

Hospital bed availability varies across the Asia/Pacific region. Japan has about 13 beds for every 1 000 people, while in Bangladesh, Indonesia, Myanmar and Pakistan this is just over half a bed per 1 000 people. On average the Asia/Pacific region has four beds per 1 000 people, one less than in the OECD (Figure 7.13, Panel A).

The percentage difference of hospital beds over time fluctuates across countries. The Republic of Korea had the biggest increase of about four beds per 1 000 people from 2005 to 2011, while Azerbaijan's rate decreased by four percentage points during the same period. Reasons for changes in the numbers of beds include health system reform which promotes competition for countries with high private health services (as in the case of Japan) or cost containment policies.

The **average length of stay in hospitals (ALOS)** is one measure of efficiency with which hospital resources are used: a relatively short stay may reduce the cost per discharge, even when such short stays are more costly per day. The average ALOS is similar in the OECD and the Asia/Pacific region. Japan has the longest ALOS at 17 days while the ALOS in most of the remaining countries for which data is available ranges from four to seven days (bars in Figure 7.14).

Discharge rates vary in the Asia/Pacific region. Sri Lanka and Mongolia had about 250 discharges per 1 000 people in 2011 (symbol in Figure 7.14). This is twenty times the rate reported for Nepal. The OECD average is about 50 percentage points higher than average for the Asia/Pacific region. In general, countries with a high number of beds tend to have high discharge rates, and low discharge rates are often associated with a limited number of hospital beds.

Definition and measurement

The number of hospital beds provides a measure of the resources available for delivering care to inpatients in hospitals. All hospital beds should be counted, including those for acute care and for chronic/long-term care, in both the public and private sectors. The figures reported for average length of stay (ALOS) are for acute care only. ALOS is generally measured by dividing the total number of days stayed by all patients in acute-care inpatient institutions by the number of admissions or discharges during a year. There is considerable cross-country variation in the definition and measurement of acute care. In general reported ALOS data cover only public sector institutions, and only a few countries, such as China, Mongolia and Thailand, comprehensively cover private sector institutions in their ALOS statistics.

A discharge is defined as the release of a patient who has stayed at least one night in hospital, and it includes deaths in hospital following inpatient care. However, it is not clear to what extent this definition was adhered to when compiling the data for most countries in the region. The discharge rates presented here are not age-standardised, i.e. they do not take account for cross-national differences in the age structure of populations. There are three potential data sources on discharge rates: administrative data, hospital surveys and household health surveys. As in OECD countries, the estimates from administrative sources tend to be higher than those from household health surveys because of incorrect recall and non-response rates. The figures presented here come mostly from administrative sources.

Figure notes

Figure 7.13, Panel B : Percentage change 2005 to 2011 unless years shown.

Figure 7.14: 2011 for both average length of stay and discharges except for: Republic of Korea (2003, 2011); China (2009, 2006); Macau (China, 2008, 2010); Viet Nam (2003, 2005); Myanmar, Papua New Guinea and Sri Lanka (2008); Fiji (2007, 2008); Hong Kong (China, 2008, 2010); Australia, Brunei Darussalam and Nepal (2010); Singapore and Malaysia (2006, 2010); Thailand (2005); Bangladesh (2008, 2011). No data on discharges for Indonesia.

Figure 7.13. Hospital beds

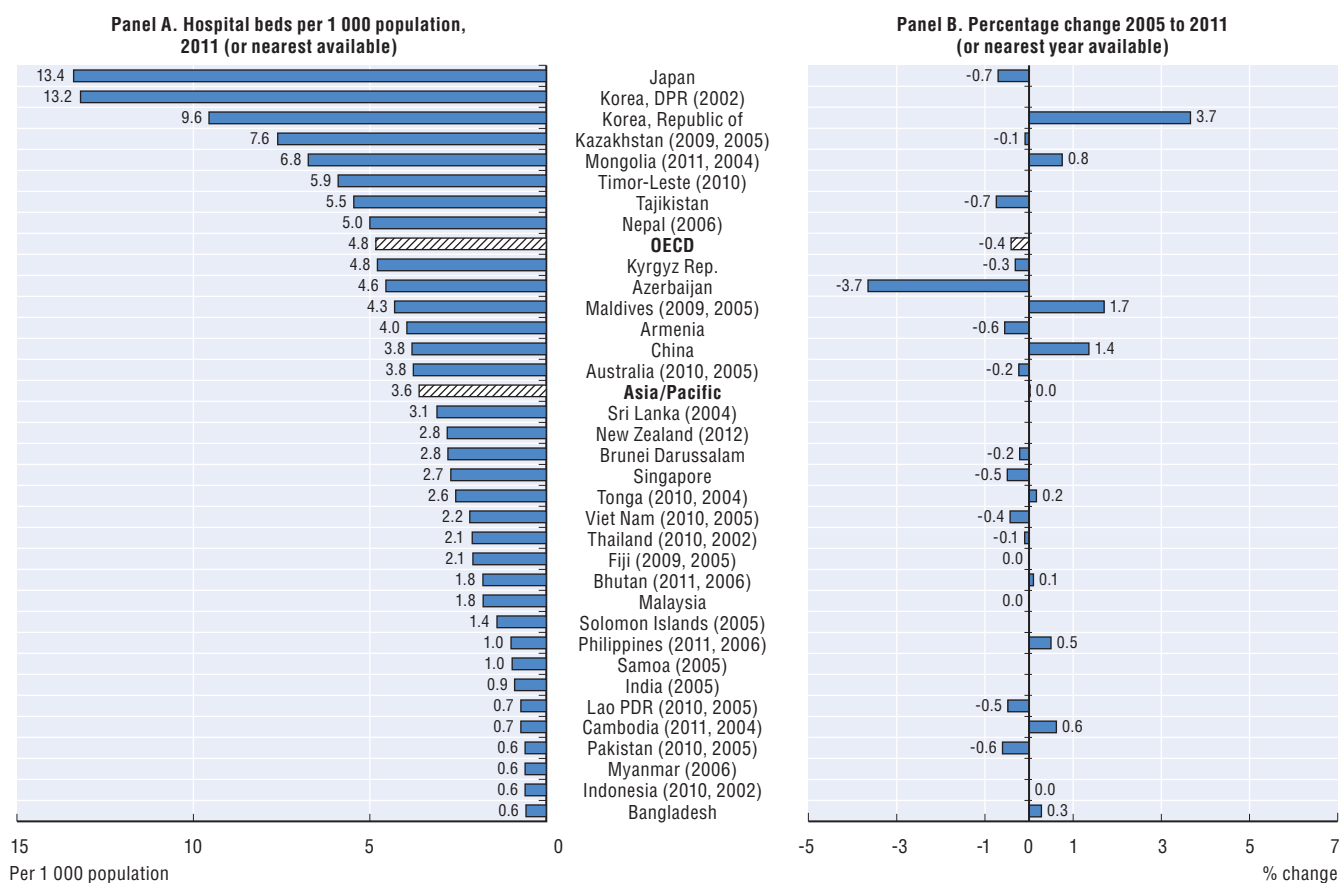
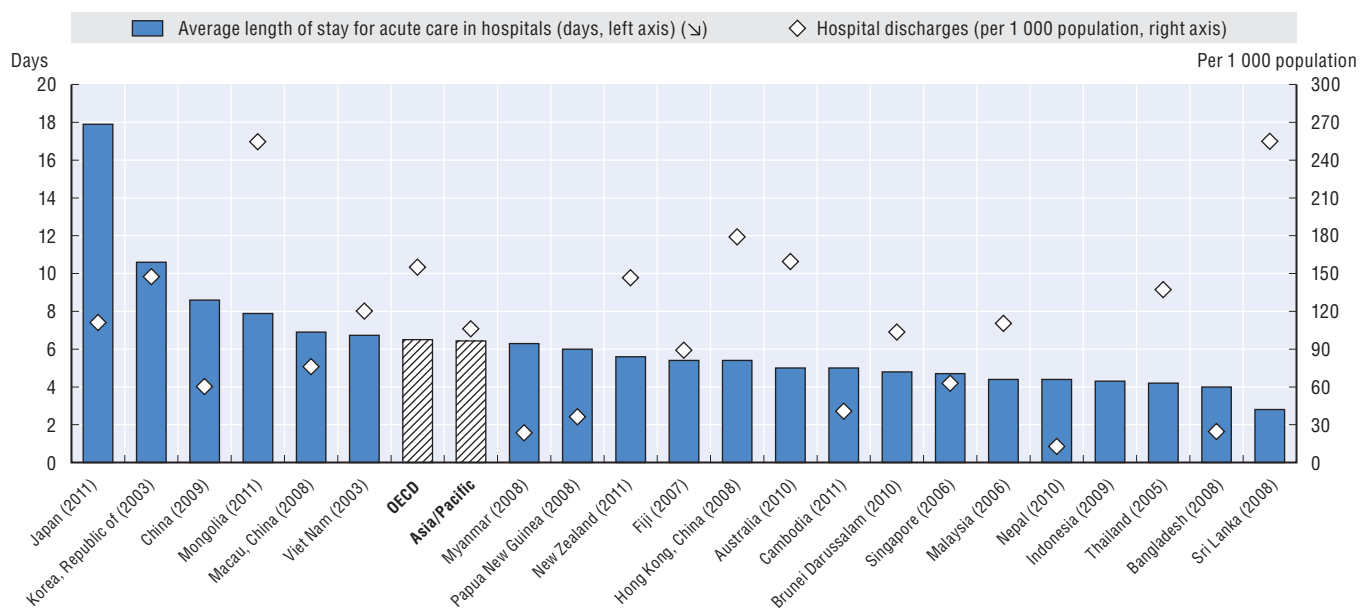
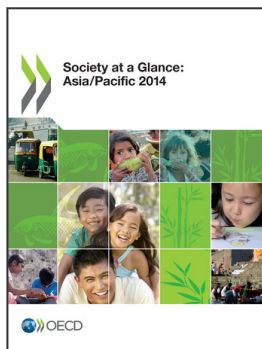


Figure 7.14. Average length of stay for acute care in hospitals and hospital discharges 2011 (or nearest year available)



Source: OECD Health Data 2013, www.oecd.org/health/healthdata; national data sources; WHO, World Health Statistics 2013.

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