4.5. Average length of stay in hospitals

The average length of stay in hospitals (ALOS) is often treated 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 could also cause adverse effect on health outcomes, or reduce the comfort and recovery of the patient. If this leads to a rising readmission rate, costs per episode of illness may fall little, or even rise.

In 2007, the average length of stay for acute care for all conditions combined was the lowest in some Nordic countries (Denmark, Finland, Sweden), Mexico and Turkey (less than five days), and the highest in Japan (19 days), followed by Germany and Switzerland (almost eight days). The OECD average was 6.5 days (Figure 4.5.1). Several factors can explain these cross-country differences. Short stays in Finland are linked, at least partly, to the availability of beds for convalescent patients in health centres (OECD, 2005b). Conversely, the abundant supply of beds and the structure of hospital payments in Japan may provide hospitals with incentives to keep patients longer (see Indicator 4.3 "Hospital beds"). Financial incentives inherent in hospital payment methods can also influence length of stay in other countries. For example, predominant bed-day payments in Switzerland have encouraged long stays in hospitals (OECD and WHO, 2006).

The average length of stay for acute care has fallen in nearly all OECD countries – from 8.7 days in 1995 to 6.5 days in 2007 on average across OECD countries (Figure 4.5.1). It fell particularly quickly in those countries that had relatively high levels in 1995 (Japan, Germany, Netherlands, Switzerland, Czech Republic, Slovak Republic, Hungary and Poland). Several factors explain this decline, including the use of less invasive surgical procedures, changes in hospital payment methods to prospective pricing systems, and the expansion of early discharge programmes which enable patients to return to their home to receive follow-up care.

Focusing on average length of stay for specific diseases or conditions can remove some of the heterogeneity arising from different mix and severity of acute care conditions across countries. Figure 4.5.3 shows that ALOS following a normal delivery ranges from less than two days in Mexico, Turkey, the United Kingdom and Canada, to five days or more in the Slovak Republic, Hungary, Switzerland and the Czech Republic. ALOS for normal delivery has become shorter in nearly all countries over the past decade, dropping from 4.3 days in 1995 to 3.2 days in 2007 on average across OECD countries.

Lengths of stay following acute myocardial infarction (AMI, or heart attack) also declined over the past decade. In 2007, ALOS following AMI was the lowest in Turkey, some of the Nordic countries (Norway, Sweden and Denmark) and the United States (less than six days). It was 11 days or more in Finland and Germany (Figure 4.5.2). Care is however required in making cross-country comparisons. For example, ALOS in Finland may include patients originally admitted for AMI but who are no longer receiving acute care, and might therefore be considered long-term care patients (Moïse *et al.*, 2003).

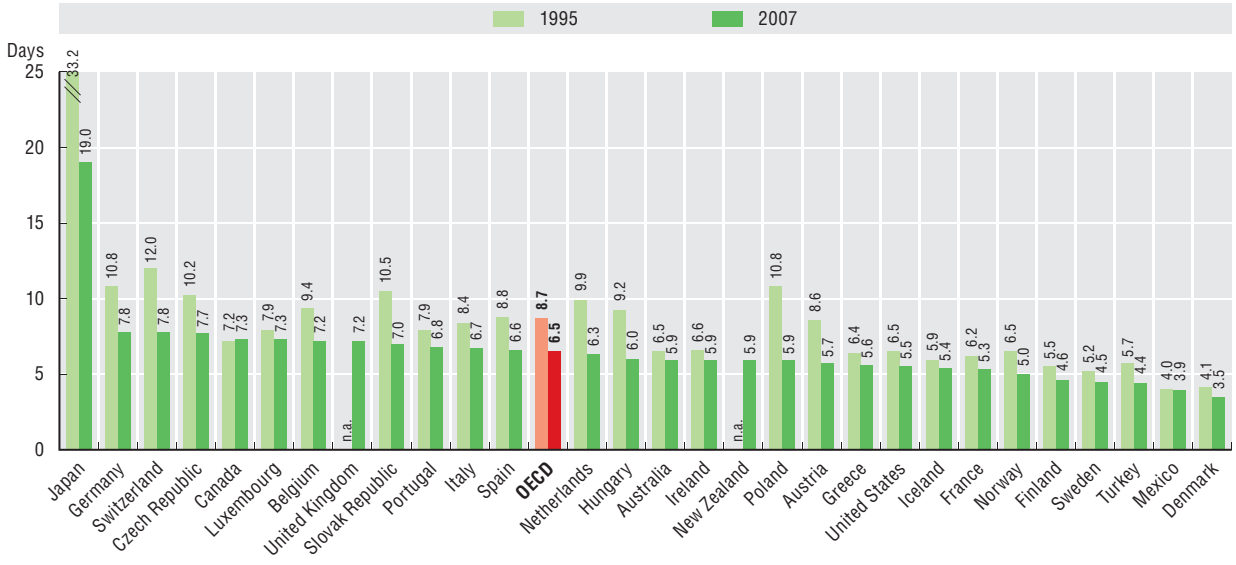
Definition and deviations

Average length of stay (ALOS) for acute care 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 patients in acute-care units in hospital during a year by the number of admissions or discharges.

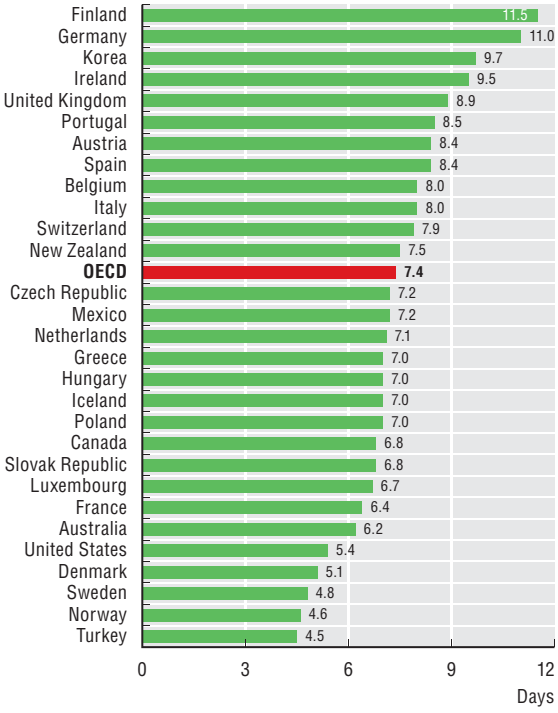
The definition of "acute care" includes all the functions of care covered under "curative care" as defined in the OECD Manual, *A System of Health Accounts* (OECD, 2000). However, there are variations across countries in the functions of care included/excluded in "acute care", thereby limiting data comparability (*e.g.* whether or not beds for rehabilitation, palliative care and long-term care are included).

In the calculation of ALOS, days and discharges of healthy babies born in hospitals are excluded or only partially counted in some countries. Including healthy newborns would reduce the ALOS in these countries (*e.g.* by about half-a-day in Canada).

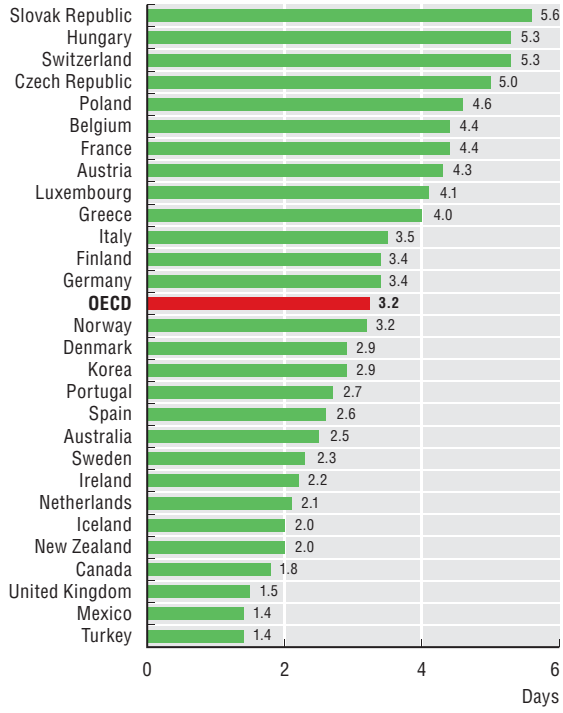
4.5.1 Average length of stay for acute care, 1995 and 2007 (or nearest year)



4.5.2 Average length of stay following acute myocardial infarction (AMI), 2007 (or latest year available)

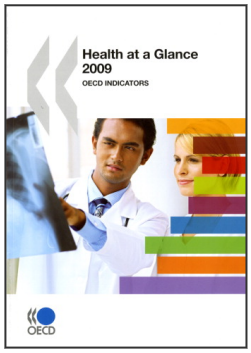


4.5.3 Average length of stay for normal delivery, 2007 (or latest year available)



Source: OECD Health Data 2009.

StatLink http://dx.doi.org/10.1787/718461788142



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