

Hospital discharges measure the number of people who need to stay overnight in a hospital each year. Together with the average length of stay, they are important indicators of hospital activities. Hospital activities are affected by a number of factors, including the demand for hospital services, the capacity of hospitals to treat patients, the ability of the primary care sector to prevent avoidable hospital admissions, and the availability of post-acute care settings to provide rehabilitative and long-term care services.

In 2008, hospital discharge rates were the highest in Austria and France, although the high rate in France is partly explained by the inclusion of some same-day separations (Figure 3.7.1). Discharge rates were also high in Bulgaria, Germany and Romania. They were the lowest in Cyprus, Malta and Turkey.

In general, countries that have a greater number of hospital beds also tend to have higher discharge rates. For example, the number of hospital beds per capita in Austria and Germany is more than twice than Spain and the United Kingdom, and discharge rates are also twice as large (see Indicator 3.6).

Trends in hospital discharge rates vary widely across European countries. In about one-third of EU countries (including Austria, Germany and Greece), discharge rates have increased over the past ten years. In a second group of countries (including Belgium, France, Spain, Sweden and the United Kingdom), they have remained stable, while in the third group (including Denmark, Finland and Italy), discharge rates fell between 1998 and 2008.

Trends in hospital discharges may reflect several factors that are not easily disentangled. Demand for hospitalisation may grow as populations age, since older population groups account for a disproportionately high percentage of hospital discharges in all countries. For example, in Austria and Germany, 42% of all hospital discharges in 2008 were for people aged 65 and over, more than twice their share of the population (17% and 20% respectively). However, population ageing alone may be a less important factor in explaining trends in hospitalisation rates than changes in medical technologies and clinical practices. A significant body of research shows that the diffusion of new medical interventions gradually extends to older population groups, as interventions become safer and more effective for people at older ages (e.g. Dormont and Huber, 2006). The diffusion of new medical technologies may also involve a reduction in hospitalisation if it entails a shift from procedures requiring

overnight stays in hospitals to same-day procedures. In the group of countries where discharge rates have decreased over the past decade, the reduction can be explained at least partly by a strong rise in the number of day surgeries (see Indicator 3.10, for example, for evidence on the rise in day surgeries for cataracts).

Lithuania has the highest discharge rate for circulatory diseases, followed by Latvia, Bulgaria, Germany and Austria (Figure 3.7.2). The high rates in Lithuania, Latvia and Bulgaria are associated with high mortality rates from circulatory diseases, which may also be used as a proxy indicator for the occurrence of these diseases (see Indicator 1.4). This is not the case however for Germany and Austria, suggesting that different clinical practices may play a role.

Austria and Germany have the highest discharge rates for cancer, followed by Hungary (Figure 3.7.3). While the high rate in Hungary is associated with a high mortality rate from cancer (which may also be used as a proxy for the occurrence of the disease; see Indicator 1.5), this is not the case for Austria and Germany. In Austria, the high rate is associated with a high rate of hospital readmissions for further investigation and treatment of cancer patients (European Commission, 2008a).

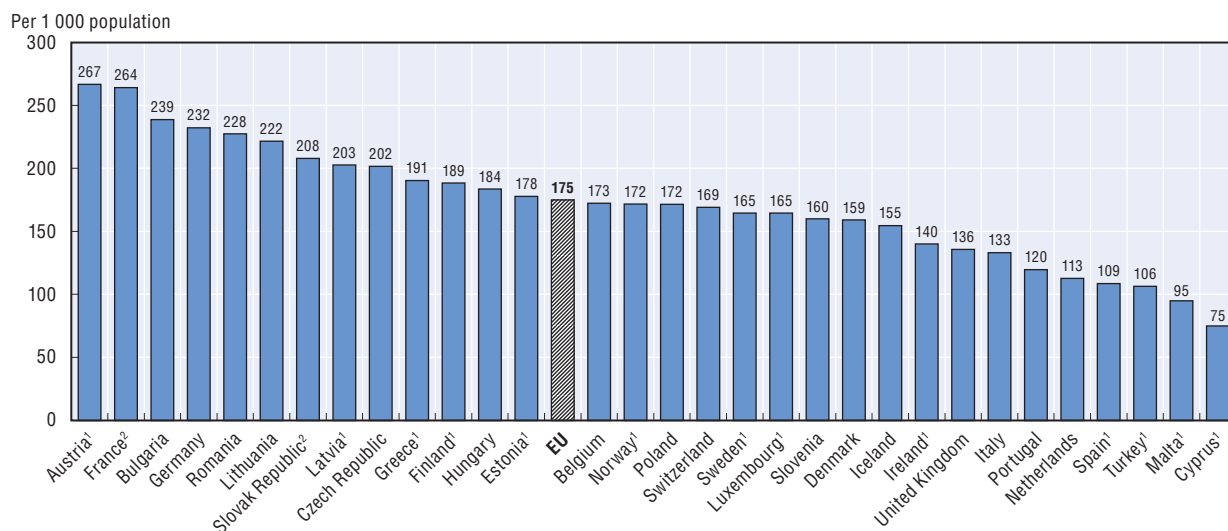
#### Definition and deviations

Discharge is defined as the release of a patient who has stayed at least one night in hospital. It includes deaths in hospital following in-patient care. Same-day separations are usually excluded, with the exception of France and the Slovak Republic which include some same-day separations.

Healthy babies born in hospitals are excluded completely (or almost completely) from hospital discharge rates in several countries (e.g. Austria, Cyprus, Estonia, Finland, Greece, Ireland, Latvia, Luxembourg, Malta, Norway, Spain, Sweden, Turkey), resulting in an under-estimation of 3-6% of all discharges.

Some countries do not cover all hospitals. For instance, data for Denmark, Ireland and the United Kingdom are restricted to public or publicly-funded hospitals only. Data for Portugal relate only to public hospitals on the mainland.

## 3.7.1. Hospital discharges per 1 000 population, 2008 (or nearest year available)



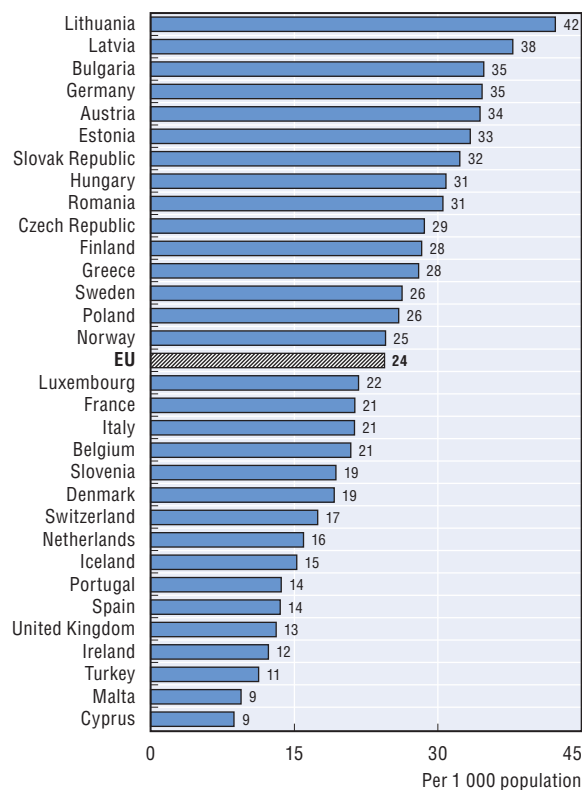
1. Excludes discharges of healthy babies born in hospital (between 3-6% of all discharges).

2. Includes same-day separations.

Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932336939>

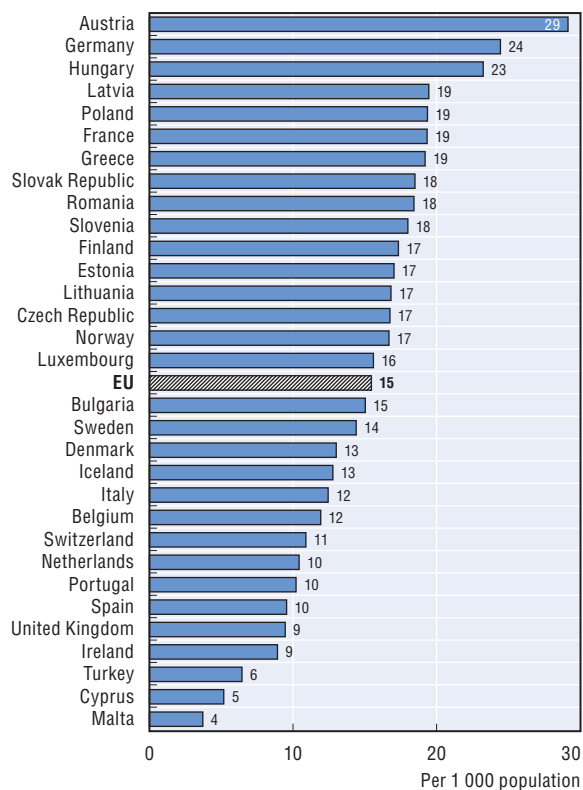
## 3.7.2. Hospital discharges for circulatory diseases per 1 000 population, 2008 (or nearest year available)



Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932336958>

## 3.7.3. Hospital discharges for cancers per 1 000 population, 2008 (or nearest year available)



Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932336977>



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