HOSPITAL ACTIVITIES

Hospitals in most countries account for the largest part of overall fixed health investment. It is important to use resources efficiently and assure a co-ordinated access to hospital care: the number of hospital beds, hospital discharge rates and the average length of stay (ALOS) are among the indicators used to assess available resources and access in general.

Hospital bed availability varies considerably across the Asia/Pacific region. It is highest in Japan and Korea (Figure 6.13). At the other end, in Bangladesh, Cambodia, India, Myanmar, Pakistan and the Philippines, the number of hospital-beds is less than one per 1 000 people. Over the 2005-15 period the average hospital bed availability diminished somewhat in OECD and Asia/Pacific economies on average. The availability of hospital-beds fell in Azerbaijan and Nepal, but increased in China and Korea.

The hospital discharge rate is at 113 cases per 1 000 population on average in Asia/Pacific countries, compared with the OECD average of 156 (Figure 6.14). The highest rate hospital discharge rates are recorded for Sri Lanka and Mongolia, with over 250 discharges per 1 000 population in a year. By contrast, in Bangladesh, Myanmar and Nepal, discharge rates are below 25 cases per 1 000 population. Increasing the number of beds and overnight stays in hospitals does not always bring positive outcomes in population health. Hence, ALOS is also used to assess appropriate access and use. In the Asia/Pacific region, the average length of stay (ALOS) for acute care is 6.4 days on average, slightly below the OECD average of 7.8 days (Figure 6.15). The longest ALOS is over 16 days in Japan and Korea, while the shortest is 2.5 days in Lap PDR and three days in Sri Lanka.

In general, countries with more hospital beds tend to have higher discharge rates as well as longer ALOS (Figure 6.16). However, there are some: Japan and Korea, with the highest number of hospital beds per population, have a relatively low discharge rate while Sri Lanka, with average bed availability, has the highest discharge rate.

Definition and measurement

The number of hospital beds include all hospital beds such as those for acute care and for chronic/long-term care, in both the public and private sectors.

ALOS is generally measured by dividing the total number of days stayed by all patients in acute-care inpatient institutions by the number of admissions or discharges during a year. The figures reported for average length of stay (ALOS) are for acute care only. In general reported ALOS data cover only public sector institutions, and only a few countries, such as China, Mongolia and Thailand, comprehensively cover private sector institutions in their ALOS statistics.

A discharge is defined as the release of a patient who has stayed at least one night in hospital, and it includes deaths in hospital following inpatient care. The discharge rates presented here are not age-standardised, i.e. they do not take account for cross-national differences in the age structure of populations. The figures presented here come mostly from administrative sources.
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Figure 6.13. The average hospital bed availability has diminished somewhat across the Asia/Pacific region
Hospital beds per 1 000 population, 2005 and 2015 or latest available

Source: OECD Health Data 2018; WHO Global Health Observatory data repository 2018.

Figure 6.14. Hospital discharge rates vary widely across countries
Hospital discharge, cases, per 1 000 population, cases, latest available

Source: OECD Health Data 2018; WHO Global Health Observatory data 2018.

Figure 6.15. ALOS for acute care in Asia/Pacific is below the OECD
Average length of stay for acute care in hospital, days, latest available

Source: OECD Health Data 2018; WHO Global Health Observatory data 2018.

Figure 6.16. Countries with more hospital beds tend to have higher discharge rates and longer ALOS

Source: OECD Health Data 2018; WHO Global Health Observatory data repository 2018.