

Hospital activity

Hospital discharge rates – the number of patients who leave a hospital after staying at least one night – are a core indicator of hospital activity. Improving timely discharge of patients can help the flow of patients through a hospital, freeing up hospital beds and health worker time. Both premature and delayed discharges worsen health outcomes and increase costs: premature discharges can lead to costly readmissions; delayed discharges use up limited hospital resources.

On average across OECD countries, there were 130 hospital discharges per 1 000 population in 2021 (Figure 5.20). Rates were highest in Germany and Austria (over 200 per 1 000 population), and lowest in Mexico, Costa Rica, Chile, Canada, the Netherlands and Italy (fewer than 100 per 1 000 population). Among accession and partner countries, rates were also high in Bulgaria and China, and relatively low in Brazil.

In most OECD countries, the number of hospital discharges fell slightly between 2011 and 2019, with some of the largest reductions in countries where there were also large decreases in the number of beds (as in Estonia, Finland, Iceland, Luxembourg and Sweden). In contrast, hospital discharge rates increased substantially in Korea and Japan. Large increases were also observed in accession and partner countries Bulgaria and China. However, almost all countries experienced large reductions between 2019 and 2021. This reflected both redesigned hospital discharge policies to free up beds for COVID-19 patients and disrupted care for non-COVID-19 patients (OECD, 2021^[1]).

The average length of stay in hospital is an indicator of efficiency in health service delivery. All else being equal, a shorter stay reduces the cost per discharge, and shifts care from inpatient to less expensive settings. Longer stays can be a sign of poor care co-ordination, resulting in some patients waiting unnecessarily in hospital until rehabilitation or long-term care can be arranged. At the same time, some patients may be discharged too early, when staying in hospital longer might have improved their health outcomes or reduced the chances of readmission.

In 2021, the average length of stay in hospital was 7.7 days across 36 OECD countries with comparable data (Figure 5.21). Türkiye and Mexico had the shortest hospital stays (about 5 days or less on average); Korea and Japan the longest (averaging 16 days or over per patient). Since 2011, the average length of stay has decreased in most countries; the most significant declines occurred in Finland, New Zealand and Japan. The only country with a large increase was Korea, but this reflects in part an increase in the role of “long-term care hospitals”, whose function is similar to nursing homes or long-term care facilities.

Hospital payment methods may act as an incentive for how long hospitals keep patients. Prospective payment methods such as global budgets or those based on diagnosis-related groups provide a financial incentive to reduce the cost per hospitalisation, in contrast to payments based on procedure or service. Strengthening access to primary care and community care can reduce hospital stays. Countries such as the Netherlands, France and Norway have increased the capacity of intermediate care facilities and home-based care that can serve as alternatives to hospitals (OECD, 2017^[2]).

Alongside these two core indicators of overall hospital activity, use of emergency care services is an important measure of frontline hospital services. Across 25 OECD countries with available data, there were an average 27 emergency department (ED) visits per 100 people annually in 2021 (Figure 5.22). Emergency care use was particularly high in Portugal and Spain, at over 50 ED visits per 100 people. While EDs provide a critical service, high use can be indicative of inappropriate and inefficient healthcare – notably if many patients attend EDs for non-urgent conditions that could be better managed in primary and community care settings. While ED visits more often increased between 2011 and 2019 (increasing in 15 of 20 countries with time trend data), they fell for almost all countries between 2019 and 2021 due to COVID-19.

Definition and comparability

A discharge is defined as the release of a patient who has stayed at least one night in hospital. It includes deaths in hospital following inpatient care. Same-day discharges are excluded, with the exceptions of Chile, Japan and Norway, which include some same-day discharges. Healthy babies born in hospitals are excluded (or mostly excluded) from hospital discharge rates in several countries. These typically comprise around 3-10% of all discharges. Data for some countries do not cover all hospitals, or only cover curative/acute care, both of which result in some underestimation. Countries with these data exclusions are indicated with footnotes underneath the chart.

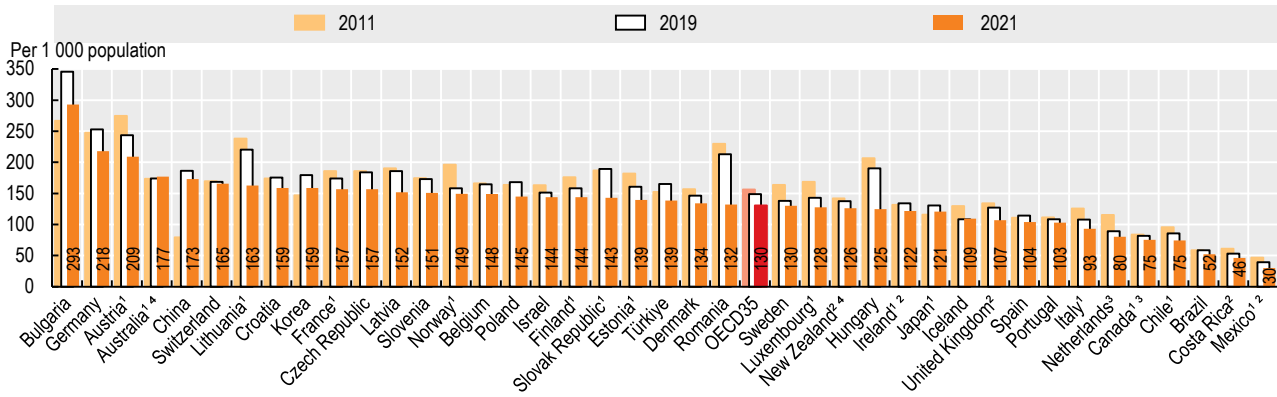
Average length of stay refers to the average number of days patients spend in hospital. It is generally measured by dividing the total number of days stayed by all inpatients during a year by the number of admissions or discharges. Day cases are usually excluded. Data cover all inpatient cases (including not only curative/acute care cases) for most countries, except in Canada, Japan and the Netherlands, where data refer to only curative/acute care or acute care hospitals (resulting in an underestimation). The exclusion of healthy babies born in hospitals from hospital discharge data in several countries results in a slight overestimation of the length of stay (for example, the inclusion of healthy newborns would reduce the average length of stay by 0.5 days in Canada).

ED visits comprise both ambulatory and inpatient visits.

References

- OECD (2021), “Adaptive Health Financing: Budgetary and Health System Responses to Combat COVID-19”, *OECD Journal on Budgeting*, <https://doi.org/10.1787/69b897fb-en>. [1]
- OECD (2017), *Tackling Wasteful Spending on Health*, OECD Publishing, Paris, <https://doi.org/10.1787/9789264266414-en>. [2]

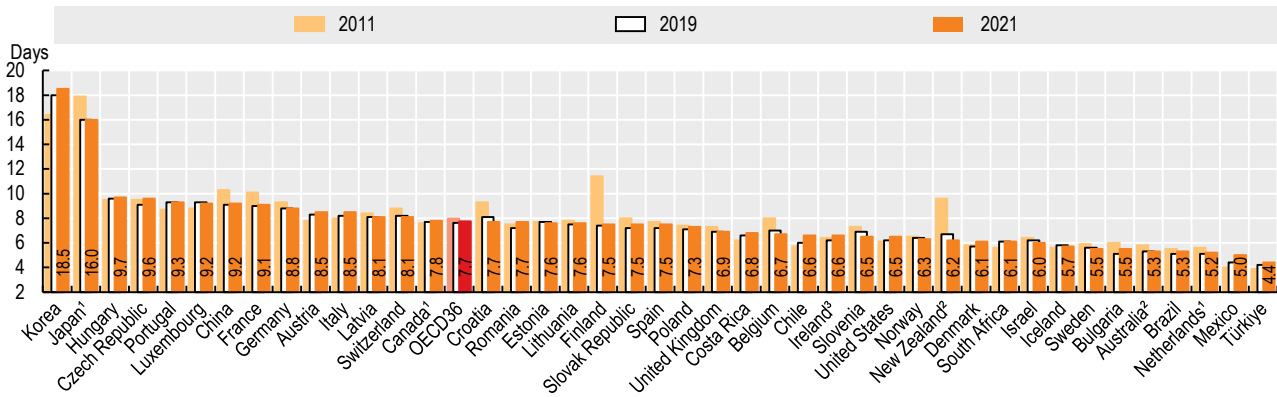
Figure 5.20. Hospital discharge rates, 2011, 2019 and 2021 (or nearest year)



1. Data exclude discharges of healthy babies. 2. Data include only activity in public or publicly funded hospitals (in Ireland, private hospitals account for about 15-20% of hospital discharges). 3. Data include discharges for curative (acute) care only. 4. 2021 data refer to 2020. Source: OECD Health Statistics 2023.

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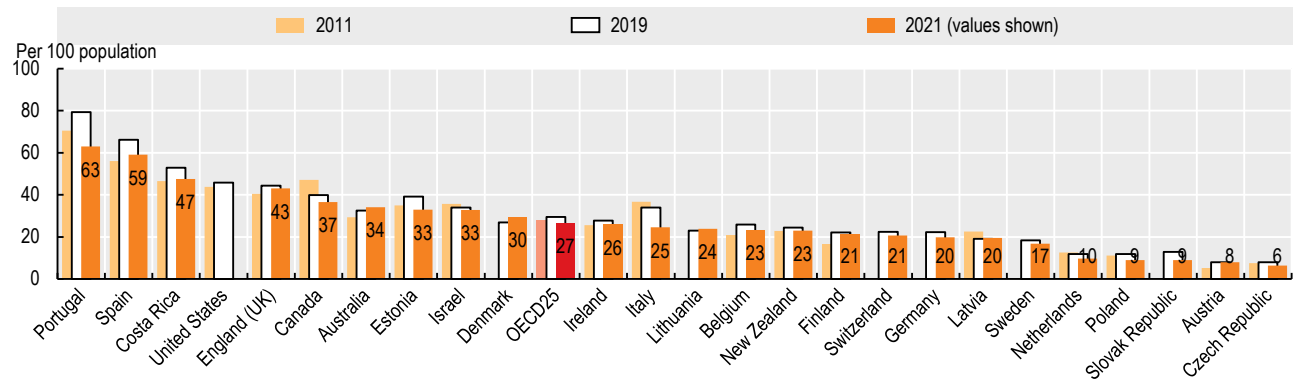
Figure 5.21. Average length of stay in hospital, 2011, 2019 and 2021 (or nearest year)



1. Data refer to curative (acute) care only, resulting in an underestimation. In Japan, the average length of stay for all inpatient care was 28 days in 2021. 2. 2021 data refer to 2020. 3. Data refer to public hospitals only. Source: OECD Health Statistics 2023.

StatLink <https://stat.link/fbl947>

Figure 5.22. Number of visits to emergency departments per 100 population, 2011, 2019 and 2021



Source: National statistical offices.

StatLink <https://stat.link/xqmv8a>



From:
Health at a Glance 2023
OECD Indicators

Access the complete publication at:
<https://doi.org/10.1787/7a7afb35-en>

Please cite this chapter as:

OECD (2023), "Hospital activity", in *Health at a Glance 2023: OECD Indicators*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/0de600bb-en>

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