

The average length of stay in hospital is often regarded as an indicator of efficiency in health service delivery. All else being equal, a shorter stay will reduce the cost per discharge and shift care from inpatient to less expensive 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 reduce chances of re-admissions.

In 2018, the average length of stay in hospitals for all causes of hospitalisation was 7.5 days across EU countries (Figure 7.25). The average length of stay was shortest in Bulgaria, Denmark, Sweden and Cyprus, with patients staying in hospitals for less than 6 days on average. The Netherlands had also one of the shortest stays, but the length of stay is under-estimated because it only includes stays for curative (acute) care that are typically shorter. The average length of stay was highest in Hungary, the Czech Republic, Luxembourg and Portugal, with patients staying in hospitals for more than 9 days on average. In Hungary and the Czech Republic, many hospitals have long-term care units, explaining at least partly relatively long average length of stay. In Germany, long average length of stay partly relates to extensive capacities to provide rehabilitation care in hospitals.

The average length of stay in hospital has decreased since 2000 in nearly all EU countries, falling from almost 10 days in 2000 to 7.5 days in 2018 on average. It fell particularly quickly in some countries that had relatively long stays in 2000 (e.g. Bulgaria, Finland, the United Kingdom, Switzerland, Croatia, Latvia and Lithuania). This reduction in average length of stay has generally been accompanied by a reduction in the number of hospital beds. For example, in Finland the 36% reduction in average length of stay since 2000 has been accompanied by a 50% reduction in the number of hospital beds per capita (see indicator on hospital beds and discharges). Hungary and Italy are the only two countries where there has been a slight increase in average length of stay in hospital. In Hungary, this is mainly due to a growing use of hospital beds for rehabilitation and long-term care. The average length of stay for curative (acute) care has decreased in Hungary as in other countries over the past decade.

Focusing on average length of stay for specific diseases or conditions can remove some of the effect of different case mix and severity of patients admitted to hospital. Figure 7.26 shows that the average length of stay for a normal delivery is generally greater in Central and Eastern European countries than in Western Europe. It ranges from less than two days in the Netherlands, Iceland and the United Kingdom, to almost five days in Hungary, Cyprus and the Slovak Republic. The length of stay for a normal delivery has become shorter in nearly all countries, dropping from more than four days in 2000 to about three and half days in 2018 on average in EU countries.

Beyond differences in clinical needs, several factors can explain these cross-country variations in lengths of stay. The combination of an abundant supply of beds together with hospital payment methods may provide incentives for hospitals to keep patients longer. A growing number of countries (e.g. France, Germany, Poland, Austria and Sweden) have moved to prospective payment methods often based on diagnosis-related groups (DRGs) to set payments based on the estimated cost of hospital care for different patient groups in advance of service provision. These payment methods have the advantage of encouraging providers to reduce the cost of each hospitalisation. Strengthening access to primary care and community care can also help reduce hospital stays. An important constraint in many countries is the shortage of capacity and resources in intermediate or long-term care facilities, or in providing home-based care. Many countries (e.g. the Netherlands, France and Norway) have taken steps in recent years to increase the capacity of intermediate care facilities and home-based care that can serve as alternatives to hospitals (OECD, 2020). Such initiatives can provide effective responses to the needs of ageing populations and the growing burden of chronic conditions.

Definition and comparability

Average length of stay 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 inpatients during a year by the number of admissions or discharges. Day cases are excluded.

The data cover all inpatient cases (including not only curative/acute care cases), with the exception of the Netherlands and North Macedonia where the data refer to curative/acute care only (resulting in a substantial under-estimation).

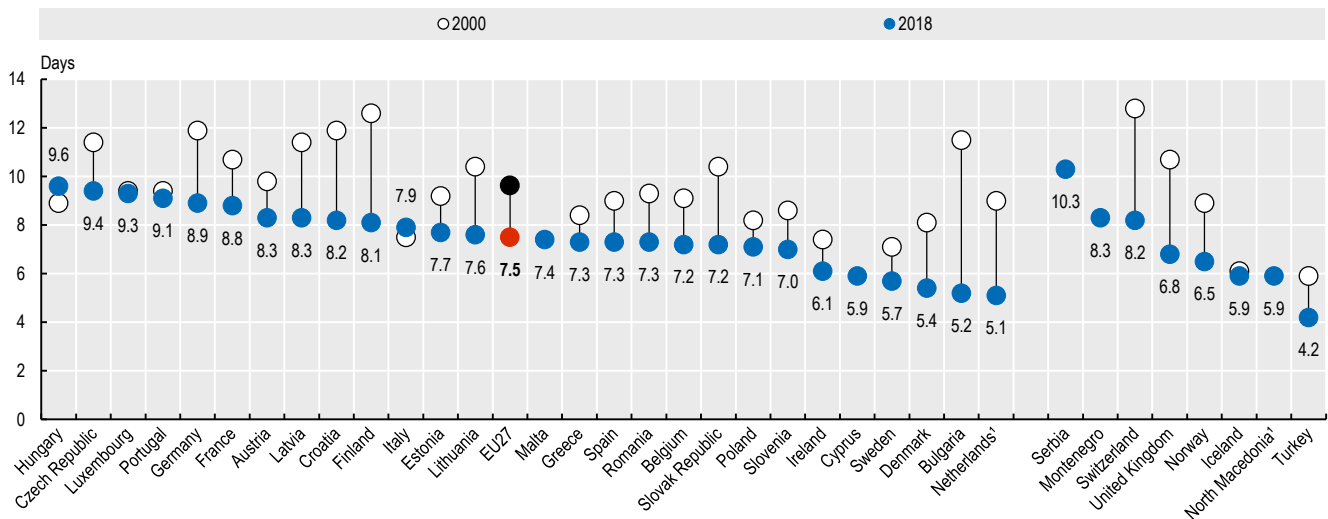
Average length of stay of healthy babies born in hospitals are excluded in several countries (e.g. Austria, Estonia, Finland, Greece, Ireland, Lithuania, Luxembourg, Montenegro, Norway, Serbia and Spain), resulting in a slight over-estimation of average length of stay compared with other countries. In Cyprus, Ireland and the United Kingdom, data are restricted to public or publicly funded hospitals only.

Data for normal delivery refer to ICD-10 code O80.

References

OECD (2020), *Realising the Potential of Primary Health Care*, OECD Health Policy Studies, OECD Publishing, Paris, <https://doi.org/10.1787/a92adee4-en>.

Figure 7.25. Average length of stay in hospital, 2000 and 2018 (or nearest year)

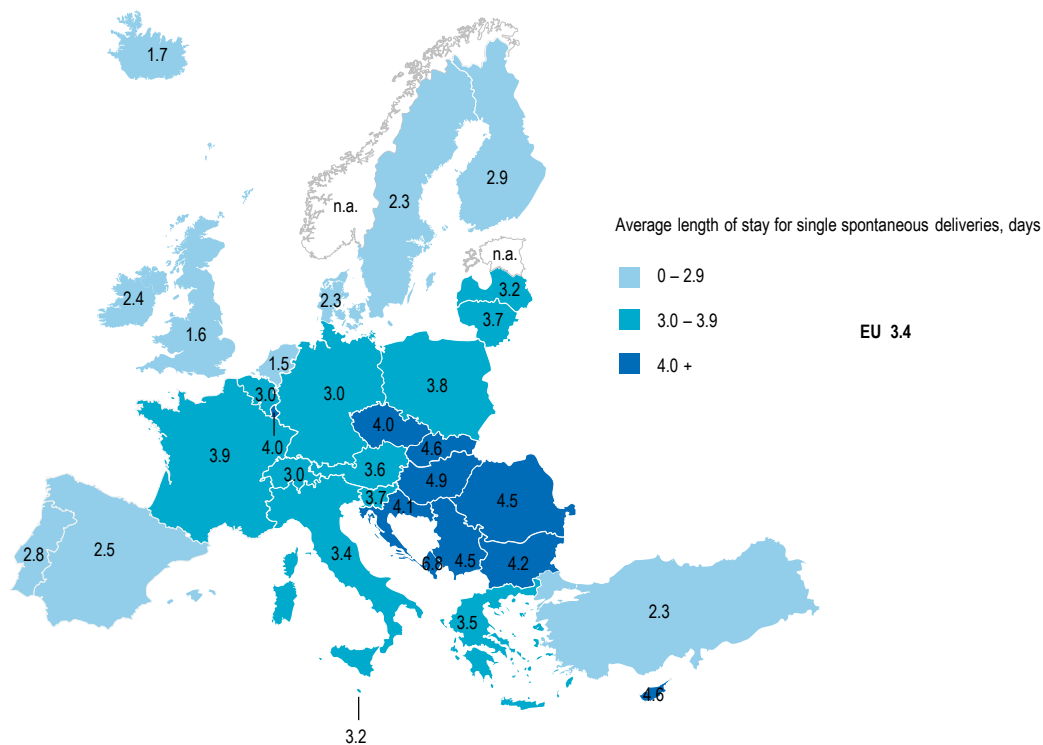


Note: The EU average is unweighted. 1. Data refer to average length of stay for curative (acute) care (resulting in an under-estimation).

Source: OECD Health Statistics 2020; Eurostat Database.

StatLink <https://stat.link/fw4135>

Figure 7.26. Average length of stay for normal delivery, 2018 (or nearest year)



Source: OECD Health Statistics 2020; Eurostat Database.

StatLink <https://stat.link/7gt3lr>



From:

Health at a Glance: Europe 2020

State of Health in the EU Cycle

Access the complete publication at:

<https://doi.org/10.1787/82129230-en>

Please cite this chapter as:

OECD/European Union (2020), “Average length of stay in hospital”, in *Health at a Glance: Europe 2020: State of Health in the EU Cycle*, OECD Publishing, Paris.

DOI: <https://doi.org/10.1787/c762d8be-en>

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