ASSOCIATION OF HEALTH SERVICE ADMINISTRATORS, GHANA (AHSAG)

PRESS STATEMENT BY THE ASSOCIATION OF HEALTH SERVICE ADMINISTRATORS – GHANA ON THE "NO BED" SYNDROME IN THE HEALTH SECTOR OF GHANA

Introduction

The recent unfortunate demise of Mr. Anthony Opoku-Acheampon, who is alleged to have struggled but failed to find care in seven hospitals, has generated a national discourse on the urgent need to find solution to the "No Bed Syndrome" especially in the public and quasi-government health facilities. The incident has irked emotions and attracted outrage, rightly so, from the family, civil society organisations, state institutions and the generality of Ghanaians. What is more worrying is that such unfortunate incidents are often experienced during critical times of emergencies.

The afore-mentioned concerns and disappointments have brought to the fore, the need to examine the issue extensively and dispassionately in order to identify the root causes of this menace and proffer the appropriate remedies to comprehensively address this challenge that tend to dent the corporate image of the public health facilities.

We, the Association of Health Service Administrators, Ghana (AHSAG), wish to add our voice to the on-going discourse on such a critical national issue that continues to negatively impact on the quality of healthcare delivery in this country.

The Association notes that the standard practice in emergency patient reception in Hospitals is not primarily determined by the availability of beds. The paramount concern of health professionals under such situations is, as a matter of policy of the MOH and the GHS, to stabilize the emergency case and refer to the next level for care to continue.

AHSAG therefore recommends and backs full-scale investigations into the unfortunate demise of Mr. Anthony Opoku-Acheampon to establish the veracity or otherwise of a deliberate refusal by any staff in those seven hospitals that denied health care to the deceased.

The following key concerns, in our view, largely account for the current state of "non-availability of beds" in some of our health facilities across the country.

1. Low Hospital Beds to Population Ratio in Ghana

The World Health Organisation's standard indicator of hospital beds per population ratio for each country is estimated at 5 beds per 1,000 population. This indicator is primarily meant to ensure that governments invest more in health care infrastructure and by extension, increase the number of hospital beds for improved access to quality health care. In the last publication of the WHO in 2014 on "World Health Statistics", Ghana scored 0.9 beds per 1,000 population. This statistic means that Ghana has only 18% of the desired bed complement in its health facilities, which is indicative of a catastrophic and unpardonable bed deficit in our health sector. It is our conviction that, the current challenge of 'No bed syndrome' could primarily be linked to the deficits in the number of beds available to the population, especially in times of emergencies.

It is therefore our recommendation that, Government and other stakeholders in the health care delivery system should urgently step up efforts in improving our health infrastructure and prioritising the supply of more patient beds to existing health facilities. It is to be noted that a good number of beds in our health facilities are currently broken down beyond repairs whiles others are simply obsolete and require replacement.

We also wish to urge the Government to operationalize the new health facilities that have been constructed in recent times to take some of the undue pressure on the existing facilities whilst efforts are being made to speed up the completion of other hospitals under construction.

2. Challenges with Bed Management in Health Facilities

In spite of the deficit in the population to bed ratio in Ghana and many other countries in the sub-region, it is crucial for the available beds to be efficiently managed to prevent situations where facilities might run out of beds in times of emergencies. Research evidence in other jurisdictions have shown that, the shortage of beds during emergencies is sometimes attributable to internal inefficiencies in the management of bed resources in hospitals.

This situation could be as a result of several factors: delayed reporting to health facilities and severely poor health conditions of patients in health facilities which results in unusual length of stay; shortage of clinicians, particularly doctors which delays reviews and discharges from wards; restriction of emergency care to only emergency wards of hospitals; deliberate refusal of staff, in some instances, in declaring vacant beds for reasons best known to them, among others.

The Association wishes to further recommend that public health practitioners should step up their game to get the populace to understand and comply with early reporting to health facilities. Whilst the Association appreciates the current budgetary constraints regarding employment in the public sector, we wish to urge the government to urgently give clearance to the engagement of critical health staff, particularly clinical staff and managerial staff, to ensure prompt attention to patients and also enhance adequate supervision.

We further urge the Ministry of Health and the Ghana Health Service to jointly establish a policy for all public hospitals to hold a minimal numbers of beds in other wards, beyond emergency wards, for emergency purposes.

3. Weak Emergency Referral System

A strong and efficient medical emergency management system has a direct bearing on positive health outcomes from referrals. This strong system is underpinned by three cardinal things; a reliable emergency transport or ambulance service, a strong emergency communication architecture that links facilities, service providers and the community/individual, and strong adherence to a referral gate keeper system.

It is noteworthy that general weaknesses, however, exist in all three facets. At present, it is reported that the National Ambulance Service has only fifty-five serviceable ambulances to serve a population of nearly 29 million. This is woefully inadequate and a blot on our emergency care system.

Moreover, the country currently cannot boast of any meaningful coherent and efficient centralised national emergency communication system that facilitates smooth communication between health facilities, health care providers and individuals at the community level on such critical matters with respect to the availability of beds, requisite personnel and logistics. Furthermore, the total breakdown in the adherence to the referral gatekeeper system by lower level facilities and individual clients has compounded this national challenge and overwhelmed the bigger facilities, particularly those in the urban areas. Whilst this may be abhorrent, the poor and weak human resource, equipment and logistical challenges in these lower level facilities could partly account for the lack of patronage.

As an Association, we wish to humbly implore the Government and other stakeholders to expedite the procurement of an Ambulance for each constituency as planned, to beef up the strength of the current fleet which is woefully inadequate. It must be added that to avert the current maintenance challenges facing the National Ambulance Service, a dedicated source of funding must be found for the Service to guarantee sustainable funding of its operational activities instead of the reliance on annual budgetary allocations.

There is also the need to revisit the institutional ambulance system that hitherto existed to facilitate easy inter-facility referrals. Hospitals should also be supported with ambulances as back up to the National Ambulance Service fleet.

The Association further recommends the development of a comprehensive and coherent emergency health care communication system and infrastructure that support a seamless communication interface between individual citizens, health care providers and institutions. This could start with the development of regional emergency healthcare telephone directories that capture a unique hotline for each region and key emergency health staff in all facilities. Ultimately, these directories should be linked to a national call centre manned by persons with the requisite wits and authority to call any errant facility manager and staff to order.

We would also like to suggest the development of Regional Telephone Directories for emergency referrals which should be updated bi-annually to facilitate contacts between health facilities in enquiring about the availability of beds, personnel and logistics to receive intended emergency referrals.

4. Customer Care Challenges in Health Facilities

Modern Health Service delivery requires the employment of business principles in handling the most important people to the health institutions; the patients (clients or customers). In the wake of dwindling funding to health facilities, institutional managers and staff have come to the realisation that the only reliable source of sustaining our institutions is through the maximisation of our Internally Generated Funds, which is primarily raised from fees paid by patients who patronise our facilities. Whilst we cannot discount the likely existence of some poor attitudinal issues in the current incident, it would be foolhardy for any person conscious of the value of our patients to deliberately refuse to attend to a client under any circumstance without just cause. It is in this realisation of the centrality of the patient to institutional survival that the Ghana Health Service since 2008 has embarked on a rigorous customer care training for all staff of the Service.

The Association would like to use this opportunity to urge all health managers and workers to continue to implement the knowledge and skills acquired through these trainings by exhibiting the highest standards of professionalism, creativity and sensitivity in handling clients (patients) who come to our facilities for care whether in emergency situations or ordinary cases.

The Association would further urge the government to begin a national dialogue on the need to reconsider the management structure of public health facilities to ensure that the requisite managerial personnel, trained for the purpose, are so empowered to do their work with a business sense without undue interference. This will create room for the enforcement of discipline and accountability mechanisms across professions at all levels. Discipline underpins every successful endeavour.

5. Lack of Hospice and Geriatric Services in Ghana

The provision of Hospice and Geriatric services to the elderly is widely practiced in the advanced jurisdictions and this has contributed immensely to their life expectancy. In the developing world however, the concept has not gotten the needed attention and prioritisation among policy makers in the health sector as well as private health care practitioners.

Given the age of the case under reference, the existence of a Hospice or Geriatric Centre/ Hospital could have perhaps played a part in managing his condition earlier or during the time of emergency.

In rolling out more health facilities in Ghana, it is the position of the Association that policy makers should give some level of attention to establishing specialised institutions to take

special care of the aged in the near future, especially in our major cities which are densely populated. The health needs of such a cohort of our clientele will be best catered for if such institutions are established and specific structures put up in some of our major hospitals to focus on care for the elderly.

In line with the government's current policy of public-private participation, Private Healthcare Practitioners could also be encouraged and licensed to set up such institutions to reach out to our aged people who usually will have to compete with the younger age groups for the same services in our health facilities.

6. Staffing, Logistical Constraints and Inadequate Emergency Preparedness

Health care emergency systems globally are underpinned by improved staff capacities (numbers and competencies), availability of critical lifesaving equipment and logistics and generally preparedness to receive and manage emergencies at all times.

However, it has been observed in our part of the world and in Ghana's health system in particular that, we have weaknesses in these critical areas. Our staffing numbers are still inadequate with only a hand full of trained critical care nurses and Emergency Physicians to attend to emergencies. Many facilities lack the requisite lifesaving equipment and sometimes even run out of critical logistics and medicines due to NHIS reimbursement challenges. Overall, we still have deficits in our emergency preparedness in our quest to build a robust health system responsive to the needs of our people.

AHSAG recommends that rather than continue to offer generic training to health workers, the focus should turn to more specialised trainings, particularly emergency care by purposively offering study leave with pay and sponsored trainings to staff and persons who show interest and are committed to practicing their acquired knowledge.

Moreover, continuous in-service training at facility levels on emergency preparedness should be prioritised by facility managers whiles efforts are made by Government to equip every hospital with the requisite modern emergency care equipment to adequately manage emergencies.

It has been observed lately that there has been a relative improvement in the payment of NHIS Claims to health facilities, we would urge the NHIA to do better by ensuring regular releases of funds to health facilities to prepare for emergencies.

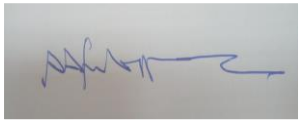
We further urge Government to ensure equitable distribution of health infrastructure and staff throughout the country.

Conclusion

In conclusion, the Association acknowledges the efforts of all stakeholders in the health sector over the years in developing the health sector. In addressing the current issue of "No bed Syndrome" in our country, we need to consider the issues that possibly contribute to this phenomenon from a broader perspective and be open-minded and receptive to the

various suggestions that have come up and may come up to help eliminate the “No bed syndrome” in our health sector as part of efforts to building a robust and efficient health system that is responsive. The Association joins the several calls for a thorough investigation into this national issues to unravel the mysteries surrounding the syndrome so as to appropriately inform policy and strategy. We must together build an emergency health system that will respond to our individual and collective needs. Health emergencies are health emergencies, their choices/victims are random.

AHSAG is willing to participate in the ongoing discourse on the No Bed Syndrome. For further engagement, kindly call ***Mr. Fred Effah Yeboah, National President on 0244924696*** or ***Mr. Abulais Yaro Haruna, PRO on 0209110514.***



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