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Title: "No bed syndrome" in Ghanaian health facilities: time to walk the talk!!!

In 2018, a new terminology emerged in the Ghanaian society labelled as "no bed syndrome" to describe the phenomenon of lack of beds in hospitals for new patients, particularly in the emergency department. The phenomenon seems to have been in existence for a while, albeit latent, until it was implicated in the death of a 70-year-old man; a sad event which occurred following several failed attempts to secure admission. Although the incident caused an uproar in the Ghanaian society, it seems little progress has been made towards its resolution and anecdotal evidence suggest that the situation is persisting. In this blog, the author seeks to highlight the problem and suggest potential strategies that can be employed.

So far, the phenomenon of "no bed syndrome" seems to be accentuated in tertiary or specialist facilities in the cities with more resourced emergency department facilities. The phenomenon demonstrates an imbalance in the Ghanaian healthcare system, and further raises the question of whether the provision of hospital beds will address the challenge. Healthcare systems are built on several interconnected blocks including availability of healthcare workforce; information, communication, and technology systems; availability of physical structure and corresponding items; innovative healthcare financing measures; management, leadership, and governance structures. The absence of any of these building blocks will cause a lapse or deficiency.

The Ghanaian healthcare system is structured into levels commencing from the periphery (such as health centres) to the tertiary level (teaching hospitals). Often a patient's need will dictate the type of service required, with opportunities to refer as and when required. It is often during this process of moving a patient to higher facility levels that the issue of "no bed" emerges at the receiving end. Lower-level facilities may have the expertise but lack the structures required to meet the patients' needs; or lack both resources altogether which makes it even more imperative to refer to the next level within the available window of opportunity. As of 2017 , there were approximately 25,950 hospital beds nationwide. Recently, it has been reported that there is a total of 113 adult and 36 paediatric intensive care beds for a population of 30 million (representing 0.5 ICU beds per 100,000 people). Evidently, the government needs to ensure that the healthcare facilities are well-resourced with enough beds to receive patients irrespective of the time of the day. Beyond the provision of beds, there may be other strategies that can be considered.

Firstly, there is a need to work towards achieving shorter hospital stays where possible with active/ structured follow-up services post discharge. The hospital environment may not be the best setting to facilitate recuperation; in fact, the home environment with adequate social support is. Patients in tertiary healthcare facilities may stay longer due to factors such as delayed laboratory investigations, delayed medical reviews, financial constraints, and fragmented services. If these issues are resolved, it is possible to attain shorter hospital stay. Following discharge, structured home/ community-based support should be offered on an ongoing manner to minimize or prevent readmissions and other adverse events. Although this may seemingly raise additional work, can lead to a significant reduction in the number of in-patient hospital service utilization.

Evidence to support how the re-organization or re-structuring can be attained is urgently needed to achieve a context-specific design. Policies that can support the delivery of such services are also required, otherwise, implementation will be challenging.

In the current era of advanced technology, telemedicine and telehealth play indispensable roles in healthcare. A well-developed telehealth system is likely to facilitate knowledge sharing between the tertiary/ specialist facilities and those at the periphery to ensure that patients continue to receive care till beds are available for their admission. In addition to this, communication should be enhanced across settings with improved, and well-coordinated referral system. Ongoing training and continuous professional development is significant to strengthen skills particularly among staff at the periphery. A notable success story in this regard is the Ghana Telemedicine project spearheaded by the Novartis Foundation and piloted in the Amansie West District of the Ashanti Region, Ghana in 2011. The teleconsultation services enabled community health workers to manage emergency cases and avoided unnecessary referrals.

In conclusion, it is evident that it is time to break the “siloes” of hospital care and consider a more innovative approach to resolving the “no bed syndrome”. In 2018, it was a 70-year-old man who died, no one has an idea whose relative may be next in line to experience such lapse in our healthcare system. It is time to put our talk into action to resolve this issue and strengthen the healthcare delivery system in the country.