

### Hospital discharges and average length of stay

Hospital discharge rates measure the number of patients who leave a hospital after staying at least one night. 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 not only worsen health outcomes but also increase costs: premature discharges can lead to costly readmissions; delayed discharges use up limited hospital resources.

On average across OECD countries, there were 146 hospital discharges per 1 000 population in 2019 (Figure 5.19). The rates were highest in Germany, Austria and Lithuania (220 and over per 1 000 population) and lowest in Colombia, Mexico, Costa Rica, Canada, Chile and the Netherlands (less than 100 per 1 000 population). The number of discharges fell between 2009 and 2019 in the majority of OECD countries, 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 by 40% in Korea, and nearly tripled in the People's Republic of China (China).

In 2020, many countries redesigned hospital discharge policies as an important tool during the pandemic to free up hospital beds for COVID-19 patients. Indeed, early on, many hospitals looked to discharge patients urgently for whom it was medically safe to do so. At the same time, countries had to quickly assemble new discharge criteria for COVID-19 patients (OECD, 2021[6]). This contributed to sometimes unclear and inconsistent discharge criteria (Sze and al, 2021[17]). In terms of the overall volume of hospital discharges, initial data from five OECD countries for 2020 show a reduction in hospital discharge rates compared to 2019 (Figure 5.19). This reflects changes in hospital discharge policies. Reductions ranged from about 7% in Denmark to around 30% or more in Lithuania, Italy and Chile. Such reductions likely reflect people avoiding hospitals during the height of the pandemic, as well as changes in hospital discharge policies.

The average length of stay in hospital is also 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 2019, the average length of stay in hospital was 7.6 days across OECD countries (Figure 5.20). Mexico and Turkey had the shortest hospital stays (about 4 days on average); Korea and Japan the longest (averaging 16 days or over per patient). Since 2009, the average length of stay has decreased in most countries; the most significant declines occurred in Japan, France, Finland, New Zealand and Belgium. 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 incentivise how long hospitals keep patients. In particular, prospective payment methods such as global budgets or those based on diagnosis-related groups provide a financial incentive to reduce the cost of each hospitalisation, in contrast to payments based on procedure or service. Hospital characteristics may also matter, with OECD analysis finding that hospitals with many beds are associated with a longer length of stay, while high bed occupancy rates are associated with a shorter length of stay (Lorenzoni and Marino, 2017[18]). Finally, strengthening access to primary care and community care can reduce hospital stays. Many countries (such as the Netherlands, France and Norway) have in recent years increased the capacity of intermediate care facilities and home-based care that can serve as alternatives to hospitals (OECD, 2020[5]; 2017[19]).

#### Definition and comparability

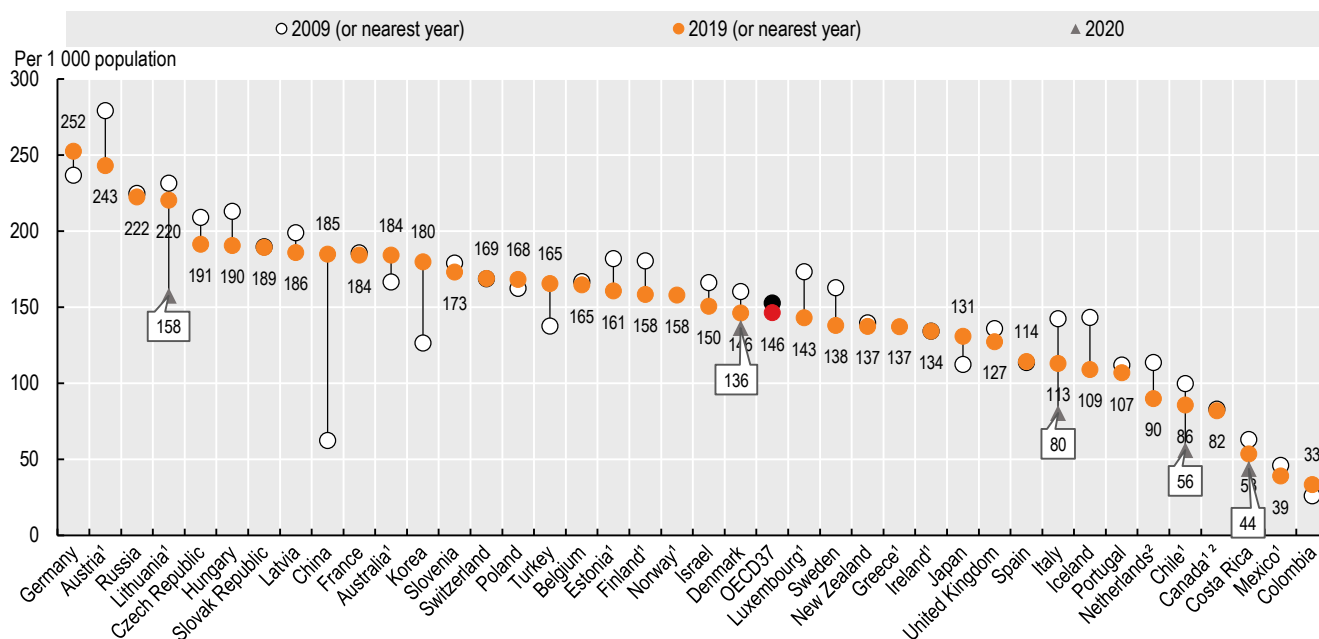
Discharge is defined as the release of a patient who has stayed at least one night in hospital. It includes deaths in hospital following inpatient care. Same-day separations are excluded, with the exceptions of Chile, Japan and Norway, which include some same-day discharges. Healthy babies born in hospitals are excluded (or mostly excluded) from hospital discharge rates in several countries (Australia, Austria, Canada, Chile, Estonia, Finland, Greece, Ireland, Lithuania, Luxembourg, Mexico and Norway). These comprise around 3-10% of all discharges. Data for some countries do not cover all hospitals. For instance, data for Costa Rica, Mexico, New Zealand and the United Kingdom are restricted to public or publicly funded hospitals. Data for Ireland cover public acute and psychiatric (public and private) hospitals. Data for Canada and the Netherlands include only curative/acute care, resulting in some underestimation. The 2020 data are provisional and should be considered cautiously.

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, with the exceptions of Canada, Japan and the Netherlands, where data refer to average length of stay for curative/acute care or in acute care hospitals only (resulting in an underestimation). The exclusion of healthy babies born in hospitals from hospital discharge data in several countries (see the list above) 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).

## 5. ACCESS: AFFORDABILITY, AVAILABILITY AND USE OF SERVICES

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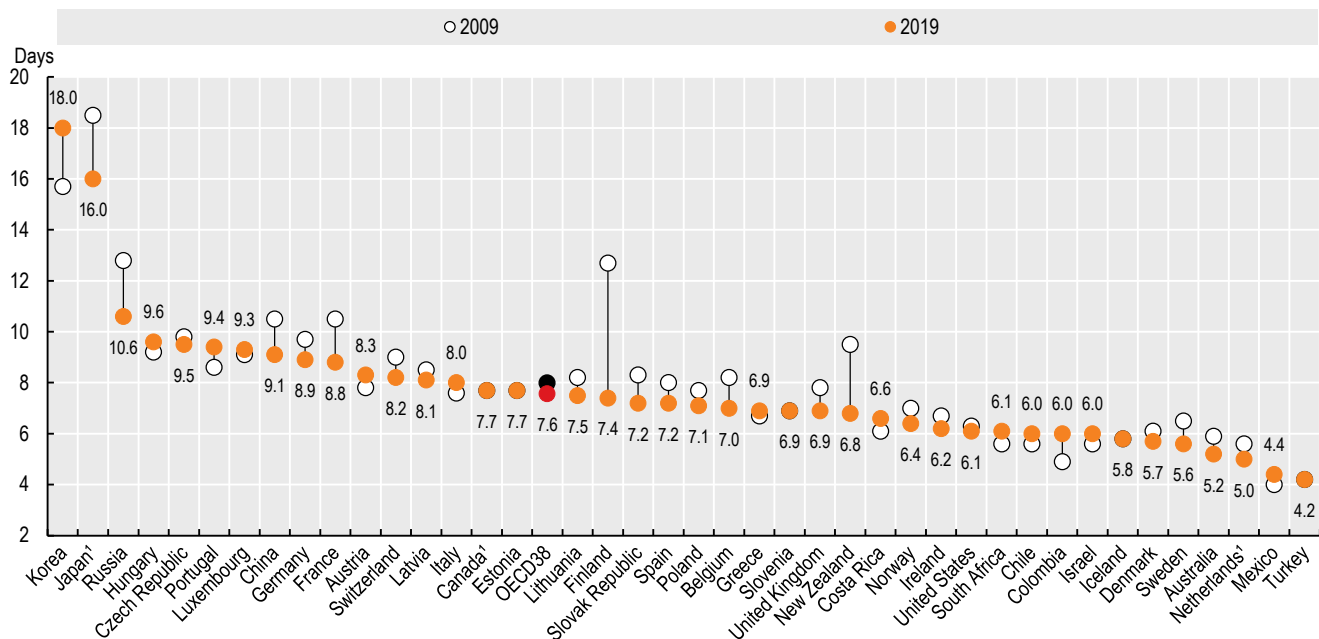
Figure 5.19. Hospital discharge rates, 2009, 2019 and 2020



1. Excludes discharges of healthy babies born in hospital (3-10% of all discharges). 2. Includes discharges for curative (acute) care only.  
Source: OECD Health Statistics 2021.

StatLink <https://stat.link/zim2ex>

Figure 5.20. Average length of stay in hospital, 2009 and 2019 (or nearest year)



1. Refers to average length of stay for curative (acute) care (resulting in an underestimation). In Japan, the average length of stay for all inpatient care was 27 days in 2019 (down from 33 days in 2009).  
Source: OECD Health Statistics 2021.

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