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 may 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 2014, the average length of stay in hospitals for all causes was the lowest in Denmark, Bulgaria and Sweden (Figure 8.10). It was highest in Finland, France, Hungary, the Czech Republic 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 on hospital beds in Chapter 7). Focusing only on stays in acute care units, the average length of stay in Finland is not greater, indeed it is even lower than in several other European countries.

The average length of stay in hospitals has decreased over the past decade in most EU countries, falling from almost ten days in 2000 to eight days in 2014 on average across EU member states. It fell particularly quickly in some countries that had relatively long stays in 2000 (e.g. Bulgaria, Croatia, Latvia, the Slovak Republic and the United Kingdom). The sharp reduction in Bulgaria has coincided with a substantial reduction in the number of hospital beds per capita since 2000, while hospital admission rates for short stays have increased (see indicator on hospital beds and hospital discharges in Chapter 7).

Focusing on average length of stay for specific diseases or conditions can remove some of the effect of different case mix and severity. Figure 8.11 shows that the average length of stay for a normal delivery in EU countries ranges from less than two days in the United Kingdom, the Netherlands and Ireland, to five days in Croatia, Hungary and the Slovak Republic. The length of stay for a normal delivery has become shorter in nearly all countries, dropping from five days in 2000 to about three days in 2014 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 2014 (Figure 8.12). It was lowest in Bulgaria, Denmark, Sweden and the Slovak Republic (less than five days) and highest in Germany (over ten days).

Several factors can explain these cross-country variations in average length of stay in general. 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, notably by reducing the length of stay.

Most countries are seeking to reduce the average length of stay in hospital 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 the average length of stay, 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.

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 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, Lithuania, Luxembourg, Spain), resulting in a slight over-estimation of average length of stay compared with other countries.

**Reference**

8.10. Average length of stay in hospital, 2000 and 2014 (or nearest year)

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

Source: OECD Health Statistics 2016; Eurostat Database.

8.11. Average length of stay for normal delivery, 2014 (or nearest year)

Source: OECD Health Statistics 2016; Eurostat Database.

8.12. Average length of stay for acute myocardial infarction (AMI), 2014 (or nearest year)

Source: OECD Health Statistics 2016; Eurostat Database.