

# **Why We Need A Brand New Hospital On A Brand New Site!**

## **INTRODUCTION**

Some ill-informed public statements have been made recently that can very well serve to jeopardize the thrust towards construction of a much-needed brand new national general hospital for Saint Lucia. In light of this, the Office of the National Authorizing Officer wishes to clear the air on the outcome of the feasibility process that led to the decision to construct a new hospital on a new site, as opposed to the upgrading of the century-old Victoria Hospital.

As the administrator of European Union (EU) funds in Saint Lucia this Office feels obliged to address this issue, particularly in light of the potential negative impact that any apparent division among the population on this issue may have on our bid to secure the necessary financing from the EU.

The EU has been our main pillar of support in the identification and feasibility exercises that have brought us to this stage. In its Country Support Strategy for Saint Lucia for the period 2001-2006, the Commission proposes to:

*“...respond to the impact of globalisation on the social situation and in particular the most vulnerable part of the population through support to the health sector development policy and the provision of efficient quality health care through the construction of the new hospital.”*

## **ONE VOICE**

Clearly, such readiness to grant assistance to a troubled sector should be met with an equal readiness to receive the assistance, particularly since we have all been united in our conviction that hospital services in St. Lucia are in dire need of improvement. We therefore reiterate that Saint Lucia, if only for the sake of securing this assistance from the EU must speak with one voice and declare that the desirable improvements in our hospital services could only be achieved by allowing ourselves the leeway and flexibility to plan a new hospital, on a new site.

## **NO OVERNIGHT DREAM**

The decision (to construct a new hospital on a new site) is not a mere fantasy or a dream of the present Government. Rather, it represents the culmination of several intensive feasibility studies on the prospects for the development of hospital services in Saint Lucia. These studies date as far back as the late 1980's, with the previous Government. The studies were mostly conducted with the support of the EU.

## **MISSION IMPOSSIBLE**

In the aforementioned Country Support Strategy for Saint Lucia, the European Commission asserts that:

*“...exhaustive studies have revealed that an extension on the site of the existing Victoria Hospital would be impossible for reasons of accessibility, land space and infrastructure constraints. Among the infrastructure constraints which prohibited redevelopment of the existing Victoria Hospital were the extensive dilapidation of the core buildings which are well in excess of one hundred years old, the antiquated systems supplying the various utilities (electricity, water etc) to the site and the constraint and danger they pose for any possible upgrading, the inability to implement a proper system of waste management (inclusive of the major forms of hospital and surgical waste) at the existing site and the resultant deleterious environmental impacts in the area, the near impossibility and impracticality of incorporating modern facilities and services at the existing institution, increasing encroachment on the site from sprawling urban neighbourhood, and the difficulty of accessing the existing site.”*

### **STUDY #1: Renovating and Rehabilitating Victoria Hospital**

The *first* of the several studies (referred to in the above extract) was conducted in 1996. It was conducted by Sopha Conseil Sante Consultants of Paris, who were specifically commissioned to undertake a feasibility study for the renovation and rehabilitation of Victoria Hospital.

This report proved seriously flawed in arrangements, space planning and cost estimation. It was also above the EC\$40 million limit that the EU was prepared to grant. As a consequence, it was rejected by the then Government of Saint Lucia.

### **STUDY #2: Upgrading and Redeveloping Victoria Hospital**

The next step was the commissioning of Tomlin Voss & Associates (TVA Consultants Ltd) which carried out the *second* study between 1998 and March 1999. This study focussed on developing a preliminary design and costing for the redevelopment of Victoria Hospital.

In the first place, this study provided three alternative proposals as follows:-

1. A new hospital on a new site;
2. A phased new hospital development, which involved retaining the buildings in the old Victoria Hospital which were in good order or had been recently built (e.g. the Obstetrics and Gynaecology Block and possibly some Accident and Emergency clinic/facilities, Outpatients Dept, Pathology etc) and at the same time constructing the first phase of a new hospital, on a new site, within the budget parameters available; and
3. Upgrade the existing Victoria Hospital plant.

The first proposal was disregarded because there was no suitable site available. Further, this proposal also exceeded the EC\$40 million limit allocated to the project by the EU.

The second alternative also suffered from lack of a suitable site. However, the major inhibiting factor would be to have to operate two hospitals simultaneously, over an undefined period, effectively doubling the recurrent cost of some operations.

Consequently, the third option -- to upgrade Victoria Hospital -- was selected.

But the feasibility process did not end there.

### **STUMBLING BLOCKS**

Following the decision to upgrade Victoria Hospital (Option 3 above) in 1999, several different design options led to an ultimate final design proposal, which involved utilizing the best of the existing buildings and constructing adjacent new accommodation.

**However, this option had one major disadvantage: construction work on the hospital project would have to take place in and around the existing buildings already occupied by the sick. Along with that would be associated concerns about noise and dust pollution. Then there were the difficulties posed for the control of infection. All of these factors would certainly have negative impacts on the convalescence process.**

### **NEW OPPORTUNITIES**

Subsequent developments, however, further had the twin effects of exacerbating the outlook for the option to rehabilitate Victoria Hospital and reopening the analysis of the options to fresh consideration.

**The first development was the planned construction of the Millennium Highway adjacent to the north-western boundary of the Victoria Hospital site, which reduced on the size of the Victoria Hospital site. This was foreseen as a potential cause for parking problems in the future.**

But inasmuch as it negatively affected the outlook for Option 3, this factor positively altered the outlook for Option 1 -- a new hospital, on a new site -- as it now provided new and ideal access to newly-opened land from both the northern and southern parts of the island.

Indeed, there was now sufficient land available to construct a new hospital complex approximately 2 miles away from Victoria Hospital. There would therefore not be the disruption of access to the hospital by its immediate catchment population.

**The second subsequent development which provided another new opportunity for moving forward with the project with a greater level of confidence was the raising of the funding limit by the EU from EC\$40 million to EC\$65 million.**

### **STUDY #3: Reviewing Previous Studies in Light of New Opportunities**

The two new developments (referred to above) led to the commissioning of TVA in 2001 **to review its previous report and assess the prospects for the development of a new hospital on a new site, determine its ideal capacity and make recommendations on site selection.**

This secondary report by TVA defined the scope of a new general hospital of 185 beds and a floor area of 12,900 square meters (140,000 square feet) to be located on 15.64 acres of land (Parcel 0647D 141 ) at Coubaril, just off the then newly-built Millennium Highway, south of the capital city.

### **STUDY #4: The HERA Report**

The *fourth* investigative study on hospital development in St. Lucia was conducted (simultaneously with the TVA Secondary Report) by the Belgium-based firm Heath Research for Action (HERA) as part of a broader Health Sector Reform Study in early 2001. Although HERA projected for a need of 130 beds (which was different to that projected at by TVA) the overall HERA hospital floor area projections were actually almost the same as the TVA projections at 12,900 square meters (or 140,000 square feet).

### **STUDY #5: Determining the Number of Beds and How Much Floor Space**

In order to resolve the differences in bed-number projections arrived at by TVA and HERA, a *fifth* investigative report was commissioned, this time with the assistance of the Pan American Health Organisation (PAHO). This study specifically focussed on determining how many beds and how much floor space was needed for the proposed new general hospital. That was back in March 2001.

The conclusions of this final study generally agreed with the TVA's bed projection of 185. Consequently, as this number reflected a total budget for building of approximately EC\$47 million, it has been included in the recent tender dossier for the Design Consultants, Sir Frederick Snow and Partners Ltd, who are currently designing the new hospital.

Despite its inclusion in the design instructions the final bed calculations/floor areas is still the subject of ongoing health planning work being undertaken by Sir Frederick Snow and Partners Ltd.

## **OTHER FACTORS BEHIND THE DECISION**

The initial projections made of the proposed new general hospital's future activity levels by TVA in its 2001 Report have anticipated some 11,000 admissions for the year 2005, compared with a recorded total in 1996 of 7,600. (This includes allowances for population increases, as well as other factors that may increase hospitalisation rates, such as changes in the population age structure.)

**The floor space required to deliver services at the projected level and at a reasonable modern standard is 12, 900 square metres. However, the total floor space currently in use at Victoria Hospital is only approximately 8,600 square metres.**

**In addition, approximately 1,900 square metres more are available in buildings that are not currently in use, either because they are being renovated or for other reasons.**

**Some wards and departments are seriously crowded, to an extent that seriously compromises efficient delivery of health care and control of infection.**

The TVA report explains that:

*“The existing hospital accommodation comprises a complex of interlinked blocks sited on the ridge of a rocky promontory, surrounded by various freestanding structures located on the slopes of the hill. The site is marked by major differences in level from one part to another - the highest part of the central ridge is approximately 20 metres above the lowest point on the boundary. Many of the buildings are multi-storey, and some are built into the sides of the hill with entrances at more than one level. Therefore, the required 12, 900 square metres to deliver services at the projected level is difficult to attain at the present site”*

It goes on further to state that:

*“Although some open land is available within the site for future development, there is very little available flat land and as a result very little car parking space. The public approach roads to the hospital are used as informal parking lots.”*

In addition, the report explains that **the current physical arrangement at Victoria Hospital does not function and is obstructive to the administration of proper treatment and care.** This is because the configuration of the buildings and the location of individual clinical departments in relation to each other all conspire to make the movement of patients, staff and supplies extremely difficult in some areas.

Therefore, the conclusion of this (TVA) report is that **in order to allow for the proper planning of the internal configuration of departments, substantial demolition and reconstruction on the existing site will be inevitable. However, such disruption would pose a significant risk to patients and staff.**

## **CONCLUSION**

The preceding facts and factors explain how the decision was arrived at to plan for a new hospital on a new site. This decision, along with the other major reform initiatives by the Government of Saint Lucia, including the Review of Health Legislation, the introduction of National Health Insurance through Universal health Care, Reform of Primary Health Care Services and Mental Health Reform will result in an improvement of overall health care delivery for all throughout Saint Lucia.

Castries,  
March 2005