

The average length of stay in hospitals is often regarded as an indicator of efficiency. All other things being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient 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 cause adverse effects on health outcomes, or reduce the comfort and recovery of the patient. If this leads to a greater readmission rate, costs per episode of illness may fall only slightly, or even rise.

In 2012, the average length of stay in hospitals for all causes among EU countries was the lowest in Denmark and Sweden (Figure 3.7.1). It was highest in Finland, the Czech Republic, Hungary 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 3.5). 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.

The average length of stay in hospitals has decreased over the past decade in most EU countries, falling from 9.6 days in 2000 to 7.8 days in 2012 on average across EU member states (Figure 3.7.1). It fell particularly quickly in some countries that had relatively long stays in 2000 (e.g., in Bulgaria, the Slovak Republic, the United Kingdom and Switzerland).

Focusing on average length of stay for specific diseases or conditions can remove some of the effect of different case mix and severity. Figure 3.7.2 shows that the average length of stay for a normal delivery in EU countries ranges from less than two days in the United Kingdom and the Netherlands, to five days or more in the Slovak Republic, Romania and Hungary. The length of stay for a normal delivery has become shorter in nearly all countries over the past decade, dropping from five days in 2000 to about three-and-a-half days in 2012 on average in EU member states.

The average length of stay following acute myocardial infarction (AMI or heart attack) was around seven days on average in EU countries in 2012 (Figure 3.7.3). It was lowest in Denmark, Bulgaria and Sweden (less than five days), and highest in Germany (over ten days).

Several factors can explain these cross-country variations. Differences in the clinical need of patients may obviously play a role, but these variations also likely reflect differences in clinical practices and payment systems. The combination of an abundant supply of beds with the structure of hospital payments may provide hospitals with incentives to keep patients longer. A growing number of countries (e.g., France, Germany, Poland) have moved to prospective payment methods often based on diagnosis-related groups (DRGs) to set payments based on the estimated cost of hospital care for different patient groups in advance of service provision. These payment methods have the advantage of encouraging providers to reduce the cost of each episode of care. In Switzerland, the move from per diem payments to DRG-based payments has contributed to the reduction in length of stay in those

cantons that have modified their payment system (OECD and WHO, 2011). In the Netherlands, the introduction of a new DRG-based system in 2006 is also credited with contributing to the reduction in average length of stay (Westert and Klazinga, 2011).

Most countries are seeking to reduce ALOS whilst maintaining or improving the quality of care. A diverse set of policy options are available to achieve these twin aims. Strategic reductions in hospital bed numbers alongside the development of community care services can shorten ALOS, such as seen in Denmark's quality-driven reforms of the hospital sector (OECD, 2013). Other options include promoting the take-up of less invasive surgical procedures, changes in hospital payment methods, the expansion of early discharge programmes which enable patients to return to their home to receive follow-up care, and support for hospitals to improve the co-ordination of care across diagnostic and treatment pathways.

Definition and comparability

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 inpatients during a year by the number of admissions or discharges. Day cases are excluded.

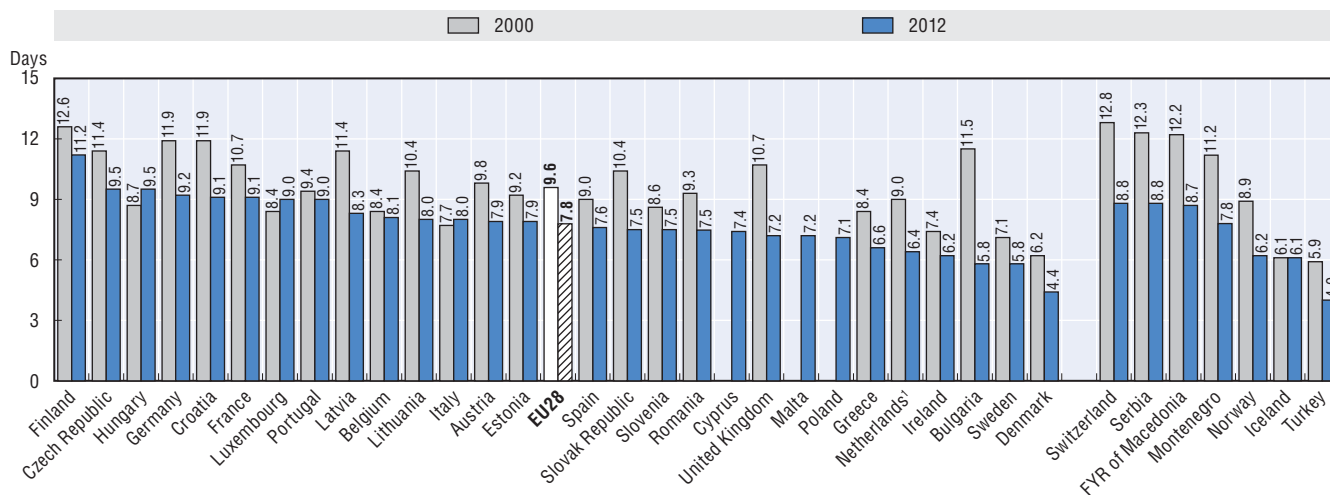
Compared with the 2012 edition of *Health at a Glance Europe*, the data cover all inpatient cases (including not only curative/acute care cases) for most countries, with the exception of the Netherlands where the data still refer to curative/acute care only (resulting in an under-estimation).

Discharges and average length of stay of healthy babies born in hospitals are excluded in several countries (e.g., Austria, Cyprus, Estonia, Finland, Greece, Ireland, Latvia, Luxembourg, Spain), resulting in a slight over-estimation of average length of stay compared with other countries.

References

- OECD (2013), *OECD Reviews of Health Care Quality: Denmark 2013 – Raising Standards*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264191136-en>.
- OECD and WHO (2011), *OECD Reviews of Health Systems: Switzerland 2011*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264120914-en>.
- Westert, G. and N. Klazinga (2011), *The Dutch Health Care System, 2011*, Report prepared for the Commonwealth Fund, New York.

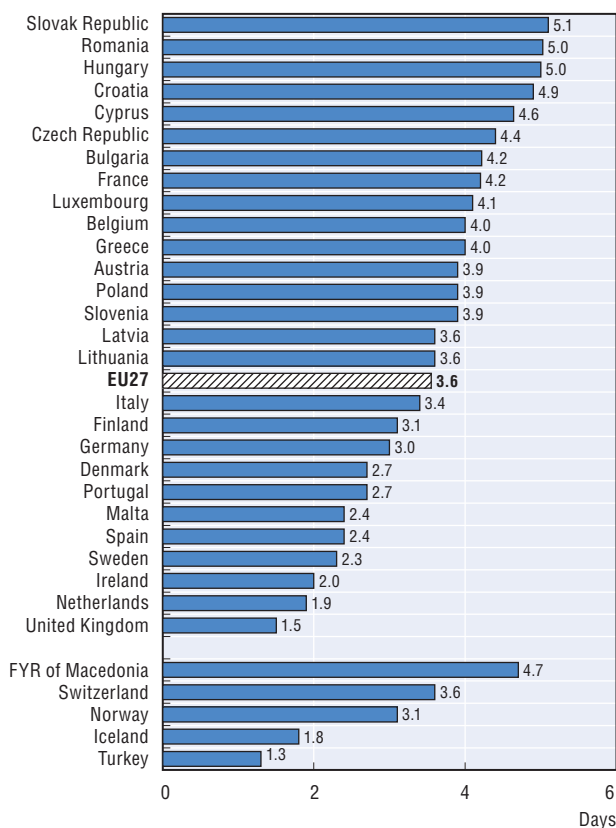
3.7.1. Average length of stay in hospital for all causes, 2000 and 2012 (or nearest year)



1. Data refer to average length of stay for curative (acute) care only (resulting in an under-estimation).

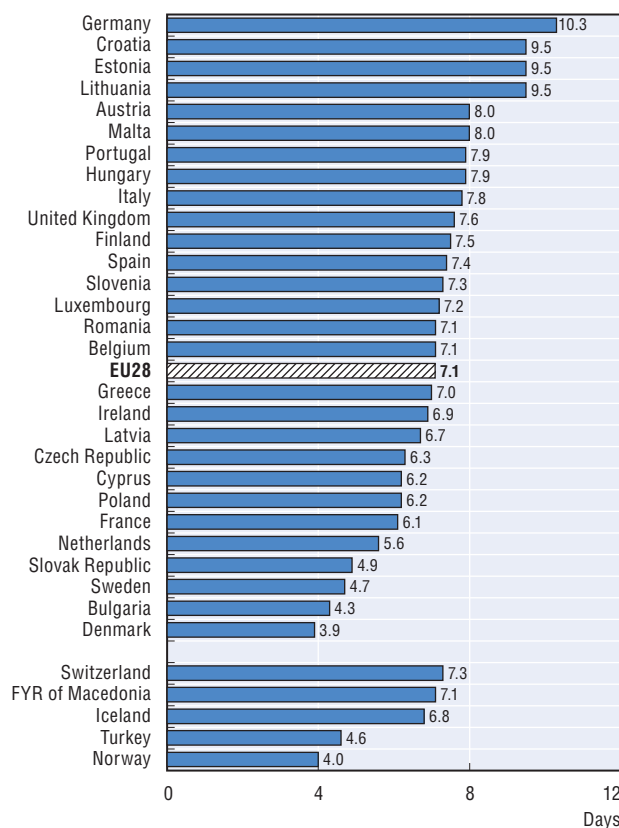
Source: OECD Health Statistics 2014, <http://dx.doi.org/10.1787/health-data-en>; Eurostat Statistics Database, WHO Europe Health for All Database.

3.7.2. Average length of stay for normal delivery, 2012 (or nearest year)



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

3.7.3. Average length of stay for acute myocardial infarction (AMI), 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/10.1787/888933155611>



From:
Health at a Glance: Europe 2014

Access the complete publication at:
https://doi.org/10.1787/health_glance_eur-2014-en

Please cite this chapter as:

OECD/European Union (2014), "Average length of stay in hospitals", in *Health at a Glance: Europe 2014*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance_eur-2014-31-en

This work is published under the responsibility of the Secretary-General of the OECD. The opinions expressed and arguments employed herein do not necessarily reflect the official views of OECD member countries.

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

You can copy, download or print OECD content for your own use, and you can include excerpts from OECD publications, databases and multimedia products in your own documents, presentations, blogs, websites and teaching materials, provided that suitable acknowledgment of OECD as source and copyright owner is given. All requests for public or commercial use and translation rights should be submitted to rights@oecd.org. Requests for permission to photocopy portions of this material for public or commercial use shall be addressed directly to the Copyright Clearance Center (CCC) at info@copyright.com or the Centre français d'exploitation du droit de copie (CFC) at contact@cfcopies.com.