

The Bed Crunch: A Systems Perspective

By Dr Jeremy Lim, Editorial Board Member

The bed crunch Singapore is currently facing has attracted alarming media coverage with prominence given to anecdotal accounts of patients waiting hours in the Emergency Departments of public hospitals, with some even being forced to turn to private hospitals for urgent medical attention. What can and should be done?



The current bed crunch is a far cry from the sunny endorsement Minister Mentor Lee Kuan Yew gave in 2003 from London after Mrs Lee had suffered a stroke: “In Singapore, within half an hour, you would be in SGH (Singapore General Hospital), TTSH (Tan Tock Seng Hospital) ... and within one and a half to two hours flat, you'd know what went wrong.” (*Today, Nov 3, 2003*) While cyberspace has erupted with scathing criticism of our hospitals, the irony is that the acute hospitals are probably the strongest parts of our healthcare system; the jewels in the Singapore healthcare crown. Let me explain.

If we adopt a systems perspective of healthcare, it can be argued that the present bed crunch is not a failure of the acute hospitals but rather an indictment of our collective efforts in the other components of the healthcare system both upstream and downstream. Two examples: Singapore enjoys the dubious distinction of having the second highest incidence of kidney failure in the world due to poorly controlled diabetes. Secondly, the length of stay for hip fracture patients in the United States is 4.3 days but in Singapore, the length of stay can be as long as 10 to 15 days, a substantial difference.

What do these illustrate? Firstly, we can do much better as a country in keeping Singaporeans healthy and managing chronic diseases better. However, relative neglect (when compared to the attention and investment in tertiary services) has weakened primary care and resulted in

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worrying statistics such as half the diabetics in Singapore being undiagnosed and one quarter of known diabetics having poor levels of blood sugar control. The consequences of a weak primary care sector? Unnecessary burdening of the acute hospitals with complications of poorly controlled chronic diseases.

The second example is a pointed reminder of the paucity of downstream services (again due to relative inattention) which Prime Minister Lee had highlighted in last year's National Day Rally. The consequences of a weak intermediate and long-term care (ILTC) sector? Unnecessary burdening of the acute hospitals with patients that could and should be managed by community and home care services.

The need to strengthen the other parts of the healthcare system does not of course absolve the acute hospitals of all responsibility, and intra-hospital efficiencies

can be garnered. To relieve the bed crunch, one can conceptually do one of three things: increase the number of beds, turn around the beds more quickly or reduce the demand for beds.

The Fundamental Solution

The solution to the bed crunch is not flogging the workhorses of the Singapore healthcare system even harder. In systems thinking nomenclature, this would merely be a ‘symptomatic solution’ akin to aspirin for a headache. The ‘fundamental solution’ lies in augmenting the rest of the healthcare system. As PM Lee said, “We have to think about the whole system, provide the right treatment at the right place to patients with different needs.” Thankfully, there is recognition of this need and strenuous efforts are underway to bolster the ILTC sector and integrate seamlessly with the acute hospitals. Minister Khaw is also an ardent supporter of primary care and has constantly exhorted Singaporeans to embrace the practice of “One Singaporean, One Family Physician”.

While these multi-year efforts are underway, the acute hospitals have to rise to the occasion each time there is a surge in healthcare demand and do their utmost to ensure Singaporeans’ healthcare needs are met. Elective surgeries may need to be postponed, more beds cramped into existing wards, patients moved from one hospital to another and discharged at odd hours of the day. These stop-gap measures are unsatisfactory and one danger is over-emphasising the ‘symptomatic solution’ to the detriment of the ‘fundamental solution’ but there is no choice. Let us support the hospitals as best we can so that they can both deal with the current crisis and support longer term efforts to build up the rest of the system, including staffing the new acute hospitals, Khoo Teck Puat Hospital and Jurong General Hospital. Finally, heed the impact on morale; we as colleagues and consumers of healthcare need to spare a thought for the doctors, nurses and other hospital workers burning the candle at both ends. **SMA**



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