

Hospital discharges

Hospital discharge rates measure the number of patients who leave a hospital after staying at least one night. 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 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 2013, hospital discharge rates were highest in Austria and Germany, followed by Lithuania, the Russian Federation, the Czech Republic and Hungary (Figure 6.10). They were the lowest in Colombia, Mexico, South Africa, Brazil and Canada. In general, those countries that have more hospital beds tend to have higher discharge rates. For example, the number of hospital beds per capita in Austria and Germany is more than two-times greater than in Canada and Spain, and discharge rates are also more than two-times larger (see indicator on “Hospital beds”).

Across OECD countries, the main conditions leading to hospitalisation in 2013 were circulatory diseases, pregnancy and childbirth, injuries and other external causes, diseases of the digestive system, cancers, and respiratory diseases.

Austria and Germany have the highest discharge rates for both circulatory diseases and cancers, followed by Hungary and Estonia for circulatory diseases (Figure 6.11), and Greece and Hungary for cancers (Figure 6.12). While the high rates of hospital discharges for circulatory diseases in Hungary and Estonia are associated with lots of people having heart and other circulatory diseases (see indicator on “Mortality from cardiovascular diseases” in Chapter 3), this is not the case for Germany and Austria. Similarly, cancer incidence is not higher in Austria, Germany or Greece than in most other OECD countries (see indicator on “Cancer incidence” in Chapter 3). In Austria, the high discharge rate is associated with a high rate of hospital readmissions for further investigation and treatment of cancer patients (European Commission, 2008).

Trends in hospital discharge rates vary widely across OECD countries. Since 2000, discharge rates have increased in some countries where discharge rates were low in 2000 and have increased rapidly since then (e.g. Korea and Turkey) as well as in other countries such as Germany where it was already above-average. In other countries (e.g. Belgium, Czech Republic and Japan), they have remained relatively stable, while in other countries (including Canada, Finland, France, Italy and Spain), discharge rates fell between 2000 and 2013.

Trends in hospital discharges reflect the interaction of several factors. Demand for hospitalisation may grow as populations’ age, given that older population groups account for a disproportionately high percentage of hospital discharges. However, population ageing alone may be a less important factor in explaining trends in hospitalisation rates than

changes in medical technologies and clinical practices. The diffusion of new medical interventions often gradually extends to older population groups, as interventions become safer and more effective for people at older ages. But the diffusion of new medical technologies may also involve a reduction in hospitalisation if it involves a shift from procedures requiring overnight stays in hospitals to same-day procedures. In the group of countries where discharge rates have decreased since 2000, there has been a strong rise in the number of day surgeries (see indicator on “Ambulatory surgery”).

Hospital discharge rates vary not only across countries, but also within countries. In several OECD countries (e.g., Canada, Finland, Germany, Italy, Portugal, Spain and the United Kingdom), hospital medical admissions (excluding admissions for surgical interventions) vary by more than two-times across different regions in the country (OECD, 2014).

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 discharges are usually excluded, with the exceptions of Chile, the Slovak Republic, Turkey and the United States which include some same-day separations.

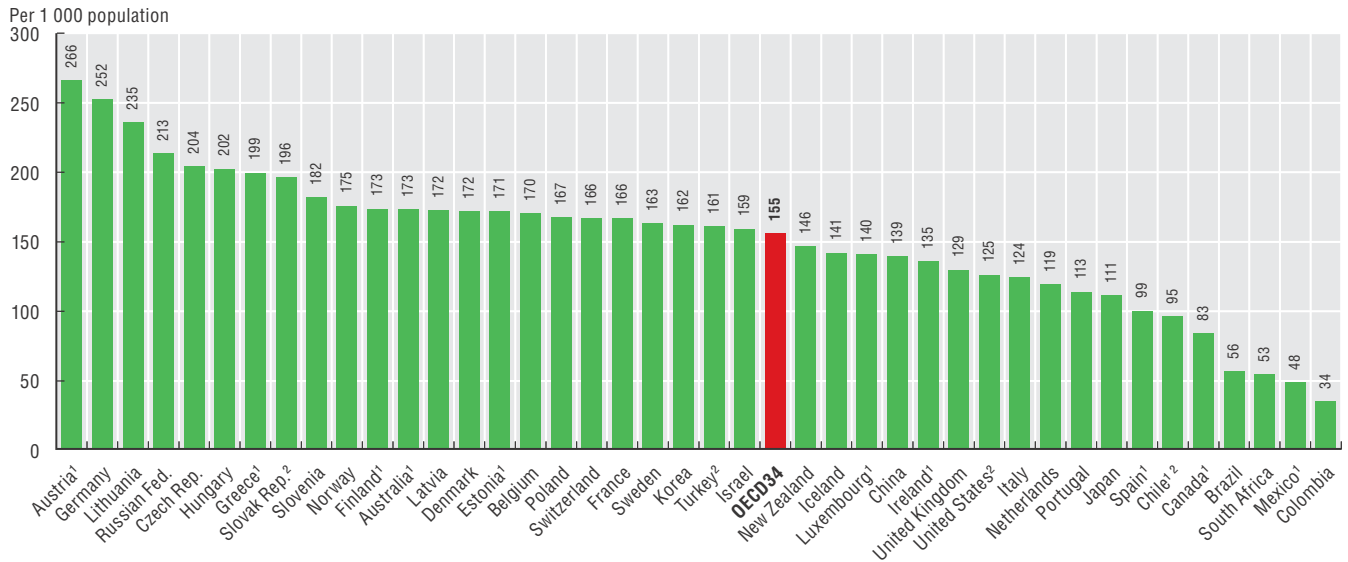
Healthy babies born in hospitals are excluded from hospital discharge rates in several countries (e.g. Australia, Austria, Canada, Chile, Estonia, Finland, Greece, Ireland, Luxembourg, Mexico, Spain). These comprise some 3-10% of all discharges. The data for Canada also exclude unhealthy babies born in hospitals.

Data for some countries do not cover all hospitals. For instance, data for Denmark, Ireland, Mexico, New Zealand and the United Kingdom are restricted to public or publicly-funded hospitals only. Data for Portugal relate only to public hospitals on the mainland (excluding the Islands of Azores and Madeira). Data for Canada, Ireland and the Netherlands include only acute care/short-stay hospitals. Data for France and Japan refer to acute care hospitalisations.

References

- European Commission (2008), *Hospital Data Project Phase 2, Final Report*, European Commission, Luxembourg.
- OECD (2014), *Geographic Variations in Health Care: What Do We Know and What Can Be Done to Improve Health System Performance?*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264216594-en>.

6.10. Hospital discharges, 2013 (or nearest year)

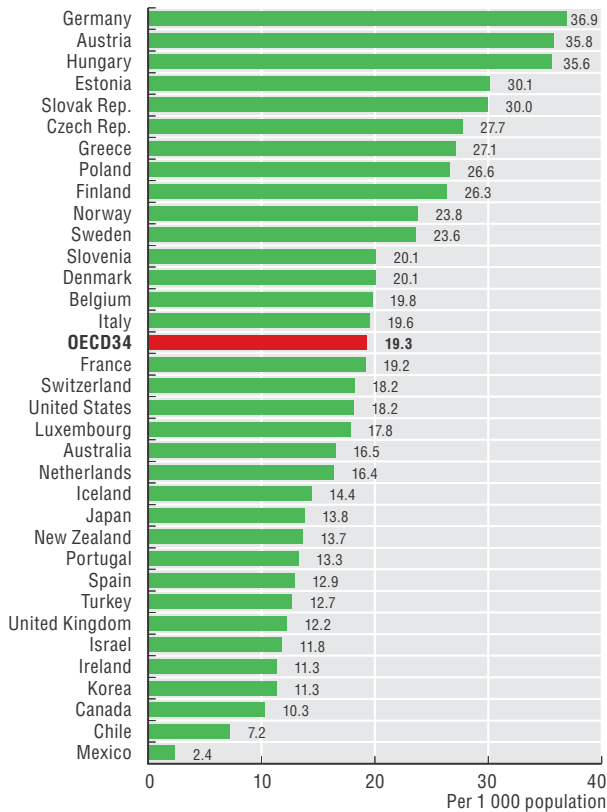


- 1. Excludes discharges of healthy babies born in hospital (between 3-10% of all discharges).
- 2. Includes same-day discharges.

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

StatLink <http://dx.doi.org/10.1787/888933280996>

6.11. Hospital discharges for circulatory diseases, 2013 (or nearest year)

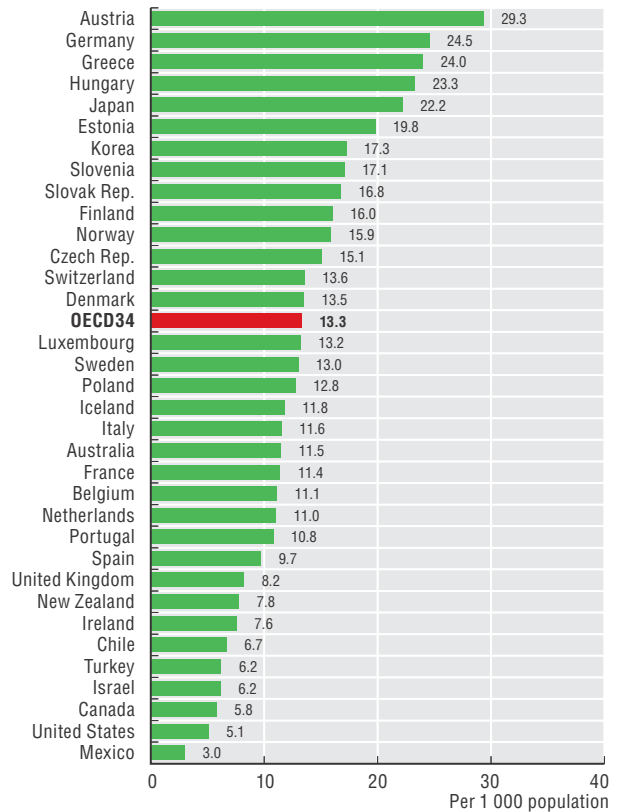


Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280996>

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

6.12. Hospital discharges for cancers, 2013 (or nearest year)



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

StatLink <http://dx.doi.org/10.1787/888933280996>



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