

Hospital beds and discharges

The COVID-19 pandemic highlighted the need to have a sufficient number of hospital beds and flexibility in their use to address any unexpected surge in demand.

Across EU countries, there were on average 5 hospital beds per 1 000 population in 2020 (Figure 7.23). Germany, Bulgaria, Romania and Austria had the highest number with more than 7 beds per 1 000 population (40% higher than the EU average). Nordic countries (Finland, Denmark and Sweden), Ireland and the Netherlands had the lowest number, with less than 3 beds per 1 000 population.

Since 2010, the number of hospital beds per capita has decreased in nearly all EU countries due partly to the growing use of day care and the reduction in average length of stays. On average, the number of hospital beds per capita fell by 9% between 2010 and 2020. The largest reduction occurred in Finland, with a fall of over 50%. This reduction mainly affected long-term care and psychiatric care beds. In addition, hospital infrastructure restructuring in recent years in Finland has centralised a wide array of services in a small number of university and major hospitals, with the remaining smaller hospitals providing a more limited range of services. The number of hospital beds per population also came down substantially in the Netherlands, Sweden and Luxembourg. In Luxembourg, this reduction was driven mainly by strong population growth while the absolute number of beds remained fairly stable.

Hospital discharges in 2020 were highest in the three countries that had the highest number of beds – Bulgaria, Germany and Austria (Figure 7.24). They were lowest in the Netherlands, Portugal, Italy and Spain. These variations in hospital stays reflect to a large extent differences in the supply of beds, clinical practices, and payment systems that might provide incentives for hospitals to encourage bed usage.

Between 2019 and 2020, hospital stays decreased in all EU countries due to the pandemic, as non-urgent services were disrupted to avoid people being infected and hospitals becoming overwhelmed. On average, hospital discharges decreased by 17% between 2019 and 2020, ranging from about 7% in Sweden and Denmark to around 40% in Romania.

Bed occupancy rates give an indication of any spare capacity in hospitals to admit additional patients if needed. Although there is no general consensus about the “optimal” occupancy rate, an occupancy rate of about 85% is often considered as a maximum to reduce the risk of bed shortages when there is a sudden increase in need for admissions as was the case during the pandemic (NICE, 2018^[1]). Between 2019 and 2020, the bed occupancy rate in curative care units decreased by 13% on average in EU countries for which data are available (Figure 7.25). This is also because non-urgent hospital care was suspended or slowed down during the early stages of the pandemic.

The indicator on “Intensive care beds” in Chapter 8 provides further information on the availability and occupancy rates of intensive care beds during the pandemic.

Definition and comparability

Hospital beds include available beds in general hospitals, mental health and other specialty hospitals. Data for some countries do not cover all hospitals. In the United Kingdom, data are restricted to public hospitals. In Ireland, data refer to acute hospitals only. Beds for same-day care may be included in some countries (e.g. Austria and the Netherlands).

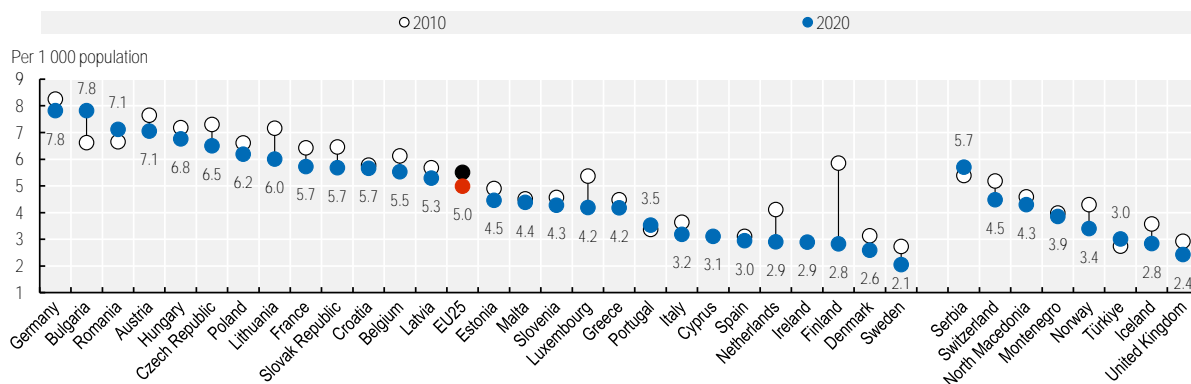
Discharge is defined as the release of a patient who has stayed at least one night in hospital. Same-day separations are excluded. Healthy babies born in hospitals are excluded from hospital discharge rates in several countries (these comprise between 3% and 10% of all discharges). In Ireland and the United Kingdom, data are restricted to public or publicly-funded hospitals only. Data for the Netherlands and North Macedonia include only acute care, resulting in some under-estimation.

The occupancy rate for curative care beds is calculated as the number of hospital bed-days related to curative care divided by the number of available curative care beds (multiplied by 365).

References

- NICE (2018), “Emergency and acute medical care in over 16s: service delivery and organisation”, in *NICE guideline 94*, NICE, <https://www.nice.org.uk/guidance/ng94/>. [1]

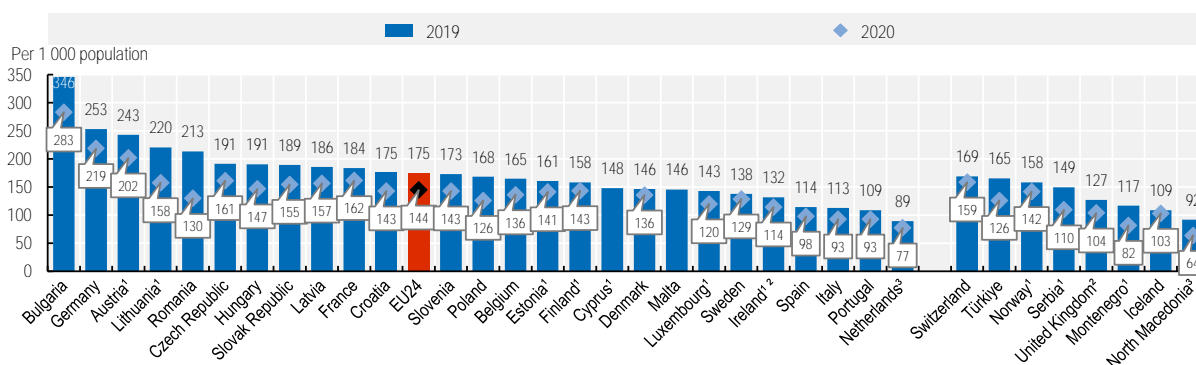
Figure 7.23. Hospital beds per 1 000 population, 2010 and 2020 (or nearest year)



Note: The EU average is unweighted.
Source: OECD Health Statistics 2022; Eurostat Database.

StatLink <https://stat.link/lkerm3>

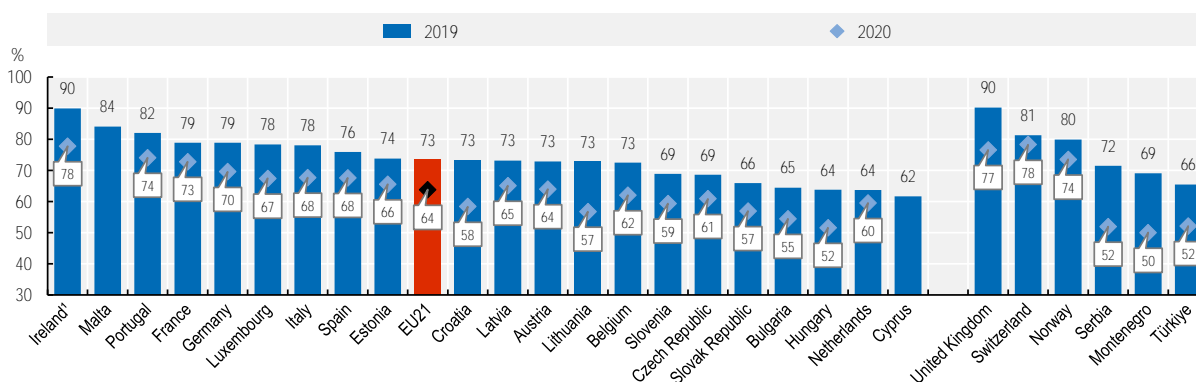
Figure 7.24. Hospital discharges per 1 000 population, 2019 and 2020



Note: The EU average is unweighted. 1. Data exclude discharges of healthy babies (between 3-10% of all discharges). 2. Data exclude activity in private hospitals (in Ireland, private hospitals account for about 15-20% of hospital discharges). 3. Data include discharges for curative (acute) care only.
Source: OECD Health Statistics 2022; Eurostat Database.

StatLink <https://stat.link/l7n8qu>

Figure 7.25. Occupancy rate of curative (acute) care beds, 2019 and 2020



Note: The EU average is unweighted. 1. Data for Ireland exclude private hospitals.
Source: OECD Health Statistics 2022; Eurostat Database; UK data from NHS England.

StatLink <https://stat.link/qt0p0l>



From:
Health at a Glance: Europe 2022
State of Health in the EU Cycle

Access the complete publication at:
<https://doi.org/10.1787/507433b0-en>

Please cite this chapter as:

OECD/European Union (2022), "Hospital beds and discharges", in *Health at a Glance: Europe 2022: State of Health in the EU Cycle*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/518727bb-en>

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document, as well as any data and map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area. Extracts from publications may be subject to additional disclaimers, which are set out in the complete version of the publication, available at the link provided.

The use of this work, whether digital or print, is governed by the Terms and Conditions to be found at <http://www.oecd.org/termsandconditions>.