview the medical opinion of the ward doctor regarding the diagnosis and need for readmission of the patient in

¹
See Appendix C, page 57.

²
See Appendix C.

question was obtained.

Some mention should be made here regarding the individual patient's ability to express himself clearly and accurately in the giving of certain data. Thus, when the questions regarding his economic status were directed to the patient, information on the amount of his income and its adequacy depended wholly on the patient's verbal statement and opinion. Moreover, the writers had to rely solely on the patient in their effort to learn if instructions were given by the doctor at the time of their discharge, if these orders were comprehensible to the patient, and if there were any complicating factors which impeded him from carrying out these instructions.

In considering the total number of readmissions a few cases were omitted entirely because, although counted statistically by the Department of Admissions, these veterans were not actually hospitalized. This was seen in the majority of those cases when a veteran returned to Dental Clinic for a day in order to receive a temporary follow-up treatment.

As far as could be determined, the only previous study of this nature conducted in the same locale was made by Jeanne LaCourse¹ to determine the common factors influencing the patients' return for hospitalization. Although this study proved helpful as background material, because of its different limitations, its findings were not comparable to those found in this study.

In seeking other bibliographic material it was learned from Mr. Jack Stipes, Chief Veterans Administration Social Worker in Washington, D. C., that this study was the first of its kind in this field. Another

¹Jeanne LaCourse, "A Study of Veterans Readmitted to Nichols Veterans Administration Hospital, Louisville, Kentucky, after Having Been Discharged 'Improved' and Received 'Maximum Hospital Benefits' from April through December, 1946", Raymond Kent School of Social Work, University of Louisville, Louisville, Kentucky, May 15, 1947, 72 pp. (Unpublished Master's thesis.)

study on readmissions which was consulted but was not related to the writers' topic was the Survey on Readmissions conducted at Louisville General Hospital in 1938.¹

¹Works Progress Administration City Hospital Clinic Survey, 1929-38.

CHAPTER II

ADMISSIONS

As was stated in the first chapter, the Admissions Division of the Nichols Veterans Administration Hospital believed that a large percentage of the admissions to said hospital were readmissions. There were no statistics available on this matter. Thus, it was decided that a broad statistical study showing a comparison of readmissions to total admissions over a given period of time was indicated. Seven months, namely, from July 1, 1948, through January 31, 1949, were considered as typical months over which to make this study since three seasons of the year, summer, fall, and winter, would be represented.

The findings showed that the readmissions to total admissions were high, and thus the need for an intensive study of the factors involved in the readmissions. The following information is given as background for the intensive study.

Table 1, which follows, gives the number of new admissions, readmissions, and total admissions with the percentage of readmissions to total admissions on a monthly basis from July 1, 1948, through January 31, 1949. The percentage of readmissions to total admissions ranged from 15 per cent to 28 per cent during the monthly periods studied and amounted to 21.4 per cent for the entire period.

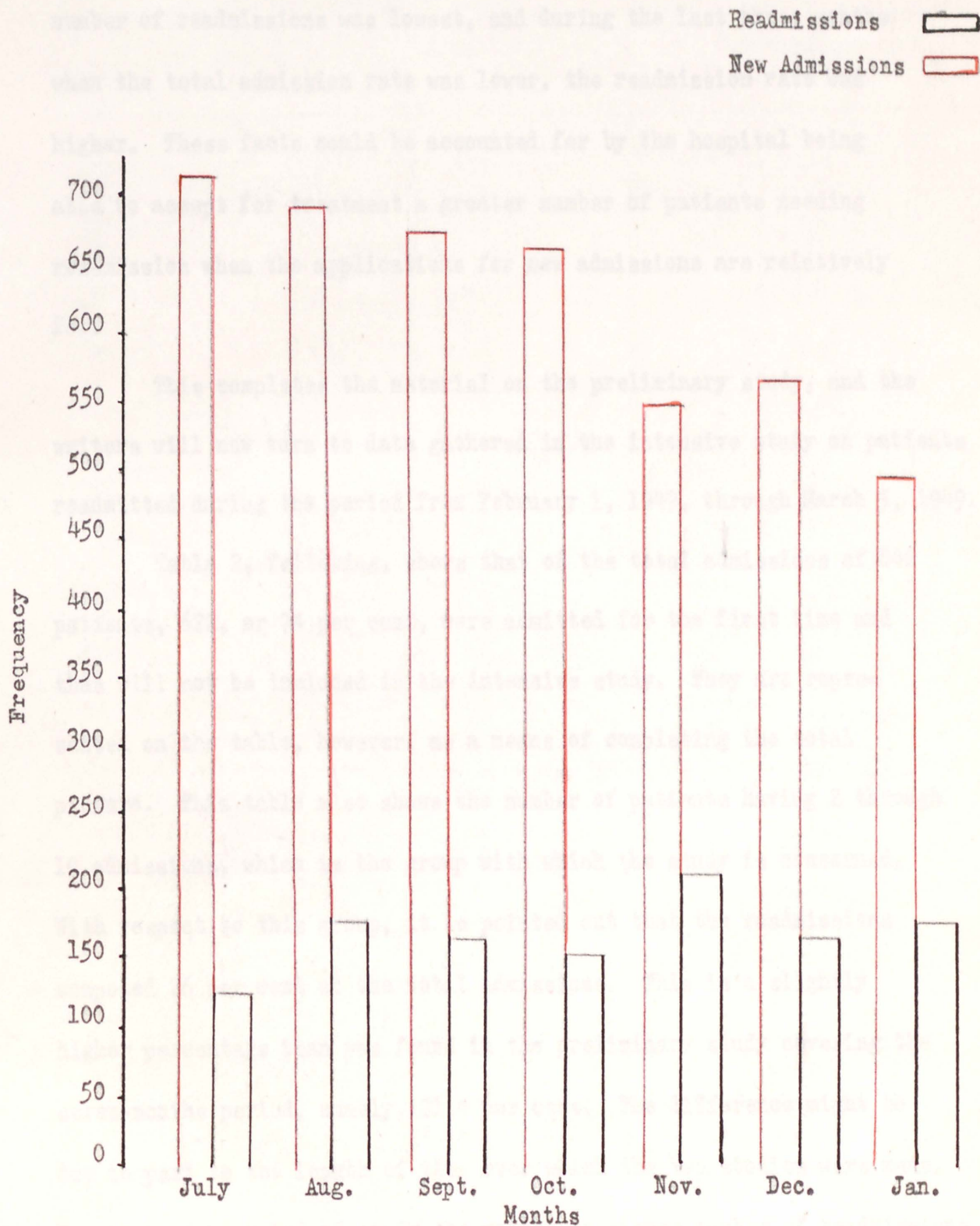
TABLE 1

NEW ADMISSIONS, READMISSIONS, AND TOTAL ADMISSIONS TO NICHOLS HOSPITAL
 JULY 1, 1948, THROUGH JANUARY 31, 1949

Months	New Admissions	Readmissions	Total Admissions	Per Cent of Readmissions to Admissions
July	717	128	845	15
August	696	180	876	21
September	674	168	842	20
October	666	152	818	19
November	550	211	761	28
December	566	169	735	23
January	499	180	679	27
Total	4368	1188	5556	21.4

Graph 1, following shows the numbers of admissions and re-admissions during the period July 1, 1948, through January 31, 1949, on a monthly basis.

TOTAL READMISSIONS AND TOTAL NEW ADMISSIONS PER MONTH
 JULY 1, 1948 THROUGH JANUARY 31, 1949



GRAPH 1

There were larger numbers of patients admitted during the first four months of the fiscal year than there were during the next three months when the admissions rate might be expected to rise due to seasonal illnesses generally occurring in the colder months. Also, when the number of readmissions was lowest, and during the last three months when the total admission rate was lower, the readmission rate was higher. These facts could be accounted for by the hospital being able to accept for treatment a greater number of patients needing readmission when the applications for new admissions are relatively few.

This completes the material on the preliminary study, and the writers will now turn to data gathered in the intensive study on patients readmitted during the period from February 1, 1949, through March 5, 1949.

Table 2, following, shows that of the total admissions of 842 patients, 622, or 74 per cent, were admitted for the first time and thus will not be included in the intensive study. They are represented on the table, however, as a means of completing the total picture. This table also shows the number of patients having 2 through 10 admissions, which is the group with which the study is concerned. With respect to this group, it is pointed out that the readmissions composed 26 per cent of the total admissions. This is a slightly higher percentage than was found in the preliminary study covering the seven-months period, namely, 21.4 per cent. The difference might be due in part to the length of time over which the two studies were made. In the longer period of study the months of higher number of readmissions tended to be offset by the months of lower number of readmissions. It also might be due to the fact that February and March are winter months in which the rate of illness is greater.

TABLE 2

PATIENTS ADMITTED TO NICHOLS HOSPITAL FEBRUARY 1 THROUGH MARCH 5, 1949

Admissions	No. of Patients Admitted	Per Cent of New and Readmissions to Total Admissions
First	622	74.0
Second	144	17.0
Third	43	5.0
Fourth	21	2.5
Fifth	6	.7
Sixth	3	.5
Seventh	-	-
Eighth	1	.1
Ninth	1	.1
Tenth	1	.1
Total Admissions	842	100.0
Total Readmissions	220	26.0

Table 3, page 12, classifies the readmissions according to the number of admissions in the various age groups and shows the per cent of the total of each readmission to the total readmissions for the period studied.

TABLE 3

READMISSIONS BY AGE GROUP, FEBRUARY 1 THROUGH MARCH 5, 1949

Age Group (years)	2nd Adm.	3rd Adm.	4th Adm.	5th Adm.	6th Adm.	7th Adm.	8th Adm.	9th Adm.	10th Adm.	Total
20-29	45	14	5	3	1	-	-	-	-	68
30-39	37	11	7	1	-	-	1	-	-	57
40-49	13	2	2	-	-	-	-	-	-	17
50-59	35	12	6	1	1	-	-	1	-	56
60-69	13	4	1	1	1	-	-	-	-	20
70-79	1	-	-	-	-	-	-	-	1	2
Total	144	43	21	6	3	0	1	1	1	220

It can be seen that the readmissions in the younger groups, namely, 20-29, 30-39, were more frequent through the fifth admission. Twenty-five of these patients were admitted a third time while only 18 patients of the remaining groups had third admissions.

Table 4, following, shows these readmissions from another point of view. It gives the number of patients in each age group having 2 through 5 admissions and the per cent of each age group to the total for the respective admission group. Patients having 6 through 10 admissions were omitted because of the small numbers involved.

TABLE 4

AGE GROUP BY ADMISSION GROUPS FOR PATIENTS HAVING
2 THROUGH 5 ADMISSIONS

Age Group (years)	2nd Adm.		3rd Adm.		4th Adm.		5th Adm.	
	No.	Per Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
20-29	45	31.0	14	33.0	5	25.0	3	49.9
30-39	37	26.0	11	26.0	7	33.0	1	16.7
40-49	13	9.1	2	4.0	2	10.0	-	-
50-59	35	24.0	12	28.0	6	28.0	1	16.7
60-69	13	9.1	4	9.0	1	4.0	1	16.7
70-79	1	.8	-	-	-	-	-	-
Total	144	100.0	43	100.0	21	100.0	6	100.0

Table 4 shows the concentration in the age groups, 20-29 and 30-39 in all admission groups. The greater percentage of readmissions fall in the 20-29 age group in the second and third admission. In the fourth admission the 30-39 age group shows the highest percentage, while the 20-29 age group is the highest in the fifth admission. There is an abrupt rise in per cent of readmissions in the 50-59 age group, but never does this percentage equal or surpass the 20-29 age group except in those patients having 4 admissions. These data indicate that, if the hospital is to lower its rate of readmissions, concentrated effort should be focused on the two younger age groups.

A phase of the study of 220 readmitted patients is the approximate lapse of time between each admission from the time of the first discharge to the sixth admission. Table 5, following, shows the number of patients who were discharged from the hospital and who returned classified by time intervals between admissions. Time intervals between admissions in

greater numbers than 6 readmissions are not shown because of the small numbers involved.

TABLE 5

READMITTED PATIENTS BY TIME INTERVALS BETWEEN ADMISSIONS

Time Interval (months)	Admissions					Total
	1st & 2nd	2nd & 3rd	3rd & 4th	4th & 5th	5th & 6th	
0-6	108*	48	18	8	4	186
6-12	62	20	7	3	1	93
12-18	19	4	1	-	-	24
18-24	14	1	-	-	-	15
Over 24	16	1	-	-	-	17
Total	219**	74	26	11	5	

*In 85 per cent of these cases the lapse of time between admissions was 1 to 6 months; in 15 per cent, 1 month or less.

**One unknown.

Table 5 shows that there were more patients readmitted within a year after their first discharge with a large per cent (49) returning within a 6 months period. There were 8.7 per cent of the patients who returned within a 12 to 18 months period, while 6.4 per cent came back within 18 to 24 months and 7.3 per cent returned after 24 months.

IDENTIFYING INFORMATION

A discussion concerning the pertinent background material and the method and scope of this study was presented in the Introduction and preceding chapter. In this chapter identifying information obtained concerning the 220 patients readmitted to Nichols Veterans Administration Hospital from February 1 through March 5, 1949, will be presented and analysed.

Table 6, below, shows the war served in by age group for the 220 patients studied.

TABLE 6

MILITARY SERVICE BY AGE GROUP FOR PATIENTS READMITTED

Age Group (years)	World War II	World War I	Spanish-American War	Total
20-29	68	-	-	68
30-39	57	-	-	57
40-49	14	3	-	17
50-59	1	55	-	56
60-69	-	18	2	20
70-79	-	-	2	2
Total	140	76	4	220

Table 6 shows that the largest number of patients falls in the 20-29 years age group. There is a noticeable decrease in the number of veterans between the ages of 40-49, as the number drops to 17, and then in contrast increases to 56 in the 50-59 age group. This may be explained on the basis that those patients 40-49 years old were unable to qualify for duty in World War I because of their youth and then were exempt from service in World War II because of their advanced age.

The greatest percentage, 31 per cent, of the veterans seeking readmission to the hospital fell in the 20-29 years age category. The second largest group, 26 per cent, was composed of veterans 30-39 years of age. Thus, 57 per cent of the total 220 readmissions were in the 20 to 39 years age class.

The war in which these readmitted patients served is also shown in Table 6. The two age groups which were previously mentioned as having the greatest number of readmissions were composed wholly of World War II veterans. This may be due to the fact that the illnesses in this age group are more acute in nature and of more recent origin. Twenty-five per cent of the total 220 readmissions were World War I veterans. Only one veteran in this group had served in both wars. The highest number, 57 per cent, of readmissions was represented by World War II veterans.¹

In tabulating the race of the patients it was found that of the total 220 readmissions, 189 were white patients while 31 were negro patients.

The marital status and number of dependents of the total readmissions studied is contained in Table 7 below.

TABLE 7

MARITAL STATUS AND NUMBER OF DEPENDENTS BY AGE GROUP

Age Group (years)	Marital Status					Total	Dependents	
	Married	Single	Widower	Divorced	Separated		No.	Per Cen
20-29	28	28	-	8	4	68	91	25
30-39	38	8	-	7	4	57	132	37
40-49	12	2	-	3	-	17	23	6
50-59	40	4	4	6	2	56	92	26
60-69	9	5	4	1	1	20	20	5
70-79	2	-	-	-	-	2	1	1
Total	129	47	8	25	11	220	359	100
Per Cent of Total	59	21	4	11	5	100		

1

The writers have the impression that this was because this younger group of veterans had not yet become stabilized medically.

In considering the 220 readmissions, it was found that 59 per cent of the veterans readmitted were married while 21 per cent were single; the remaining 20 per cent were widowed, separated, or divorced. The greatest number of married men, 40, were in the 50-59 age group, followed by 38 in the 30-39 age group and 28 in the 20-29 age group. Of the 21 per cent single veterans seeking readmission, the greatest number fell in the 20-29 age class, and the second largest group included men between the ages 30-39.

Only 11 per cent of the total readmissions were divorced. Five per cent of the veterans were separated, and 4 per cent were widowers. As could be expected, the widowers were in the 50 through 69 age groups.

In order to make the material more meaningful, the data collected regarding the number of dependents found in each age group were included in Table 7. Those counted as dependents included the children and wives of the veterans and all other relatives such as parents who are wholly and necessarily dependent for financial support upon the veterans studied.

The findings revealed that the group of 220 veterans claimed a total of 359 dependents. The greatest proportion of dependents, 37 per cent, were claimed by those veterans in the 30-39 age group; 26 per cent were in the 50-59 age group; and 25 per cent were claimed by the youngest group of veterans, those 20-29 years old. Although the preceding percentages for the two age groups are relatively similar, there were 40 married veterans in the 50-59 year old group as compared with the 28 married veterans in the 20-29 age group. In comparing these figures we might consider the fact that dependency in the 50-59 age group is not as great because the men had grown children who were self-supporting and thus independent. This was not so in the group of younger men whose children were younger and consequently dependent upon them.

Ninety-one per cent of the 220 veterans studied who served in World War I were in the Army; 8 per cent were in the Navy; and 1 per cent were in other branches of the service, such as the Marines. Eighty-five per cent of World War II veterans served in the Army; 14 per cent served in the Navy; and 1 per cent were in other branches of the service defined in the preceding sentence. From the above data, it is seen that a greater percentage of the readmitted patients were Army veterans. However, 14 per cent of World War II veterans readmissions were from the Navy as compared with the 8 per cent of World War I veterans.

The residence of the patients studied was distributed as follows: 111 lived in Jefferson County, Kentucky; 13 veterans came from towns located in southern Indiana; the remaining 96 veterans came from 50 counties scattered throughout the State of Kentucky.¹

¹ See Appendix D, page 59, for map showing distribution by county of the 207 patients admitted from Kentucky.

CHAPTER IV
ECONOMIC STATUS

The economic status of the 220 patients who were readmitted to Nichols Veterans Administration Hospital during the period studied, February 1 through March 5, 1949, was analysed in an attempt to determine if this had any bearing on why these patients returned for additional medical care. Information was obtained on the employment status of the various age groups at the time of readmission to the hospital, that is, whether the patient was fully employed, employed irregularly, or unemployed. It was found that 39.5 per cent of the 220 patients reported that they were fully employed; 47.3 per cent reported unemployment; and 13.2 per cent were irregularly employed.

TABLE 8
EMPLOYMENT STATUS AT TIME OF ADMISSION BY AGE GROUP

Employment Status	Age Group											
	20-29		30-39		40-49		50-59		60-69		70-79	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Employed	36	52.9	25	43.9	7	41.2	13	23.1	5	25.0	1	50.0
Employed Irregularly	7	10.3	7	12.2	3	17.6	7	12.7	5	25.0	-	-
Unemployed	25	36.8	25	43.9	7	41.2	36	64.2	10	50.0	1	50.0
Total	68		57		17		56		20		2	

As shown by Table 8, the higher percentages of employment fall in the 20 through 49 age groups. Thirty-six, or 52.9 per cent of the 68 patients in the 20-29 group were employed regularly. A gradual decrease in employment is shown through the age groups with 25, or 43.9 per cent, of the 57 patients in the 30-39 age group reporting full employment; 7, or 41.2 per cent, of the 17 patients in the 40-49 age group; 13, or 23.1 per cent, in the 50-59 group; 5, or 25 per cent, of the 20 in the 60-69 group; and 1 of the 2 veterans in the 70-79 age group reporting employment at the time of admission to the hospital.

The unemployment percentages are greater in the older age groups and less in the younger age groups with the greatest percentage of unemployment, 64.2 per cent, being in the 50-59 age group. The smallest percentage, 36.8 per cent, was in the 20-29 age group. The percentages of irregular employment also increased with the older age groups with 7, or 10.3 per cent, falling in the 20-29 age group and 5, or 25 per cent, in the 60-69 age group.

Of the group of 220 patients included in the study, 60.5 per cent were either irregularly employed or unemployed. The majority of them fell in the older age groups where the degenerative diseases would be expected to be more prevalent. This might indicate that the patients had been chronically ill, therefore, unable to follow regular employment and affirm the fact revealed in Chapter V, that 90 per cent of the re-admissions were medically necessary as indicated in the opinions of the ward physicians.

TABLE 9

TYPE OF OCCUPATION BY AGE GROUP

Age Group (years)	Type of Occupation							Total
	Unskil.	Skil.	Cler.	Prof.	Stud.	Bus.	None	
20-29	40	19	-	2	5	-	-	68
30-39	33	17	2	5	2	-	-	57
40-49	8	6	1	1	-	1	-	17
50-59	26	16	2	-	-	5	7	56
60-69	8	3	1	1	-	3	4	20
70-79	-	-	-	1	-	-	1	2
Total	115	61	6	8	7	9	14	220
Per Cent of Total	52.3	27.7	2.7	3.6	3.2	4.1	6.4	100.0

Table 9 shows 115, or 52.3 per cent, of the 220 patients reported they were unskilled and 61, or 27.7 per cent, skilled. These two groups combined is 80 per cent of the whole group of patients. In the remaining 20 per cent, 2.7 per cent were classified as clerical; 3.6 per cent, as professional; 3.2 per cent, student; 4.1 per cent, as business; and 6.4 per cent reported no employment classification.

The greater percentage of the professional people were in the 20 through 49 age groups; all the students were in the 20 through 39 age groups; and all of those classified in the business category were in the 40 through 69 age groups. The majority of those listing no employment fell in the 50 through 79 age groups. There was a higher percentage of unskilled in the three younger age groups but no marked difference in the skilled through the various age groups.

The major sources of support, whether self, social agency, Veterans Administration benefits, family or "other" sources of income,

were tabulated by age groups to determine the percentage of patients who were economically independent for the major part of their support and the sources of income for those requiring assistance.

TABLE 10
MAJOR SOURCE OF SUPPORT BY AGE GROUP

Age Group (years)	Self	Social Agency	Vet. Adm. Benefits	Family	Other	Total
20-29	36	2	18	11	1	68
30-39	27	2	17	9	2	57
40-49	11	-	1	5	-	17
50-59	18	1	28	6	3	56
60-69	4	-	15	1	-	20
70-79	1	-	1	-	-	2
Total	97	5	80	32	6	220

Table 10 shows that 97, or 44.1 per cent, of the 220 patients reported they were self-supporting and 123, or 55.9 per cent, were dependent on social agencies, Veterans Administration benefits, family, or "other" sources for the major portion of their support. Eighty patients, or 36.4 per cent, depended on Veterans Administration benefits.

The greater percentage of those patients depending on themselves for full support fell in the younger age groups. And the greater percentages of those depending on social agencies and family for the major portion of their support fell in the younger age group. The greater percentages of the older age group depended for their major source of support on Veterans Administration benefits.

By "self-supporting" is meant that the patient earns his living by his own efforts. By "social agency" it is meant, for example, the American Red Cross Home Service, or any agency that grants financial

assistance. Veterans Administration benefits include total and permanent non-service-connected disability payments or service-connected compensation which varies from 10 per cent to 100 per cent according to the degree of the disability which has been incurred while the patient was in service. By "family" is meant the patient's wife or any relatives on whom he depends for support. And by "other" is meant such sources as unemployment compensation or miners' welfare fund.

Information was not obtained to show the reason for this dependency in 56 per cent of the patients. It may be assumed, of course, that a portion were dependent because of their physical condition.

TABLE 11

VETERANS ADMINISTRATION BENEFITS BY AGE GROUP

Age Group (years)	Service Connected Compensation	Pension	Total
20-29	32	-	32
30-39	20	2	22
40-49	8	1	9
50-59	16	22	38
60-69	3	14	17
70-79	-	2	2
Totals	79	41	120

Table 11 shows the type of Veterans Administration benefits by age group for the 120 patients receiving such benefits. Of this group of 120 patients receiving these payments, 79, or 66 per cent, received pensions. The majority of the service-connected compensation cases were in the younger age groups and the majority of pension cases were in the older age groups as would be expected. There were only 3 cases in the younger age groups receiving pensions, with 2 of these in the 30-39 age

group and 1 in the 40-49 age group. The service-connected compensation received ranges from ratings of 10 per cent to 100 per cent, depending on the degree of disability plus the number of dependents. Compensation for wartime service ranged from \$13.80 to \$138.00 per month plus additional amounts varying with the degree of disability and the number of dependents. Peacetime rates are figured at 80 per cent of the wartime rates.¹ Except for disabilities such as the loss of an arm, leg, or eye, these rates may be increased or decreased depending on the physical condition at the time of Veterans Administration examination.

The amounts of the pensions were either \$60.00 or \$72.00 per month permanent and total disability which had a non-service-connected origin. As stated above, 34 per cent of the number receiving benefits fell in this group. Sixty dollars per month is received for this type of disability for 10 years following the establishment of the disability, and after that period, or when the recipient reaches the age of 65, the amount automatically is increased to \$72.00 per month.

Permanent and total disability must result from an illness or an accident or disease not related to service which leaves the veteran permanently and totally disabled to an extent that he cannot follow gainful employment.

A person rated with a permanent and total disability is periodically examined by the Veterans Administration, and, if in time his condition is found to have improved sufficiently, his case is re-rated and his pension is discontinued. While the pension is in effect, he is permitted to have an additional income of as much as \$1,000.00 per year if he has no dependents and \$2,500.00 per year if he has dependents.

¹ See Appendix G, page 62.

However, the information obtained in the study shows only that a patient received service-connected compensation or a pension, and not the degree of disability. Only 2 of the number studied gave as their reason for readmission examination and observation for re-rating purposes.

TABLE 12

APPROXIMATE INCOME PER MONTH WITH PATIENT'S STATEMENT
OF ITS ADEQUACY, BY AGE GROUP

Income Per Mo. (dollars)	Age Group						Total
	20-29	30-39	40-49	50-59	60-69	70-79	
Unknown	6	5	3	3	1	-	18
0-100	19	16	4	33	14	1	87
101-200	32	26	4	14	4	1	81
201-300	10	7	3	5	-	-	25
Over 300	1	3	3	1	1	-	9
Total	68	57	17	56	20	2	220
Adequate	41	25	9	17	7	1	100
Inadequate	27	32	8	39	13	1	120

The income of these 220 patients varied from nothing to \$600.00 per month. The income for 8 per cent of the patients is unknown. The patient was too ill to enter fully into the interview or stated he had no idea what his income was since he kept no account of it. Forty per cent of the patients had an income varying from nothing to \$100.00 per month; 37 per cent had incomes varying from \$101.00 to \$200.00 per month; 11 per cent from \$201.00 to \$300.00 per month; with 4 per cent varying from \$301.00 to \$600.00 per month. These patients, according to Table 13, below, had an average of 1.6 persons dependent upon them for support

with the greatest number, 2.3, falling in the 30-39 age group. Fifty-five per cent of the patients stated that their income was inadequate to meet their needs.

TABLE 13
NUMBER OF DEPENDENTS BY AGE GROUPS

Age Group	Number	Average No. Dependents
20-29	91	1.3
30-39	132	2.3
40-49	23	1.3
50-59	92	1.6
60-69	20	1.0
70-79	2	0.5
Total	360	1.6

The amount of income for the 20-29 and the 30-39 age groups shows a very close relationship as is shown in Table 12, page 45. In 9 per cent of the cases in each of these two groups, the amount of the income was not obtained; 28 per cent of the patients in each of these two age groups gave their income as varying from nothing to \$100.00 per month. In the additional three income groupings, ranging from \$101.00 to more than \$300.00, the percentages show little difference.

In the 40-49 age group, 23 per cent of the patients stated their income ranged from zero to \$100.00 per month, and the same percentage stated their income ranged from \$101.00 to \$200.00 per month. In 18 per cent of the cases the income was not known; in another 18 per cent of the cases the income ranged from \$201.00 to \$300.00 per month; and in an additional 18 per cent of the cases the income fell in the highest bracket, or over \$300.00 per month. This age group was found to have

an average of 1.3 dependents each, and 53 per cent of the patients in this group stated their income to be adequate to meet their needs. In the 20-29 age group and in the 40-49 age group the majority of the patients felt their income adequate; each group had an average of 1.3 dependents each.

The 30-39 age group shows 44 per cent of the patients felt their income adequate, with the greater percentage of them falling in the \$101.00 to \$200.00 per month income group. However, this group of patients had the greatest number of dependents, 2.3 each.

In the older age groups, 50 through 79, the greater percentage of their income falls in the nothing to \$100.00 per month grouping. This is in keeping with the findings of Table 11, page 23, where it is noted that the greater number of these patients is receiving pensions. Only 30 per cent of the 50-59 age group stated their income to be adequate. In this group the average number of dependents was 1.6. Thirty-five per cent of the patients in the 60-69 age group stated their income as being adequate. The average number of dependents in this group was 1 person per patient.

As a whole, the greater percentage of any one group falling in the higher income bracket was found to be in the 40-49 age group. This is to be expected, for a man has by that time become established in his position and is at the peak of his earning capacity.

In conclusion it may be stated that the employment status at the time of hospitalization showed 60 per cent of the 220 patients to be either unemployed or irregularly employed and 61 per cent as unskilled, student, or with no employment.

It is further observed that 56 per cent of the 220 patients claimed to be dependent upon sources other than themselves for the major portion of their support. Disability payments were received by 55 per cent

of these 220 patients with 66 per cent of these 120 patients receiving service-connected compensation ranging from 10 per cent to 100 per cent, depending on the degree of established disability, and the remaining 34 per cent received pensions.

And the income of these 220 patients ranged from nothing to \$600.00 per month, with 55 per cent of these stating their income inadequate to meet their needs. There was an average of 1.6 dependents reported for each patient.

The findings in this section do not indicate any significant social or economic factors which might have had any bearing on the re-admission of these 220 patients to the hospital for further medical treatment.

CHAPTER V

MEDICAL PLANNING AND DISCHARGE

In addition to the social factors mentioned in the previous chapters, elements regarding medical planning and discharge were studied for the 220 readmitted veterans.

There are four types of discharge from a veterans hospital. Patients are classified as (1) having received maximum hospital benefits, (2) having left against medical advice, (3) having been absent without leave, (4) having been discharged for disciplinary reasons. In the total group of 220 patients, there were 203, or 93 per cent, who were discharged as having received maximum hospital benefits. Those who are given this type of discharge are those for whom nothing more can be done by treatment within the hospital at that particular time. Some may be cured; others may have a disease which further hospital treatment cannot cure. The latter can be seen in degenerative diseases such as some heart conditions or arthritis. Twelve patients out of the total group were considered absent without leave, and these did not return as instructed to complete treatment. Of the remaining 5 patients, there were 4 who left the hospital against medical advice and one who received a disciplinary discharge. In those cases where the patient is absent without leave, there is often no opportunity for the ward doctor to give instructions about medical or other care. The three types of discharge discussed here, it should be mentioned, give indications of difficulty on the part of the patient concerning his ability to accept hospitalization. There may be difficulties within the patient himself, or there may be pressures from home which prevent the patient from remaining to complete treatment or from accepting hospital routine.

TABLE 14

DOCTOR'S RECOMMENDATION FOR CARE, AND CARE RECEIVED, BY AGE GROUP

Age Group (years)	Care Recommended			Care Received		
	Yes	No	Total	Yes	No	Total
20-29	19	49	68	28	40	68
30-39	15	42	57	30	27	57
40-49	7	10	17	11	6	17
50-59	26	30	56	34	22	56
60-69	14	6	20	12	8	20
70-79	2	-	2	2	-	2
Total	83	137	220	117	103	220

Out of the total group studied, Table 14 shows that further medical care was recommended upon discharge for 83 patients and medical care was received prior to readmission by 117 of the veterans. It is further shown that no care was recommended in 137 instances, but only 103 of this group did not receive care during the interval before readmission, showing that 34 veterans sought medical care on their own initiative before requesting readmission to the hospital. Most of the 34 veterans had been discharged as receiving maximum hospital benefits. Of the 117 patients who received medical care prior to readmission, 97 were known to private physicians while 20 received treatment from public sources, including Veterans Administration clinics. The only exception to following an affirmative recommendation for medical care was in the case of 2 patients in the 60-69 age group who did not see a doctor at any time between their last discharge and their present readmission.

According to the statements of the 220 patients interviewed, 65 per cent returned with the same complaint, while 35 per cent complained

of different symptoms. Thus, the majority were admitted with the same complaint.

Of the 220 cases studied, 134 patients said their ward doctors had given them specific instructions concerning diet, exercise, medication, or the wearing of appliances. All these 134 patients said they understood the instructions given them. Of the remaining 86 patients who said no instructions had been given them, their medical charts in some instances showed that instructions had been given. The exact number is unknown; however, there is an indication that some patients did not understand instructions. It should be stated here that the majority of these 86 patients did not need instructions. Either they were cured or nothing more could be done for them.

TABLE 15

REASONS FOR RETURN TO HOSPITAL BY WHETHER INSTRUCTIONS
WERE GIVEN ON PRIOR DISCHARGE

Reason	Instructions on Previous Discharge		Total
	Given	Not Given	
Recurrence of illness	63	39	102
Instructions to return	14	-	14
Development of new illness	27	44	71
Financial inability to follow instructions	22	-	22
Mental inability to follow instructions	8	-	8
Absent without leave discharge	-	1	1
Observation and examination for rating	-	2	2
Total	134	86	220

Table 15, page 31, shows that the majority of patients returned to the hospital primarily because of a recurrence of their old illness and the greater number of these had been given instructions and understood them. In some instances, the interviewers were aware of the fact that instructions had not been followed; and in others, the illnesses were of such a progressive nature that periodic hospitalization was necessary.

The second largest number of patients classified in Table 15 were readmitted to the hospital with new illnesses. These, as far as could be determined, required hospital treatment. The 22 patients who returned to the hospital because they were financially unable to follow instructions had been placed on diets or restricted activity which they could not follow due to inadequate income.

It can be concluded, then, that the primary factor involved in these patients' return to the hospital was the seriousness of their illnesses, including the development of new illnesses. In other cases, inadequate income or mental incompetence seemed to be contributing factors in their readmission.

TABLE 16

SOURCE OF RECOMMENDATION FOR PATIENT'S LAST READMISSION BY AGE GROUP

Age Group (years)	Vet. Adm. Doctor	Private Doctor	Self	Other	Total
20-29	17	16	24	11	68
30-39	17	13	23	4	57
40-49	5	3	7	2	17
50-59	18	18	18	2	56
60-69	8	4	8	-	20
70-79	-	2	-	-	2
Total	65	56	80	19	220
Per Cent of Total	30	25	36	9	100

In classifying the 220 readmissions in Table 16 according to the source of recommendation for their return to Nichols Hospital, it was found that 30 per cent of the patients had been advised by a Veterans Administration doctor to return. Doctors in private practice recommended hospitalization for 25 per cent of the patients, while 36 per cent of the total group asked of their own accord to be readmitted. The remaining 9 per cent came in because of accidents, legal commitment by family, or on the advice of relatives or employers. The greatest number of patients, 55 per cent, returned to the hospital on medical advice. No significant variation existed in age groups. As is shown in Table 17, ~~page 24~~, interviews with ward doctors brought out the fact that out of the total group of readmitted patients, 62 per cent returned to the hospital with the same diagnosis. Five per cent of the patients still suffered from the previous illness but, because of a new and equally serious illness or complication from the first one, these were considered separately as "combination". The remaining 33 per cent of the patients returned to the hospital with a new diagnosis.

It was also found in interviewing ward doctors that 198 patients, or 90 per cent, of the total 220 readmissions were proved medically necessary. The remaining 22 patients, or 10 per cent, were admitted although later medical findings proved their readmission had not been necessary.

It is well to note that there is some difference of opinion between patients and ward doctors as to the number of patients readmitted with the same diagnosis. Although only 143 patients stated that their complaints were the same, according to the ward doctor, 148 patients had the same diagnosis (12 of these having an additional illness or complication). Five patients who stated that their complaints were different were among the group classed as "combination" and evidently felt that the new complaint was more important than the old one.

TABLE 17

WARD DOCTORS' VIEWPOINT ON PATIENTS' DIAGNOSES
AS SAME OR DIFFERENT, BY AGE GROUP

Age Group (years)	Diagnoses			Total
	Same	Different	Combination	
20-29	37	28	3	68
30-39	37	17	3	57
40-49	11	5	1	17
50-59	35	17	4	56
60-69	14	5	1	20
70-79	2	-	-	2
Total	136	72	12	220
Per Cent of Total	61.8	32.7	5.5	100.0

In conclusion, it seems evident that, since 90 per cent of the readmissions were considered medically necessary, these readmissions were legitimate; therefore, although the number of readmissions appeared to be high, there is no indication that there has been an abuse of the hospital in this respect.

CHAPTER VI

ILLNESSES OF PATIENTS STUDIED

In this chapter we will discuss the diagnoses with which the patients studied were admitted to Nichols Veterans Administration Hospital. Because of the multiplicity of diagnoses represented and because the number of readmissions varied from one to ten, we have considered only the principal diagnoses of these patients on their first and last admissions to the hospital.

Patients entering the hospital are admitted on one of the three following services: general medicine, surgery, or the neuropsychiatric service, which includes neurology. Of the 220 patients readmitted to the hospital, 37 per cent were admitted for general medical services, 51 per cent were admitted to surgical wards, and 12 per cent entered on the neuropsychiatric service.

The service to which patients were readmitted was not followed in listing the diagnoses. In some instances the admission diagnosis was later ruled out and, therefore, although many patients may have remained on the same service due to a lack of bed space elsewhere or for some other reason, the diagnosis in many cases was indicative of transfer to a different service. Some patients were transferred to other services, but information regarding the number was not available.

TABLE 18

DIAGNOSES BY AGE ON FIRST ADMISSION

Medical Condition	Age Group						Total	Per Cent of Total
	20-29	30-39	40-49	50-59	60-69	70-79		
Ear, Nose, Throat	15	8	-	4	2	-	29	13.5
Heart Conditions	-	2	2	14	8	1	27	12.3
Accidents	13	8	-	2	-	-	23	10.5
Neuropsychiatric	9	8	4	-	-	1	22	10.0
Ulcers of G. I. Tract	3	-	3	5	1	-	12	5.5
Arthritis	1	3	-	5	2	-	11	5.0
Chest Diseases	3	3	-	2	1	-	9	4.0
Genito-urinary	5	-	-	3	-	-	8	3.6
Liver and Kidney	-	3	-	5	-	-	8	3.6
Lumbo-Sacral Strain	6	-	-	1	-	-	7	3.1
Skin Condition	3	1	3	-	-	-	7	3.1
Anal Fistula	1	4	1	1	-	-	7	3.1
Eye Conditions	-	2	-	4	1	-	7	3.1
Appendicitis	4	1	-	-	-	-	5	2.3
Diabetes	1	-	2	1	1	-	5	2.3
Cancer	-	2	-	1	2	-	5	2.3
Miscellaneous	4	12	2	8	2	-	28	12.7
Total	68	57	17	56	20	2	220	100.0

As seen in Table 18, page 36, the medical conditions most frequently seen on the first admission were ear, nose, and throat diseases. There were 29 in number, 23 of which were tonsillitis or sinusitis. These conditions appeared more often in the younger groups and particularly in the 20-29 age group.

There were 27 patients with heart conditions, including 24 admitted for hypertension or cardio-vascular disease, 2 who entered the hospital because of myocarditis, and 1 with rheumatic heart disease. The heart conditions were seen primarily in the 50-59 age group where there were 14 instances of heart disease. These illnesses also were the major conditions among the 60-69 age group since 40 per cent of the patients in this group had heart disease.

The medical conditions third highest numerically were the results of accidents. Twenty-three patients were admitted with such conditions as fractures and gun-shot or stab wounds. These appeared in greatest number among the younger patients, 13 being seen in the 20-29 age group and 8 in the 30-39 group.

Another medical condition occurring frequently was that of neuropsychiatric disorders.¹ Twenty-two of the total group were admitted for such illnesses as anxiety reaction, alcoholism, or psychopathic disorders. These, with the exception of one, were seen in patients under 50 years of age.

The remaining diagnoses appear less often and, with few exceptions, were scattered throughout the various age groups, as is shown in Table 18, page 36. Twelve patients were admitted for ulcers of the gastro-intestinal

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For further details on this group, see Chapter VII.

tract and 11 for arthritis. There were 8 patients with chest diseases such as pneumonia, pulmonary tuberculosis, and asthma. There were 8 admissions each for genito-urinary diseases and liver and kidney conditions. There were 7 patients admitted for each of the following conditions: skin disease, anal fistula and related conditions, and eye diseases. Lumbo-sacral strain was the principal diagnosis for 7 patients also, 6 of whom were in the 20-29 age group. There were 5 patients in the younger group admitted for appendicitis, while 5 patients, principally in the older groups, had diabetes. Cancer was the diagnosis for 5 other patients.

Other diagnoses were so numerous and appeared so infrequently that they have been grouped together as "miscellaneous" in Table 18.¹ There is a total of 28 patients included with 15 diseases represented.

The diagnoses among these patients seemed to be scattered; however, in the largest group, 20-29, there were only 15 different diagnoses as compared with 18 different conditions in the 30-39 group where there were 57 patients. Too, in the 50-59 age group where there were 56 patients, 19 different diagnoses appeared, 7 of which were included in "miscellaneous". As could be expected, the more acute illnesses such as tonsillitis and appendicitis occurred more frequently within the younger age groups, while chronic illnesses such as heart disease and arthritis appeared more often among the older patients.

On their last admissions, it will be seen that the diagnosis picture varies as is shown in Table 19, page 39. The highest number of admissions for one diagnosis was 29 for neuropsychiatric disorders.

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The complete list of diagnoses and the age groups in which they appear can be seen in Appendix E, page 60.

TABLE 19

DIAGNOSES ON LAST ADMISSION BY AGE

Medical Condition	Age Group						Total	Per Cent of Total
	20-29	30-39	40-49	50-59	60-69	70-79		
Neuropsychiatric	11	10	3	3	1	1	29	13.5
Heart	-	3	3	10	7	1	24	11.0
Ear, Nose, Throat	10	6	2	3	-	-	21	9.5
Orthopedic	8	3	1	5	-	-	17	7.7
Skin Diseases	7	5	-	3	1	-	16	7.3
Accidents	7	1	2	2	1	-	13	5.9
Liver and Kidney	-	5	-	6	1	-	12	5.5
Cancer	-	3	-	3	3	-	9	4.0
Neurological	-	5	2	-	2	-	9	4.0
Chest Diseases	2	3	-	3	1	-	9	4.0
Appendicitis	7	1	-	-	-	-	8	3.6
Ulcers of G. I. Tract	3	1	-	3	1	-	8	3.6
Eye Conditions	1	2	-	5	-	-	8	3.6
Anal Fistula	4	3	1	3	-	-	11	5.0
Arthritis	-	1	1	3	1	-	6	2.7
Epilepsy	3	1	-	1	-	-	5	2.3
Miscellaneous	5	4	2	3	1	-	15	6.8
Total	68	57	17	56	20	2	220	100.0

There were 24 patients admitted for the various heart conditions mentioned earlier and 21 patients admitted for ear, nose, and throat diseases. Orthopedic conditions, including 8 instances of lumbo-sacral strain, were diagnosed for 17 of the readmissions while skin conditions were the major diagnoses for 14 patients. Thirteen patients entered the hospital because of accidents, and 12 came for kidney, liver, or gall bladder conditions. In 9 readmissions, cancer was diagnosed, and there were 9 patients each with neurological or chest conditions. Eight patients were admitted for appendicitis, while 8 others had ulcers of the gastro-intestinal tract, and 8 more patients were afflicted with eye conditions. In 11 cases there were diagnoses of anal fistula or related conditions. There were 6 patients who entered the hospital with arthritis as a primary diagnosis while 5 patients were admitted with epilepsy.

Eight other diagnoses were grouped under "miscellaneous" since they were distributed among 15 patients and, therefore, were too few in number to be tabulated.¹

In comparing the diagnoses seen on the last admission, Table 19, page 39, with those seen on the first admission, Table 18, page 36, it was found that the following diagnoses increased in number for the last admission: neuropsychiatric disorders from 22 to 29; lumbo-sacral strain from 7 to 17; skin diseases from 7 to 16; anal fistula from 7 to 11; liver and kidney conditions from 8 to 12; eye diseases from 7 to 8; appendicitis from 5 to 8; cancer from 5 to 9; and epilepsy from 3 to 5 cases.

Those diagnoses which decreased on the last admission were: ear, nose, and throat diseases from 29 to 21; accidents from 23 to 13;

¹

For complete list, see Appendix F, page 61.

ulcers of the gastro-intestinal tract from 12 to 8; arthritis from 11 to 6; heart conditions from 27 to 24; genito-urinary diseases from 8 to 4; and diabetes from 5 to 4. Chest diseases remained the same for both admissions. The only illnesses which did not appear as such on the first admission and were seen often on the last admission were 9 neurological conditions. In the miscellaneous columns only two diseases were repeated for the last admission and two new ones, multiple sclerosis and Berger's disease, were seen once each.

On the last admission, as well as on the first, acute diseases generally have appeared among the younger age groups, along with the majority of neuropsychiatric and epilepsy diagnoses. Although there were few cases of epilepsy on each admission, this diagnosis together with the neuropsychiatric disorders and many acute diseases has increased on the last admission, particularly in the two youngest age groups.

Chronic illnesses in both admissions appeared more generally among the older groups. There were some acute diseases found in the older patients but the greater number was seen among the younger groups. In both admissions accidents occurred more frequently in the younger age groups.

Table 20 on page 42, shows the diagnoses affecting those patients who were not receiving service-connected compensation or pension on their last admission. Out of the total number of 100 patients receiving neither of these benefits, there were 38 in the 20-29 age group and 33 in the 30-39 age group while there were only 29 in the groups from 40 through 79 years old. Therefore, 70 per cent of the patients in this classification were in the two younger age groups. In the younger age groups there is an expected predominance of acute illnesses such as tonsillitis and appendicitis;

TABLE 20

DIAGNOSES AMONG PATIENTS NOT RECEIVING A SERVICE-CONNECTED
COMPENSATION OR PENSION, BY AGE GROUP

Medical Condition	Age Group						Total
	20-29	30-39	40-49	50-59	60-69	70-79	
Ear, Nose, Throat	7	4	2	2	-	-	15
Neuropsychiatric	7	4	1	2	-	-	14
Skin Diseases	3	5	-	-	-	-	8
Accidents	4	1	2	-	-	-	7
Orthopedic	2	2	1	1	-	-	6
Heart	-	1	2	3	-	-	6
Appendicitis	4	1	-	-	-	-	5
Genito-urinary	3	2	-	-	-	-	5
Anal Fistula & Hemorrhoids	2	1	-	2	-	-	5
Cancer	2	-	-	1	2	-	5
Pulmonary Diseases	1	2	-	-	1	-	4
Eye Conditions	1	2	-	1	-	-	4
Liver & Gall Bladder	-	3	-	1	-	-	4
Neurology Cond.	-	3	-	-	-	-	3
Arthritis	-	1	-	2	-	-	3
Ulcers of G. I. Tract	-	-	-	2	-	-	2
Epilepsy	-	1	-	-	-	-	1
Berger's Disease	-	-	-	1	-	-	1
Multiple Sclero.	1	-	-	-	-	-	1
Malaria	1	-	-	-	-	-	1
Total	38	33	8	18	3	-	100

yet 20 out of the 23 total illnesses having an emotional component are seen in these two younger age groups. More definitely, those patients aged from 20 to 39 are those in this classification who have illnesses accepted as having emotional implications.

On the whole, with the number and variation of diagnoses encountered in this study it is not possible to see a trend other than in chronic and acute illnesses. It is observed, however, that there were considerably more neuropsychiatric and skin conditions during the last admission. These are recognized as being connected with the emotional make-up of an individual. Ulcers of the gastro-intestinal tract, which also are considered as closely related to emotional stresses, actually decreased in number on the last admission of these patients. Nevertheless, at this time, 28 per cent of the two younger age groups had diseases with an emotional component. This apparently would indicate emotional instability within this group.

CHAPTER VII

NEUROPSYCHIATRIC SERVICES

The neuropsychiatric services are defined for the purpose of this study as those services rendered the patient on the neuropsychiatric wards of the hospital and those services given on a consultative basis by the neuropsychiatric service while the patient remains on either a surgical, medical, or neurological ward for treatment of other illnesses. The neurology ward is technically a part of the neuropsychiatric service; a patient on this ward whose major problem is of a neurological nature but who also has a minor psychiatric disturbance is treated psychiatrically by the resident doctor on this ward, who has had previous psychiatric training, and thus is capable of meeting the patient's psychiatric needs. On the other hand, an occasional patient is found seemingly needing intensive psychotherapy, and in such situations a neuropsychiatric consultation is requested. For this reason, the neurology ward is included as among those wards, such as the surgical and medical wards, whose patients are referred for neuropsychiatric consultation when an expressed need for intensive psychotherapy is indicated.

Those patients having two or more hospital admissions and who were on the neuropsychiatric wards of the hospital, exclusive of the neurological ward, at the time this study was made, will be considered. The total number of patients admitted to these wards from February 1 through March 5, 1949, was 45. Of this total, 21 patients, or 46.6 per cent, were readmissions. They, therefore, constituted 9.5 per cent of the total readmissions studied.

Table 21, following, shows the readmitted patients who were on the neuropsychiatric wards during the time of study by age group.

TABLE 21

READMITTED PATIENTS ON NEUROPSYCHIATRIC WARDS,
FEBRUARY 1 THROUGH MARCH 5, 1949, BY AGE GROUP

Age Group	Number of Patients
20-29	10
30-39	7
40-49	3
50-59	1
60-69	-
70-79	-
Total	21

Table 21 shows that the two youngest age groups are those experiencing the greatest number of psychiatric problems. Perhaps, this can be explained by the traumatic World War II experiences these patients might have had, after which they might not be able to adjust to a socially acceptable way of living.

The second phase of the neuropsychiatric services concerns neuropsychiatric consultations. When a patient on a surgical or medical ward is considered by the doctor responsible for his care to be in need of a psychiatric evaluation, he is referred for neuropsychiatric consultation. As was explained before, the same is true for the patient on the neurology ward, but only in cases where intensive psychotherapy seems needed. Table 22, following, shows the number and age groups of those patients who were readmitted to the hospital between February 1 and March 5, 1949, and who were referred for neuropsychiatric consultation as late as March 31, 1949. This extension of time from March 5 through March 31, 1949, was considered necessary in order to give ample time for the doctor on the surgical,

medical, or neurological wards, as the case might be, to become well acquainted with the patient's illness and thus to be able to judge whether or not a neuropsychiatric consultation was indicated.

Table 22 shows a large number of patients referred for neuropsychiatric consultation to be in the 20-29 age group and a relatively small number of patients having neuropsychiatric consultations in the 30-39 age group. There is a larger number in the 50-59 age group referred for neuropsychiatric consultations and a relatively small number in the 60-69 age group.

TABLE 22

READMITTED PATIENTS HAVING NEUROPSYCHIATRIC CONSULTATIONS,
FEBRUARY 1 THROUGH MARCH 5, 1949, BY AGE GROUP

Age Group	Number of Patients
20-29	10
30-39	4
40-49	2
50-59	6
60-69	3
70-79	1
Total	26

Viewing these 26 readmitted patients who were referred for neuropsychiatric consultation as a whole, 50 per cent were referred from medical wards, 42 per cent from surgical wards, and 8 per cent from the neurological ward, and they represent 12 per cent of the total 220 readmitted patients. Considering the 9.5 per cent who were on the neuropsychiatric wards and the 12 per cent having neuropsychiatric consultations, almost one-fourth of the total readmissions needed psychiatric help.

CHAPTER VIII
SOCIAL SERVICE

As stated in the Introduction, it was thought that significant findings might be arrived at on the function of the Social Service Department in helping the discharged patient sustain his level of treatment.

TABLE 23
PATIENTS KNOWN TO SOCIAL SERVICE DEPARTMENT DURING
ONE TO THREE HOSPITALIZATIONS, BY AGE GROUP

Age Group (years)	Times Known			Total
	Once	Twice	Three	
20-29	21	5	-	26
30-39	8	7	3	18
40-49	1	-	1	2
50-59	15	4	1	20
60-69	4	1	-	5
70-79	-	-	-	-
Total	49	17	5	71

Table 23, above, shows the number of patients in the study who had been known to the Social Service Department on some previous period of hospitalization or on the present readmission. Of the 220 patients interviewed during the survey, a total of 71, or 32 per cent, had been known to the Social Service Department. Forty-nine of the 71 patients had been known on one hospitalization, 17 on 2 hospitalizations, and only 5 on 3 hospitalizations. The contacts ranged from one day to four and one-half months.

An analysis of the case records of the Social Service Department was not undertaken since it did not seem to fall within the scope of this particular study. However, the general impression of the interviewers was that most of the patients who were readmitted needed and could have used the services of that department. For example: In the course of the study one patient was found to have had 28 different periods of hospitalization, each for the same medical condition, duodenal ulcer. The last 4 periods of hospitalization had been in this hospital with the other 24 in various private and Veterans Administration hospitals through the country. Surgery had been recommended for the patient on numerous occasions, but he had not been able to reach the decision to follow medical advice in this respect. On one early readmission to this hospital he had been known to the Social Service Department, but that period of hospitalization had been short, and only one contact was made in a routine check on the ward. It would seem that with the patient's medical record available on the ward and in view of the numerous periods of hospitalization revealed therein, together with the nature of this particular type of illness, this patient could have profited by the use of the services of the Social Service Department.

No effort was made in this study to evaluate the role of the social workers in the problem of readmissions. It seemed to the writers that that could be a complete study within itself, and because such a study would require intimate knowledge of the work of the Social Service Department, it would need to be done by the members of that department, rather than by someone not connected with it.

CHAPTER IX

SUMMARY AND CONCLUSIONS

When this study of 220 readmitted veterans was undertaken by the writers to determine those factors leading to their readmission, it was the opinion of the Admissions Department of Nichols Hospital that the daily rate of readmissions was unduly high. A survey of the following findings will show how valid this hypothesis was.

1. Ninety per cent of the readmissions were found to be medically necessary.

2. In relation to residence, since it was learned that over half of the readmissions were from Jefferson County and Louisville, Kentucky, an urban area in which out-patient services were available, it seems this would bear out the above findings that the readmissions were medically necessary.

3. The primary factor involved in the return of these patients to the hospital was the serious nature of their illnesses. In comparatively few cases inadequate income or mental incompetence were contributing factors in their readmission.

4. In those instances where specific follow-up medical care was recommended, it generally was received; furthermore, a significant number of others on their own initiative sought medical care before requesting readmission to the hospital.

5. The majority of patients returned to the hospital primarily because of recurrence of their illness; the greater number had been given instructions at the time of discharge and understood them.

6. It seems evident from the above that readmissions were necessary; therefore, although the number of readmissions has appeared to be

high, there is no indication that there has been an abuse of the hospital in this respect.

7. It was learned in the preliminary study that readmissions were greater when new admissions were less. Of the total admissions, approximately one-fourth were readmissions. In the intensive study readmissions were more frequent in the younger age groups and as the frequency of readmissions was higher, the interval between admissions was shorter.

8. If one considers the number of patients on the neuropsychiatric wards and those referred for neuropsychiatric consultations it can be concluded that approximately one-fourth of the total readmitted patients needed psychiatric services.

9. In regard to separations and divorces, the number was not high enough to draw any inferences regarding the stability of the total group of veterans studied.

10. The findings indicated that the younger group of men had the greatest number of dependents. However, one must not forget that the older age group may have had self-supporting children while this was not so in the younger group. In the group as a whole it was found over one-half were unemployed or partially employed and over one-half were unskilled workers. Although over one-half were not self-supporting, in view of the serious medical condition from which these veterans suffered, this situation could be expected.

11. From the above, one can conclude that this study did not show definite social or economic factors contributing to the causes for readmission.

12. The most significant findings concerned the younger age group.

The illnesses in this group were found to be more acute in nature and of recent origin. Acute illnesses such as tonsillitis and sinusitis occurred more frequently in the two younger age groups while chronic illnesses such as heart disease and arthritis appeared more often among the older patients. This would seem to substantiate the conclusion that this younger group of veterans has not yet become stabilized medically.

13. There were considerably more neuropsychiatric and other illnesses with emotional implications seen during the last admission than the first. Over one-fourth of the two younger age groups had diseases with an emotional component on their last admission. On the neuropsychiatric wards the two younger age groups are those experiencing the greatest number of psychiatric problems and the trend showed a greater frequency of readmissions to these wards in comparison with other hospital services. Apparently, this indicates emotional instability within this group.

14. An analysis of the case records of the Social Service Department was not made since it did not fall within the scope of this particular study. However, the general impression was that most of the patients who were readmitted needed and could have used the services of that department.

No attempt was made to evaluate the role of the social workers in the problem of readmissions. As this would seem to be a complete study within itself, such a study would require knowledge familiar only to workers in the Social Service Department.

Since the most significant findings concerned the two younger age groups, perhaps a more concentrated effort could be focused on them both by the medical and social service staffs in order that they may be helped to make a better life adjustment. This might indirectly affect their need for readmission.

With these facts in mind, it can be assumed that the rate of readmissions is determined by the need for medical care and thus the rate of readmissions, though high, is justifiable.

APPLICATION FOR HOSPITAL TREATMENT OR DOMICILIARY CARE

INSTRUCTION.—The applicant should forward this form, fully executed, with the original or a certified copy of his discharge or release from last period of service to Veterans Administration hospital or office nearest his home.

1. I HEREBY APPLY TO THE VETERANS ADMINISTRATION FOR (check)					2. CLAIM NO.	
<input type="checkbox"/> HOSPITAL TREATMENT					<input type="checkbox"/> DOMICILIARY CARE	
3. LAST NAME—FIRST NAME—MIDDLE INITIAL (please print)						
4. HISTORY OF ACTIVE MILITARY OR NAVAL SERVICE IN <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD						
SERVICE SERIAL NO.	DATE ENLISTED	PLACE ENLISTED	DATE DISCHARGED	PLACE DISCHARGED	GRADE AND ORGANIZATION	TYPE OF DISCHARGE
5. IF YOU SERVED UNDER A NAME OTHER THAN THE ONE USED IN THIS APPLICATION, INDICATE SUCH NAME AND PERIOD OF SERVICE						
6. PERMANENT ADDRESS				6 a. PRESENT HOME ADDRESS		
7. NAME OF PERSON TO BE NOTIFIED IN EMERGENCY				7 a. RELATIONSHIP	7 b. ADDRESS	
(The following data are for administrative purposes and are not used for determination of eligibility)						
8. PLACE OF BIRTH		9. DATE OF BIRTH	10. RELIGION	11. MARITAL STATUS (check)		12. SEX
				<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		<input type="checkbox"/> MALE
				<input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		<input type="checkbox"/> FEMALE
14. HAVE YOU RECEIVED FROM VETERANS ADMINISTRATION			15. IF REPLY TO ITEM 14 IS "YES," STATE WHERE AND MOST RECENT DATES OF EACH			
<input type="checkbox"/> HOSPITAL TREATMENT <input type="checkbox"/> DOMICILIARY CARE						
16. OCCUPATION		17. SOCIAL SECURITY NO.	18. AGE OF SPOUSE	19. AGE OF YOUNGEST CHILD	20. DEPENDENT'S OTHER THAN SPOUSE AND CHILDREN (specify)	
21. LOCATION OF OFFICE HAVING CLAIMS FILE		22. HAVE YOU FILED CLAIM FOR OR DO YOU RECEIVE		23. IF ITEM 22 IS CHECKED, LIST DETAILS		24. MONTHLY AMOUNT RECEIVED
		<input type="checkbox"/> COMPEN-SATION <input type="checkbox"/> PENSION <input type="checkbox"/> RETIREMENT PAY				
25. LENGTH OF TIME IN STATE		26. LENGTH OF TIME IN COMMUNITY		27. WILL YOU REQUIRE TRANSPORTATION AT GOVERNMENT EXPENSE?		
				<input type="checkbox"/> YES <input type="checkbox"/> NO		
28. I DESIGNATE THE FOLLOWING PERSON OR PERSONS IN THE ORDER LISTED TO RECEIVE ALL MY PERSONAL PROPERTY LEFT ON PREMISES UNDER THE CONTROL OF VA AFTER LEAVING SUCH PLACE OR THEREON SITUATE AT THE TIME OF MY DEATH:						
(If application is for a condition resulting in discharge for disability incurred in line of duty, or adjudicated service-connected by VA, items 29, 30, 31, and 33, need not be completed.)				29 a. NAME AND ADDRESS OF AGENCY OR ORGANIZATION		
29. ARE YOU ENTITLED TO HOSPITAL CARE BY MEMBERSHIP IN A LODGE, SOCIETY, COMMUNITY GROUP TREATMENT PLAN, ETC.?						
(If answer is "yes," complete item 29a) <input type="checkbox"/> YES <input type="checkbox"/> NO						
30. ARE YOU FINANCIALLY ABLE TO PAY NECESSARY EXPENSES OF HOSPITAL OR DOMICILIARY CARE?				31. ARE YOU ABLE TO PAY TRANSPORTATION ON REPORTING FOR ADMISSION AND ON DISCHARGE?		
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO		
32. I AGREE to accept transfer to another hospital, or my home, if in the opinion of the medical staff of this hospital such transfer is deemed expedient. I understand all questions and answers on this form and the printed provisions on the reverse side hereof, including the penalty provided for making a false statement hereon. The answers to all questions are true and complete to the best of my knowledge and belief.						
(This application must be signed in all cases.)						
(Signature of applicant or representative)						
33. Subscribed and sworn to before me this _____ day of _____, 19____						
by _____, claimant, to whom the statements herein were fully made known and explained.						
I certify that the questions and answers thereto have, in my presence, been						
[SEAL] <input type="checkbox"/> read to <input type="checkbox"/> read by the claimant.						
(Notary Public)						
34. APPLICANT SHOULD NOT WRITE IN THIS SPACE						
REGISTER NO.		WARD NO.	ADMITTED BY			
ADMISSION DATE		TYPE OF CASE		ADMITTED FOR		TYPE OF DISABILITY
				<input type="checkbox"/> HOSPITAL TREATMENT <input type="checkbox"/> DOMICILIARY CARE		<input type="checkbox"/> SC <input type="checkbox"/> NSC

APPENDIX B

RESIDENT TRAINING PROGRAM
(Admission Policy)

Step III ELIGIBILITY

A. Admission

1. Persons entitled

a. Veterans

(1) Service dates

1/1/17 to 12/31/98.....Indian Wars (Must
have participated in skirmish)

4/12/61 to 5/27/65.....Civil

4/21/98 to 8/12/98.....Spanish American

8/13/98 to 7/4/02 or

7/15/03 if serv in Moro Province

.....Philippine Insurrection

6/20/00 to 5/12/01.....Boxer Rebellion

4/6/17 to 11/11/18 or

4/1/20 if serv in Russia.....World War I

12/7/41 to 12/31/46.....World War II

Peacetime Service - If service was not within
the above dates, the veteran must have been
discharged from peacetime enlistment for dis-
ability in line of duty or be in receipt of
pension to be eligible for hospitalization.
If the man was discharged for a disability
in line of duty but is not now receiving com-
pensation he can only be admitted to the hos-
pital if he needs treatment for his SC dis-
ability.

(2) Character of discharge - An honorable discharge
for service during a period of war entitles a
veteran to hospitalization.

In cases of discharges that are 'other than
honorable' or 'undesirable' the Adjudication
Board at VA Regional Office determines whether
VA considers the man eligible to receive
veteran benefits.

(3) Service-connected - Determination of service
connected disability is established by Adjudi-
cation Office of VA Regional Office.

Service connected cases are given preference
over non-service connected cases that are not
emergent.

(4) Non-service connected - Any disability that has
not been proven to have been incurred in line
of duty or aggravated by the service is non-
service connected.

RESIDENT TRAINING PROGRAM

Step III ELIGIBILITY (Continued)

2. Types of admissions
 - a. Regular - Regular admissions cover the patients who come to Admission Office, are processed and admitted. This also covers admissions of patients called in from the waiting list.
 - b. Observation and examination - patients may be admitted for observation and examination 'for pension purposes' (prior authority) or 'to determine mental and physical fitness for proper performance of their position'.
 - c. Follow-up - These admissions are used to check on progress being made by patient.
 - d. Dental - Admissions for dental treatment only must have prior authorization.

3. Charges for hospitalization - A charge of \$9.75/day is made when a person is legally ineligible for hospitalization and for all non-veterans authorized by other agencies.

4. Coordination of medical examination with legal eligibility.
 - a. Consideration of alleged service-connected diagnoses.

5. Method of verification of service information
 - a. Reasons for - Verification of service information is obtained to ascertain legal eligibility of veteran to receive hospital treatment, have a C# (claim number) assigned, and to get information regarding service-connected and non-service connected disabilities.
 - b. Forwarding information to ward - Any information regarding change in status in connection with disabilities is forwarded to the ward.

- B. Out-patient treatment
 2. Charges for treatment - Charges are made for treatment on the out-patient basis for 'active service personnel', Canadian and British pensioners' and 'Employee compensation cases'. Prior authority must be presented.

- C. Clothing and creature comforts
 1. Method of requesting:

Clothing - Request is originated on the ward and forwarded via the clothing room to Claim Examiner after financial status is checked.

Creature Comforts - Request is originated on the ward and forwarded to Claims Examiner.

2. Eligibility for

- a. Income - If veteran's income is in excess of \$20 per month for his own personal use he is not entitled to receive creature comforts. Neuro-psychiatric patients may receive toothpaste and barber service regardless of income.
- b. Requirements - Veteran must be in need of requested items. Patients ineligible to receive creature comforts are - active service personnel, Public Health Service, Pensioners of allied nations, those admitted for observation and examination and all non-veterans.

APPENDIX C

SCHEDULE USED IN STUDY

IDENTIFYING INFORMATION

Name _____ Ward _____ Service _____ Age _____ Race _____

Marital Status _____ No. of dependents _____ Age Range _____

Address _____
city county state transient

Occupation (type) _____

Employed _____ Unemployed _____ Employed irregularly _____

Major source of support; Self _____ Social Agency _____

Combined _____ Other (specify) _____ Approximate income per
month _____ Adequate (patient's view) _____

WAR SERVICE

War served _____; Receiving Service Connected _____

Compensation _____; Pension _____

ADMISSIONS

Number of admissions _____

Diagnoses:

1st admission _____

2d admission _____

3d admission _____

4th admission _____

Lapse of time between each hospitalization (months) 1st and

2d _____; 2d and 3d _____; 3d and 4th _____; others _____

Types of discharge: 1st _____; 2d _____; 3d _____ 4th _____ Others _____

HEALTH

Type of medical care since last discharge: private _____;

public _____; none _____

Was continued medical care recommended at last discharge?

Yes _____; No _____

Patient's reason for his readmission: Same complaint _____;

Other _____

Were instructions given at time of discharge? Yes _____; No _____

Did patient understand instructions? Yes _____; No _____; If yes,

what were the complicating factors? Social _____; Economic _____;

Other (specify) _____

On whose recommendation did patient return? VA doctor _____;

Private doctor _____; Other (specify) _____

Ward doctor's viewpoint: Diagnosis same as previous admission,

Yes _____; No _____; Other (specify) _____

Was readmission medically necessary according to ward doctor?

Yes _____; No _____

REFERRALS

Was patient referred for NP Consultation on last admission?

Yes _____; No _____

Was patient ever known to Social Service? _____

Dates: _____

APPENDIX E

DIAGNOSES BY AGE ON FIRST ADMISSION

Medical Condition	Age Group						Total
	20-29	30-39	40-49	50-59	60-69	70-79	
Ear, Nose, Throat	15	8	-	4	2	-	29
Heart Conditions	-	2	2	14	8	1	27
Accidents	13	8	-	2	-	-	23
Neuropsychiatric	9	8	4	-	-	1	22
Ulcers, Gastro-intestinal tract	3	-	3	5	1	-	12
Arthritis	1	3	-	5	2	-	11
Chest	3	3	-	2	1	-	9
Genito-urinary	5	-	-	3	-	-	8
Liver and Kidney	-	3	-	5	-	-	8
Lumbo Sacral strain	6	-	-	1	-	-	7
Skin Diseases	3	1	3	-	-	-	7
Anal Fistula	1	4	1	1	-	-	7
Eye Conditions	-	2	-	4	1	-	7
Appendicitis	4	1	-	-	-	-	5
Diabetes	1	-	2	1	1	-	5
Cancer	-	2	-	1	2	-	5
Malaria	2	-	1	-	-	-	3
Epilepsy	1	2	-	-	-	-	3
Enteritis	-	3	-	-	-	-	3
Muscular Atrophy	-	3	-	-	-	-	3
Varicose Veins	-	-	-	3	-	-	3
Hernia	1	1	-	-	-	-	2
Herniated Nucleus	-	2	-	-	-	-	2
Tuberculosis, Spine	-	-	1	1	-	-	2
Benign Tumor	-	1	-	-	-	-	1
Anemia	-	-	-	1	-	-	1
Colon Condition	-	-	-	1	-	-	1
Hemoplegia	-	-	-	1	-	-	1
Meningitis	-	-	-	1	-	-	1
Ulcerated Feet	-	-	-	-	1	-	1
Jake's Disease	-	-	-	-	1	-	1
Total	68	57	17	56	20	2	220

APPENDIX F

DIAGNOSES BY AGE ON LAST ADMISSION

Medical Condition	Age Group						Total
	20-29	30-39	40-49	50-59	60-69	70-79	
Neuropsychiatric	11	10	3	3	1	1	29
Heart Condition	-	3	3	10	7	1	24
Ear, Nose, Throat	10	6	2	3	-	-	19
Orthopedic	8	3	1	5	-	-	17
Skin Diseases	7	5	-	3	1	-	16
Accidents	7	1	2	2	1	-	13
Liver and Kidney	-	5	-	6	1	-	12
Cancer	-	3	-	3	3	-	9
Anal Fistula	4	3	1	3	-	-	11
Neurological	-	5	2	-	2	1	9
Chest	2	3	-	3	1	-	9
Appendicitis	7	1	-	-	-	-	8
Ulcer, gastro-intestinal tract	3	1	-	3	1	-	8
Eye Conditions	1	2	-	5	-	-	8
Arthritis	-	1	1	3	1	-	6
Epilepsy	3	1	-	1	-	-	5
Genito-urinary	1	2	-	-	1	-	4
Diabetes	1	-	2	1	-	-	4
Hernia	-	-	-	2	-	-	2
Gastritis	-	1	-	-	-	-	1
Malaria	1	-	-	-	-	-	1
Tuberculosis, Spine	1	-	-	-	-	-	1
Multiple Sclerosis	1	-	-	-	-	-	1
Berger's Disease	-	1	-	-	-	-	1
Total	68	57	17	56	20	2	220

APPENDIX G

TOTAL COMPUTED DISABILITY COMPENSATION TO VETERANS
WITH DEPENDENTS UNDER PUBLIC LAW 877*

Degree of Disability	100%	90%	80%	70%	60%
Wife but 0 children	\$159.00	\$143.10	\$127.20	\$111.30	\$95.40
Wife and 1 child	173.00	155.70	138.40	121.10	103.80
Wife and 2 children	183.50	165.15	146.80	128.45	110.10
Wife, 3 or more children	194.00	174.60	155.20	135.80	116.40
0 wife but 1 child	152.00	136.80	121.60	106.40	91.20
0 wife but 2 children	162.50	146.25	130.00	113.75	97.50
0 wife but 3 or more children	173.00	155.70	138.40	121.10	103.80
Ea. Dep. Parent add	17.50	15.75	14.00	12.25	10.50

INCREASED BENEFITS FOR DEPENDENTS OF VETERANS

Degree of Disability	<u>\$138.00</u> 100%	<u>\$124.20</u> 90%	<u>\$110.40</u> 80%	<u>\$96.60</u> 70%	<u>\$82.80</u> 60%
Wife but 0 children	\$21.00	\$18.90	\$16.80	\$14.70	\$12.60
Wife and 1 child	35.00	31.50	28.00	24.50	21.00
Wife and 2 children	45.50	40.95	36.40	31.85	27.30
Wife and 3 or more children	56.00	50.40	44.80	39.20	33.60
0 wife but 1 child	14.00	12.60	11.20	9.80	8.40
0 wife but 2 children	24.50	22.05	19.60	17.15	14.70
0 wife but 3 children or more	35.00	31.50	28.00	24.50	21.00
Ea. Dep. Parent add	17.50	15.75	14.00	12.25	10.50

(Peacetime rates are 80% of those established for wartime service.)

*Public Law 242, 68th Congress, was passed June 7, 1924. This law has been known as World War Veterans Act. On March 20, 1933, this law was completely amended by Public Law 2, 73d Congress, which is now the basic law for compensation and pension to veterans of all wars and peacetime service. Public Law 2 was amended by Public Law 877, 80th Congress, granting increased compensation to veterans with Service-Connected disability for their dependents. This amendment was passed July 2, 1948.

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