

Average length of stay in hospitals

The average length of stay in hospitals (ALOS) is often regarded as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive post-acute settings. However, shorter stays tend to be more service intensive and more costly per day. Too short a length of stay could also cause adverse effects on health outcomes, or reduce the comfort and recovery of the patient. If this leads to a greater readmission rate, costs per episode of illness may fall only slightly, or even rise.

In 2013, the average length of stay in hospitals for all causes across OECD countries was about eight days (Figure 6.13). Turkey and Mexico had the shortest stays, with about four days (half the OECD average), whereas Japan and Korea had the longest stays, with over 16 days (more than double the OECD average). Across OECD countries, the average length of stay has fallen from an average of almost 10 days in 2000 to 8 days in 2013. But there are a few exceptions to this general pattern, with the average length of stay increasing in Korea, but also in Hungary and Luxembourg, where it is now above the OECD average.

Focusing on average length of stay for specific diseases or conditions can remove some of the effect of different case mix and severity. Figure 6.14 shows that average length of stay following a normal delivery was slightly less than three days on average in 2013, down from more than three-and-a-half days in 2000. This ranged from less than two days in Mexico, Turkey, the United Kingdom, Iceland, Canada, New Zealand and the Netherlands, to five days or more in the Slovak Republic and Hungary.

The average length of stay following acute myocardial infarction was around seven days on average in 2013. It was shortest in some of the Nordic countries (Denmark, Norway and Sweden), Turkey and the Slovak Republic, at fewer than five days, and highest in Korea and Germany, at more than ten days (Figure 6.15).

Several factors can explain these cross-country variations. Differences in the clinical need of the patient may obviously play a role, but these variations also likely reflect differences in clinical practices and payments systems. The combination of an abundant supply of beds with the structure of hospital payments may provide hospitals with incentives to keep patients longer. A growing number of countries (France, Germany, Poland) have moved to prospective payment methods often based on diagnosis-related groups (DRGs) to set payments based on the estimated cost of hospital care for different patient groups in advance of service provision. These payment methods have the advantage of encouraging providers to reduce the

cost of each episode of care. In Switzerland, the cantons which moved from per diem payments to diagnosis-related groups (DRG) based payments, have experienced a reduction in their hospital lengths of stay (OECD and WHO, 2011).

Most countries are seeking to reduce average length of stay whilst maintaining or improving the quality of care. A diverse set of policy options at clinical, service and system level are available to achieve these twin aims. Strategic reductions in hospital bed numbers alongside development of community care services can be expected to shorten average length of stay, such as seen in Denmark's quality-driven reforms of the hospital sector (OECD, 2013). Other options include promoting the uptake of less invasive surgical procedures, changes in hospital payment methods, the expansion of early discharge programmes which enable patients to return to their home to receive follow-up care, and support for hospitals to improve the co-ordination of care across diagnostic and treatment pathways.

Definition and comparability

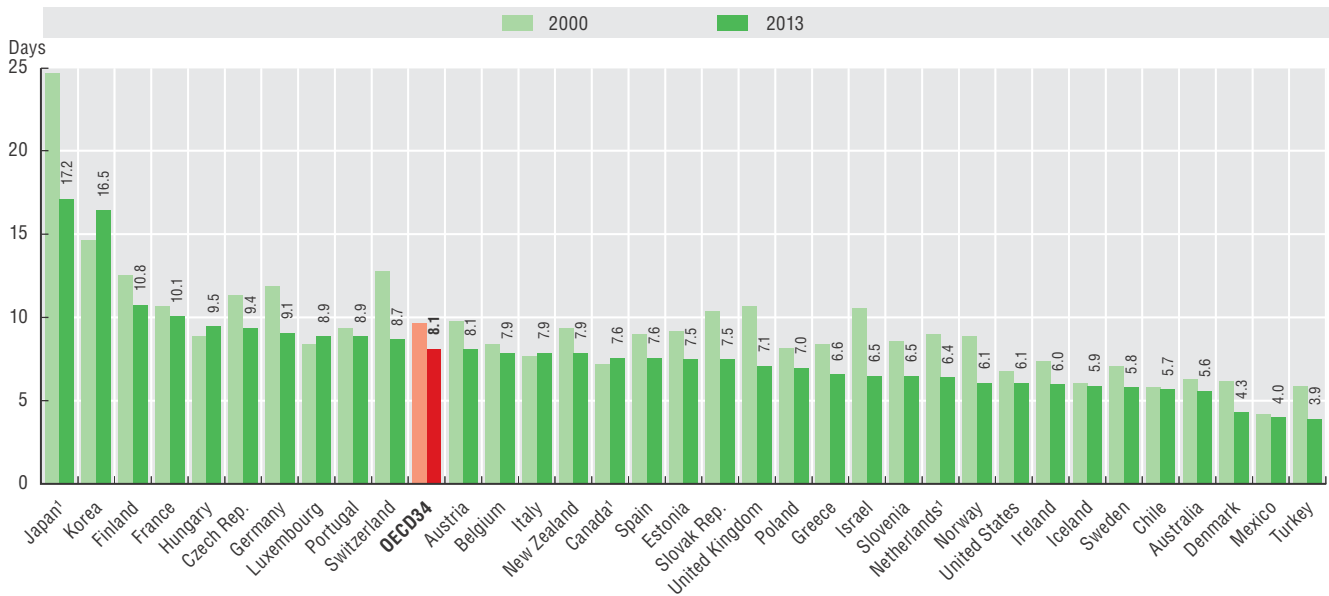
Average length of stay refers to the average number of days that patients spend in hospital. It is generally measured by dividing the total number of days stayed by all inpatients during a year by the number of admissions or discharges. Day cases are excluded. The data cover all inpatient cases (including not only curative/acute care cases) for most countries, with the exceptions of Canada, Japan and the Netherlands where the data still refer to curative/acute care only (resulting in an under-estimation).

Discharges and average length of stay of healthy babies born in hospitals are excluded in several countries (e.g. Australia, Austria, Canada, Chile, Estonia, Finland, Greece, Ireland, Luxembourg, Mexico, Spain), resulting in a slight over-estimation (e.g., the inclusion of healthy newborns would reduce the ALOS by 0.5 day in Canada).

References

- OECD (2013), *OECD Reviews of Health Care Quality: Denmark 2013: Raising Standards*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264191136-en>.
- OECD and WHO (2011), *OECD Reviews of Health Systems: Switzerland 2011*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264120914-en>.

6.13. Average length of stay in hospital, 2000 and 2013 (or nearest year)

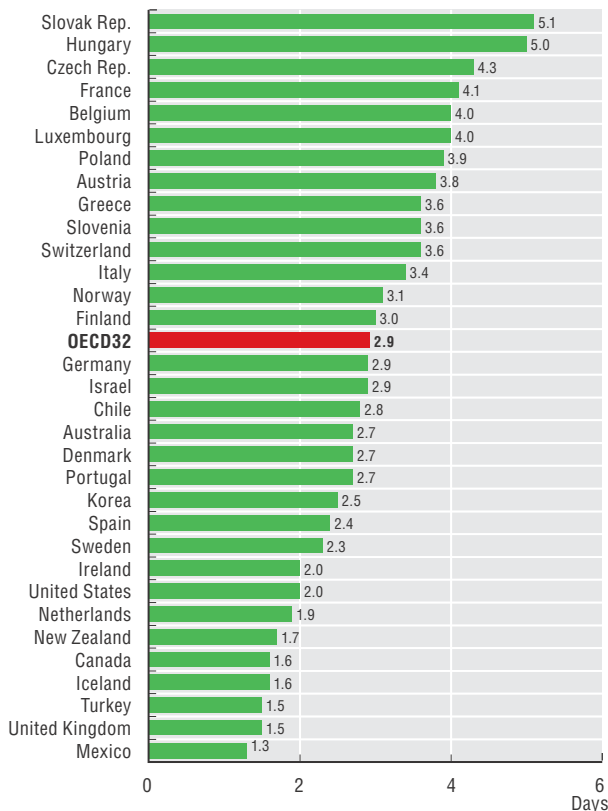


1. Data refer to average length of stay for curative (acute) care (resulting in an under-estimation).

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281004>

6.14. Average length of stay for normal delivery, 2013 (or nearest year)

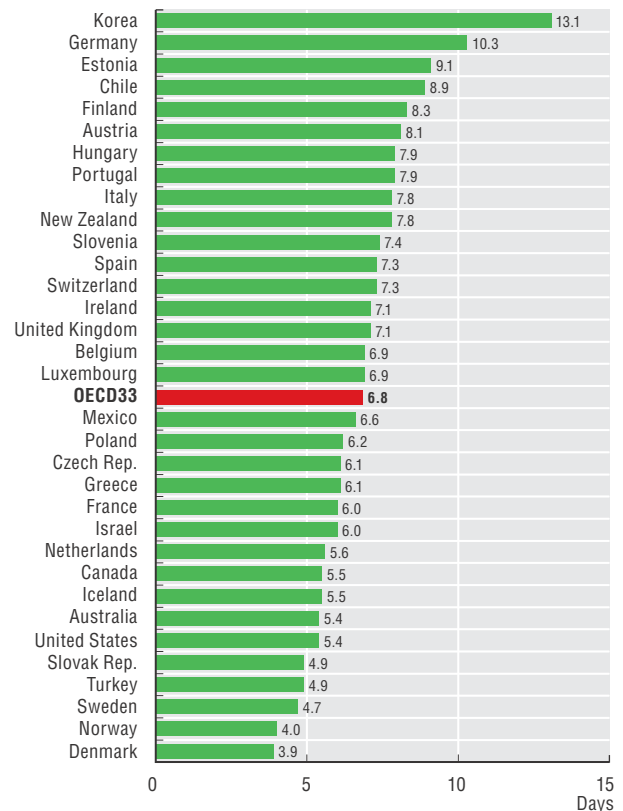


Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281004>

Information on data for Israel: <http://oe.cd/israel-disclaimer>

6.15. Average length of stay for acute myocardial infarction (AMI), 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281004>



From:
Health at a Glance 2015
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2015-en

Please cite this chapter as:

OECD (2015), "Average length of stay in hospitals", in *Health at a Glance 2015: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2015-34-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 and any 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.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.