

## HOSPITAL BEDS AND DISCHARGES

The number of hospital beds provides an indication of the resources available for delivering services to inpatients in hospitals. The influence of the supply of hospital beds on hospital admission rates has been widely documented, confirming that a greater supply generally leads to greater admissions (Rohmer's law that a "built bed is a filled bed").

Germany, Austria and Bulgaria have the highest number of hospital beds per capita, with more than seven beds per 1 000 population in 2016, well above the EU average of just over five beds, and more than two-times greater than the supply in Sweden, the United Kingdom and Denmark (Figure 7.22).

Since 2000, the number of hospital beds per capita has decreased to some extent at least in all EU countries. On average, it fell by almost 20%. This reduction has been particularly pronounced in Finland, Estonia, Latvia and Lithuania. The reduction in the supply of hospital beds has been accompanied by a reduction in hospital admissions in some countries and a reduction in average length of stays in nearly all countries (see indicator on average length of stay in Chapter 8).

Hospital admissions and discharges are highest in the three countries that have the highest number of hospital beds – Bulgaria, Germany and Austria. Hospital discharge rates in these countries are about 50% higher than the EU average. While differences in the clinical needs of patients may explain some of the variations in admission and discharge rates, these variations also likely reflect differences in the supply of beds, clinical practices and payment systems. Since 2000, hospital discharge rates have increased in Bulgaria and Germany.

Across EU countries, the main conditions leading to hospitalisation in 2016 were circulatory diseases, pregnancy and childbirth, injuries and other external causes, diseases of the digestive system, respiratory diseases and cancers.

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. This may be related not only to differences in the supply of hospital beds, but also in the availability and quality of primary care services (OECD, 2014).

Hospital bed occupancy rates have increased over time in some countries that have relatively low number of hospital beds. This has been notably the case in

Ireland where occupancy rates for curative (acute) care was approaching 100% in 2016, far above any other countries. In countries like Belgium and Germany, bed occupancy rates have remained relatively stable since 2000, at around 80%. The EU average has also been stable at 77% (Figure 7.24).

### Definition and comparability

Hospital beds include all beds that are regularly maintained and staffed and are immediately available for use. They include beds in general hospitals, mental health and substance abuse hospitals, and other specialty hospitals. Beds in nursing and residential care facilities are excluded. Data for some countries do not cover all hospitals. In the United Kingdom, data are restricted to public hospitals. In Ireland, data refer to publicly funded acute hospitals only.

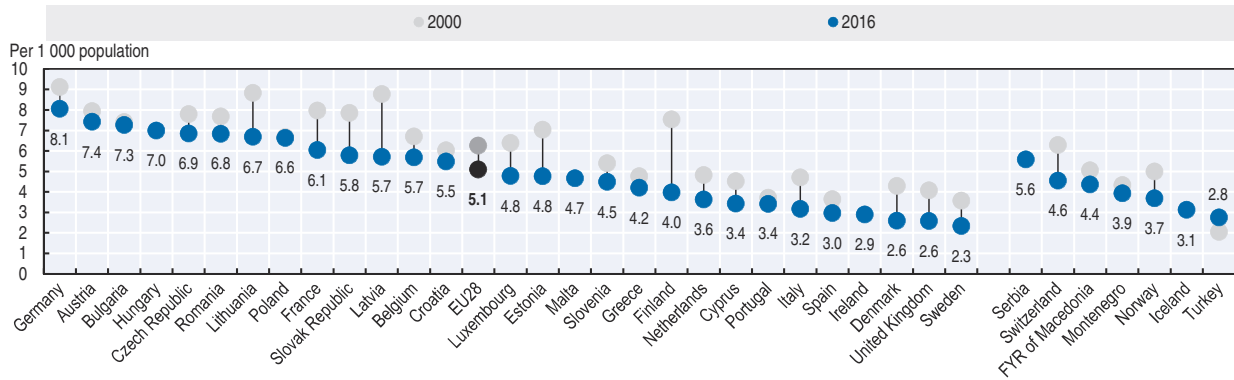
Discharge is defined as the release of a patient who has stayed at least one night in hospital. Same-day separations are excluded. Healthy babies born in hospitals are excluded completely (or almost completely) from hospital discharge rates in several countries (e.g. Austria, Estonia, Finland, France, Greece, Ireland, Latvia, Luxembourg and Spain). These comprise between 3% and 10% of all discharges. Data for some countries do not cover all hospitals. In Ireland, Latvia 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 Cyprus are not shown as they only include discharges from public hospitals, resulting in a large under-estimation given that most hospitals are private. Data for Belgium, Ireland and the Netherlands include only acute care/short-stay hospitals, also resulting in some under-estimation.

The occupancy rate for curative (acute) care beds is calculated as the number of hospital bed-days related to curative care divided by the number of available curative care beds (multiplied by 365).

### Reference

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>.

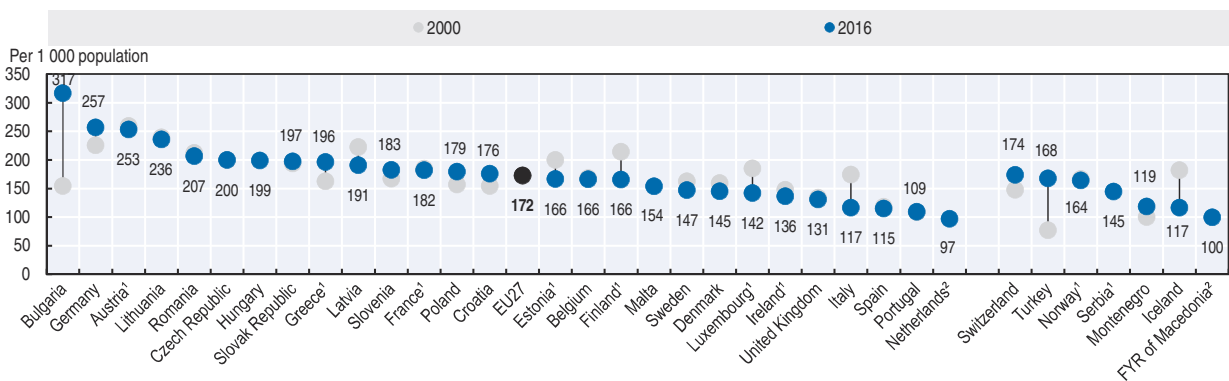
### 7.22. Hospital beds per 1 000 population, 2000 and 2016 (or nearest year)



Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836599>

### 7.23. Hospital discharges per 1 000 population, 2000 and 2016 (or nearest year)

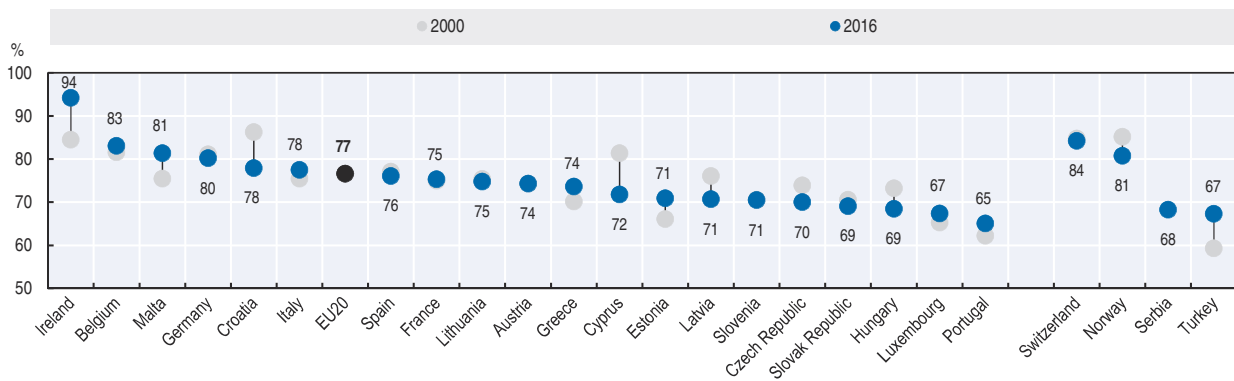


1. Data exclude discharges of healthy babies born in hospital (between 3-10% of all discharges).
2. Data include discharges for curative (acute) care only.

Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836618>

### 7.24. Occupancy rate of curative (acute) care beds, 2000 and 2016 (or nearest year)



Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>; Eurostat Database.

StatLink <http://dx.doi.org/10.1787/888933836637>



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