HOSPITAL CARE

Hospitals in most countries account for the largest part of overall fixed investment. Beside quality of hospital care (see indicator "In-hospital mortality following acute myocardial infarction and stroke" in Chapter 7), it is important to use resources efficiently and assure a co-ordinated access to hospital care.

Available resources in the hospital sector and access to hospital care were assessed in the report by the number of hospital beds and hospital discharge rates. Increasing the numbers of beds and overnight stays in hospitals does not always bring positive outcomes in population health. Hospital resources need to be used efficiently and effectively. Hence, the average length of stay (ALOS) is also used to assess appropriate access and use, but caution is needed in its interpretation. Although all other things being equal, a shorter stay will reduce the cost per discharge and provide care more efficiently by shifting care from inpatient to less expensive post-acute settings, it tends to be more service-intensive and more costly per day. Too short a length of stay could also cause adverse effects on health outcomes, reduce the comfort and recovery of the patient or increase hospital readmissions.

The number of hospital beds per capita is 2.8 and 1.8 per 1 000 population on average across upper-middle and lower-middle and low income Asia-Pacific countries respectively, lower than the OECD average of 4.7 and high-income Asia-Pacific countries average of 5.3, but it varies considerably (Figure 5.12). More than one bed per 100 population is available in Japan, the Republic of Korea and Korea DPR, whereas the stock of beds is less than one per 1 000 population in the Philippines, Bangladesh, Pakistan, Myanmar, Cambodia and India. These large disparities reflect substantial differences in the resources invested in hospital infrastructure across countries.

Hospital discharge is at 115.9 and 95.6 per 1 000 population on average in upper-middle and lower-middle and low income Asia-Pacific countries respectively, compared with the OECD average of 153.7, and there is a large variation between countries in the region (Figure 5.13). The highest rates are in Sri Lanka and Mongolia, with over 250 discharges per 1 000 population in a year, while in Nepal, Myanmar and Bangladesh discharge rates are less than 25 per 1 000 population, suggesting delays in accessing services.

In general, countries with more hospital beds tend to have higher discharge rates, and vice versa (Figure 5.14). However, there are some notable exceptions. Japan, with the highest number of hospital beds per population, has a relatively low discharge rate while Sri Lanka, with approximately average bed availability, has the highest discharge rate.

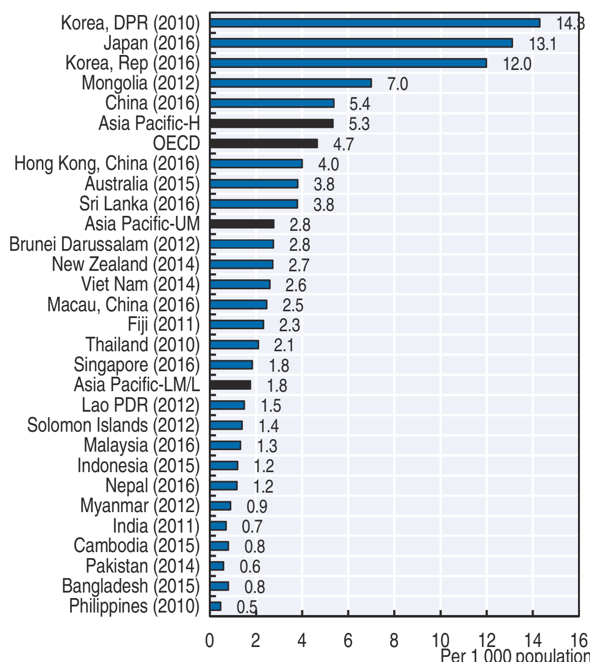
In Asia-Pacific, the variation across countries in the number of days spent – on average – in hospital is large (Figure 5.15). Lower-middle and low income countries report the lowest ALOS in Asia-Pacific at five days. The longest average length of stay is ten days or more in Japan and China, while the shortest length of stay is 2.5 days in Lao PDR and 3.0 days in Sri Lanka. In Japan, "social admission", in that some "acute care" beds are devoted to long-term care for the elderly, partly explains the large number of beds and long ALOS (Sakamoto et al., 2018). The short ALOS, coupled with the high admission rates in Sri Lanka, suggests that inpatient services may be partly substituting for outpatient and primary care.

Definition and comparability

All hospital beds include those for acute care and chronic/long-term care, in both the public and private sectors. 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 but usually excludes same-day separations. The discharge rates presented are not age-standardised, not taking into account differences in the age structure of the population across countries.

The figures reported for ALOS refer to the number of days that patients spend overnight in an acute-care inpatient institution. ALOS is generally measured by dividing the total number of days stayed by all patients in acute-care inpatient institutions during a year by the number of admissions or discharges. There are considerable variations in how countries define acute care, and what they include or exclude in reported statistics. For the most part, reported ALOS data in the developing countries of the Asia-Pacific region cover only public sector institutions.

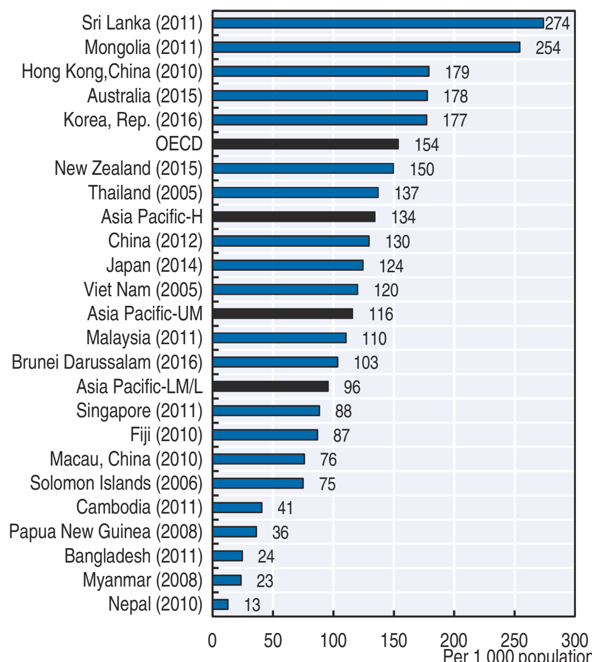
5.12. Hospital beds per 1 000 population, latest year available



Source: OECD Health Statistics 2018; WHO GHO 2018.

StatLink http://dx.doi.org/10.1787/888933868310

5.13. Hospital discharges per 1 000 population, latest year available



Source: OECD Health Statistics 2018; National sources (see Annex A).

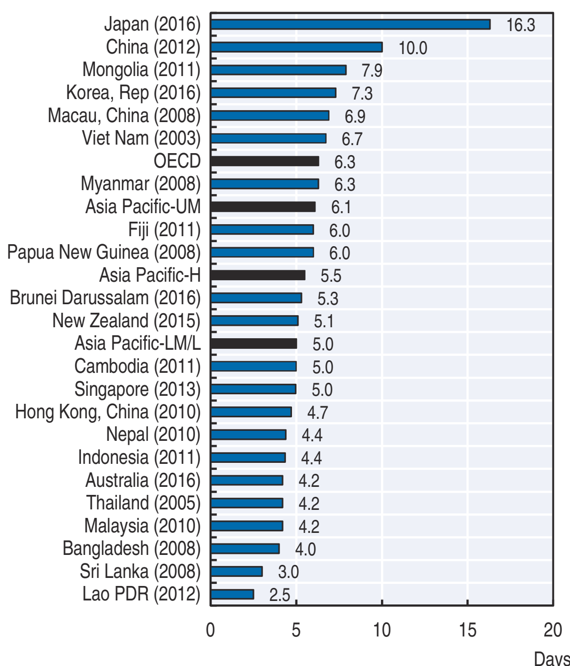
StatLink http://dx.doi.org/10.1787/888933868329

5.14. Hospital beds per 1 000 population and hospital discharges per 1 000 population, latest year available

Source: OECD Health Statistics 2018; WHO GHO 2018.

StatLink http://dx.doi.org/10.1787/888933868348

5.15. Average length of stays for acute care in hospitals, latest year available



Source: OECD Health Statistics 2018; WHO GHO 2018.

StatLink http://dx.doi.org/10.1787/888933868367

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