9. HEALTH CARE ACTIVITIES

Hospital discharges

Hospital discharge rates measure the number of patients who leave a hospital after staying at least one night. Together with the average length of stay, they are important indicators of hospital activities. Hospital activities are affected by a number of factors, including the capacity of hospitals to treat patients, the ability of the primary care sector to prevent avoidable hospital admissions, and the availability of post-acute care settings to provide rehabilitative and long-term care services.

In 2015, hospital discharge rates were highest in Austria and Germany, followed by Lithuania and the Russian Federation (Figure 9.10). They were the lowest in Colombia, Mexico, Brazil and Canada. In general, those countries that have more hospital beds tend to have higher discharge rates. For example, the number of hospital beds per capita in Austria and Germany is more than two-times greater than in Canada and Spain, and discharge rates are also more than two-times larger (see indicator on "Hospital beds").

Across OECD countries, the main conditions leading to hospitalisation in 2015 were circulatory diseases, pregnancy and childbirth, injuries and other external causes, diseases of the digestive system, cancers, and respiratory diseases.

Germany, Austria, Hungary and Latvia have the highest discharge rates for circulatory diseases; with Austria, Greece, Germany and Hungary the highest for cancers (Figures 9.11 and 9.12). While the high rates of hospital discharges for circulatory diseases in Hungary are associated with lots of people having heart and other circulatory diseases (see indicator on "Mortality from circulatory diseases" in Chapter 3), this is not the case for Germany and Austria. Similarly, cancer incidence is not higher in Austria, Germany or Greece than in most other OECD countries (see indicator on "Cancer incidence" in Chapter 3). In Austria, the high discharge rate is associated with a high rate of hospital readmissions for further investigation and treatment of cancer patients (European Commission, 2008).

Trends in hospital discharge rates vary widely across OECD countries. Since 2000, discharge rates have increased in some countries where discharge rates were low in 2000 and have increased rapidly since then (e.g. Korea, Turkey and China) as well as in other countries such as Germany where it was already above-average. In other countries (e.g. France, Portugal and the United States), they have remained relatively stable, while in other countries (e.g. Finland, Hungary, Iceland, Italy and Latvia), discharge rates fell between 2000 and 2015.

Trends in hospital discharges reflect the interaction of several factors. Demand for hospitalisation may grow as populations' age, given that older population groups account for a disproportionately high percentage of hospital discharges. However, population ageing alone may be a less important factor in explaining trends in hospitalisation rates than changes in medical technologies and clinical practices. The diffusion of new medical interventions often gradually extends to older population groups, as interventions become safer and more effective for people at older ages. But the diffusion of new medical technologies may also involve a reduction in hospitalisation if it involves a shift from procedures requiring overnight stays in hospitals to same-day procedures. In the group of countries where discharge rates have decreased since 2000, there has been a strong rise in the number of day surgeries (see indicator on "Ambulatory surgery"). The number of beds available in a hospital might also affect the timing of patient discharges, which in turn affects the average length of stay (see indicator on "Average length of stay in hospitals").

Hospital discharge rates vary not only across countries, but also within countries. In several OECD countries (e.g., Canada, Finland, Germany, Italy, Portugal, Spain and the United Kingdom), hospital medical admissions (excluding admissions for surgical interventions) vary by more than two-times across different regions in the country (OECD, 2014).

Definition and comparability

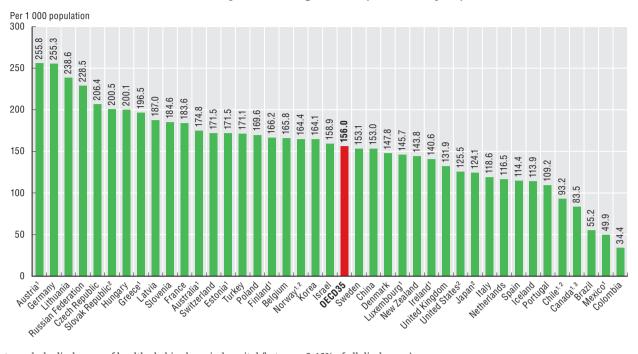
Discharge is defined as the release of a patient who has stayed at least one night in hospital. It includes deaths in hospital following inpatient care. Same-day discharges are usually excluded, with the exceptions of Chile, Japan, Norway, the Slovak Republic and the United States which include some same-day separations.

Healthy babies born in hospitals are excluded from hospital discharge rates in several countries (Australia, Austria, Canada, Chile, Estonia, Finland, Greece, Ireland, Luxembourg, Mexico, Norway). These comprise around 3 to 10% of all discharges. Data for some countries do not cover all hospitals. For instance, data for Mexico, New Zealand and the United Kingdom are restricted to public or publiclyfunded hospitals only. Data for Ireland cover public acute and psychiatric (public and private) hospitals. Data for Canada and the United States include only acute care/short-stay hospitals.

References

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- OECD (2014), Geographic Variations in Health Care: 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.

Hospital discharges



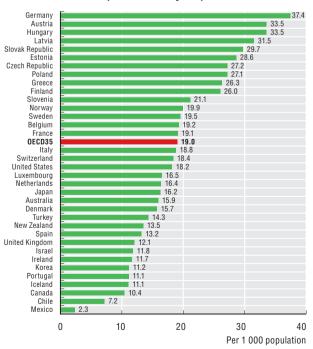
9.10. Hospital discharges, 2015 (or nearest year)

1. Data exclude discharges of healthy babies born in hospital (between 3-10% of all discharges).

2. Data include same-day discharges.

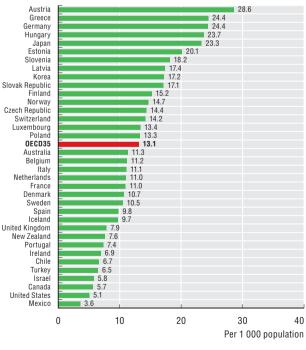
3. Data for Canada include discharges for curative (acute) care only. Source: OECD Health Statistics 2017.

StatLink ans http://dx.doi.org/10.1787/888933605122



9.11. Hospital discharges for circulatory diseases, 2015 (or nearest year)

9.12. Hospital discharges for cancers, 2015 (or nearest year)



Source: OECD Health Statistics 2017. StatLink and http://dx.doi.org/10.1787/888933605141 Source: OECD Health Statistics 2017.

StatLink 🛲 http://dx.doi.org/10.1787/888933605160



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