Hospitals in most countries account for the largest part of health care expenditure. Capacity of the hospital sector and access to hospital care are assessed in this report by the number of hospital beds and hospital discharge rates. However, increasing the numbers of beds and overnight stays in hospitals does not always bring positive outcomes as resources need to be used efficiently. Hence, the average length of stay (ALOS) is also used to assess appropriate access to and use of hospital care, but caution is needed in its interpretation. Although, all other things being equal, a shorter stay will reduce the cost per discharge and provide care more efficiently by possibly shifting care from inpatient to less expensive post-acute settings, too short a length of stay may reduce the comfort and hamper the recovery of the patient or increase hospital readmissions.

The number of hospital beds is 3 and 2.7 per 1 000 population on average across upper-middle and lower-middle and low income Asia-Pacific countries respectively, lower than the OECD average of 4.6 and the high income Asia-Pacific countries and territories average of 5.4, but it varies considerably (Figure 5.11). More than one bed per 100 population is available in Japan, the Republic of Korea and Korea DPR, whereas the stock of beds is less than one per 1 000 population in Bangladesh, Pakistan, Cambodia, and India. These large disparities reflect substantial differences in the resources invested in hospital care across countries.

Hospital discharge is at 151.1 and 85.3 per 1 000 population on average in upper-middle and lower-middle and low income Asia-Pacific countries respectively, compared with the OECD average of 150.7. There is a large variation between countries in the region (Figure 5.13). The highest rates are in Sri Lanka and Mongolia, with over 275 discharges per 1 000 population in a year, while in Nepal, Cambodia and Bangladesh discharge rates are less than 50 per 1 000 population, suggesting deferrals in accessing hospital 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. Japan, with the second highest number of hospital beds per population, has a relatively low discharge rate while Sri Lanka, with approximately average bed availability, has the highest discharge rate.

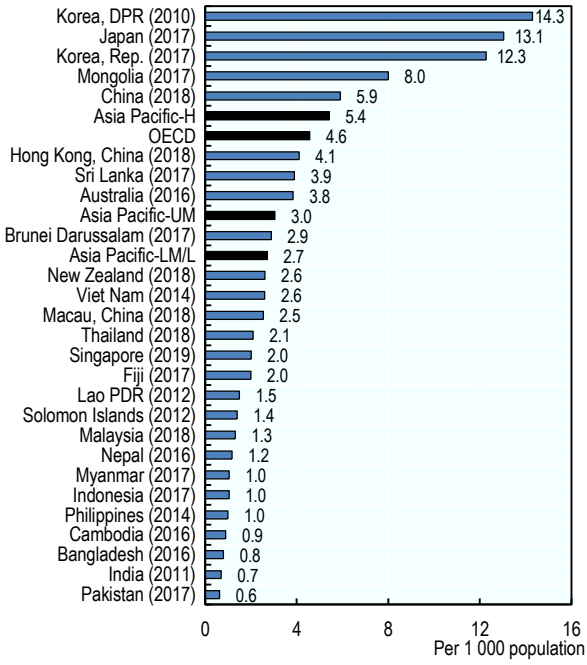
In Asia-Pacific, the variation across countries in the number of days spent – on average – in hospital is large (Figure 5.14). Lower-middle and low income countries report the lowest ALOS in Asia-Pacific at five days. The longest average length of stay is 16 days or more in Japan and the Republic of Korea, while the shortest length of stay is 2.5 days in Lao PDR and Bangladesh. In Japan, “social admission”, in that some “acute care” beds are devoted to long-term care for the elderly, partly explains the large number of beds and long ALOS (Sakamoto, Rahman and Nomura, 2018[1]). A short ALOS, coupled with the high admission rates in Sri Lanka, suggests that inpatient services may be partly substituting for outpatient and primary care.

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 taking into account 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, reported ALOS data in the developing countries of the Asia-Pacific region cover only public sector institutions.

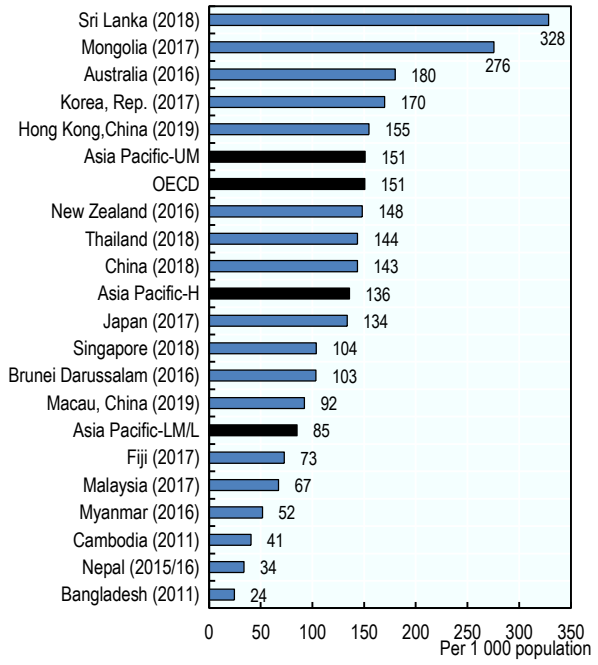
Figure 5.11. **Hospital beds per 1 000 population, latest year available**



Source: OECD Health Statistics 2020; WHO GHO 2020.

StatLink https://stat.link/0id9wh

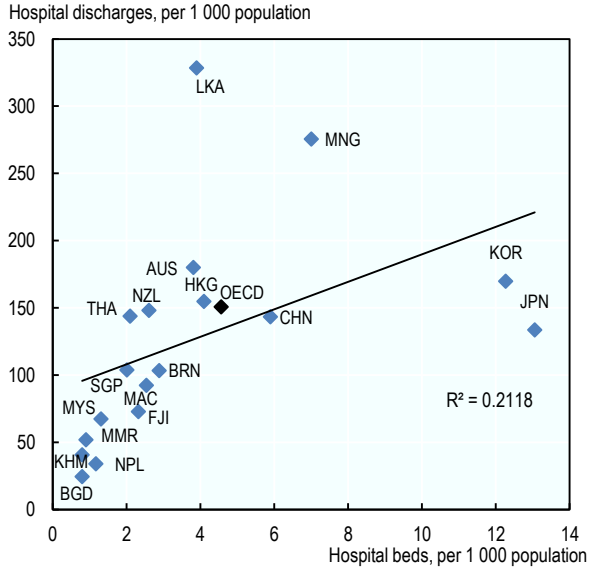
Figure 5.12. **Hospital discharges per 1 000 population, latest year available**



Source: OECD Health Statistics 2020; National sources (see Annex A).

StatLink https://stat.link/mk0vl3

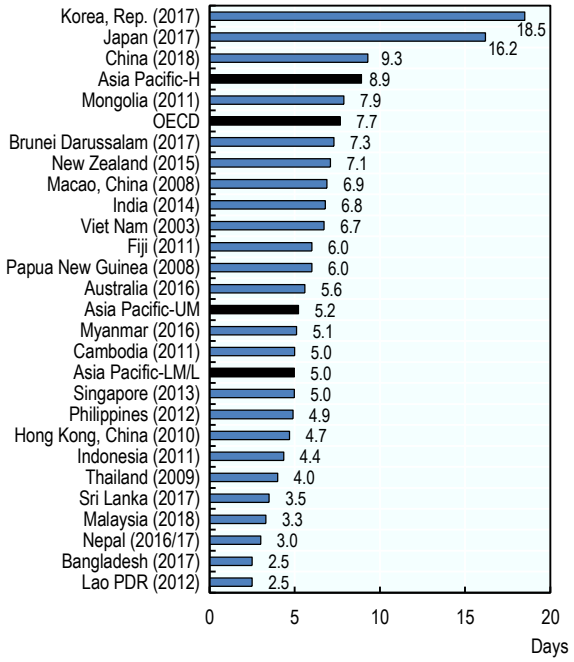
Figure 5.13. **Hospital beds per 1 000 population and hospital discharges per 1 000 population, latest year available**



Source: OECD Health Statistics 2020; WHO GHO 2020.

StatLink https://stat.link/vwayh1

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



Source: OECD Health Statistics 2020; National data sources (see Annex A).

StatLink https://stat.link/nrod5i