

## 4. HEALTH CARE ACTIVITIES

### 4.4. Hospital discharges

Hospital discharge rates measure the number of patients who leave a hospital after receiving care. 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 2011, hospital discharge rates were the highest in Austria and Germany, followed by the Russian Federation, Hungary and the Czech Republic (Figure 4.4.1). They were the lowest in Mexico, Brazil, South Africa and China. 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 Portugal and Spain, and discharge rates are also more than two-times larger (see Indicator 4.3 “Hospital beds”).

Across OECD countries, the main conditions leading to hospitalisation in 2011 were circulatory diseases (accounting for 12.3% of all discharges on average in OECD countries), pregnancy and childbirth (10.2%), injuries and other external causes (8.9%), diseases of the digestive system (8.8%), cancers (8.4%), and respiratory diseases (8.2%).

Hungary, Austria and Germany have the highest discharge rates for circulatory diseases, followed by Estonia and the Czech Republic (Figure 4.4.2). The high rates in Hungary, Estonia and the Czech Republic are associated with lots of people having heart and other circulatory diseases (see Indicator 1.3). This is not the case for Germany and Austria.

Austria, Germany and Hungary also have the highest discharge rates for cancers (Figure 4.4.3). While the mortality rate from cancer (a proxy indicator for the incidence of cancers) is the highest in Hungary, it is under the OECD average for Austria and Germany (see Indicator 1.4). 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, 2008a).

In about one-third of OECD countries, discharge rates have increased over the past ten years. These include countries where discharge rates were low in 2000 (e.g. Korea, Mexico and Turkey) and others where it was already above-average (e.g. Germany, Slovenia and Switzerland). In a second group of countries (e.g. Belgium, Czech Republic, Denmark, Sweden, United Kingdom and United States), they have remained stable, while in the third group (including Canada, Finland, France and Italy), discharge rates fell between 2000 and 2011.

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 (Dormont and Huber, 2006). However, 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 over the past decade, there has been a strong rise in the number of day surgeries (see Indicator 4.9, for example, for evidence on the rise in day surgeries for cataracts).

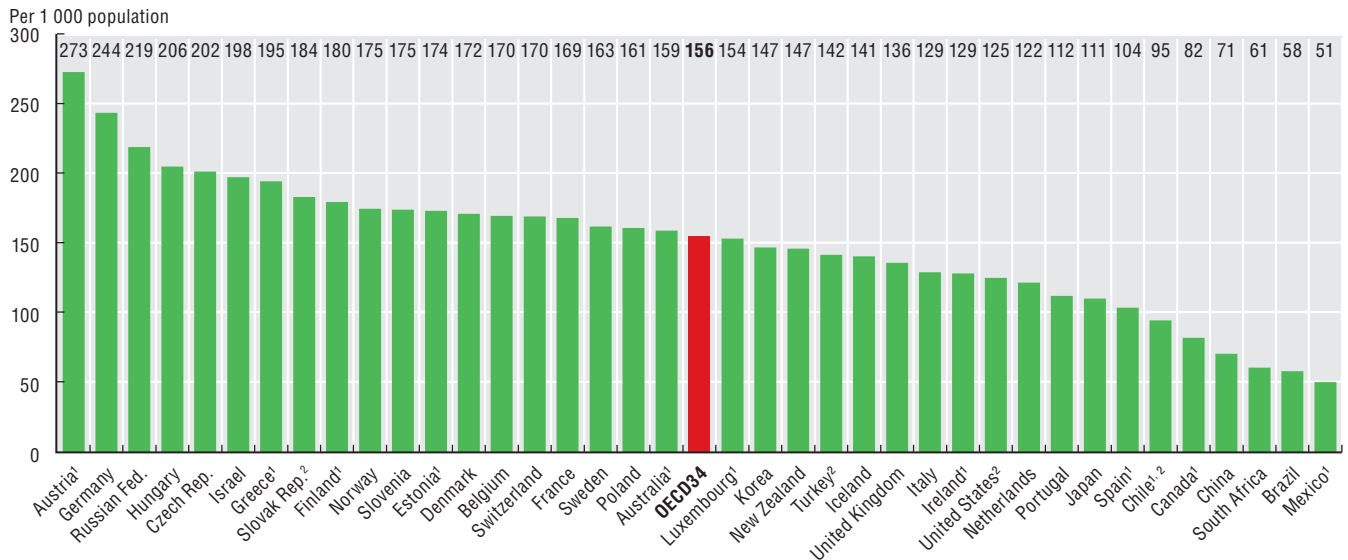
#### **Definition and comparability**

Hospital 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, Luxembourg and the Netherlands include only acute care/short-stay hospitals. Data for France and Japan refer to acute care hospitalisations.

4.4.1. Hospital discharges, 2011 (or nearest year)

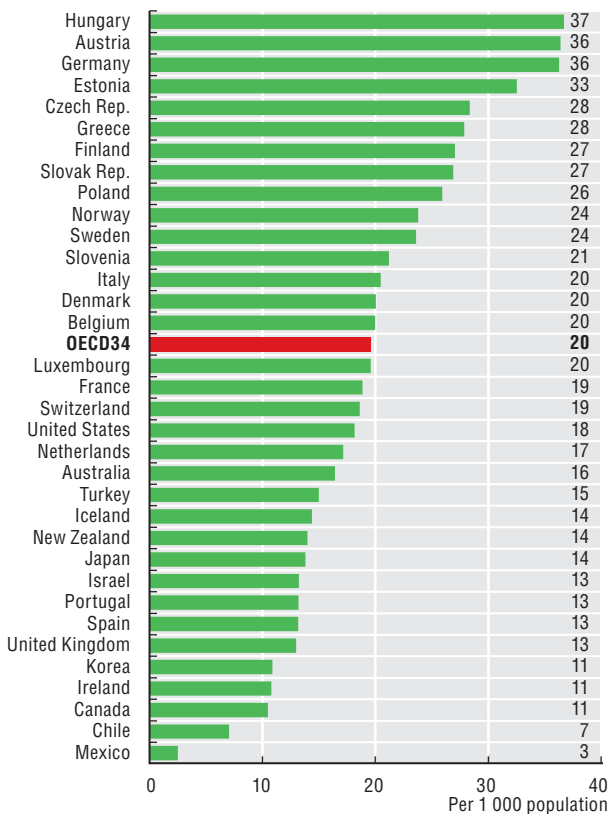


- 1. Excludes discharges of healthy babies born in hospital (between 3-10% of all discharges).
- 2. Includes same-day separations.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

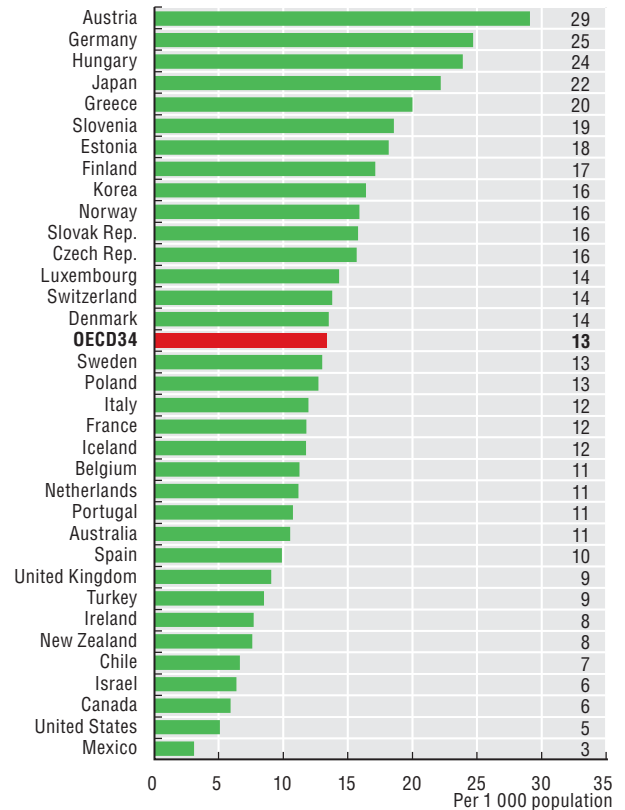
StatLink <http://dx.doi.org/10.1787/888932917389>

4.4.2. Hospital discharges for circulatory diseases, 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.  
StatLink <http://dx.doi.org/10.1787/888932917408>

4.4.3. Hospital discharges for cancers, 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.  
StatLink <http://dx.doi.org/10.1787/888932917427>



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