

## Hospital care

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 inpatient services. However, the supply of hospital beds influence 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 co-ordinated 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.

The number of hospital beds per capita in LAC is 2.1, lower than the OECD average of 4.3, but it varies considerably (Figure 5.7). More than five beds per 1 000 population are available in Barbados, Cuba, and Argentina, while the stock is equal or less than one per 1 000 population in Guatemala, Haiti, Honduras, Venezuela, Nicaragua and Mexico. These large disparities reflect substantial differences in the resources invested in hospital infrastructure across countries.

Hospital discharge is at an average of 51.2 per 1 000 population in 11 LAC countries with data, compared with the OECD average of 147.8 (Figure 5.8). The highest rates are in Chile and Bolivia, with over 85 and 66 discharges per 1 000 population in a year, respectively, while in Peru, Colombia, Panama and Mexico 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. However, there are some notable exceptions. El Salvador and Bolivia have a low number of beds but a relatively high discharge rate, while Argentina has a higher density of hospital beds than the OECD average but a discharge rate lower than the LAC11 average.

In nine LAC countries with data, the average length of stay (ALOS) is 5.47 days, lower than the OECD average of 7.42 (Figure 5.9). The longest ALOS is of 6 days Chile, Colombia and Jamaica, while the shortest length of stay is under 4.4 days in Mexico. The ALOS assesses appropriate access and use, 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 shifting care from inpatient to less expensive post-acute settings. Longer stays can be a sign of poor care co-ordination, resulting in some patients waiting unnecessarily in the 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-García et al., 2017<sup>[1]</sup>).

When having a look specifically at mental health beds, LAC26 has on average 39 beds per 100 000 population, from which more than 31 are in mental hospitals, this is around a quarter of the density in OECD countries on average, with over 160 mental health beds per 100 000 population, from which more than 186 are in mental hospitals. Only Barbados in LAC26 has a higher density of mental health beds than the OECD average, with more than 190 beds per 100 000 population. Bolivia, Guatemala, Haiti, and Venezuela have less than 3 mental health beds per 100 000 population (Figure 5.10).

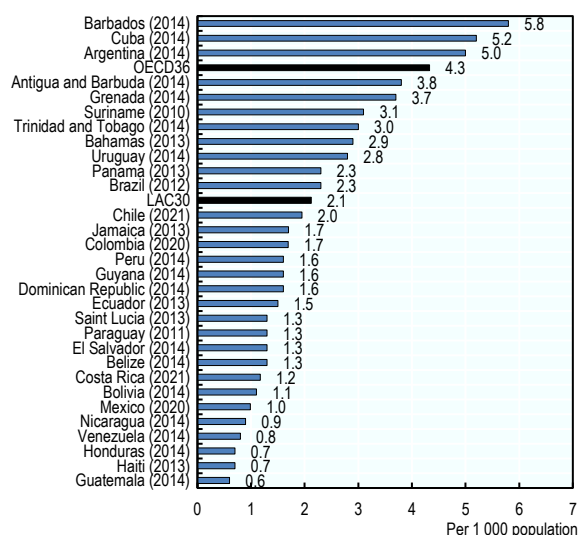
### Definition and comparability

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 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

- Rojas-García, A. et al. (2017), "Impact and experiences of delayed discharge: A mixed-studies systematic review", *Health Expectations*, Vol. 21/1, pp. 41-56, <https://doi.org/10.1111/hex.12619>. [1]

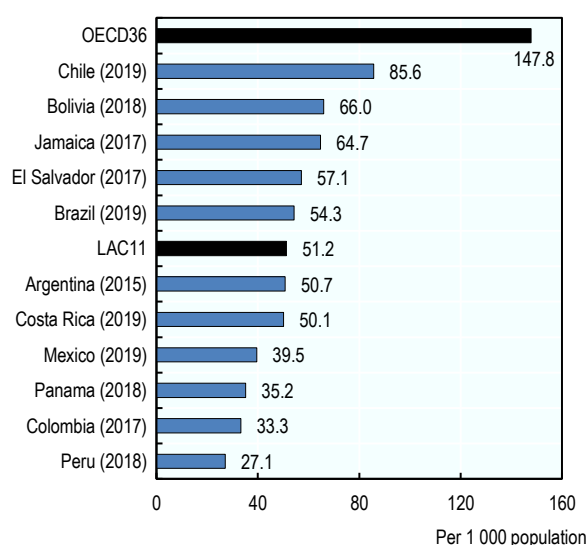
**Figure 5.7. Hospital beds per 1 000 population, latest year available**



Source: OECD Health Statistics 2022; World Bank World Development Indicators 2022.

StatLink <https://stat.link/ky2hpf>

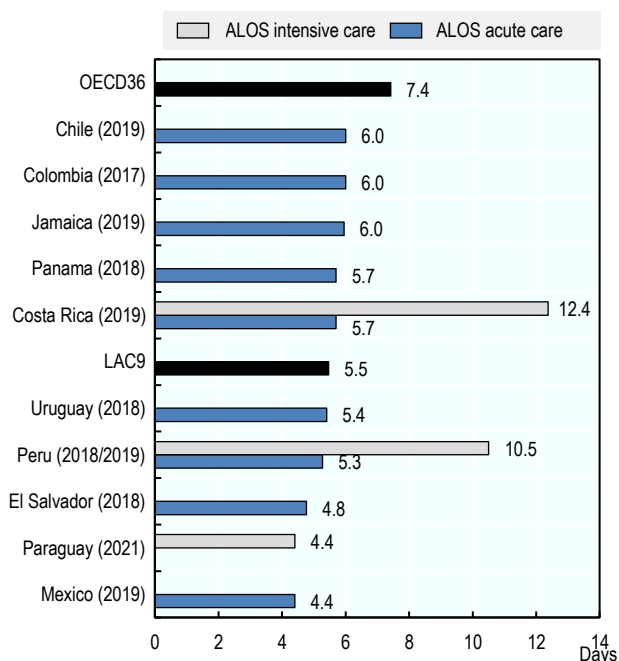
**Figure 5.8. Hospital discharges per 1 000 population, latest year available**



Source: OECD Health Statistics 2022; National sources.

StatLink <https://stat.link/znium4>

**Figure 5.9. Average length of stay for acute care in hospitals, latest year available**



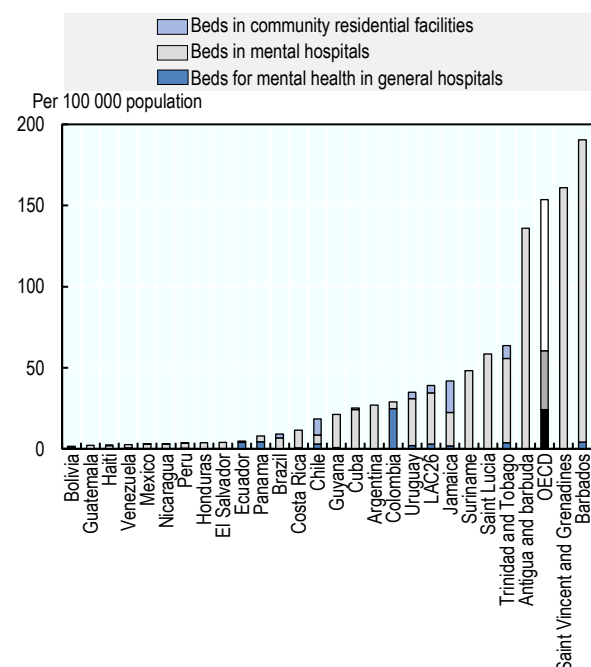
1. Most countries only reporting data from public health facilities. Chile reports data for all hospitalisations.

2. Averages for OECD and LAC are for ALOS for acute care.

Source: OECD Health Statistics 2022; OECD questionnaire from countries.

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

**Figure 5.10. Mental health beds, per 100 000 population, 2016 or last available year**



Source: WHO Mental Health Atlas 2020.

StatLink <https://stat.link/7fn5cz>



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