

Acute care hospital beds and length of stay



Figure 1: Acute care hospital beds per 1,000 population, 1993-1995



Figure 2: Average length of stay in acute care hospitals, 1995

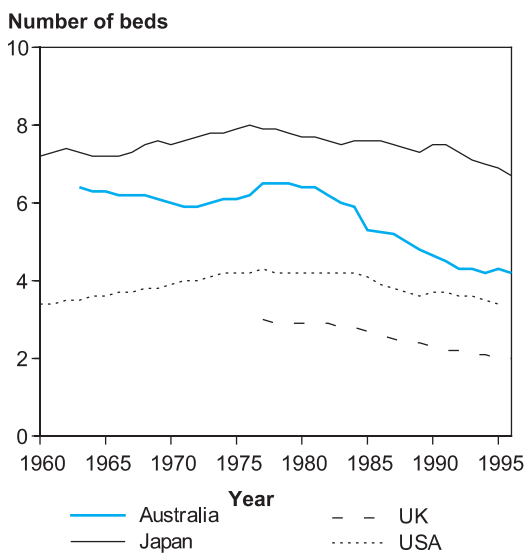


Figure 3: Trends in acute care hospital bed ratio per 1,000 population, 1960 to 1996

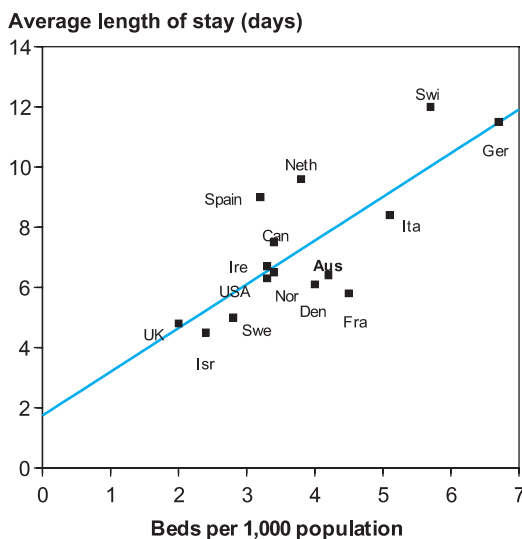


Figure 4: Utilisation of hospital beds, mid-1990s

Acute care hospital beds and length of stay

Acute care hospital beds and average length of stay

Country	Acute care hospital beds (per 1,000 pop.)				Average length of stay (days)			
	1970	1980	Latest year		1970	1980	Latest year	
Australia ^(a)	6.0	6.4	1996–97	4.2	8.9	7.8	1996–97	6.4
Canada	—	4.6	1993	3.6	—	10.2	1996	7.5
Denmark	5.9	5.6	1995	4.0	12.5	9.1	1996	6.0
France	—	6.2	1996	4.5	16.0	9.9	1996	5.8
Germany (FRG)	7.5	7.7	1996	6.7	18.3	14.9	1996	11.5
Greece	—	4.7	1992	3.9	—	—	—	—
Hong Kong	—	—	1993	4.5	—	—	—	—
Ireland	—	5.6	1996	3.4	13.3	9.7	1995	6.7
Israel	—	3.0	1994	2.4	8.6	6.8	1995	4.5
Italy	—	7.6	1995	5.1	—	—	1995	8.4
Japan	—	—	—	—	—	—	—	—
Netherlands	5.5	5.2	1996	3.8	18.8	14.0	1997	9.3
New Zealand	—	—	1991	7.2	—	—	—	—
Norway	5.9	5.4	1996	3.3	14.8	10.9	1996	6.3
Singapore	—	—	1995	3.5	—	—	—	—
Spain	—	—	1994	3.2	—	—	1996	8.5
Sweden	5.9	5.1	1996	2.8	11.0	8.5	1996	5.0
Switzerland	7.1	7.1	1994	5.7	—	15.5	1996	12.0
UK	—	2.9	1996	2.0	—	8.5	1996	4.8
USA	3.9	4.2	1995	3.4	8.2	7.6	1996	6.5

(a) Data for 1970 and 1980 include same-day admissions.

Note: Definitions and concepts may vary between countries. Australian data are for public acute and private hospitals, and exclude psychiatric hospitals.

Sources: OECD 1998; United Nations 1995b; Israel CBS 1996.

- The number of acute care hospital beds per 1,000 population is a useful indicator for measuring the supply of health care services. It should be noted, however, that for this particular indicator some countries count the number of beds 'approved' for use by government health authorities, whereas others, such as Australia, count 'available' beds—those immediately able to be filled if needed.
- The bed ratio in public acute and private Australian hospitals has been falling since the late 1970s. In 1996–97, there were 4.2 beds per 1,000 population in Australian hospitals, down from 6.4 beds per 1,000 population in 1980. Germany, the United Kingdom and the United States have also exhibited declining bed ratios since 1980, although the decline has not been as pronounced as that for Australia (Figure 3).
- The current Australian bed ratio is within the top half of the developed countries included for comparison purposes (Figure 1). The United Kingdom (2.0 beds per 1,000 population) and Israel (2.4) both have low ratios. New Zealand (7.2 in 1991), Germany (6.7) and Switzerland (5.7) exhibit higher ratios.
- In 1996–97, the average length of stay in public acute and private Australian hospitals, excluding same-day patients, was 6.4 days. Germany (11.5 days in 1996) and Switzerland (12.0 days) exhibited longer average stays in 1995, whereas the United Kingdom (4.8 days) and Israel (4.5 days in 1995) had shorter average stays (Figure 2).
- Average lengths of stay in hospitals continue to decrease. Changes to community-based care following discharge, improvements in technology and technique and a decline in 'nursing-home type' patients are some of the contributory factors.
- There is an apparent correlation between availability of beds and length of stay. The higher the bed density per thousand population, the longer the hospital stay (Figure 4).

For more information, see:

Australian Institute of Health and Welfare 1998. Australian hospital statistics 1996–97. Health Services Series No. 11. Canberra: AIHW.