



MINISTRY OF  
**HEALTH &  
WELLNESS**

# **Secondary Care Model**

## **FOR JAMAICA**



MARCH 2024

# CONTENTS

	Page
Preface.....	3
Abbreviations.....	4
Introduction.....	5
Classification of Hospitals.....	8
Upgrades for Hospitals.....	11
Type C Hospitals.....	15
The New Type C Hospital.....	17
Type B Hospitals.....	19
Regional Hospitals .....	21
The Upgraded Regional Hospitals.....	23
Type A Hospitals.....	25
Kingston Public Hospital.....	26
Cornwall Regional Hospital.....	28
Specialist Hospitals.....	30
Bustamante Hospital For Children Tertiary Facility For Pediatrics).....	30
Western Children and Adolescents Hospital.....	32
Victoria Jubilee Hospital.....	34
National Chest Hospital.....	36
Bellevue Hospital.....	38
Hope Institute.....	39
Sir John Golding Rehabilitation Centre.....	41
.	
<b><u>List of Tables</u></b>	
Table 1: Distribution of Public Hospitals per Regional Health Authority 2021.....	8
Table 2: Services to be offered at each hospital By Hospital Type (Number Of Hospitals In Brackets).....	12
Table 3: Proposed upgrade for hospitals 2022.....	13
Table 4: Existing and proposed classification of Hospitals.....	14



## PREFACE

*This document is produced by the Ministry of Health and Wellness and represents the Ministry's vision for the expansion and upgrade of secondary care services to meet the changing needs of the population. The Strategic Goal 1 of the Ministry's 10 Year Strategic Plan is to "safeguard access to equitable, comprehensive and quality care". Strategic Outcome 1.2 outlines that "all hospitals, specialized care centres and support services are modernized to provide efficient and quality service in an aesthetically pleasing environment". Under this outcome, the actions include identifying, upgrading, and improving key infrastructure in hospitals to improve efficiency and to meet the demands of the population, establishing new facilities to increase capacity and to develop a transformation plan for hospitals in line with modern technology and management standards.*

*This secondary care plan presents the plans for upgrade of services, expansion of facilities and addition of new facilities. This is expected to be carried out in a phased implementation in tandem with building of new infrastructure, training of personnel and expansion of human resources. This will place the Jamaican Health System in a position to meet the health needs of not only Jamaica but the wider Caribbean sub-region. It is expected that with the implementation of this plan, we will be able to deliver quality, comprehensive services of the highest international standards and to produce world class health care providers who will serve globally.*

*It is expected that this document will serve as a guide for human resource and infrastructure planning. Several persons contributed to its development and participated in the consultations that led to the final presentation. Periodic review is required to update this document as there are still several ongoing discussions on improving the health system. The initial document was produced through consultations with Office of the Chief Medical Officer, Health Services Planning and Integration Branch, and various Senior Medical Officers, and Department Heads would have been consulted for details of their present organization and workload. Once the draft document was prepared, consultative meetings were held with primarily the different levels of hospitals where representatives including Regional Directors, Regional Technical Directors, Parish Managers, Chief Executive Officers, and Senior Medical Officers.*

**Jacquiline Bisasor-McKenzie, CD**  
**Chief Medical Officer**  
**MOHW**

## ABBREVIATIONS

SERHA	Southeast Regional Health Authority
SRHA	Southern Regional Health Authority
WRHA	Western Regional Health Authority
NERHA	Northeast Regional Health Authority
PMH	Princess Margaret Hospital
LPH	Linstead Hospital
STH	Spanish Town Hospital
KPH	Kingston Public Hospital
NCH	National Chest Hospital
BHC	Bustamante Hospital for Children
VJH	Victoria Jubilee Hospital
SIGRC	Sir John Golding Rehabilitation Centre
HI	Hope Institute
ABH	Annotto Bay Hospital
PtMH	Port Maria Hospital
PAH	Port Antonio Hospital
SABRH	St. Ann's Bay Regional Hospital
NHH	Noel Holmes Hospital
FPGH	Falmouth Public General Hospital
SPGH	Savanna-la-mar Public General Hospital
CRH	Cornwall Regional Hospital
PIH	Percy Junor Hospital
LTH	Lionel Town Hospital
BRH	Black River Hospital
MPH	May Pen Hospital
MRH	Mandeville Regional Hospital
UHWI	University Hospital of the West Indies
Bellevue	Bellevue Hospital



## INTRODUCTION

Jamaica's health profile is transitioning. Persons are now living longer. According to the World Bank data published in 2020<sup>8</sup>, life expectancy in Jamaica for males is 70 years, and for females it is 74 years. The total life expectancy is 72.0 years. At the bottom of the population pyramid, there is narrowing with the 0-14 age group declining from 41% in 1978 to 23% in 2017<sup>9</sup>. In keeping with this, there is a rise in the diseases associated with the older age groups. Non-communicable diseases (NCDs), including Diabetes, Cardiovascular Diseases and Cancers are now the leading causes of mortality and morbidity. The increase in exposure to risk factors such as physical inactivity and unhealthy nutrition have led to increases in obesity in all age groups and increased risk for the NCDs.

Prevention and treatment services for NCDs, their risk factors and their complications are now the emerging priority of the health sector. Jamaica must plan for dealing with a triple burden of disease: Non-communicable, Communicable and diseases brought about by climate change.

Jamaica's epidemiological profile is marked now by a declining burden of communicable diseases and a considerable increase in NCDs. Recent national surveys among adults 15-74 years of age show an upward trend in the prevalence of overweight and obesity, hypertension and diabetes. Currently, 1 in 2 Jamaicans are overweight or obese, 1 in 3 have hypertension and 1 in 8 have diabetes<sup>10</sup>. In 2016, NCDs accounted for 12,577 or 68.4 per cent of all deaths (18,373) among persons five years and older in Jamaica. Between 2010 and 2016, the number of deaths due to NCDs increased by 21.6% (from 10,344 in 2010 to 12,577 in 2016)<sup>11</sup>.

These changes have significant implications for the planning and utilization of health services. With these numbers, we are compelled to make changes to improve early detection and management of new and established disease, particularly since our youth – the future of our society – have not been spared. Obesity in students 13-15 years old, for example, increased by 68.3% from 6% in 2010 to 10.1% in 2017. The economic impact is significant, with direct treatment costs, productivity losses and social costs associated with NCDs and mental health conditions projected at J\$137.1 billion over a 15-year period (2018-2033 and 2017-2032 for Mental Health and NCDs respectively)<sup>12</sup>.

Clinical care is offered at three levels in Jamaica. Primary care is the first level of care and is delivered mainly at health centres and at private offices. Secondary care is the second level of care and is delivered in hospitals on referral from primary care facilities. Tertiary care is offered in hospitals that are able to deliver highly specialized and multidisciplinary care.

The Primary Health Care Reform takes into consideration the demand and utilization of existing

---

8 Data.worldbank.org

9 countryeconomy.com

10 Jamaica Health & Lifestyle Survey 111 (2016- 2017)

11 <https://www.un.int>

12 The Case for Investment in Prevention and Control of Noncommunicable Diseases in Jamaica: Evaluating the return on investment of selected tobacco, alcohol, diabetes, and cardiovascular disease interventions. Washington, D.C.: UNIATF, UNDP, and PAHO; 2018.

Care for Mental Health Conditions in Jamaica: The Case for Investment. Evaluating the Return on Investment of Scaling Up Treatment for Depression, Anxiety, and Psychosis. Washington D.C.: UNIATF, UNDP, and PAHO; 2019.



services and the demand for additional services to cope with the changes in the population health profile. There is a focus on reduction of risk factors for chronic diseases, managing environmental factors that will mitigate the impact of disasters brought about by climate changes and addressing the social determinants of health. These changes are beyond clinical acute and chronic care and emphasizes the need for well-developed health promotion and prevention services in all programmes, including health education, nutrition, environmental health, emergency disaster preparedness and management, social interventions and sexual and reproductive health.

The monitoring of health status is also a key component of the reform. With the rising numbers of persons suffering from mental disorders and the sharp attention brought to this by the COVID-19 pandemic, the build out of the mental health programme is also included. Specific improvements to advance quality and comprehensive care of persons affected by the NCDs include the offer of specialist services at the primary care level, the expansion of the ophthalmology programme and the addition of rehabilitative and palliative care as part of the list of services accessible in primary care.

In the same way, there is an increasing demand at secondary and tertiary care facilities based on existing and projected population needs. In addition to an increase in NCDs, trauma arising out of inter-personal violence and road traffic crashes have increased. Hospital emergency rooms across the island must be equipped with trained staff and resources to offer emergency care. Medical management has improved over the last four decades and early detection by trained staff, and early interventions will improve responses to medical and surgical emergencies, including cardiovascular emergencies that are our main cause of mortality. At the same time, improvements in obstetric and neonatal care require that trained personnel are in place to implement care thus saving lives.

Jamaica is divided into 4 health regions: South-East Region, Southern Region, Western Region and North-East Region. These are governed by a Regional Health Authority. The public hospital system in Jamaica has three levels of hospitals, Type A to Type C, with Type A being the highest level with a concentration of specialist services. Regional hospitals, which are the largest hospital in the Regions, are either Type A or Type B. In the present service delivery offerings, the largest number of hospitals are the type C hospitals, and these are not presently equipped to respond to the change in demand for services. This results in persons having to travel longer distances to get appropriate care, delay in care or not accessing care and increasing morbidity and mortality. The range of sub-specialist services that are needed to deal with the disease burden of the country must be more accessible to the population and not only centered in the Type A referral facilities. Complications of hypertension and diabetes commonly affect the cardiovascular, renal, neurological and ophthalmological systems. Trauma frequently requires orthopaedic management and the increase in mental disorders necessitates having appropriate psychiatric care in place and readily accessible.



A rationalization of services must take place as it is not sustainable or practical or cost effective to have all services in all hospitals. However, the hospital system must deliver appropriate care to its clients and take care of most of the needs of the population close to their communities and refer for more advanced services to larger and more specialized hospitals. This requires an upgrade of our Type C Hospitals to offer the four general specialties of Internal Medicine, General Surgery, Obstetrics and Gynaecology and Paediatrics, as well as the supporting specialties of Radiology, Anaesthetics and Emergency Medicine.

This will ensure that appropriate management and referrals are made thus decreasing the burden on the patient and families as well as the larger institutions. The larger facilities, the Type B and Regional Hospitals must be expanded to manage the disease burden arising out of complicated disease and the need for more specialized care. In this Secondary Care Model, the specialist services have been placed strategically at the next level of hospital, the Type B and Regional Hospital, to increase access. Other subspecialties that require a large layout of equipment and human resources are placed at Regional, Type A and Specialist hospitals. The Type A hospitals are the final referral sites and offer tertiary services. These facilities must be equipped for teaching purposes to ensure the provision of trained staff to meet the population needs.

With the build out of the medical specialties offered, provisions must also be made for the supporting paramedical and administrative services. While this document speaks about the medical specialties and sub-specialties to be offered, it serves as a guide for the inclusion of all the additional services that will support these areas and the general need for expansion of nursing, administrative and operational support for the expanded hospital.

In 2016, government facilities had under 5,000 beds available for acute care. There has been little change in this capacity over the intervening years. In 2023, the acute bed to population ratio is approximately 1.7:1,000. Implementation of this secondary care model will increase the number of beds available for acute care to approximately 6,135, moving the ratio to 2.2:1,000<sup>13</sup>. This increased bed capacity will allow for a 30% increase in admissions over 2016. This is facilitated not only by the increased number of beds but also by where the beds will be. A cursory review of number of clients waiting in emergency rooms for beds shows that an average of 300 - 500 patients<sup>14</sup> may be found waiting across the island for beds daily and this is mostly in the larger hospitals. The increase in bed capacity will allow for these admissions and will also allow for more elective surgeries to be done as well as admissions of patients for diagnostic evaluation and observation for high-risk presentations. Unavailability of ward beds would have significantly affected these important interventions.

The increased capacity of beds in Type C hospitals and Type B hospitals and the increased availability of specialist services in the Type C, B and regional facilities will diffuse the overcrowding in the tertiary facilities, allowing them to undertake more complex interventions. The anticipated improvement in capacity is therefore facilitated not only by the increased numbers but also by the dispersion over different hospital types making services more available and accessible to the population.

13 Calculated using Jamaica Population from World bank data: 2,828,000 in 2021

14 From Office of the Chief Medical Officer April 2023



## CLASSIFICATION OF HOSPITALS

All hospitals in Jamaica are over forty years old. The Primary Care perspective of 1978 refers to 27 public hospitals. Some have been downgraded to health centres and presently, in 2022, there are 24 public hospitals. The St. Joseph's Hospital that was acquired by the government in 2008 is not included. Strictly speaking, the UHWI is not a public hospital, but it is included in the total number of public hospitals outlined in Table 1 (refer to Abbreviation list). Bellevue Hospital, although in the South-East Region geographically, is not managed by the SERHA.

Two downgraded facilities are now classified as Type 6 health centres. These are the Alexandria

REGION/Management	TYPE C	TYPE B	TYPE A	REGIONAL	SPECIALIST
SERHA	PMH	STH	KPH		NCH
	LPH				BHC
					VJH
					SJGRC
					HI
NERHA	ABH			SABH	
	PMH				
	PAH				
WRHA	NNH	SPGH	CRH		
	FPGH				
SRHA	PIH	MPH		MRH	
	LTH				
	BRH				
UHWI BOARD			UHWI		
BELLEVUE BOARD					BELLEVUE
Number of Hospitals	10	3	3	2	6

Table 1: Distribution of Public Hospitals per Regional Health Authority 2021

Community Hospital and the Chapelton Community Hospital. These facilities in the Primary Healthcare Reform 2021-2030 will serve as primary care facilities and offer a full range of services as the Comprehensive Health Centre. In addition, they will provide maternity services for uncomplicated pregnancies and extended hours for ambulatory services. They will be classified as Comprehensive Health Centre/ Rural Maternity Centre.

Hospitals are considered secondary and tertiary care facilities. Secondary care refers to medical care that is provided by a specialist or facility upon referral by a primary care physician and that requires more specialized knowledge, skill, or equipment than the primary care physician can provide. Secondary care facilities also provide emergency care services that are not necessarily referred from the primary care setting.

Tertiary care facilities are hospitals that can form multidisciplinary teams that are equipped to manage complex cases. It refers to a level of health care obtained from specialists in a large hospital after



referral from the providers of primary care and secondary care. Tertiary centres may be a major hospital that usually has a full complement of services, including paediatrics, obstetrics, gynaecology, general medicine, general surgery, psychiatry and various branches of these specialist areas e.g. University Hospital of the West Indies, Kingston Public Hospital, Cornwall Regional Hospital, or a specialty hospital dedicated to specific sub-specialty care (paediatric centres, oncology centres, psychiatric hospitals) e.g. Bustamante Hospital for Children, Victoria Jubilee Hospital. Patients will often be referred from smaller hospitals to a tertiary hospital for major operations, consultations with sub-specialists and when sophisticated intensive care facilities are required.

Hospitals in Jamaica are classified as Type A, B, and C facilities. In addition, there are Regional Hospitals and Specialist Hospitals. Very few hospitals were designed or built as a specific Type hospital as the classification came about after many of the facilities were established. Hospitals were set up under different conditions and varying management structures at various periods in the country's history. What is seen now has evolved over time with some level of organizational structure being put in place for the purposes of governance.

The Type C hospital offers the most basic level of care. In the past, it was seen as a district or community hospital and catered to minor surgical and obstetric emergencies, as well as general management of minor acute illnesses and acute exacerbations of chronic illnesses. The medical staff was minimal and usually included one specialist, preferably a general surgeon and a small number of undergraduate trained physicians.

The Type B hospital is the next level and offers four basic specialties of General Surgery, Internal Medicine, Obstetrics and Gynaecology, and Paediatrics. The number of doctors in the past required cross coverage by specialists in some facilities but this no longer occurs at this level hospital. The overall staff complement was sparse with two or three specialists and a small number of basic-trained physicians. In addition, anaesthetic services and radiology services are provided to support the specialist services. Emergency Medicine, that has been added in some hospitals, is a relatively new specialization and provides expert emergency management across all specialties in the emergency room. Orthopedics and Psychiatry have been added to some Type B hospitals.

The Type A hospital is the referral hospital and offered the four basic specialties, supporting specialties and medical and surgical sub-specializations. There are only three multidisciplinary Type A hospitals (UHWI, KPH, CRH) that catered to the sub specialist needs of the population. These are also tertiary hospitals offering more care for more complex cases. Psychiatric and paediatric services were split from the KPH to form the Bellevue Hospital and the Bustamante Children's Hospital. These are now classified as Specialist Hospitals.

Six specialist hospitals were established in response to specific needs of the population over time and have evolved to what they are now. These are: National Chest Hospital (NCH), Victoria Jubilee Hospital

(VJH), Bustamante Children's Hospital (BHC), Sir John Golding Rehabilitation Centre (SJGRC), Hope Institute (HI) and Bellevue Hospital (BH). The BHC and VJH are specialist hospitals that offer tertiary level care for Paediatrics and Obstetrics & Gynaecology (OBGYN) respectively. The Bellevue hospital and NCH hospital have the potential to be developed to offer tertiary care for Psychiatry and Cardio-Pulmonary services respectively. SJGRC and HI are smaller facilities that have specialized services, but do not have multiple disciplines. The potential for expansion of services is to be explored.

With the establishment of Regional Health Authorities, a hospital in each region was designated the regional hospital. This hospital is the major referral hospital for the region. In the WRHA, the Cornwall Regional Hospital is the regional hospital. It is also the only Type A hospital outside of the Southeast Region and offers tertiary-level service. Mandeville Regional and St. Ann's Bay Regional are upgraded Type B facilities and are the regional facilities for the Southern Region and the North-East Region respectively. The Kingston Public Hospital is the Regional Hospital for SERHA. However, Paediatric and OB/GYN services are provided by the BHC and VJH. These three hospitals considered together, provide referral facilities for the region. Because of the concentration of specialist and subspecialist services in these facilities, they are also the referral facilities for the rest of the island.



## UPGRADES FOR HOSPITALS



Over the intervening forty years, there has been significant changes in the population size and age distribution as well as a change in the disease profile of the country and in particular the numbers of persons of all ages suffering from NCDs such as Diabetes, Hypertension, Cardiovascular Diseases and Cancers. There is a need for more access by the population to health care services that are relevant for their well-being closer to their homes and for support mechanisms. For the most efficient use of resources, the stepwise approach to hospital care is still relevant. The Ministry of Health and Wellness linkages manual describes the referral process between facilities. While in the past specialist services were only available in the urban centres, it is critical that for better outcomes of illnesses, the community and district facilities must now offer some services and leave the most specialized services to regional and national referral centres that will be equipped to manage them.

An upgrade of the Type A, B, C and Regional hospitals is presented to meet the growing needs of the population. This includes an increase in specialist services and an increased support infrastructure to provide the services. The proposed range of services are shown in Table 2.

TYPE C (7)	TYPE B (11)	REGIONAL (19)	TYPE A (35)
Internal Medicine	Internal Medicine	Internal Medicine	Internal Medicine
		Nephrology	Nephrology
	Cardiology	Cardiology	Cardiology*
			Neurology*
			Infectious Disease
			Pulmonology
			Rheumatology
		Haematology/Oncology	Haematology/Oncology
		Gastroenterology	Gastroenterology
			Endocrinology**
			Dermatology
General Surgery	General Surgery	General Surgery	General Surgery
	Orthopaedics	Orthopaedics	Orthopaedics
		Urology	Urology
		ENT	ENT
			Plastic Surgery
			Facio-maxillary**
			Neurosurgery
			Cardiothoracic
		Ophthalmology	Ophthalmology
			Radiation/Oncology
OBGYN	OBGYN	OBGYN	OBGYN
		Foetal-Maternal	Fetal-Maternal
			Gynae-Oncology
			Repro. Endocrinology
Paediatrics	Paediatrics	Paediatrics	Paediatrics
	Neonatology	Neonatology	Neonatology
			Paediatric Surgery
Anesthesiology	Anaesthesiology	Anaesthesiology	Anaesthesiology
			Critical Care
Emergency	Emergency Medicine	Emergency Medicine	Emergency Medicine
	Psychiatry	Psychiatry	Psychiatry
		Pathology	Pathology
Radiology	Radiology	Radiology	Radiology
			Dental

Table 2: Services to be offered at each hospital by hospital type (Number of hospitals in brackets)



Specialist hospitals are not included in the table but are mentioned later in this document. The specialist hospitals will provide subspecialties of the specialty areas. There will be an upgrade of some hospitals to the next level.

The distribution of hospitals by hospital type for each region is as in Table 3. A new hospital is being proposed for St. Catherine and is captured in the table. In SERHA, the full complement of Type A services is obtained from KPH, BHC, VJH and NCH. In WRHA, the full complement of Type A services is obtained from CRH and a new paediatric and adolescent hospital, the Western Children and Adolescents Hospital (WCAH).

REGION	TYPE C	TYPE B	TYPE A	REGIONAL	SPECIALIST
SERHA	PMH		KPH/St.Joseph	STH	NCH
	LPH				BHC
	St. Catherine new hospital				VJH
					SJGH
					HI
NERHA	PtMH	ABH		SABH	
	PAH				
WRHA	NNH	SPGH	CRH		WCAH
	FPGH				
SRHA	PIH	MPH		MRH	
	LTH				
		BRH			
UHWI BOARD			UHWI		
BELLEVUE BOARD					BELLEVUE
TOTAL	9	4	3	3	7

Table 3: Proposed Upgrade for Hospitals 2022

REGION	TYPE C EXISTING	TYPE C	TYPE B EXISTING	TYPE B	TYPE A EXISTING	TYPE A	REGIONAL EXISTING	REGIONAL	SPECIALIST EXISTING	SPECIALIST
SERHA	PMH	PMH							NCH	NCH
	LPH	LPH							BHC	BHC
		St. Catherine new hospital							VJH	VJH
			STH					STH	SJGRC	SJGRC
					KPH	KPH/ST. Josephs			HI	HI
NERHA	PtMH	PtMH					SABRH	SABRH		
	PAH	PAH								
	ABH			ABH						
WRHA	NNH	NNH	SPGH	SPGH	CRH	CRH				WCAH
	FPGH	FPGH								
SRHA	PJH	PJH	MPH	MPH			MRH	MRH		
	LTH	LTH								
	BRH			BRH						
						UHWI	UHWI			
								BELLEVUE	BELLEVUE	
TOTAL	10	9	3	4	3	3	2	3	6	7

Table 4: Existing and Proposed Classification of Hospitals

Table 4 shows the comparison of the existing and proposed classification of hospitals. In SERHA, a new Type C hospital is proposed. The Spanish Town Hospital will be upgraded to offer the same services as a regional hospital. The Kingston Public Hospital campus will now include the St. Joseph Hospital. In NERHA, the Annotto Bay Hospital will become a Type B hospital. In SRHA, the Black River Hospital will be upgraded to a Type B hospital. In WRHA, the Type A complex will include the CRH and the WCAH hospital.



## TYPE-C HOSPITALS



There are presently 10 Type C hospitals. This new model promotes Annotto Bay Hospital and Black River Hospital (previously Type C) to Type B hospitals. This results in eight Type C hospitals and of these, four hospitals are the only hospitals in those parishes. In addition, another hospital is being proposed for St. Catherine. Based on the proximity to major referral centres in Kingston and St. Andrew as well as the upgrades to Spanish Town Hospital, a new hospital would be best contemplated as a Type C hospital.

### The Secondary Care Model will have nine Type C hospitals:

1. Lionel Town Hospital – Clarendon
2. Linstead Public General Hospital – St. Catherine
3. Princess Margaret Hospital – St. Thomas (only hospital in parish)
4. Port Antonio Hospital – Portland (only hospital in parish)
5. Port Maria Hospital – St. Mary
6. Noel Holmes Hospital – Hanover (only hospital in parish)
7. Falmouth Public General Hospital – Trelawny (only hospital in parish)
8. Percy Junor Hospital – Manchester
9. Type C Hospital – St. Catherine (Proposed)

The Type C Hospitals were equipped to offer services only slightly above the level of a primary care facility, with the emergency department receiving patients for ambulatory care for treatment, referring more complicated cases and stabilizing and transferring emergency cases. Surgical and minor obstetric emergencies are usually managed and referred as required. A general surgeon or sometimes an experienced physician was the only doctor (Senior Medical Officer) posted at this hospital. Over time, additional doctors, including specialists, were assigned. In situations where no specialist is assigned to the hospital, uncomplicated surgical, obstetrics, medical and paediatric cases that require minimal interventions are sometimes admitted and managed under the guidance of specialists in other hospitals or by the Senior Medical Officer. The demand for



more services at these hospitals have increased significantly as the surrounding populations have grown and barriers to access to referral hospitals, such as long waiting times and investment of time and money, have increased. In the absence of specialists supervising care in the Type C facility, there is significant risk for delayed treatment, inappropriate treatment and high morbidity and mortality. Access to care is compromised as clients must travel farther to access basic care and this results in more complicated cases presenting later for care. This results in overcrowding and longer waiting times at the larger hospitals and a dissatisfaction with the health system by the population. The Regional Health Authorities have responded to this by increasing services in Type C hospitals without corresponding policy change.

In 2022, four Type C hospitals remain with one specialist, and these are Linstead Hospital and Lionel Town Hospital (Internal Medicine Physicians as Senior Medical Officers) and Noel Holmes Hospital and Port Maria Hospital (Obstetrician and Gynaecologists as Senior Medical Officers). These hospitals are therefore not able to respond to surgical emergencies and this can significantly affect outcomes as intervention during the “golden hour”<sup>8</sup> is missed.

Introduction of surgical services at the first level hospital is identified as an essential component in achieving universal access and universal health care. The 68th World Health Assembly urged Member States to identify and prioritize a core set of emergency and essential surgery and anaesthesia services at the primary health care and first-referral hospital level, and to develop methods and financing systems for making quality, safe, effective and affordable emergency and essential surgical care and anaesthesia services accessible to all who need them, including promoting timely referral and more effective use of the health care workforce through task-sharing, as appropriate, as part of an integrated surgical care network in order to achieve universal health coverage.

The other five Type C hospitals have increased services and have engaged other specialists but there are no posts and sustainability is affected by a lack of job security and a lack of investment in the service. The Jamaican health care system is plagued by the unattractiveness of positions in rural hospitals because of remoteness and access to social amenities. In addition, the posts in the Type C hospitals are not attractive because of the lack of clinical support. Without supporting services, the type of care offered is compromised and the specialists in these hospitals become frustrated. With improved road infrastructure and social and economic investments in rural areas, there is now an opportunity to attract staff.

Overall, the demand on the Type C hospital has changed significantly and patients with more complicated illnesses are presenting for treatment. The practice of medicine has evolved and as specialization has increased, management protocols have changed requiring more in-depth knowledge within each specialty area to manage patients. Also, there is generally more focus in

---

<sup>8</sup> Golden hour is a crucial period immediately after an injury when lifesaving medical or surgical intervention can offer the highest chance of survival



specialist training curricula on the specialized area than equipping doctors to practice generally.

The Regional Health Authorities have engaged specialists in some or all the four main specialist areas of Internal Medicine, General Surgery, OBGN and Paediatrics in some Type C hospitals. This has resulted in improvement in care offered but there is now considerable disparity in what is offered in each hospital and what is the standard of care. The cadre of staff and other resources for these hospitals does not cater for the increased workload or complexity of management. Recognizing the need for upgrade, the health system needs to reflect this change and standardize the services in the Type C Hospital.

## THE NEW TYPE-C HOSPITALS

This new hospital model upgrades the Type C Hospital with the four main specialist areas and three supporting specialties. This model proposes that the clinical specialists in General Medicine, General Surgery, Obstetrics & Gynecology and Paediatrics will also provide service in the Comprehensive and District health centres and guidance to the doctors in the community health centres. The support services of Accident & Emergency and Anaesthesiology are to be staffed with medical specialists to allow for a continuum of expert care. Radiology service will be supported with a radiologist post in a Type C hospital that is the only hospital in the parish. In addition to duties at the hospital, the radiologist will provide service for the hospital's patients at the Type B or Type A hospital and support radiology in the primary care facilities. The need for trained specialists in these remote facilities is key to improvement in the service and to reducing mortality and morbidity and the increasing burden on the regional, tertiary and specialist hospitals.

### Key Facts: Clinical Services

- The Type C Hospital will offer General Surgery, General Medicine, Paediatrics, Obstetrics & Gynaecology.
- Supporting clinical specialties will be Anaesthetics, Emergency Medicine, and Radiology in parish hospitals.
- Specialists in the Type C Hospital will offer services in Primary Health Care.
- Clinical specialties will be supported in all areas by Physician and Nursing teams.
- Other services to be provided are Laboratory services, Radiography and Ultrasonography, Physiotherapy services, Pharmacy services, Dietetics services and Social Work services.

The hospitals will require basic infrastructure to facilitate the expanded service. Many of the hospitals have the necessary infrastructure. Some facilities will require upgrades and/or new spaces.

### Key Facts: Infrastructure

- The Type C Hospital will accommodate 100-150 beds to facilitate admission of General Surgery patients, General Medicine patients, Paediatric patients, Neonates, Obstetrics & Gynaecology patients.
- The hospital will have an Accident & Emergency Department, General Wards (and adjunctive areas) with capacity for Isolation, Labour and Delivery wards, Special Care Nursery, Operating theatres with Recovery Room, Radiology Department, Laboratory, Pharmacy, Physiotherapy, Outpatient Clinics.
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance Department, Cafeteria, Accommodation and rest areas for staff.
- Ambulance service must be in place.



## TYPE-B HOSPITALS



There are presently three Type B hospitals: Spanish Town Hospital, May Pen Hospital and Savanna-la-mar Hospital. Spanish Town will be upgraded to the level of a Regional Hospital and Annotto Bay Hospital and Black River Hospital will be upgraded to Type B facilities.

The Secondary Care Model for 2023 proposes four Type B Hospitals:

1. Annotto Bay Hospital
2. May Pen Hospital
3. Savanna-la-Mar Public General Hospital
4. Black River Hospital

The epidemiological and demographic profile of the country has changed significantly over the last 40 years. Cardiovascular diseases are the leading cause of mortality and trauma places a large burden on hospitals. There is an increase in mental health problems affecting all age groups. There is therefore an increase in the need for specialist services in these areas. The proposed upgrade of the Type B Hospital is to offer eleven specialist areas. In addition to the major specialties offered in the Type C hospital, the Type B hospital will offer Orthopaedics, Cardiology, Psychiatry and Neonatology. The Type B hospitals serve a larger population and provide referral services for these services and Radiology from the Type C Hospital. These additional specialist services are in high demand and the placement of these services in these facilities allow for easier access and quicker resolution of problems.

The staff complement for these hospitals are larger as a wider range of services are offered to a

larger population. The establishment of high dependency units in these hospitals also provide an additional layer of protection to the population that would otherwise only be accessible at the Regional or Type A hospitals where there is a greater demand for critical care beds arising out of the management of complicated illnesses.

The four hospitals are already offering some Psychiatry and Neonatology services. Two of three hospitals are already offering Orthopaedics and one is offering Cardiology. There is, however, limited staff, and the resources are not in place for these services for which there is high demand. The upgrade will require additional posts and infrastructure.

### Key Facts: Clinical Services

- The new Type B Hospital will offer General Surgery, General Medicine, Paediatrics, Obstetrics & Gynaecology, Orthopaedics, Cardiology and Psychiatry.
- Supporting clinical specialties will be Anaesthetics, Emergency Medicine, and Radiology.
- Clinical specialties will be supported in all areas by Physician and Nursing teams.
- Other services to be provided are Laboratory services, Physiotherapy services, Pharmacy services, Dietetics services, Psychology and Social work services.
- The hospitals will be able to support undergraduate and post graduate training in medicine, nursing and other areas allied to health.

The hospitals will require basic infrastructure to facilitate the expanded service. Many of the hospitals already have the necessary infrastructure. Some facilities will require upgrades and/or new spaces.

### Key Facts: Infrastructure

- The Type B Hospital will accommodate 200-250 beds to facilitate admission of General Surgery patients, General Medicine patients, Paediatric patients, Neonates, Obstetrics & Gynaecology patients, Orthopaedics, Cardiology and Psychiatric patients.
- The hospital will have Accident & Emergency Department, General Wards (and adjunctive areas) with capacity for Isolation, Labour and Delivery wards, Special Care Nursery, Operating theatres with Recovery Room, Radiology Department, Laboratory, Pharmacy, Outpatient Clinics, Physiotherapy Department, Cardiology procedure rooms, and a High Dependency Unit.
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance department, Cafeteria, Accommodation and rest areas for staff.
- Ambulance service must be in place.



## REGIONAL HOSPITALS

The governance structure for health service delivery consists of four Regional Health Authorities (RHA). Each RHA has the responsibility to provide health services for the population in the geographic region it serves.



From a planning perspective, most health services needed, based on the epidemiology of the parishes served, should be provided within the Region. Each geographic region has a regional hospital that is the major referral centre for the region. The Regional Hospital should therefore provide the range of services required by most of its citizens therefore preventing movement away from the home environment and economic and psychosocial support.

The epidemiological and demographical features of the different health regions are similar and therefore the services offered in each regional hospital is similar. Very specialized services are required by the population but in less demand. These are available in the Type A tertiary facilities and Specialist hospitals. Where these services are needed, in emergency situations, the sending hospitals are equipped to stabilize and care for patients during transport and for ambulatory specialist care, the inter-hospital referral system is used.

The Regional Hospital is the point of referral for the hospitals within each region. Nineteen specialist areas are to be provided in these hospitals. These specialties represent the largest medical needs of the population and the provision of these in the regional hospital will prevent long commutes and decrease waiting times to these vital services. This will result in early detection and treatment of complications of chronic illnesses and decrease in morbidity and mortality. The provision of expert emergency medical interventions will also play a role in decreasing complications and deaths and prevent the need for costly transfers. The provision of service within the region will also provide for better continuity of care and integration of primary and secondary interventions.

Cornwall Regional Hospital is the Regional Hospital for the WRHA. This hospital offers tertiary level care. Situated on the western side of the island, it not only serves the region, but is also a major referral hospital for central and western parishes. It is categorized as a Type A hospital and is to offer 35 specialties (in conjunction with WCAH) to the population. This hospital, although the regional facility, will be discussed under Type A hospital.

The Kingston Public Hospital, Victoria Jubilee Hospital and the Bustamante Hospital for Children are the main referral centres for the Southeast Regional Health Authority as well as for the country. These are tertiary level hospitals and are considered separately, – KPH as a Type A facility and the others as specialist hospitals.



## THE UPGRADED REGIONAL HOSPITALS



The St. Ann's Bay Regional Hospital and the Mandeville Regional Hospital are the regional hospitals for NERHA and SRHA respectively. They will be upgraded to provide services that are in high demand in the regions.

The Spanish Town Hospital is the main referral hospital for St. Catherine. St. Catherine has a large population and there is a need for more specialist services in the parish because of the large demand. This hospital is being upgraded to provide services like the regional hospital.

### Key Facts: Clinical Services

- The Regional Hospital (MRH, SABRH) and the STH will offer 19 specialties and subspecialties.
- Internal Medicine and sub-specialties of Internal Medicine are to be offered. These are Nephrology, Cardiology, Haematology/Oncology, Gastroenterology.
- General Surgery and sub-specialties of surgery are to be offered. These are Orthopedics, Urology, ENT, Ophthalmology.
- Obstetrics and Gynaecology and Feto-Maternal Medicine will be offered.

- Paediatrics and Neonatology are to be offered.
- Psychiatry and Psychology services are to be offered.
- Supporting clinical specialties will be Anaesthetics, Emergency Medicine, Radiology and Pathology.
- Clinical services will be supported in all areas by Physician and Nursing teams. More specialist nurses will be required to support critical areas.
- Other services to be provided are Laboratory services, Physiotherapy services, Pharmacy services, Dietetics services, Social work services.
- The hospitals will be able to support undergraduate and post graduate training in medicine, nursing and other areas allied to health.
- The large numbers of clients seen for emergency interventions, outpatient and in-patient services require larger numbers of human resources in each area of service.

Complex cases are managed at these facilities and the required skillsets, equipment and infrastructure are needed.

### Key Facts: Infrastructure

- The Regional Hospital will accommodate 300-450 beds.
- The hospital will have Accident & Emergency Department, General Wards (and adjunctive areas) with capacity for Isolation, Labour and Delivery wards, Special Care Nursery, Neonatal Intensive Care Unit, Operating theatres with Recovery Room, Intensive Care Unit, Radiology Department, Laboratory, Pharmacy, Outpatient Clinics, Physiotherapy Department, Specialist procedure rooms, Dialysis Unit, Chemotherapy Unit, Morgue, Blood Collection, Processing and Storage site.
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance department, Cafeteria, Accommodation and rest areas for staff.
- Ambulance service must be in place.



## TYPE A HOSPITALS

There are three recognized Type A facilities in the country: University Hospital of the West Indies (UHWI), Kingston Public Hospital (KPH) and Cornwall Regional Hospital (CRH). The UHWI is a semiprivate facility and is governed by a Board of Management. The CRH is under the management of the Western Regional Health Authority (WRHA) and the KPH is under the management of the South-East Regional Health Authority (SERHA). These centres offer more specialized or advanced tertiary care and are the major referral centres for the island and are the main institutions of training in Medicine and related fields.

The Type A hospital provides the services provided by the Regional Hospital and in addition provides subspecialties that cater to a larger population outside of the region. These services are in sufficient demand to be provided in the country, but the resources needed does not allow them to be provided in all regions. The provision of these services requires some specialized skills and equipment that in some cases are not widely available and in other cases is not cost effective to procure and maintain at several points of care. The concentration of these services in the Type A centres allow for the maximal development of these services through a concentration of both human and infrastructural resources.

These services are strategically placed at the western and eastern ends of the island thus minimizing major movement of patients that is inconvenient and does not auger well for the healing process, as the family and community support plays a vital therapeutic role. A referral system is in place, but requires enhancement, to ensure timely appropriate access to the Type A facility. The allocation of services will be reviewed periodically to ensure that the planning of services match the demands of the population.

The UHWI and the CRH offer a full range of services covering the major specialties and their subspecialties. The KPH, however, does not provide Paediatric or OBGYN or Cardiothoracic services. These are offered at the BHC, VJH and the NCH respectively. These hospitals are considered specialist hospitals. The Type A hospitals cater to the needs of the surrounding communities, accept referrals from within the region and from across the island for more specialized interventions.

In the southeast region, the Kingston Public Hospital, National Chest Hospital, Victoria Jubilee Hospital and Bustamante Hospital for Children in combination provides all the Type A services offered at the UHWI and CRH. In the Western Region, Type A services will now be split between the CRH and the WCAH.

In the planning for services to be offered at the KPH, VJH and NCH hospitals, the services are located at the present hospital sites. With future expansion, the services can be relocated to



other facilities taking the physician staff with it as will take place at the CRH to staff the WCAH. Some services may remain shared between facilities. The KPH and VJH are physically located on the same compound. Anesthesiology is shared and the cadre is listed under KPH cadre of staff. The support for these services by other groups of health care professionals, however, may be provided in the particular hospital for the most part.

## KINGSTON PUBLIC HOSPITAL



The Kingston Public Hospital offers 25 specialties and is a main referral centre for the surgical and medical sub specialized areas and for cases that require a coordination of care between services. The expansion of services is limited by space. It is considered the trauma centre for the country because of the large number of trauma patients seen. However, the development of multidisciplinary trauma teams that is the main feature of trauma centres worldwide has not been advanced. The St. Joseph's Hospital has been placed under SERHA's management, effective April 2022. This will serve as a site for expansion of KPH services. This will allow for build out of the Oncology and Nephrology services at this facility and provide more space for expansion of other services at KPH. The National Chest Hospital also accommodates some of the services of the KPH and this hospital must also be looked at as providing additional capacity routinely and in times of surges.



## Key Facts: Clinical Services

- The KPH will offer 25 specialties and subspecialties including Dentistry.
- Internal Medicine and sub-specialties of Internal Medicine are to be offered. These are Nephrology, Cardiology, Haematology/Oncology, Gastroenterology, Neurology, Infectious Diseases, Rheumatology, Endocrinology, Radiation Oncology, Critical Care
- General Surgery and sub-specialties of surgery are to be offered. These are Orthopedics, Urology, ENT, Ophthalmology, Plastic Surgery, Facio-Maxillary surgery, Neurosurgery.
- Psychiatry and Psychology services are to be offered.
- Supporting clinical specialties will be Anaesthetics, Emergency Medicine, Radiology and Pathology.
- Clinical services will be supported in all areas by Physician and Nursing teams. More specialist nurses will be required to support critical areas.
- Other services to be provided are Laboratory services, Physiotherapy services, Pharmacy services, Dietetics services, Social work services.
- The hospitals will be able to support undergraduate and post graduate training in medicine, nursing and other areas allied to health.
- The large numbers of clients seen for emergency interventions, outpatient and in-patient services require larger numbers of human resources in each area of service.
- The KPH is a major referral facility for the country. It provides tertiary level care that provides opportunity for multidisciplinary management of complex problems.
- The KPH campus will expand to include the St. Joseph's Hospital facility.

These hospitals require complex infrastructure and equipment to provide the level of service.

## Key Facts: Infrastructure

- The Type A Hospital will accommodate 400 - 500 beds.
- The hospital will have Accident & Emergency Department, General and Specialist wards (and adjunctive areas for specialist interventions) with capacity for Isolation, Adult High Dependency and Intensive Care Unit, Major, Minor and specialized Operating theatres with Recovery Room, Radiology Department, Radiotherapy Department, Laboratory, Pharmacy, Outpatient Clinics with infrastructure for specialties, Physiotherapy Department, Specialist procedure rooms, Dialysis Unit, Chemotherapy Unit, Morgue
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance department, Cafeteria, Accommodation and rest areas for staff, teaching facilities.
- Ambulance service must be in place.

## CORNWALL REGIONAL HOSPITAL



The Cornwall Regional Hospital is a Type A Hospital and provides services to the Western region as a regional hospital. In addition, it will provide referral services for 14 additional sub-specialties and integrated management of complicated illnesses across specialties to the population particularly in the Western and North-Eastern Parishes but also to the Southern parishes. Paediatric services will be split from this hospital and move to the WCAH. Some shared services will remain.

The infrastructure development at the CRH will provide a new hospital facility and several upgrades are slated for the new Cornwall Regional Hospital building. New services will be introduced and existing services are to be expanded at the facility.

### Key Facts: Clinical Services

- The CRH will offer 31 specialties and subspecialties including Dentistry.
- Internal Medicine and sub-specialties of Internal Medicine are to be offered. These are Nephrology, Cardiology, Haematology/Oncology, Gastroenterology, Neurology, Infectious Diseases, Pulmonology, Rheumatology, Radiation Oncology, Critical Care, Dermatology.
- General Surgery and sub-specialties of surgery are to be offered. These are Orthopedics, Urology, ENT, Ophthalmology, Plastic Surgery, Facio-Maxillary surgery, Neurosurgery, Cardiothoracic surgery.
- Obstetrics and Gynaecology and sub-specialties of Gynaecology and Obstetrics are to be offered. These are Gyne-Oncology and Feto-Maternal Medicine.
- Psychiatry and Psychology services are to be offered.



- Supporting clinical specialties will be Anaesthetics, Emergency Medicine, Radiology and Pathology and Microbiology.
- Clinical services will be supported in all areas by Physician and Nursing teams. More specialist nurses will be required to support critical areas.
- Other services to be provided are Laboratory services, Physiotherapy services, Pharmacy services, Dietetics services, Social work services.
- The hospitals will be able to support undergraduate and post graduate training in medicine, nursing and other areas allied to health.
- The large numbers of clients seen for emergency interventions, outpatient and in-patient services require larger numbers of human resources in each area of service.
- The CRH is a major referral facility for the country. It provides tertiary level care that provides opportunity for multidisciplinary management of complex problems.
- The CRH and WCAH will share one campus and will have shared services across many specialties.
- Complex cases are managed at these facilities and the required skillsets, equipment and infrastructure are needed.
- The large numbers of clients seen for emergency interventions, referrals, outpatient, and in-patient services require larger numbers of physicians in each service.

These hospitals require complex infrastructure and equipment to provide the level of service.

### Key Facts: Infrastructure

- The Type A Hospital will accommodate 400 - 500 beds.
- The hospital will have Accident & Emergency Department, General and Specialist Wards (and adjunctive areas for specialist interventions) with capacity for Isolation, Adult High Dependency and Intensive Care Unit, Labour and Delivery suites, Major, Minor and specialized Operating theatres with Recovery Room, Radiology Department, Radiotherapy, Laboratory, Pharmacy, Outpatient Clinics with infrastructure for specialties, Physiotherapy Department, Cardiology procedure rooms, Dialysis Unit, Chemotherapy suite, Morgue
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance department, Cafeteria, Accommodation and rest areas for staff and teaching facilities.
- Ambulance service must be in place.

## SPECIALIST HOSPITALS

### BUSTAMANTE HOSPITAL FOR CHILDREN (TERTIARY FACILITY FOR PEDIATRICS)



The Bustamante Hospital for Children (BHC) has the distinction of being the only specialist paediatric hospital in the English-Speaking Caribbean at this time. With a bed capacity of 279, this institution caters to patients from birth to 12 years, providing a comprehensive range of diagnostic, preventive, curative, rehabilitative and ambulatory services in paediatric medical and surgical specialties and sub-specialties. The proposed upgrade of the hospital will see the development of new subspecialties.

The hospital caters to not only patients from across Jamaica, but other neighbouring Caribbean countries. The facility was formally a British Military Hospital but was given to the Jamaican Government as a 'good will' gesture on the achievement of Jamaica's Independence on November 6, 1962. The paediatric ward from the KPH was then moved to the site.

The Bustamante Hospital for Children offers a wide range of paediatric specialty services and serves the entire island for specialist paediatric care. With the development of the Western Child and Adolescent Hospital in the western region, it is expected that the St. James facility will offer some subspecialty services in paediatrics thus making these services more accessible.

#### Key Facts: Clinical Services

- The BHC will offer 25 specialties and subspecialties including Dentistry.
- Paediatric Medicine and sub-specialties of Paediatric Medicine and Internal Medicine catering to the Paediatric population are to be offered. These are Nephrology,



Cardiology, Haematology/Oncology, Gastroenterology, Neurology, Infectious Diseases, Pulmonology, Rheumatology, Endocrinology, Dermatology.

- Paediatric Surgery and sub-specialties of Paediatric surgery and General Surgery catering to the Paediatric population are to be offered. These are Orthopedics, Urology, ENT, Ophthalmology, Plastic Surgery, Neurosurgery, Cardiothoracic surgery.
- Child Psychiatry and Psychology services are to be offered.
- Supporting clinical specialties will be Anaesthetics, Emergency Medicine, Radiology and Pathology.
- Clinical services will be supported in all areas by Physician and Nursing teams. More specialist nurses will be required to support critical areas.
- Other services to be provided are Laboratory services, Physiotherapy services, Pharmacy services, Dietetics services, Social work services.
- The hospitals will be able to support undergraduate and post graduate training in medicine, nursing and other areas allied to health.
- The BHC is a major paediatric referral facility for the country. It provides tertiary level care that provides opportunity for multidisciplinary management of complex problems.
- Complex cases are managed at this facility and the required skillsets, equipment and infrastructure are needed.

These hospitals require complex infrastructure and equipment in order to provide the level of service.

### Key Facts: Infrastructure

- The hospital will accommodate 400 - 500 beds.
- The hospital will have Accident & Emergency Department, General and Specialist Wards (and adjunctive areas for specialist interventions) with capacity for Isolation, Paediatric High Dependency and Intensive Care Unit, Special Care Nursery, Major, Minor and specialized Operating theatres with Recovery Room, Radiology Department, Laboratory, Pharmacy, Outpatient Clinics, Physiotherapy Department, Cardiology procedure rooms, Morgue
- The hospital has a Cardiac Unit that comprises Operating Theatres, Intervention suite and Cardiac Intensive Care Unit.
- There will also be space for accommodating overnight stay of parents.
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance department, Cafeteria, Accommodation and rest areas for staff.
- Ambulance service must be in place.

## WESTERN CHILDREN AND ADOLESCENTS HOSPITAL



This hospital is expected to provide service in 2025. The paediatric and adolescent services, presently offered at the CRH, will be expanded and enhanced on completion of the Western Children and Adolescents Hospital. All the services are not distinctly separated currently at the CRH; the adolescent population is served by both paediatric and adult services. Over time, a wider range of services will be introduced at the WCAH to complement the range of paediatric services provided at the Bustamante Hospital for Children in the South-East Region.

### Key Facts: Clinical Services

- The WCAH will offer Paediatric and Adolescent Medicine, Paediatric and Adolescent Surgery and Child and Adolescent Psychiatry.
- The WCAH will be a major referral facility for the country. It will provide tertiary level care that provides opportunity for multidisciplinary management of complex problems.
- The CRH and WCAH will share one campus and will have shared services across many specialties.
- The WCAH paediatric medicine and paediatric surgery services will also provide services in Paediatric Oncology, Paediatric Nephrology, Paediatric Cardiology and Paediatric Urology, Neonatal surgery.
- Child and Adolescent Psychiatry will be offered.
- Other clinical specialties will be shared with the CRH.
- The WCAH will also build out over time Adolescent services including Adolescent Mental Health services.



- There will be a Paediatric and Adolescent Emergency Department.
- Supporting clinical specialties of Anaesthetics, Radiology and Pathology will be shared with CRH.
- Clinical services will be supported in all areas by Physician and Nursing teams. More specialist nurses will be required to support critical areas.
- Other services to be provided are Laboratory services, Physiotherapy services, Pharmacy services, Dietetics services, Psychology and Social work services. These services will be shared with the CRH.
- The hospitals will be able to support undergraduate and post graduate training in medicine, nursing and other areas allied to health.

These hospitals require complex infrastructure and equipment in order to provide the level of service.

### Key Facts: Infrastructure

- The children's hospital will accommodate 220 beds.
- The hospital will have Accident & Emergency Department (Paediatric), General Wards (and adjunctive areas for specialist interventions) with capacity for Isolation, Paediatric High Dependency and Intensive Care Unit, Major, Minor and specialized Operating theatres with Recovery Room, Radiology Department, Laboratory, Pharmacy, Outpatient Clinics
- The hospital will have Administrative Offices.
- Ambulance service must be in place.

## VICTORIA JUBILEE HOSPITAL



Victoria Jubilee Hospital is the only specialist Obstetrics and Gynaecology (O&G) hospital in the island. The development of the subspecialties of O&G is envisioned for this hospital which will set it apart from the other hospitals offering O&G services. The infrastructure work needs to accompany the build out of the required staff.

### Key Facts: Clinical Services

- The VJH is a specialist Obstetrics & Gynaecology Hospital that also has Neonatology services.
- The hospital will offer general Obstetrics and Gynaecology services and 3 main subspecialties of Foetal-Maternal medicine, Gynae-Oncology and Reproductive Endocrinology.
- Inpatient services include Antenatal, Postnatal, Labour and Delivery, Gynaecology, Gynae-Oncology.
- Out-patient services include antenatal (include high risk clinics managed by the Feto-maternal specialists and a clinic for teens ) and postnatal clinics, Family Planning Clinics (include Adolescent Clinic), Gynecology (include clinic for early pregnancy loss) and Gyne- Oncology clinics ( including Colposcopy) , Paediatric clinic.
- The VJH is a major referral facility for the country. It provides tertiary level care that provides opportunity for multidisciplinary management of complex problems.



- Complex cases are managed at these facilities and the required skillsets, equipment and infrastructure are needed.

These hospitals require complex infrastructure and equipment to provide the level of service.

### **Key Facts: Infrastructure**

- The hospital will have emergency unit, antenatal, postnatal wards and Labour and Delivery suites, General Gynaecology and Oncology Wards, High Dependency Unit, Neonatal Intensive Care Unit, Special Care Nursery, Ambulatory care ward. Major, Minor and specialized Operating theatres with Recovery Room, adequate space for Outpatient Clinics and the services provided including procedure rooms, Family Planning Unit. There should be capacity for isolation.
- Radiology Department, Laboratory, Pharmacy, Physiotherapy Department, Morgue are shared with the KPH.
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Cafeteria, Accommodation and rest areas for staff.
- Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance department are shared with KPH.
- Ambulance service must be in place.

## NATIONAL CHEST HOSPITAL



National Chest Hospital is the home presently for Cardiothoracic and Pulmonology Services. It is a major referral centre for the management of Tuberculosis and other pulmonary disorders. Services such as Dermatology and Plastic Surgery as well as Cardiology that are based at the KPH utilize the space at the hospital because of limited space at the North Street facility. The operating theatres at this hospital are also utilized by the Sir John Golding Rehabilitation Centre. The hospital is ideal for future development for management of Infectious diseases, Interventional Cardiology and Adolescent Cardiology services. This will require an expansion of the existing infrastructure, support services and bed capacity.

### Key Facts: Clinical Services

- The NCH is a specialist Hospital that is the major referral centre for Thoracic and Cardiothoracic cases.
- The hospital will offer Pulmonology, Cardiology and Cardiothoracic Surgery services and will also have Anaesthesiology and Radiology services.
- Cardiology services are to commence at the National Chest Hospital especially to address the area of Adolescent Cardiology, but the service will be expanded over time.
- Dermatology has been housed at the National Chest Hospital for many years and the service will be established there.
- Supporting areas of Laboratory, Nutrition & Dietetics, Pharmacy, Physiotherapy are to be expanded to meet the needs of the hospital.
- Some services are shared with the Hope Institute and the Sir John Golding hospital and provisions are to be made for these expanded services, in particular, laboratory, radiology, pharmacy and dietetics.



- The Operating theatre is utilized routinely by the surgical services at National Chest Hospital, Sir John Golding Rehabilitation Centre and the Kingston Public Hospital. Consideration should be given to the building of additional operating theatre space to accommodate the existing need and for contingency planning.

### Key Facts: Infrastructure

- The hospital bed capacity should be expanded to 200 beds.
- The hospital will have male and female wards for Tuberculosis and male and female wards for thoracic medical and surgical cases.
- There will also be a ward to accommodate ambulatory cases for preparation and recovery.
- The hospital will have capacity for Standard Isolation, Negative pressure Isolation, Adult High Dependency, Bronchoscopy, Major, Minor and specialized Operating theatre suites with Recovery Room, Out Patient Clinics.
- The hospital will have Radiology Department, Laboratory, Pharmacy, Physiotherapy Department, Cardiology procedure rooms.
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance department, Cafeteria, Accommodation and rest areas for staff.
- Ambulance service must be in place.

## BELLEVUE HOSPITAL



The Bellevue Hospital will be upgraded to a Specialist Neuro-Psychiatric Hospital. It will serve the parishes of Kingston & St. Andrew as a General Psychiatric Hospital managing acutely ill and sub acutely ill clients, as well as patients who require specialized care. It will also receive referrals from other hospitals for sub-acute and specialist care.

The services at the Bellevue Hospital are to be expanded in keeping with a Mental Health Reform which will see the deinstitutionalization of the Bellevue Hospital and its conversion into a tertiary-level Psychiatric Hospital. It is proposed that the new hospital will provide General and Specialist Psychiatric care, including Psychiatric Intensive care, Neuropsychiatry, Addiction Psychiatry, and Forensic Psychiatry.

**The plans are currently being developed.**



## HOPE INSTITUTE



The Hope Institute Hospital is a 40-bed specialist oncology and palliative care unit. The services offered include in-patient and out-patient care in Oncology ( including administration of Chemotherapy) and Palliative Care. Patients are admitted for symptom control, respite care and terminal care.

The staff assigned at the Hope Institute also see clients at the NCH and KPH. Ward referrals are seen at National Chest Hospital and Kingston Public Hospital, and consultations are also given by phone to other hospitals if patients are unable to come to clinic. The Hope Institute team also provides outpatient oncology and palliative care services at Kingston Public Hospital and Victoria Jubilee Hospital and the National Chest Hospital.

### Key Facts: Clinical Services

- The HI is a specialist Oncology and Palliative Care Unit.
- The services offered are;
  - » In-patient oncology and palliative care
  - » Outpatient Clinics for Chemotherapy and Palliative care
  - » Consultation services to the National Chest Hospital, Kingston Public Hospital and Victoria Jubilee Hospital for referrals and follow up care.
- The hospital will share Physiotherapy, Clinical Psychology, Social Work and Occupational Therapy services with the Sir John Golding Rehabilitation Centre and this must be appropriately resourced to maintain this support.
- The hospital will utilize the Radiology Department, Laboratory and Pharmacy services at the National Chest Hospital and these must be appropriately resourced to maintain this support.

## Key Facts: Infrastructure

- The hospital bed capacity is 24 beds with a 12-bed male ward and a 12 bed female ward. There are, additionally, 10 beds that serve for overflow or isolation.
- The hospital has an out-outpatient department that hosts palliative care clinics and chemotherapy sessions. This space can be expanded to reduce the waiting time to chemotherapy.
- Facilities for safe storage, preparation and administration of chemotherapeutic agents are to be in place.
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance department, Cafeteria, Accommodation and rest areas for staff.
- Ambulance and Multi-patient transfer services must be in place to transfer patients to services at other facilities.



## SIR JOHN GOLDING REHABILITATION CENTRE



Formerly known as the Mona Rehabilitation Centre, the SJGRC is the second rehabilitation centre in the English-speaking Caribbean. Clients are not only from Jamaica but from other Caribbean territories. The hospital was formerly a 120-bed facility but now has been downsized and caters mainly to patients with spinal cord injuries. However, to cater for the change in needs of the population, more consideration must be given to neurorehabilitation for clients with complications of chronic non-communicable diseases such as strokes.

There is an adult ward and a pediatric ward with a combined total of 70 beds. There is also a private hostel called the Athlone Wing, which houses children with disabilities giving them the opportunity to stay and attend schools in the area.

### Key Facts: Clinical Services

- The SJGRC is a specialist rehabilitative Hospital and a major referral facility for the country.
- The hospital will offer:
  - » Neuro rehabilitation for spinal cord injuries, Cerebrovascular accidents (Strokes), and other motor disorders e.g. Cerebral Palsy
  - » Lower limb prosthetics assessment and management
  - » Special shoes for clubfoot assessment
  - » Wound care for patients admitted with bedsores.
  - » Disability sports (Paralympics) evaluation of athletes
- Services will include Physiotherapy, Clinical Psychology, Social Work, Occupational therapy and Speech therapy.
- Complex cases are managed at these facilities and the required skillsets, equipment and infrastructure are needed.

## Key Facts: Infrastructure

- The hospital will have General Adult and pediatric wards that will house 70 in-patients.
- The hospital will have a Physiotherapy Department, Occupational Therapy Department, Social Work Department, Speech Therapy Department and a Clinical psychology department.
- Laboratory and Radiology services are expected to be shared with expanded services at the National Chest Hospital.
- Operating theatre time is at the National Chest Hospital.
- The hospital will have Administrative Offices, Clinical Offices, Medical Records Department, Laundry, Central Sterilization and Sorting Department, Dietary Services, General Stores, Waste Management, Maintenance Department, Cafeteria, Accommodation and rest areas for staff.
- Ambulance service must be located at the hospital to facilitate utilization of shared services at other hospitals.



## CONCLUSION

The Secondary Care Model outlines the range of clinical services that will be offered in the public hospital system. To support these services there are several supporting and paramedical services eg. Nursing and Midwifery, Radiography, Laboratory, Physiotherapy, Pharmacy, Nutrition and Dietetics, Social work, Information Systems, Laundry, Sterilization that are a necessary part of diagnosing and treating medical conditions and providing care and support. In addition, to ensure proper management, coordination of these services, infrastructure and human resources; adequate management and supervisory staff must be in place.

This document in providing the scope of services for public hospitals, documenting the levels and services of each hospital and providing a framework for the size and capacity of the hospital, is to be used to plan infrastructure, equipment and human resource needs. It must also be used as a basis for monitoring the outputs of the hospitals by ensuring efficiency in use of resources and ensuring that for the provisions made, quality of care is optimized.

The document also provides a foundation for further improvement and enhancement of services and should be reviewed periodically to ensure continued relevance to the prevailing needs of the population.















MINISTRY OF  
**HEALTH &  
WELLNESS**

[www.moh.gov.jm](http://www.moh.gov.jm)

[f](#) [@](#) [v](#) [t](#) @themohwgovjm

Town  
Hospital

