

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 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 2012, hospital discharge rates were the highest in Austria, Bulgaria, Germany and Lithuania (Figure 3.6.1). They were the lowest in Cyprus, Spain and Portugal. 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, Romania, Greece and Poland), discharge rates have increased between 2000 and 2012. In a second group of countries (including the Czech Republic, Denmark, Sweden, the United Kingdom and Ireland), they have remained stable, while in the third group (including Hungary, Finland, Estonia, France, Luxembourg and Italy), discharge rates fell between 2000 and 2012.

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. For example, in Austria and Germany, over 40% of all hospital discharges in 2011 were for people aged 65 and over, more than twice their share of the population. 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 (Kumar and Schoenstein, 2013; see also Indicator 3.9 for evidence on the rise in day surgeries for cataracts).

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

In general across EU countries, the main conditions leading to hospitalisation in 2012 were circulatory diseases, pregnancy and childbirth, injuries and other external causes, diseases of the digestive system, respiratory diseases and cancers.

Lithuania had the highest discharge rate for circulatory diseases in 2012, followed by Bulgaria, Germany and Austria (Figure 3.6.2). The high rates in Bulgaria and Lithuania are associated with many people having heart attack and other circulatory diseases (see Indicator 1.4). This is not the case in Germany and Austria.

Austria and Germany have the highest discharge rates for cancer, followed by Hungary (Figure 3.6.3). In Austria, this high rate is associated with a high rate of hospital readmissions for further investigation and treatment of cancer patients (European Commission, 2008).

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.

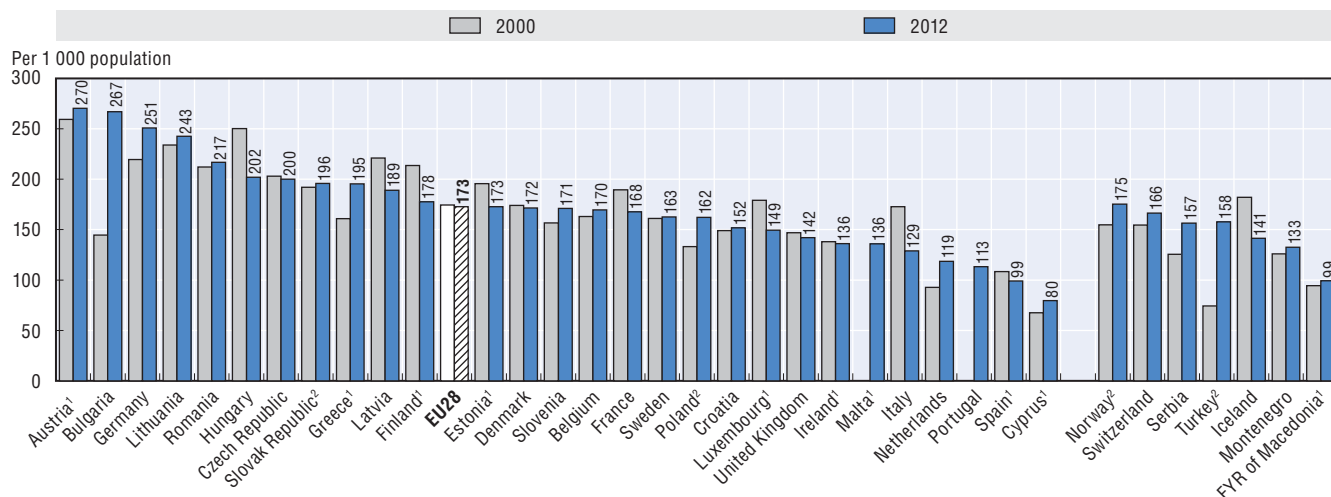
Healthy babies born in hospitals are excluded completely (or almost completely) from hospital discharge rates in several countries (e.g., Austria, Cyprus, Estonia, Finland, Greece, Ireland, Latvia, Luxembourg, Spain). These comprise between 3% and 10% of all discharges.

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, Ireland and the Netherlands include only acute care/short-stay hospitals.

References

- European Commission (2008), *Hospital Data Project Phase 2, Final Report*, European Commission, Luxembourg.
- Kumar, A. and M. Schoenstein (2013), "Managing Hospital Volumes: Germany and Experiences from OECD Countries", *OECD Health Working Papers No. 64*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/5k3xwtg2szrr-en>.
- OECD (2014), *Geographic Variations in Health Care Use: 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>.

3.6.1. Hospital discharges per 1 000 population, 2000 and 2012 (or nearest year)

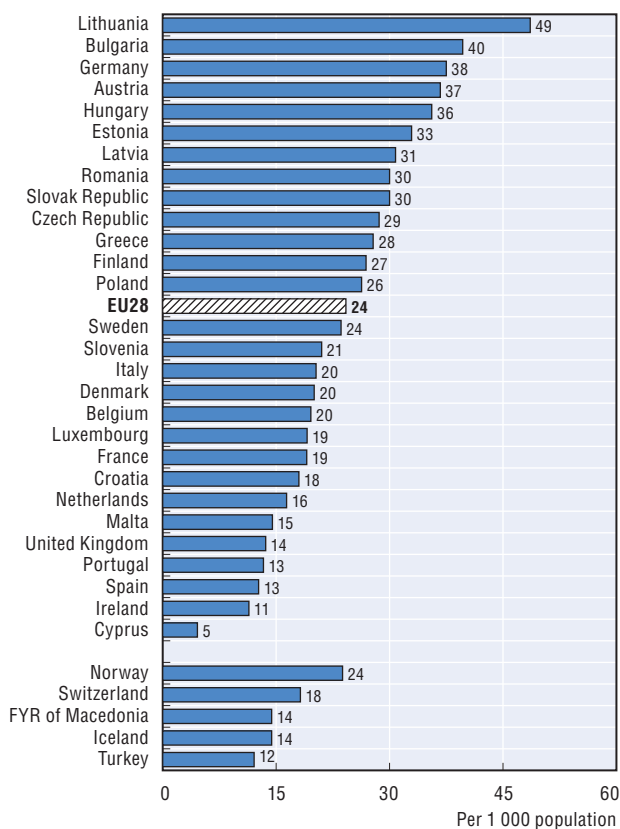


1. Excludes discharges of healthy babies born in hospital (between 3-10% of all discharges).

2. Includes same-day discharges.

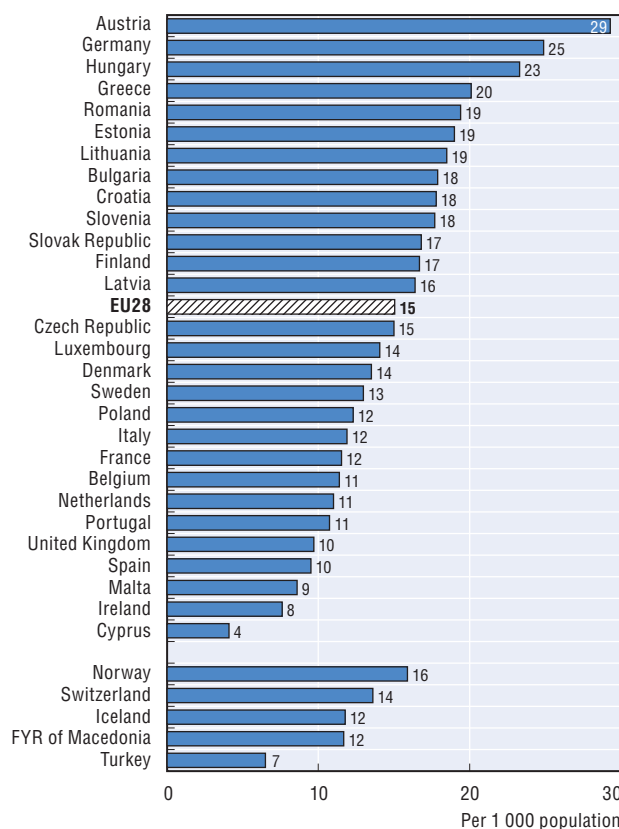
Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>; Eurostat Statistics Database, WHO Europe Health for All Database.

3.6.2. Hospital discharges for circulatory diseases per 1 000 population, 2012 (or nearest year)



Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>; Eurostat Statistics Database.

3.6.3. Hospital discharges for cancers per 1 000 population, 2012 (or nearest year)



Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888933155604>



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