

3.8. AVERAGE LENGTH OF STAY IN HOSPITALS

The average length of stay in hospitals is often regarded as an indicator of efficiency, since a shorter stay may reduce the cost per discharge and shift care from in-patient 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 have adverse effects on health outcomes, or reduce the comfort and recovery of the patient. If this leads to a rising readmission rate, costs per episode of illness may fall little, or even rise.

In all European countries, the average length of stay in hospitals has decreased over the past decade, falling from 8.3 days in 2000 to 7.2 days in 2008 on average (Figure 3.8.1). Several factors explain this general decline, including the use of less invasive surgical procedures, changes in hospital payment methods, and the expansion of early discharge programmes enabling patients to return to their home to receive follow-up care. The reduction in average length of stay was particularly marked in Switzerland (which had the highest length of stay in 2000), Bulgaria and the Netherlands. In Switzerland, the progressive move from bed-day payments to DRG-based payments has contributed to the reduction in average length of stay in those cantons that have modified their payment system (OECD and WHO, 2006).

In 2008, the average length of stay in hospitals was the lowest in Turkey, Malta, and in several Nordic countries (Norway, Denmark, Iceland, Sweden). It was the highest in Finland, followed by Switzerland and Germany. The high average length of stay in Finland is due to a large proportion of beds allocated for convalescent patients and long-term care (see Indicator 3.6). Focusing only on stays in acute care units, the average length of stay in Finland is not greater, indeed is even lower than in most other European countries.

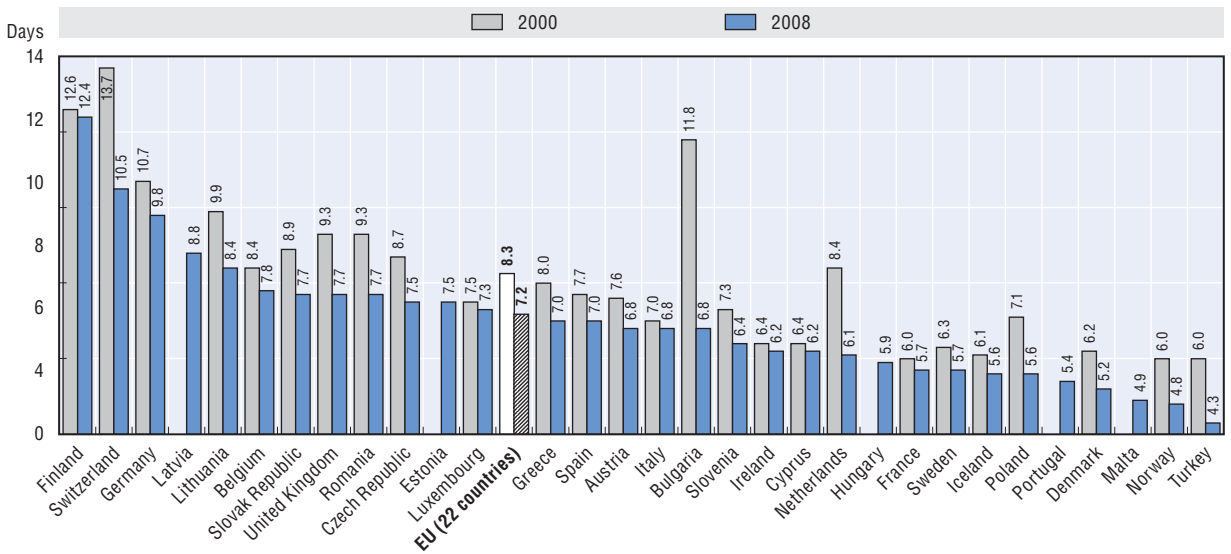
Focusing on average length of stay for specific diseases or conditions can remove some of the heterogeneity arising from different mix and severity of conditions treated in hospitals across countries. Figure 3.8.3 shows that the average length of stay for a normal delivery ranges from less than two days in Turkey and the United Kingdom, to over five days in the Slovak Republic, Romania, Hungary and Switzerland. The length of stay for a normal delivery has become shorter in nearly all countries over the past decade, dropping from five days in 1995 to less than four days in 2008 on average in EU countries.

Lengths of stay following acute myocardial infarction (AMI, or heart attack) also declined over the past fifteen years. In 2008, it was the lowest in Turkey and some Nordic countries (Norway, Denmark and Sweden). At the other end of the scale, it was highest in Germany, Lithuania, Finland and Estonia (Figure 3.8.2). In this latter group of countries, long average length of stays may be due to the fact that some patients originally admitted for AMI are no longer receiving acute care, but nonetheless stay in hospitals for a certain period to receive post-acute care.

Definition and deviations

Average length of stay (ALOS) 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 in-patients during a year by the number of admissions or discharges. Day cases are excluded.

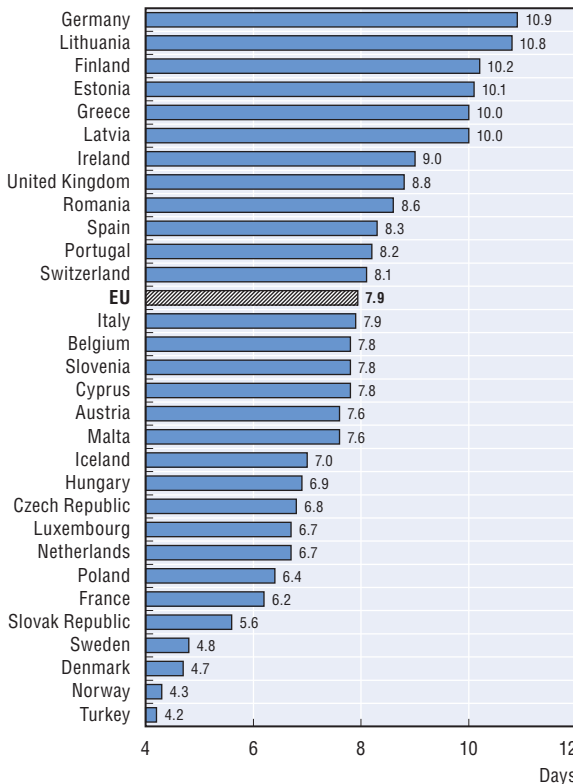
3.8.1. Average length of stay in hospital for all causes, 2000 and 2008 (or nearest year available)



Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932336996>

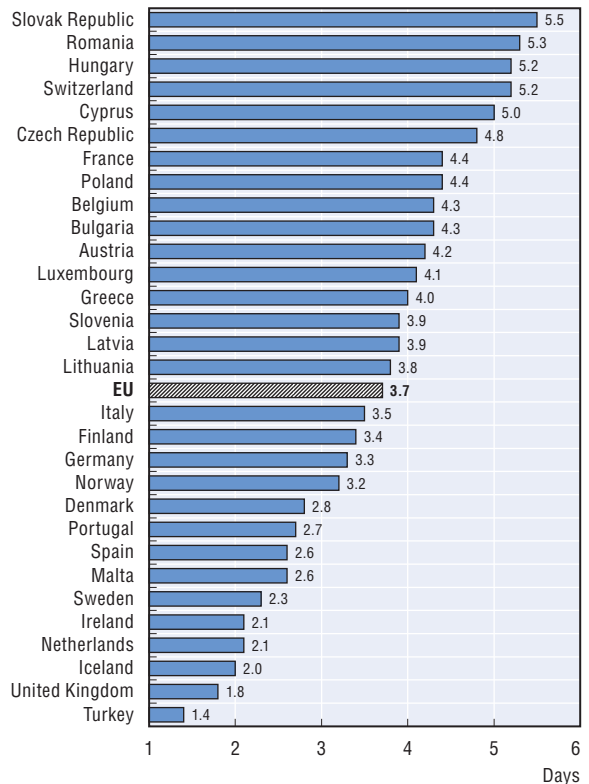
3.8.2. Average length of stay following acute myocardial infarction (AMI), 2008 (or nearest year available)



Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932337015>

3.8.3. Average length of stay for normal delivery, 2008 (or nearest year available)



Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932337034>



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