

## 4. HEALTH CARE ACTIVITIES

### 4.4. Hospital discharges

Hospital discharge rates measure the number of patients who leave a hospital after receiving care. 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 demand for hospital services, 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 2009, hospital discharge rates were the highest in Austria and France, although the high rate in France is partly explained by the inclusion of some separations for same-day procedures (Figure 4.4.1). Discharge rates are also high in the Russian Federation, Germany, the Slovak Republic, Poland and the Czech Republic. They are the lowest in Mexico, Brazil and China. 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 twice than Spain and the United Kingdom, and discharge rates are also about twice as large (see Indicator 4.3 “Hospital beds”).

Across OECD countries, the main conditions leading to hospitalisation in 2009 were circulatory diseases (which include ischemic heart disease, stroke and other diseases), pregnancy and childbirth, diseases of the digestive system, cancers, and injuries and other external causes.

Germany and Austria have the highest discharge rate for circulatory diseases, followed by the Slovak Republic and Estonia (Figure 4.4.2). The high rates in the Slovak Republic and Estonia are associated with high mortality rate from circulatory diseases which may be used as a proxy indicator for the occurrence of these diseases (see Indicator 1.3 “Mortality from heart disease and stroke”). This is not the case for Germany and Austria.

Austria and Germany also have the highest discharge rates for cancers (Figure 4.4.3), although the number of new cancer cases in these countries is only around the OECD average (see Indicator 1.11 “Cancer incidence”). In Austria, the high rate is associated with a high rate of hospital readmissions for further investigation and treatment of cancer patients (European Commission, 2008a).

Trends in hospital discharge rates for all conditions vary widely. In about one-third of OECD countries, discharge rates have increased over the past ten years. These include countries where discharge rates were low in 2000 (e.g. Korea, Mexico and Turkey) and others where it was already above-average (e.g. Germany, Poland and the Slovak Republic). In a second group of countries (e.g. Austria, Belgium, France, Spain, Sweden and the United Kingdom), they have remained stable, while in the third group (including Canada, Denmark, Finland and Italy), discharge rates fell between 2000 and 2009.

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. For example, in Austria and Germany, 42% of all hospital discharges in 2008 were for people aged 65 and over, more than twice their share of the population. 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 (Dormont and Huber, 2006). However, the diffusion of new medical technologies may also involve a reduction in hospitalisation if it entails a shift from procedures requiring overnight stays in hospitals to same-day procedures. In the group of countries where discharge rates have decreased over the past decade, there has been a strong rise in the number of day surgeries (see Indicator 4.10, for example, for evidence on the rise in day surgeries for cataracts).

#### Definition and comparability

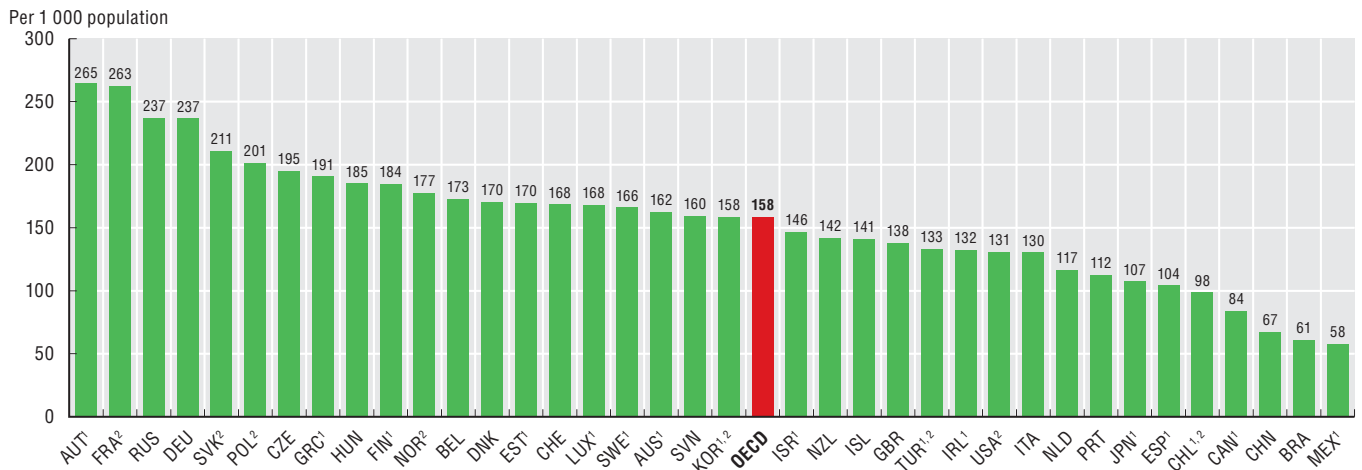
Hospital discharge is defined as the release of a patient who has stayed at least one night in hospital. It includes deaths in hospital following inpatient care. Same-day discharges are usually excluded, with the exceptions of Chile, France, Korea, Norway, Poland, the Slovak Republic, Turkey and the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

Healthy babies born in hospitals are excluded from hospital discharge rates in several countries (e.g. Australia, Austria, Canada, Chile, Estonia, Finland, Greece, Ireland, Israel, Japan, Korea, Luxembourg, Mexico, Spain, Sweden, Turkey). These comprise some 3-6% of all discharges.

Data for some countries do not cover all hospitals. For instance, data for Denmark, Ireland, Mexico, New Zealand, Poland, Sweden and the United Kingdom are restricted to public or publicly-funded hospitals only. Data for Portugal relate only to public hospitals on the mainland (excluding the Islands of Azores and Madeira). Data for Austria, Canada, Estonia, Luxembourg and the Netherlands include only acute care/short-stay hospitals. Data for Israel and Japan refer to acute care hospitalisations.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

4.4.1 Hospital discharges per 1 000 population, 2009 (or nearest year)

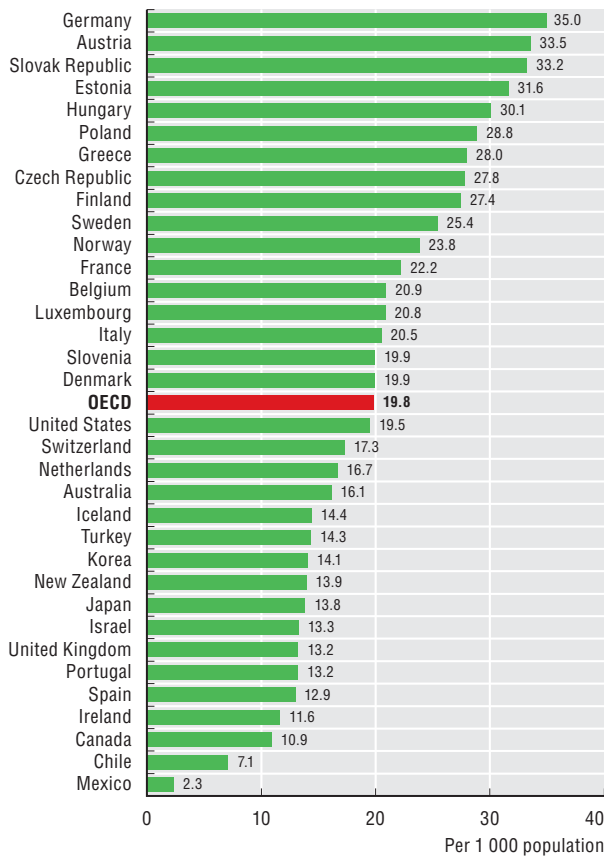


1. Excludes discharges of healthy babies born in hospital (between 3-6% of all discharges).
2. Includes same-day separations.

Source: OECD Health Data 2011; WHO-Europe for the Russian Federation and national sources for other non-OECD countries.

StatLink <http://dx.doi.org/10.1787/888932524602>

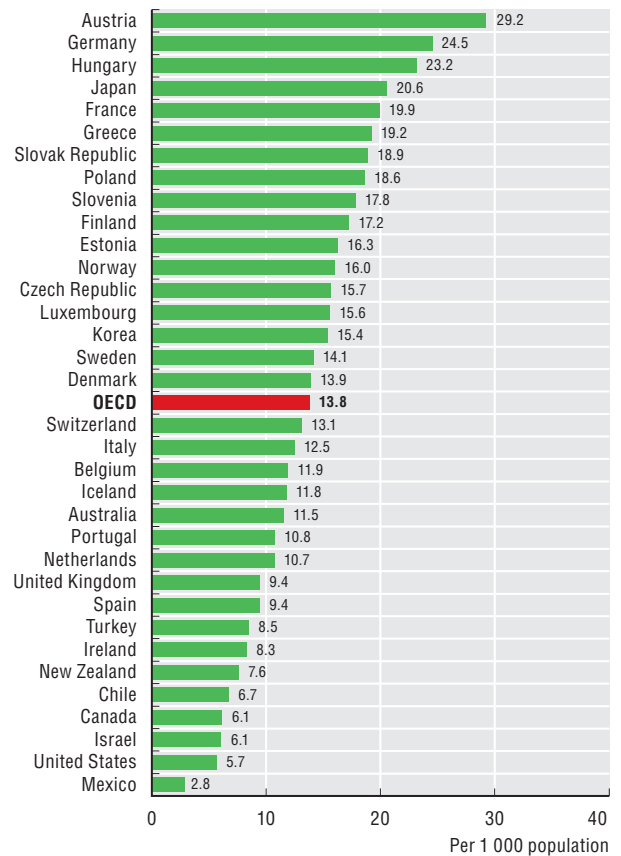
4.4.2 Hospital discharges for circulatory diseases per 1 000 population, 2009 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524621>

4.4.3 Hospital discharges for cancers per 1 000 population, 2009 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932524640>



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