

In most countries, hospitals account for the largest part of overall fixed investment and hospital beds provides an indication of the resources available for delivering services to inpatients. However, the influence of the supply of hospital beds on admission rates has been widely documented, confirming that a greater supply generally leads to higher admission numbers (Roemer's Law that a "built bed is a filled bed"). Therefore, beside quality of hospital care (see Chapter 7), it is important to use resources efficiently and assure a coordinated access to hospital care. Increasing the numbers of beds and overnight stays in hospitals does not always bring positive outcomes in population health nor reduce waste (see Chapter 2).

The number of hospital beds per capita in LAC is 2.1, lower than the OECD average of 4.7, but it varies considerably (Figure 5.11). More than five beds per 1 000 population are available in Barbados, Argentina and Cuba, whereas the stock is less than one per 1 000 population in Guatemala, Haiti, Honduras, Venezuela and Nicaragua. These large disparities reflect substantial differences in the resources invested in hospital infrastructure across countries.

Hospital discharge is at an average of 54.4 per 1 000 population in 11 LAC countries with data, compared with the OECD average of 154 (Figure 5.12). The highest rates are in Chile and Costa Rica, with over 89 and 73 discharges per 1 000 population in a year, respectively, while in Colombia, Panama and Peru there are less than 40 discharges per 1 000 population, suggesting delays in accessing services. In general, countries with more hospital beds tend to have higher discharge rates, and vice versa (Figure 5.13). However, there are some notable exceptions. El Salvador, Bolivia and Costa Rica have low number of beds but a relatively high discharge rate, while Argentina has as many beds as the OECD average but a relatively low discharge rate.

In nine LAC countries with data, the average length of stay (ALOS) is 5.36 days, lower than the OECD average of 7.70 (Figure 5.14). The longest ALOS is 6 days or more in Jamaica, Colombia and Chile, while the shortest length of stay is under 4 days in Mexico. The ALOS is used to assess appropriate access and use, but caution is needed in its interpretation (see Chapter 2 as well). Although all other things being equal, a shorter stay will reduce the cost per discharge and provide care more efficiently by shifting care from inpatient to less expensive post-acute 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. 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 (Rojas-Garcia et al., 2018[11]).

In the light of OECD countries analysis, apart from disparities in the average length of stay due to case mix, other factors including payment structures can explain cross-country variations. In particular, the introduction of prospective payment systems that encourage providers to reduce the cost of episodes in care, such as diagnosis-related groups (DRG), has been credited for the reduction in the ALOS in hospitals. A recent OECD study analysed the significance of a number of hospital characteristics finding that hospitals with many beds (higher than 200) are associated with a longer length of stay, while a bed occupancy rate of 70% or more is associated with a shorter length of stay (Lorenzoni and Marino, 2017[12]).

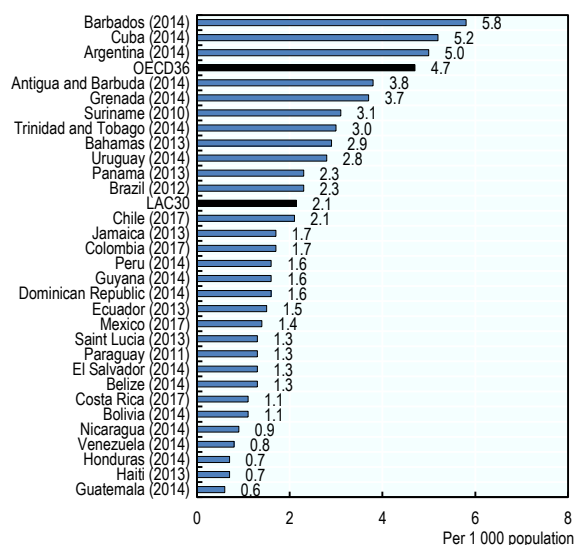
### Definition and comparability

All hospital beds include those for acute care and chronic/long-term care, in both the public and private sectors. A 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 but usually excludes same-day separations. The discharge rates presented are not age-standardised, not considering differences in the age structure of the population across countries. The figures reported for ALOS refer to the number of days that patients spend overnight in an acute-care inpatient institution. ALOS is generally measured by dividing the total number of days stayed by all patients in acute-care inpatient institutions during a year by the number of admissions or discharges. There are considerable variations in how countries define acute care, and what they include or exclude in reported statistics. For the most part, discharges and ALOS data in the LAC region cover only public sector institutions.

### References

- [12] Lorenzoni, L. and A. Marino (2017), "Understanding variations in hospital length of stay and cost: Results of a pilot project", *OECD Health Working Papers*, No. 94, OECD Publishing, Paris, <https://dx.doi.org/10.1787/ae3a5ce9-en>.
- [11] Rojas-Garcia, A. et al. (2018), "Impact and experiences of delayed discharge: A mixed-studies systematic review", *Health Expectations*.

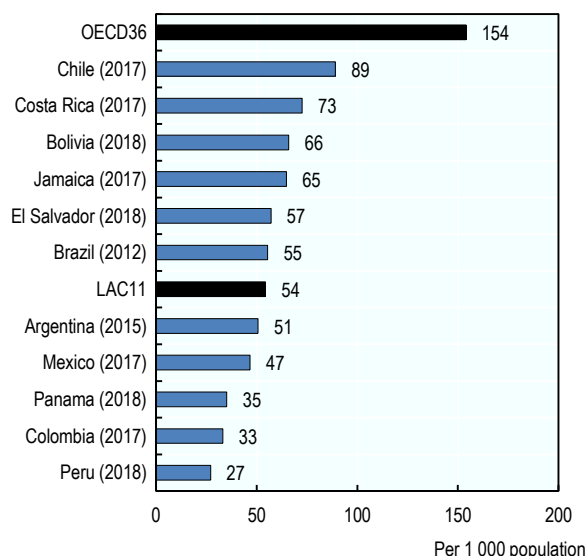
Figure 5.11. Hospital beds per 1 000 population, latest year available



Source: OECD Health Statistics 2019; World Bank World Development Indicators 2019.

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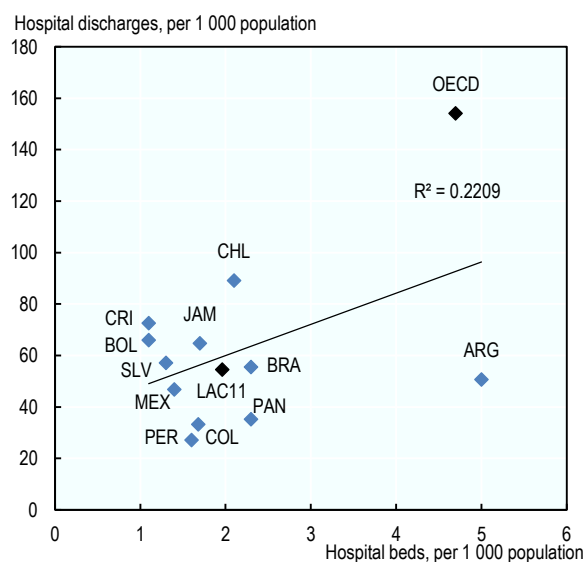
Figure 5.12. Hospital discharges per 1 000 population, latest year available



Source: OECD Health Statistics 2019; National sources.

StatLink <https://stat.link/d1qjlf>

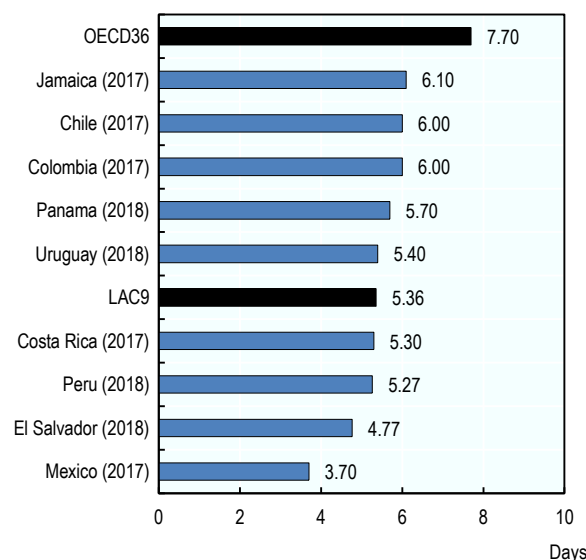
Figure 5.13. Hospital beds per 1 000 population and hospital discharges per 1 000 population, latest year



Source: OECD Health Statistics 2019; World Bank World Development Indicators 2019, National Sources.

StatLink <https://stat.link/wn2oh3>

Figure 5.14. Average length of stays for acute care in hospitals, latest year available



Source: OECD Health Statistics 2019, National Sources.

StatLink <https://stat.link/ha3yqw>



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