

## **Forty-five Years of Studies** ***Construction of a New Public Hospital in New Orleans***

For over forty-five years, it has been known that the Charity Hospital facility in New Orleans was in need of replacement, both due to the age of its core systems and due to a 1930s design unsuited for the efficient delivery of care consistent with contemporary standards. Few state issues have generated more attention and more formal study – without resolution – than what to do about the aging Charity Hospital.

Despite the absence of definitive action, the problems of the antiquated Charity Hospital physical plant have not been entirely ignored, and considerable resources have been expended over the years to modernize selected areas, to upgrade to meet code and accreditation requirements, and to lessen reliance on the building as an inpatient facility (through the purchase of Hotel Dieu Hospital). Nonetheless, in 2005 when Hurricane Katrina shut it down, the facility was not regarded by LSU as viable in the long run and planning was in progress to replace it with a newly constructed building.

Since the early 1970s, proposals to rebuild or replace Charity Hospital have been suggested on numerous occasions, sometimes as the result of major studies involving a host of external consultants, architects and engineers. Other studies and analyses did not commission new consulting work but rather attempted to bring together the body of conclusions and evidence about the facility that had accumulated over time.

In reviewing studies of Charity Hospital since 1970, ***none were found that recommended that the original building be renovated as a stand-alone acute care hospital.*** Several studies, particularly in the earlier years, advocated the construction of a new hospital to stand along side an old building renovated for limited clinical, general or administrative functions.

The growing body of conclusions in the years before Katrina was that the health care uses of the original building were very limited. The damage sustained in Katrina and documented in engineering reports dramatically amplified the weight of evidence that had been accumulated over the years.

Follow are the studies that dealt with the future of the Charity Hospital facility in the years before LSU was given responsibility for the system in 1997, along with key assessments of the future potential of the original building:

### **1971**

**Charity Hospital at New Orleans, Development Plan, 1971.** A long range plan developed by the hospital.

Called for construction of a new inpatient facility as the only feasible means to eliminate the 10-12 bed wards while still addressing bed demand at the time. Renovation of the

original building was recommended to house “central hospital services” such as radiology, pathology and surgery.

## 1973

**Perkins & Will, Inc.; Cresap, McCormick and Paget, Inc., Master Plan for the Louisiana Medical Complex at New Orleans, 1973.** Prepared for the Health Education Authority of Louisiana (HEAL).

Recommended construction of new 1,200-bed wing in two phases by 1980, and renovation of existing facility for ancillary, trauma, surgery and specialty services. (p. IV-23) “In most cases, except in newly remodeled areas, traffic flow and general layout are substandard but . . . no matter what steps the Hospital takes, the large adjunct departments will never be ideal. The shape of the building precludes good layout.”

## 1976

**Cimini & Meric and Associates, Inc., Background Data For Planning: Charity Hospital, New Orleans, Interim Report.**

“The cost of renovation will at least equal the cost of new construction.” (p. 87)

## 1978

**Llewelyn-Davies Associates, Comprehensive Planning Associates, JRB Associates, Moore Johnson, Inc., Planned Action Program (CHNO) 1978**

“The inadequacies of the present 40-year old facility hamper Charity Hospital’s efficient provision of patient care services and support of health manpower education. Despite past improvements, evolving medical technology, more stringent requirements of the Life-Safety and building codes, and altered hospital functions have rendered the Charity Hospital facility both inefficient for most hospital operations and deficient in terms of standards set by accrediting and regulatory bodies. Furthermore, the available space is functionally inadequate for current operations.” (p. i)

“The present Main Hospital Building is 40 years old and, even with the best of care, has a limited lifetime.” (p. 5)

“To efficiently and effectively support needed Charity Hospital services, major facility expansion and modification should be carried out. Hospital buildings must be flexible and adaptable in order to respond to changing functional demands as the art of medicine evolves.” (p. 10) :

“After evaluating development alternatives on the basis of cost and service criteria, the best strategy was found to be new construction for partially replacing current facilities plus renovation of selected existing space.” (p. 10)

**Planned Action Program, Interim Report: Facilities Development April 15, 1978**

“Except for site acquisition, renovation costs may be similar to new construction.” (p. 56)

**Planned Action Program, Progress Report 2: Present Conditions** (Sec 2.1.2)

“Efficient operation is hampered by inefficient circulation patterns and the provision of patient care is made more difficult by overcrowded, inappropriate and poorly configured facilities.”

“Configuration – the linear configuration of the facility, roughly in the form of an “H,” presents a major barrier to the planning and construction of modern diagnostic and therapeutic facilities.”

“Extensive travel distances, particularly in the vertical direction, require excessive personnel time and most seriously may delay critical procedures required by Charity Hospital patients.”

**Planned Action Program, Appendices, Appendix K. “Evaluation of Alternative Facility Development Strategies”**. The study systematically assessed four scenarios to address physical plant deficiencies of the Charity building according to nine criteria. The alternatives included (1) renovation of the existing facility, (2) replacement with a newly constructed facility in the downtown medical complex, (3) replacement with a newly constructed facility outside the downtown medical complex, and (4) construction of an on-site addition housing inpatient units and ancillary and support services, combined with renovation of existing hospitals to contain “primarily administrative and other related services.”

Based on points assigned on each of the nine evaluative criteria, the option of *renovation of the existing facility was ranked by far the least favorable*, with a score less than half of the “inpatient addition/administrative renovation” scenario. Both of the options for entirely new construction (near the present campus and away from the medical district) also ranked far higher than the pure renovation option.

“These findings indicate a growing functional obsolescence of facilities, a problem shared with many other hospitals of similar age but made more acute and more apparent by the volume and sophistication of services provided at Charity Hospital.” (Sec. 2.1.1)

“Charity Hospital has during the past several years, undergone significant change. While health care programs and services have evolved or increased in scope, the physical facilities housing many of these functions have remained relatively static. Although improvements to the hospital have been completed, they have been out paced by this continued growth and change. In some cases, certain facilities have been rendered prematurely obsolete due to new and more stringent enforcement of building codes are related to reimbursement for health care costs.” (p. 28 )

## 1980

**Hyatt Medical Enterprises, Inc., Current and Future Role of the Charity Hospital of Louisiana, February 20, 1980.** Study sponsored by the LSU Medical Center.

Recommended construction of a 358 bed replacement hospital, renovation of 123 beds in Charity Hospital building, and dispersal of 443 Charity-eligible patients to other area hospitals (principally at Hotel Dieu, which did not welcome the proposal). The 123 renovated “old” building, built originally for 2,000 beds, was to provide services related to psychiatry, rehabilitation and tuberculosis and would house office space and some ambulatory services.

**Department of Health and Human Resources, Options for the Future of New Orleans Charity Hospital, July 3, 1980.** An assessment of options by the Department with recommendations for further study.

“Problems that exist with the physical facilities of Charity Hospital in New Orleans have been long recognized and much studied. The State of Louisiana has committed significant sums of money to the renovation of key portions of New Orleans charity, and yet pervasive problems remain to afflict the efficient operation of the hospital and the care of its patients.” (Executive Summary)

“The major conclusion of virtually every study of New Orleans Charity is affirmed here as well: a substantial investment in new facilities – either newly constructed or renovated – is required if Charity Hospital is to provide health care and medical education efficiently and in keeping with the current standards of medical practice.”

“If there are serious problems today with Charity Hospital in New Orleans, it is not because no one has been paying attention. The State has spent substantial sums of money on selected physical renovations, and in the last decade Big Charity has been subjected to study by outside consultants on an almost yearly basis. ...while there have been notable improvements in the hospital management and operation in recent years, still we have entered the 1980’s with substantially the same malaise afflicting Charity Hospital facilities that gave rise to the spate of studies. (p.1)

“Although the various analyses of CHNO have dealt with a wide range of questions, pointed to many problems, and made numerous recommendations, there is agreement that physical facilities constitute a core problem. The institution’s physical plant, now some forty-one years old, is so far behind the state of the art that fundamental improvement in the management and delivery of health care to its patients is impeded or made impossible. New construction, or partial renovation along with new construction, consistently has been advocated as essential to the future fulfillment of the mandated roles of the hospital.”

**Division of Administration, Report on the Future of Charity Hospital at New Orleans, 1980.** The Division analyzed options for future of the hospital and its mission, but did not make recommendations on the hospital itself. On the plant: “The building is structurally sound, but is not configured in such a way to provide state-of-the-art efficiency in patient care. Support networks (electrical, water, plumbing, etc.) are antiquated and in need of major overhaul. Despite millions of dollars spend on renovations, all current life safety code requirements have not been met . . . . Over the past ten years, a number of attempts have been made to evaluate these problems and to develop a coherent strategy for dealing with them. Over five major studies have been conducted since 1973 at great cost to the State, but with negligible results. . . . In the final analysis, the major problems at Charity Hospital have not been solved because of a failure to establish clear policy directions at the highest level in State government.” (p.1)

## 1982

**Sunbelt Research Corporation, Needs Assessment, Office of Charity Hospital, New Orleans, 1982.**

“An important problem of CHNO is the facility itself. CHNO is housed in an antiquated, crowded building. Numerous studies have been made in an effort to resolve the facility problems to the actual advantage of the medical schools and DHHR, with health service delivery to the indigent population being the overriding consideration. It is outside the scope of this study to deal with the facility problem. Our only observation is that the facility must be improved in view of the fact that CHNO must compete with private care facilities for paying customers --Medicaid, Medicare, insured. The crowded facility with open wards will not have a chance to compete for revenues if it is not improved. . . .an improved facility is the first step in an effort to better meet the needs of the two medical schools and to attract the paying clientele.” (p. 22)

**Department of Health and Human Resources, Analysis of Bed Need at Charity Hospital of Louisiana at New Orleans, February 1982.**

“CHNO’s physical plant is now some forty-three years old, and, despite some recent and currently on-going modernization in selected areas, is still so far behind the state of the art that fundamental improvement in the hospital’s management and its delivery of health care is impeded or made impossible.” (p. 1)

**Governor’s Cost Control Commission: Final Report, “LSU/Tulane” option.**  
Conducted for Gov. Treen by a “blue-chip” commission of business and other leaders.

Proposed the closure of the Charity building and the construction of a 450 bed LSU hospital, in combination with support of 300 indigent care beds in the Tulane Medical Center.

“Estimates in 1980 indicated that it would cost \$165 million to renovate the existing structure and erect a proposed tower addition. It appears inappropriate to spend this amount on an outdated and inefficient 50-year-old facility . . . . As an alternative, the state should assist Tulane University in increasing bed capacity at the Tulane Medical Center. Adding 300 beds would cost about \$46.8 million with the state contributing 80%. Parallel with the Tulane expansion, the LSU Medical Center could begin construction of a new 450 bed hospital, with 100% funding.” (p.64)

## 1990

**Coopers & Lybrand/Llewelyn-Davies, Final Report: Charity Hospital System, Facilities and Services Strategic Assessment, January 1990.** Facility Assessment commissioned by the Louisiana Health Care Authority pursuant to legislative mandate.

“Due to severe and extensive code, space, functional and technical deficiencies, this facility has outlived its usefulness and viability as a provider of quality, state of the art healthcare. Due to its physical configuration, modern ancillary, inpatient and outpatient healthcare services cannot be effectively delivered to Louisiana’s indigent population. Complete renovation of known deficiencies only brings the facility up to very minimal and basic healthcare standards. The cost of this implementation will exceed the replacement options when operational and phasing costs are considered. (Executive Summary for Charity Hospital of Louisiana at New Orleans)

**Louisiana Health Care Authority, Comprehensive Plan for the Charity Hospital System, March 1, 1990. Report to the Joint Committee on Health and Welfare, Louisiana Legislature.** “Neither patient care not educational goals can be achieved in the current CHNO building. A replacement facility must be part of the future of Charity Hospital in New Orleans if there is to be any expectation of success. . . . This recommendation is based upon consideration of the optional approaches to replacement and on the relative cost of the option of renovation. Renovation is not economically or functionally feasible.” (p. 6-3, 6-4; based on analysis of Llewelyn-Davies-Sahni).

## 1991

**Pitts Management Associates, Charity Hospital of Louisiana at New Orleans: Five-Year Plan, February 6, 1991.** Plan mandated by the Legislature subsequent to the creation of the Louisiana Health Care Authority. Act 855 of 1990.

“It is impractical to renovate the CHNO facility for a modern, financially competitive 21<sup>st</sup> century health care institution. The delivery of health care has changed dramatically since the CHNO facility was constructed. Much different demands are being placed on the facility than at the time of construction.” (p. 33)

“Presently, inadequate and inefficient configurations of departments do not allow for the efficient delivery of health care. The structural frame does not allow for the elimination

of all constraints such as outside walls, ill-placed columns and insufficient vertical dimensions.” (p. 35)

“The present inflexible design cannot respond readily to advancing technology in health care, such as extremely heavy diagnostic equipment. Newly purchased equipment would have to be placed in the present facility where it can be supported adequately rather than in a place where it could promote operational efficiency.” (p. 35)

“Structural, mechanical, electrical and plumbing systems do not support evolving office and health care technology. To remove deficient systems and replace them with modern systems requires greater expenditure than placing modern systems in a newly constructed building.” (p.35)

“The facility is too large. Maintaining unoccupied space is costly, since security, maintenance and supports must be maintained in unused spaces.” (p. 35)

“The inefficient fit of the structural frame forces renovated spaces to occupy more space than is needed for efficient operations.” (p. 35)

“The facility (including the structural frame) is not energy efficient.” (p. 35)

“The value of the structural frame of the building will likely be offset by the inefficient ‘fit’ created by the structural frame.” (p. 35)

“Based on available information, CHNO must plan for a new facility to be constructed in the general vicinity of its present location. The option of renovation of the present CHNO facility must be discarded . . . .” (p. 33)