

26 December 2012

Hospital Morbidity Survey Year 2011

The number of inpatient admissions to hospital in Spain decreases 1.1% in 2011

Diseases of the circulatory system and tumours cause the largest number of hospital stays

7.3 out of 10 admissions are in public hospitals

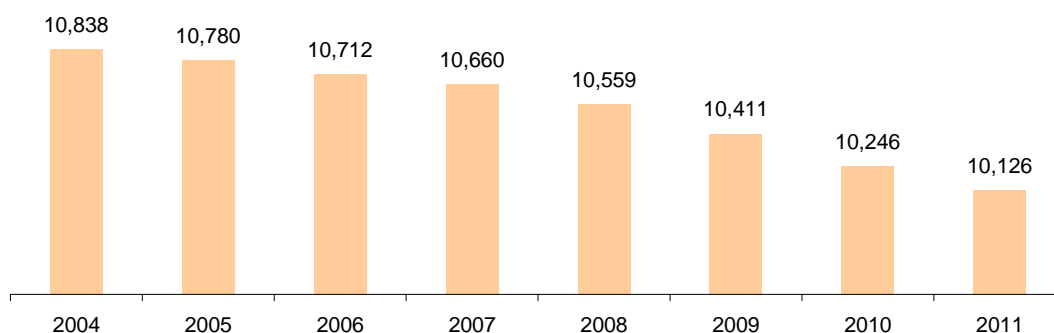
The Hospital Morbidity Survey provides information regarding inpatient discharges and the average stay of these depended on the main diagnosis associated with the admission. A hospital discharge is considered to be the procedure whereby a patient admitted to a Healthcare Centre or Establishment ceases to occupy a hospital bed through recovery, improvement, death, transfer or voluntary discharge.

In 2011, there occurred 4,670,687 discharges, representing a 1.1% decrease as compared with 2010. This was the third consecutive annual fall in the number of discharges. This was contributed to, mainly, by the decrease in pregnancy and delivery (last year the number of births in Spain decreased 3.5%).

More than half of admissions were of women (53.3%), although if those resulting from pregnancy, delivery and puerperium were excluded, the percentage of admissions would account for 47.0%.

The morbidity rate (number of admissions per 100,000 inhabitants) stood at 10,126, that is, 1.17% less than the previous year. The rate for males was 9,620 admissions per 100,000 men (–0.4%), and for females it was 10,616 (–1.9%). If it excluded admissions due to pregnancy, delivery and puerperium, the rate for women stood at 8,259 (–1.0%).

Discharges per 100,000 inhabitants. Year 2011



Main admission diagnoses

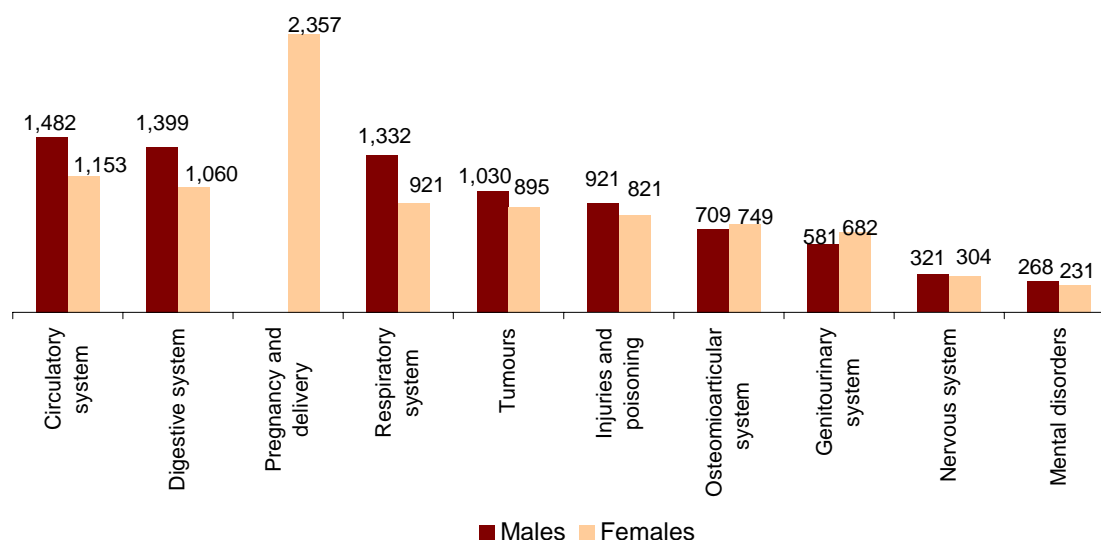
Hospitalisations due to *diseases* of the circulatory system were the most frequent reason for admission (13.0 per 100 admissions). They were followed by *diseases of the digestive system* (12.1), *pregnancy, delivery and puerperium*¹ (11.8), *diseases of the respiratory system* (11.1) and *tumours* (9.5).

It is worth mentioning the decrease in the number of hospitalisations due to pregnancies and deliveries in the last four years, going from being the main reason for admission to the third most common reason.

Performance of admissions by large groups of diseases (% over the total hospital admissions). Years 2007-2011.

	2007	2008	2009	2010	2011
Circulatory system	12.8	12.8	12.8	13.0	13.0
Digestive system	11.8	11.9	11.9	12.1	12.1
Pregnancy and delivery	13.1	13.2	12.5	12.3	11.8
Respiratory system	10.9	10.7	11.4	10.7	11.1
Tumours	8.6	8.8	9.1	9.3	9.5
Injuries and poisoning	8.4	8.4	8.5	8.6	8.6

Admission per 100,000 inhabitants by most frequent groups of diagnosis and sex. Year 2011



¹ Within this group we included the diagnoses that lead to delivery in any of its modalities (normal delivery, caesarean, premature delivery, etc.) and others, such as hypertension or haemorrhages that complicated pregnancy, delivery or puerperium (the period from the convalescence of childbirth to the complete normality of the genital organs).

By sex, the number one cause of hospitalisation of females corresponded to pregnancy, delivery and puerperium, standing at 22.2% of the total in 2011. The following causes of hospitalisation in women corresponded to the group of *diseases* of the circulatory system (10.9%) and diseases of the digestive system (10.0%).

Among men, the diseases that caused the largest number of hospitalisations were those of the circulatory system, with 15.4% of the total. These were followed by diseases of the *digestive system* (14.5%), and diseases of the *respiratory system* (13.8%).

Hospitalisations by age

The average age on discharge stood at 53.5 years (55.2 years in males, and 52.0 in females), as compared with 53.0 years registered in the year 2010.

If we were to exclude admissions due to pregnancy, delivery and puerperium, the average age of women would rise to 57.9 years.

The morbidity rate decreased in all age groups, except for persons aged over 84 years old (an increase of 0.6%), and those aged less than one year old (2.0%). The greatest decrease was among the groups aged between one and four years old (–4.3%), and between 15 and 24 years old (–4.2%).

Stays by large groups of diagnoses

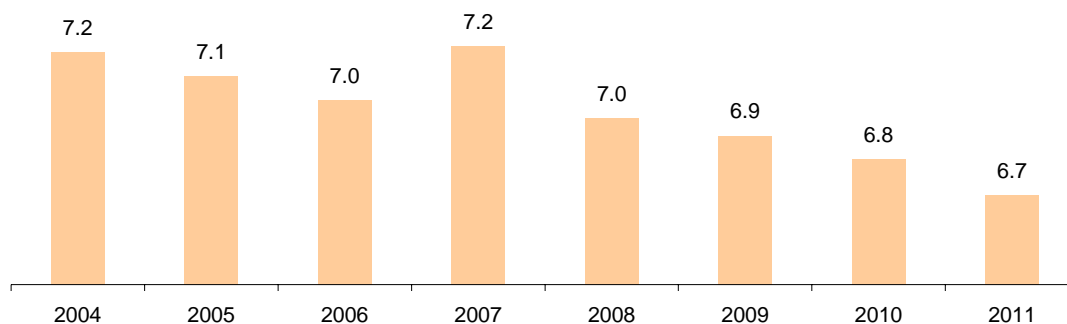
The groups of diseases that caused the longest hospital stays were *diseases of the circulatory system* (15.1% of the total number of stays), followed by *tumours* (11.9%). Of note was the large number of hospital stays resulting from *mental illnesses* (9.5% of the total), as compared with the total number of admissions with said diagnosis (2.5%). In contrast, pregnancies and deliveries, despite being the third most common diagnosis by frequency of admission, occupied seventh place in the total number of hospital stays.

Total number of admissions and stays by large groups of diseases (% over the total). Year 2011.

	Total number of stays	% total number of stays	Number of admissions	% total number of admissions
TOTAL NUMBER OF ADMISSIONS	31,304,202	100.0	4,670,687	100.0
Circulatory system	4,716,959	15.1	606,498	13.0
Tumours	3,729,371	11.9	443,325	9.5
Respiratory system	3,556,567	11.4	517,903	11.1
Digestive system	3,141,321	10.0	565,804	12.1
Injuries and poisoning	3,117,349	10.0	401,258	8.6
Mental disorders	2,972,203	9.5	114,841	2.5
Pregnancy and delivery	1,654,615	5.3	552,631	11.8

The average stay per discharge was 6.70 days, as compared with 6.82 in 2010, and 6.90 in 2009. By groups of diagnoses, the longest average stays (not taking into account *mental illnesses*) corresponded to *diseases of newborns or associated with birth* (8.85 days), *infection and parasitic diseases* (8.82 days), and *tumours* (8.41 days).

Average stay in days. Years 2004-2011



Reasons for discharge and urgent admission

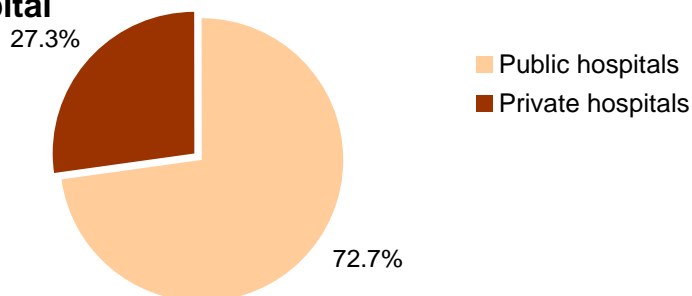
60.6% of discharges for year 2011 were due to emergency admissions, as compared with 59.2% registered in 2010.

With regard to the reason for discharge, 92.4% of the total resulted from recovery or improvement, 3.9% due to death, and the remaining 3.7% due to transfer to other centres or other causes.

In total, 183,410 persons died in Spanish hospitals. The main causes of death were *tumours* (24.6% of the total), *diseases of the circulatory system* (21.7%), and *diseases of the respiratory system* (18.6%).

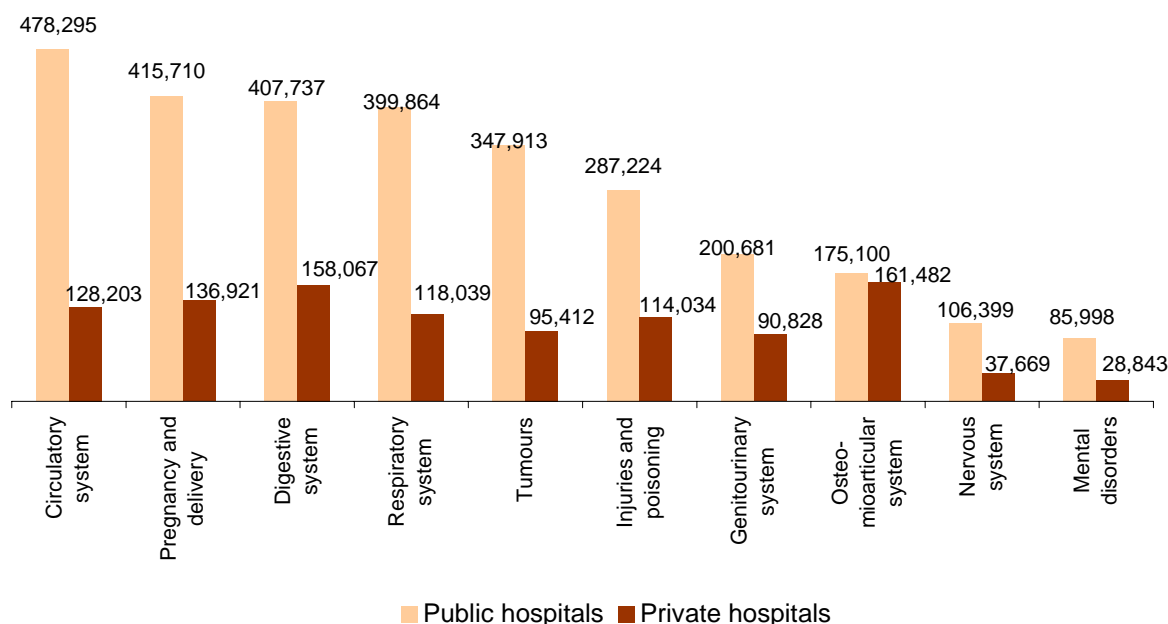
Public and private hospitals

Distribution of the number of admissions by type of hospital



By type of diagnosis, the most common reason for admission to public network hospitals were *diseases of the circulatory system* (14.1%) and *pregnancies and deliveries* (12.2%). In private hospitals, the most common reasons were *diseases of the osteo-mioarticular system* (12.7%), and of the *digestive system* (12.4%).

Distribution of admissions by type of hospital and most frequent groups of diagnosis. Year 2011



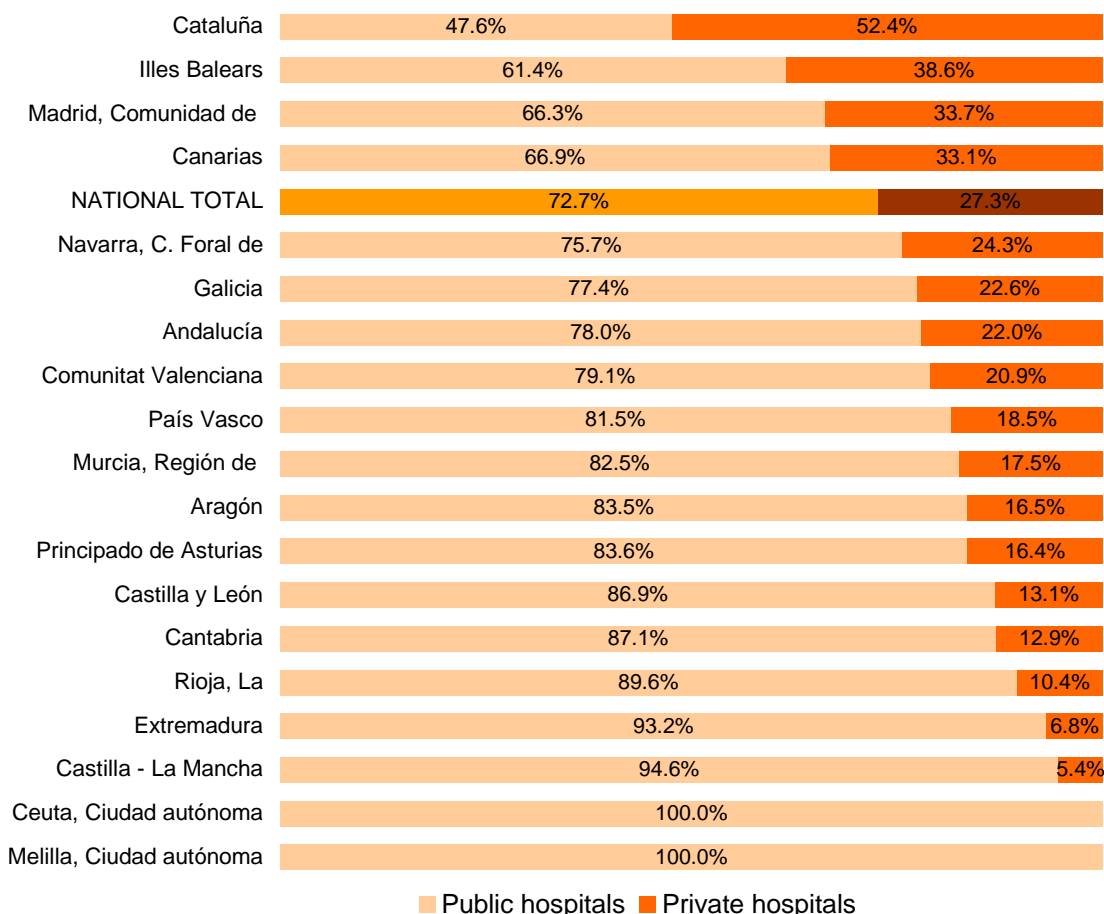
As regards the total number of days of the stay, 76.3% of the time stayed in hospital corresponded to public network hospitals. The average stay in public hospitals was 7.04 days, and in private hospitals it was 5.82 days.

By admission diagnosis, in all groups of diseases the average stay of patients was longer in public hospitals than in private ones, except in the groups *mental disorders* (19.36 days in public hospitals, and 45.31 in private ones), *diseases of the nervous system* (6.01, as compared with 6.61 days) and *pregnancies and deliveries* (2.98, as compared with 3.03).

The Autonomous Communities with the greatest weight in number of admissions to private hospitals as compared with the public network, were Cataluña (52.4% of admissions were to private hospitals), Illes Balears (38.6%), and Comunidad de Madrid (33.7%).

In contrast, the Autonomous Communities with the least presence of discharges in the private network (excluding the Autonomous Cities) were Castilla - La Mancha (5.4% of admissions to private hospitals), Extremadura (6.8%), and La Rioja (10.4%).

Distribution of discharges by Autonomous Community of admission and type of hospital. Year 2011



Hospitalisations by Autonomous Community

The highest numbers of discharges per 100,000 inhabitants were recorded in Comunidad Foral de Navarra, Aragón and Illes Balears, in the year 2011.

In turn, Andalucía, Canarias and the Autonomous City of Melilla registered the lowest number of discharges per 100,000 inhabitants.

By groups of diseases, *pregnancy, delivery and puerperium* caused the highest rate of discharges in Andalucía, Comunidad de Madrid, Región de Murcia and the Autonomous Cities of Ceuta and Melilla.

In Illes Balears and Castilla - La Mancha, first place in admissions went to the group *diseases of the respiratory system*, and in Comunidad Foral de Navarra, to the group *diseases of the digestive system*. Lastly, *diseases of the circulatory system* occupied first place in the remaining 11 Autonomous Communities.

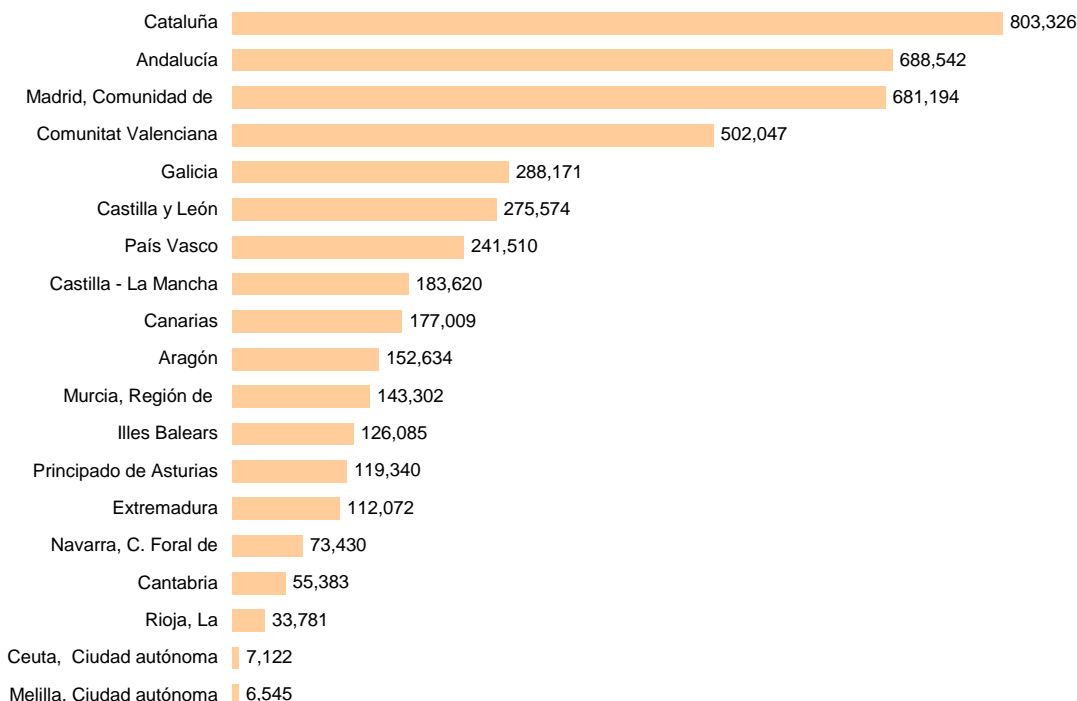
Admissions per 100,000 inhabitants and average stay in hospital by Autonomous Community. Year 2011

	Admissions per 10,000 inhabitants	Average stay in days
NATIONAL TOTAL	10,246	6.7
Andalucía	8,325	6.3
Aragón	11,603	6.9
Asturias Principado de	11,317	7.4
Balears, Illes	11,541	5.7
Canarias	8,401	7.1
Cantabria	9,577	7.5
Castilla y León	11,095	7.6
Castilla-La Mancha	8,977	6.5
Cataluña	11,000	7.2
Comunitat Valenciana	10,038	5.5
Extremadura	10,347	6.8
Galicia	10,548	7.6
Madrid Comunidad de	10,691	6.6
Murcia Región de	9,739	6.5
Navarra, Comunidad Foral de	11,790	6.6
País Vasco	11,350	6.9
Rioja, La	10,802	6.6
Ceuta	9,293	5.6
Melilla	8,719	5.4

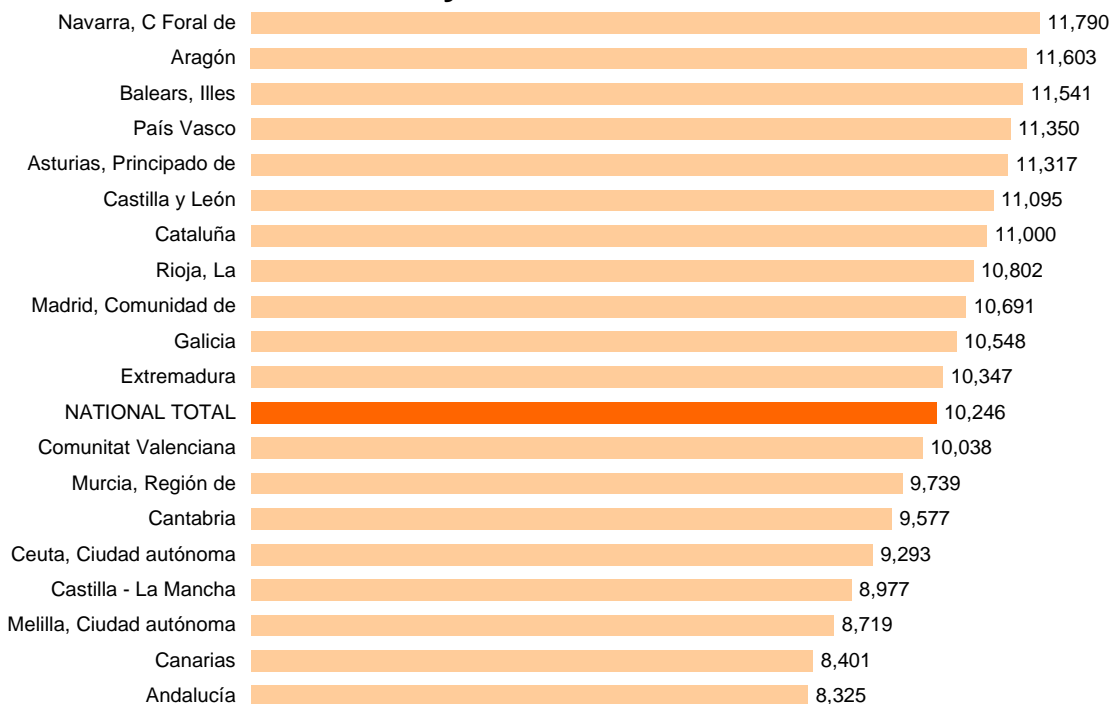
The Autonomous Communities with the longest average stays were Castilla y León (7.57 days), Galicia (7.52 days), and Cantabria (7.5 days).

Conversely, those registering the shortest average stay were the Autonomous City of Melilla (5.40 days), Comunitat Valenciana (5.54 days) and the Autonomous City of Ceuta (5.62 days).

Discharges by Autonomous Community of admission. Year 2011



Admissions per 100,000 inhabitants by Autonomous Community of admission. Year 2011



International Data: Shortlist for diagnosis groups for international dissemination (Eurostat/OECD/WHO) of Hospital Morbidity data

With the discharge information corresponding to the year 2005, for the first time, the Shortlist for diagnosis groups for international dissemination of Hospital Morbidity data was published, agreed upon by the main international institutions in this area (Eurostat, OECD and WHO), and which allowed for a homogeneous comparison of the figures and diagnoses among countries in subsequent years.

Discharges per 100,000 inhabitants for different countries and diagnosis groups². Year 2010

Countries	All diagnoses	Diseases of the circulatory system	Diseases of the respiratory system	Diseases of the digestive system	Pregnancy and delivery **
Germany	23,984	3,565	1,445	2,172	2,147
Canada *	8,260	1,061	694	827	2,530
Spain	10,246	1,301	1,100	1,239	2,481
United States *	13,100	1,947	1,178	1,181	2,905
France	16,859	1,904	985	1,508	3,012
Italy*	12,751	2,007	1,019	1,224	2,293
Ireland*	13,155	1,151	1,216	1,105	5,392
Portugal*	11,247	1,320	1,078	1,100	1,880
United Kingdom	13,596	1,290	1,228	1,193	3,079
Turkey	14,239	1,504	1,789	1,177	3,197

* Data corresponding to the year 2009 ** Episodes per 100,000 women

Average stay in days, for different countries and diagnosis groups². Year 2010

Countries	All diagnoses	Diseases of the circulatory system	Diseases of the respiratory system	Diseases of the digestive system	Pregnancy and delivery
Germany	9.5	9.9	8.4	6.9	4.5
Canada *	7.7	8.5	7.6	6.1	2.5
Spain	6.8	8.0	6.9	5.7	3.0
United States *	4.9	4.7	5.3	4.7	2.8
France	5.7	7.0	7.0	5.3	4.7
Italy*	6.7	7.7	8.1	6.7	4.0
Ireland	6.1	9.5	7.2	6.3	2.7
Portugal*	5.9	7.4	7.6	5.4	3.3
United Kingdom	7.7	9.8	7.6	6.1	2.4
Turkey	4.1	4.4	4.6	3.5	2.0

* Data corresponding to the year 2009

² Source: OECD (Further information available on the website: <http://www.oecd.org/els/health/data>). The complete list of diagnoses included in the Eurostat/OECD/WHO Shortlist is published in tables 3.1-3.4 and 4.1-4.4 of the Hospital Morbidity Survey 2005-2011.

Methodological note

The main objective of the Hospital Morbidity Survey is to ascertain the demographic-health features of the patients discharged who have been admitted to a hospital, and have stayed there at least one night, as well as to provide information on a provincial and state level on the rate of visits and use of hospital resources throughout a reference year.

The Survey collected information by a sampling of 93.5% of both public and private Spanish hospitals in 2011. The volume of admissions regarding which information has been gathered in these hospitals reaches 98.6% of the total number of inpatient discharges arising annually in Spain.

Health information focuses on the main diagnosis stated in the discharge report received by the patient, and which caused his/her admission according to the criteria of the clinical department or doctor who treated the patient. The features collected from the patient are as follows: sex, age, date admitted, date discharged, province of residence, type of admission and reason for discharge.

The Survey allows for determining the average stay for each type of diagnosis, ascertaining the scope of influence of hospitals according to the province of residence of the patient, and performing epidemiological studies of certain diseases. Since 2011, broken-down information has been published for discharges and hospital stays by public and private hospitals³.

since 2005, we have had microdata with a breakdown level of four digits in the main diagnosis, in accordance with the International Classification of Diseases (ICD-9-MC). As of that same year, the publication includes the International Shortlist of Diagnosis Groups agreed upon by Eurostat, OECD and the WHO for the dissemination of Hospital Morbidity data.

For further information see **INEbase**-www.ine.es/en/

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³ The public or private nature is determined by the body or legal entity under whose jurisdiction the hospital falls (functional dependency), that is, the individual or entity exercising the most immediate hierarchical or functional authority or jurisdiction over the health establishment. The classification of functional dependency of hospitals with legal types of management pursuant to Law 15/1997, of 25 April, regarding empowerment of new forms of management in the National Health System, and in accordance with Autonomous Community legislative developments, has been assigned to that of the corresponding Health Services.