

AVERAGE LENGTH OF STAY IN HOSPITAL

The average length of stay in hospital is often regarded as an indicator of efficiency in health service delivery. All else being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive settings. Longer stays can be a sign of poor care coordination, resulting in some patients waiting unnecessarily in hospital until rehabilitation or long-term care can be arranged (see the discussion on delayed discharges in Chapter 2). At the same time, some patients may be discharged too early, when staying in hospital longer could have improved their health outcomes or reduced chances of re-admission.

In 2016, the average length of stay in hospital for all causes of hospitalisation was the lowest in the Netherlands, but the length of stay in the Netherlands is under-estimated because it only includes stays for curative (acute) care that are typically shorter. Taking into account all types of care, the average length of stay was relatively short in Bulgaria, Denmark and Sweden (Figure 8.8). It was highest in France, mainly because of relatively long stays for rehabilitative and psychiatric care provided in general or specialised hospitals: the length of stay in acute care units in France is no longer than in most other countries. Hungary and the Czech Republic also have relatively long average length of stay, partly because many hospitals have long-term care units.

The average length of stay in hospital has decreased since 2000 in nearly all EU countries, falling from almost ten days in 2000 to less than eight days in 2016 on average. It fell particularly quickly in some countries that had relatively long stays in 2000 (e.g. Bulgaria, Croatia, Finland, Germany, Latvia, Slovak Republic and United Kingdom). This reduction in average length of stay has generally been accompanied by a reduction in the number of hospital beds. For example, in Finland, the 30% reduction in average length of stay since 2000 has come along with an almost 50% reduction in the number of hospital beds per capita (see indicator on hospital beds and 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 of patients admitted to hospital. Figure 8.9 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 almost five days in Hungary, Croatia and the Slovak Republic. The length of stay for a normal delivery has become shorter in nearly all countries, dropping from more than four days in 2000 to about three days in 2016 on average in EU countries.

The average length of stay following acute myocardial infarction (AMI or heart attack) was around seven days on average in EU countries in 2016

(Figure 8.10). It was lowest in Denmark, Bulgaria and Sweden (less than five days) and highest in Germany (ten days).

Beyond differences in clinical needs, several factors can explain these cross-country variations in lengths of stay. The combination of an abundant supply of beds together with hospital payment methods may provide incentives for hospitals 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 hospitalisation.

Strategic reductions in hospital bed numbers alongside the development of community care services can shorten the average length of stay. Lengths of stay could often be shortened through better coordination between hospitals and post-discharge care settings. An important constraint in many countries is the shortage of capacity in intermediate or long-term care facilities, or in providing home-based care. Many countries (for example, the Netherlands, Sweden, Norway and parts of the United Kingdom) have taken steps in recent years to increase the capacity of intermediate care facilities and home-based care to reduce lengths of stay and the risk of hospital re-admission (see Chapter 2).

Definition and comparability

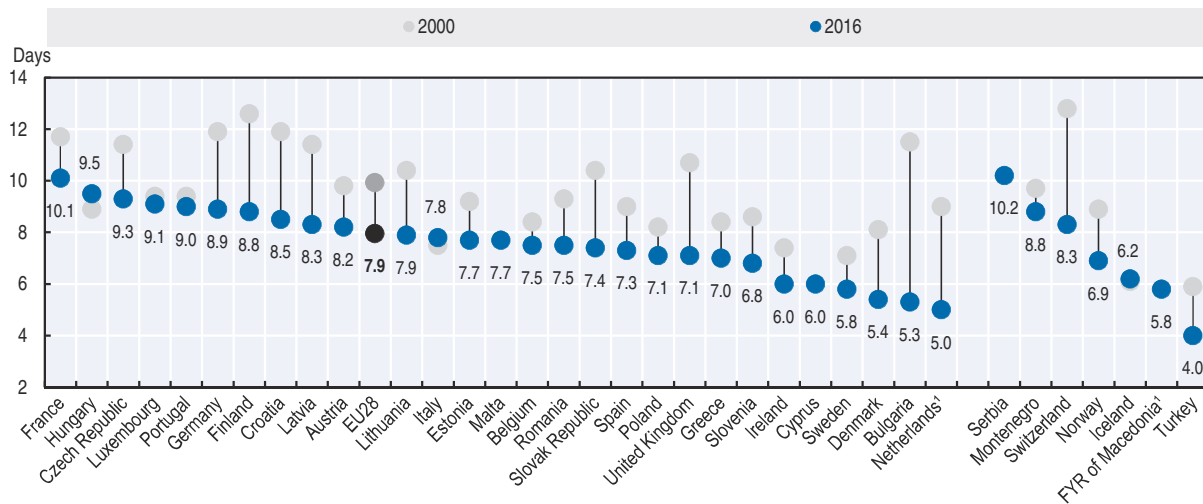
Average length of stay refers to the average number of days that patients spend in hospital. It is generally measured by dividing the total number of days stayed by all inpatients during a year by the number of admissions or discharges. Day cases are excluded.

The data cover all inpatient cases (including not only curative/acute care cases), with the exception of the Netherlands where the data refer to curative/acute care only (resulting in a substantial under-estimation).

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

Data for normal delivery refer to ICD-10 code O80, and for AMI to ICD-10 codes I21-I22.

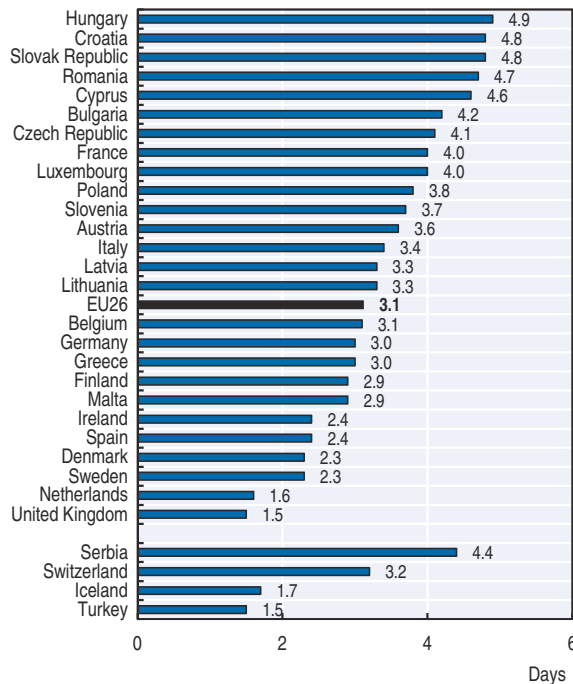
8.8. Average length of stay in hospital, 2000 and 2016 (or nearest year)



Note: Data refer to average length of stay for curative (acute) care (resulting in an under-estimation).
 Source: OECD Health Statistics 2018; Eurostat Database.

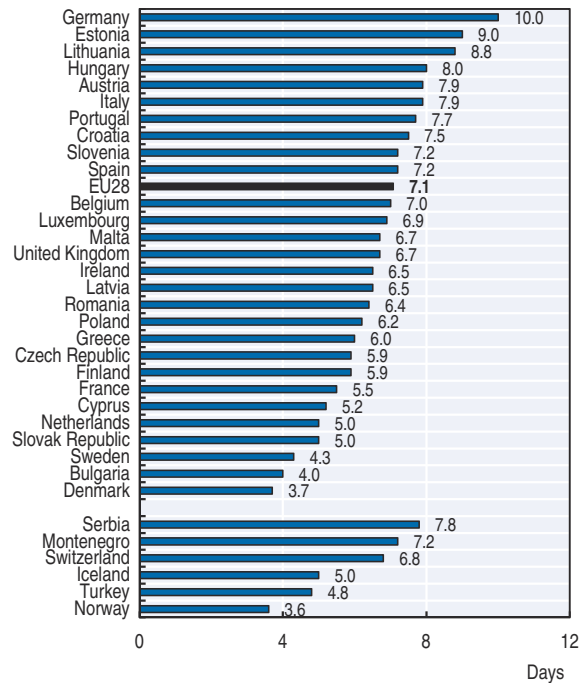
StatLink <http://dx.doi.org/10.1787/888933836865>

8.9. Average length of stay for normal delivery, 2016 (or nearest year)

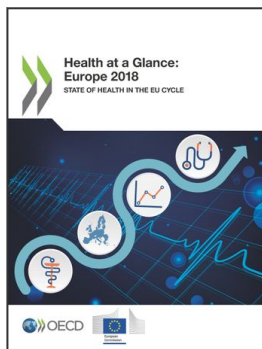


Source: OECD Health Statistics 2018; Eurostat Database.
 StatLink <http://dx.doi.org/10.1787/888933836884>

8.10. Average length of stay for acute myocardial infarction (AMI), 2016 (or nearest year)



Source: OECD Health Statistics 2018; Eurostat Database.
 StatLink <http://dx.doi.org/10.1787/888933836903>



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