

Hospital discharges measure the number of people who were released after staying at least one night in hospital. 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 2010, hospital discharge rates were the highest in Austria, Bulgaria, Germany and Romania (Figure 3.6.1). They were the lowest in Cyprus, Portugal and Spain as well as in the Former Yugoslav Republic of Macedonia. 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 two-times greater than in Portugal and Spain, and discharge rates are also more than two-times greater (see Indicator 3.5).

Trends in hospital discharge rates over the past decade vary widely across EU member states. In about one-third of EU member states (including Austria, Bulgaria, Germany, Greece, Poland and Romania), discharge rates have increased between 2000 and 2010. In a second group of countries (including the Czech Republic, Denmark, Slovenia, Sweden and the United Kingdom), they have remained stable, while in the third group (including Finland, France, Hungary, Italy and Luxembourg), discharge rates fell between 2000 and 2010.

Trends in hospital discharges may reflect several factors that are not easily disentangled. Demand for hospitalisation may grow as populations age, given that older people account for a disproportionately high percentage of hospital discharges in all countries. For example, in Austria and Germany, over 40% of all hospital discharges in 2010 were for people aged 65 and over, more than twice their share of the population (17.6% and 20.7% 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). However, 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 3.9, for example, for evidence on the rise in day surgeries for cataracts).

Lithuania has the highest discharge rate for circulatory diseases, followed by Bulgaria and Germany (Figure 3.6.2). The high rates in Bulgaria and Lithuania are associated with high mortality rates from circulatory diseases, which may be used as a proxy indicator for the occurrence of these diseases (see Indicator 1.4). But Germany does not have high mortality rates for circulatory diseases, suggesting that different clinical practices may play a role in explaining high discharge rates.

Austria and Germany have the highest discharge rates for cancer, followed by Hungary (Figure 3.6.3). 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 (EC, 2008a).

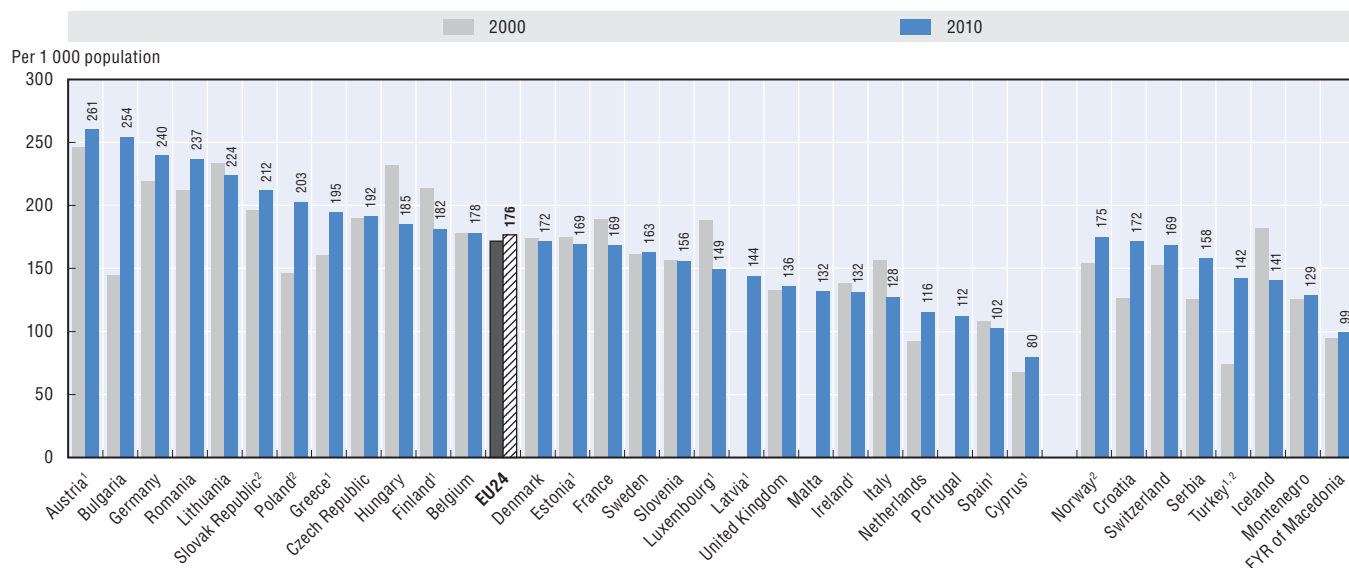
Definition and comparability

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 usually excluded, with the exception of Norway, Poland, the Slovak Republic and Turkey 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, Spain, Turkey). These comprise 3-7% of all discharges.

Data for some countries do not cover all hospitals. In Denmark, Ireland and the United Kingdom, data are restricted to public or publicly-funded hospitals only. Data for Portugal relate only to public hospitals on the mainland. Data for Austria, Estonia, Luxembourg and the Netherlands include only acute care/short-stay hospitals.

3.6.1. Hospital discharges per 1 000 population, 2000 and 2010 (or nearest year)



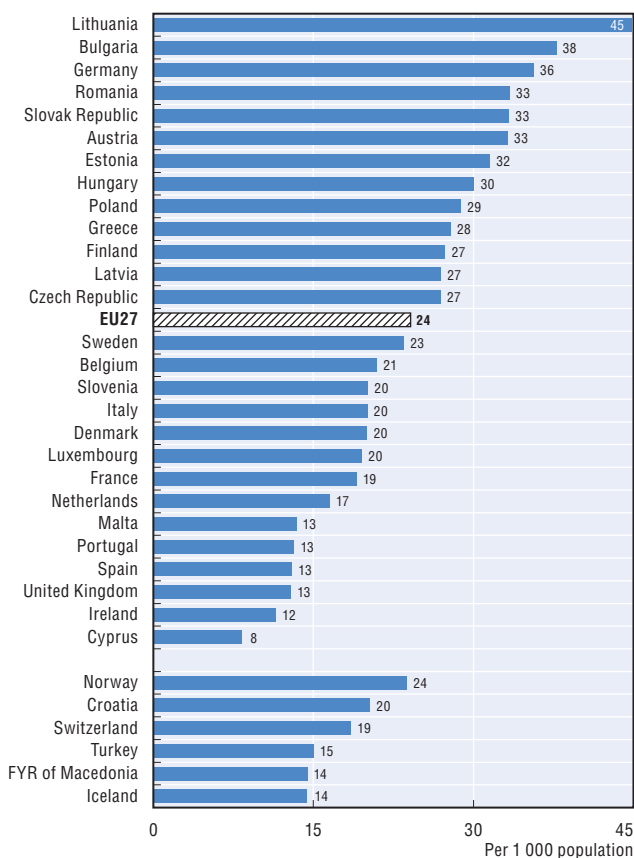
1. Excludes discharges of healthy babies born in hospital (between 3-7% of all discharges).

2. Includes same-day discharges.

Source: OECD Health Data 2012; Eurostat Statistics Database; WHO European Health for All Database.

StatLink <http://dx.doi.org/10.1787/888932704418>

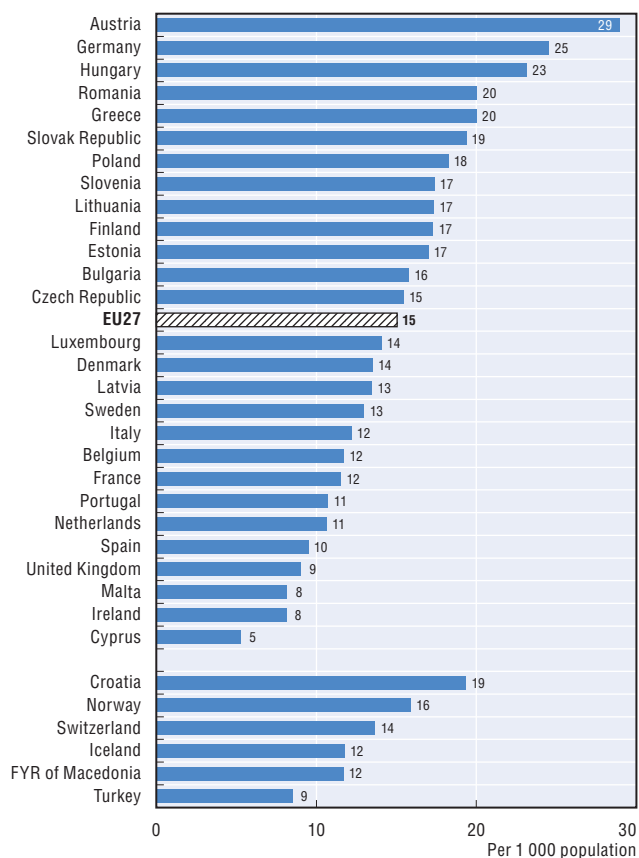
3.6.2. Hospital discharges for circulatory diseases per 1 000 population, 2010 (or nearest year)



Source: OECD Health Data 2012; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932704437>

3.6.3. Hospital discharges for cancers per 1 000 population, 2010 (or nearest year)



Source: OECD Health Data 2012; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932704456>