

**Hospital Morbidity Survey
Year 2012**

The number of discharges in Spain decreases 1.1% in public hospitals and 0.1% in private hospitals in 2012

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

The average stay in hospitals was 6.68 days, 0.3% less than last year

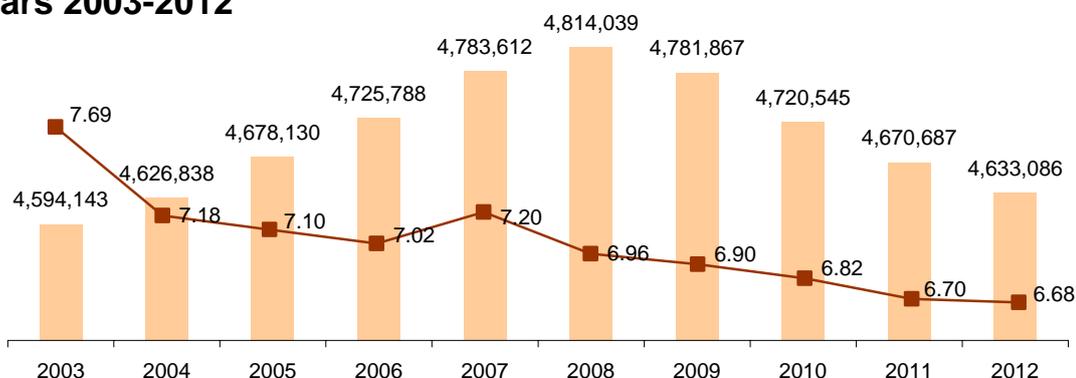
In 2012, there were 4,633,086 discharges registered, representing a 0.8% decrease as compared with 2011. This was the fourth consecutive annual fall in the number of discharges. This was contributed to, mainly, by the decrease in pregnancy and delivery.

By sex, discharges of men decreased 0.7%, and those of women 0.9% (excluding pregnancy and delivery the decrease was 0.1%).

More than half of admissions were of women (53.2%), although if those resulting from pregnancy, delivery and puerperium were excluded, the percentage of admissions would account for 47.2%.

Discharges in public hospitals decreased by 1.1%, whereas in private hospitals they did so by 0.1%. Public hospitals comprised 72.5% of discharges.

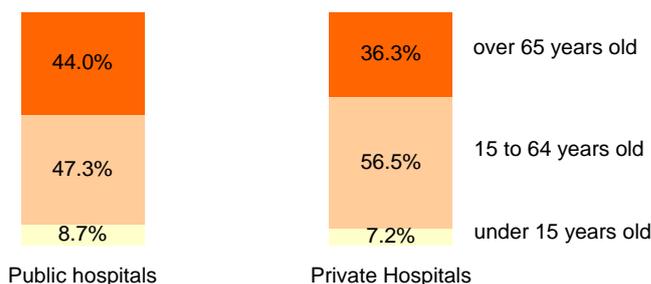
**Number of admissions and average stay.
Years 2003-2012**



In 2012, the average age on admission to hospital stood at 54.2 years as compared with 53.5 years registered in the previous year.

The average age on admission stood at 55.9 years in men (55.2 in 2011) and at 52.8 in women (52.0). If we were to exclude admissions due to pregnancy, delivery and puerperium, the average age of women would rise to 58.5 years (57.9 in 2011).

Distribution of admissions by age groups and type of hospital



Morbidity rate

In 2012, the number of admissions per 100,000 inhabitants stood at 9,909, that is, 0.8% less, as compared with the 9,994 admissions registered in 2011¹ per 100,000 inhabitants.

The rate for males was 9,405 admissions per 100,000 men (0.6% as compared with 2011), and for females it was 10,399 (1.1%). If it excluded admissions due to pregnancy, delivery and puerperium, the rate for women stood at 8,158 per 100,000 women (0.3% as compared with the previous year).

The decrease in the morbidity rate was registered in every age group, except in people older than 74 years old (it increased 1.3%). The greatest decreases were registered in the age groups of 15 to 24 years (-3.7%) and of 45 to 54 years (-3.0%).

Main admission diagnoses

In 2012, the main reasons for hospitalisations were *diseases of the circulatory system* (13.2% of admissions), the group of *diseases of the digestive system* (12.0%) and *pregnancy, delivery and puerperium*² (11.5%).

¹ In 2011, morbidity rates have been recalculated with the intercensus population 2001-2011 revised by the National Institute of Statistics in 2013. Therefore, they are different from the rates published, in which population data prior to the revision was used.

² 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).

In women, the most common reasons for admission were *pregnancy, delivery and puerperium* (21.5% of the total admissions). Following *diseases of the circulatory system* (11.0%) and *diseases of the digestive system* (10.0%).

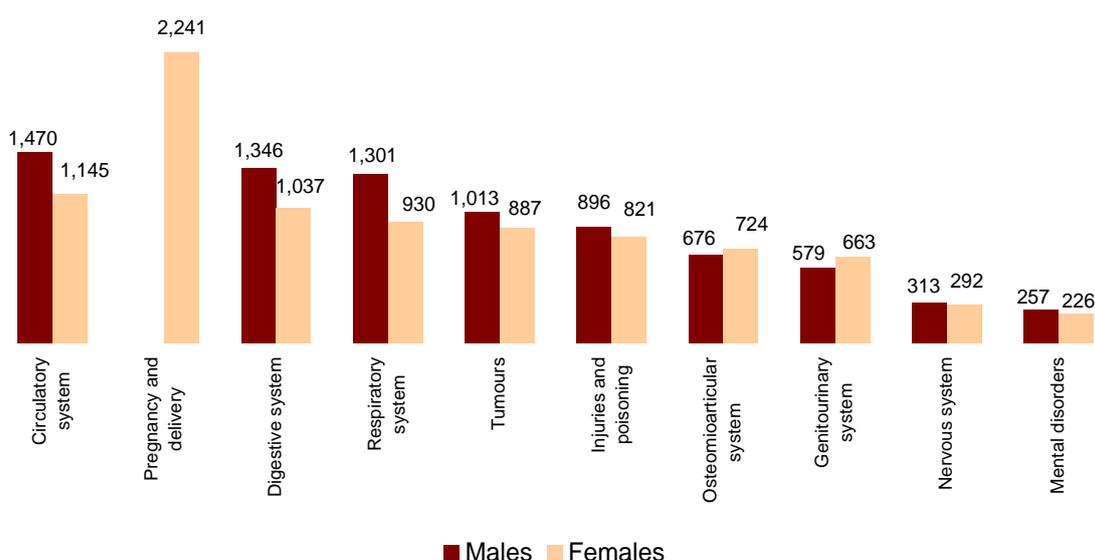
In men, the most common diseases for admission were *diseases of the circulatory system*, 15.7% of the total. Following *diseases of the digestive system* (14.3%) and *diseases of the respiratory system* (13.9%).

The group of diseases that registered the greatest number of hospitalisations as compared with the previous year was that of *infection and parasitic diseases* (8.8%) followed by *diseases of the circulatory system* (0.6%). On the contrary, the greatest decreases were registered in admissions due to *birth defects* (-3.9%) and *pregnancy, delivery and puerperium* (-3.9%).

Evolution of admissions by large groups of diseases (% over the total hospital admissions). Years 2008-2012

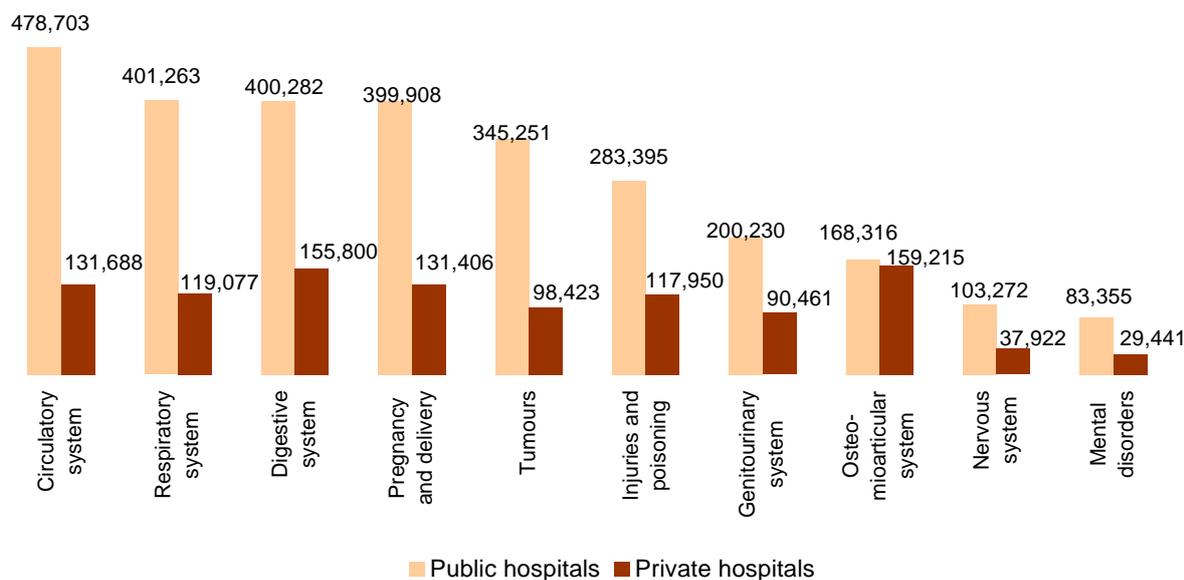
| | 2012 | 2011 | 2010 | 2009 | 2008 |
|------------------------|------|------|------|------|------|
| Circulatory system | 13.2 | 13.0 | 13.0 | 12.8 | 12.8 |
| Digestive system | 12.0 | 12.1 | 12.1 | 11.9 | 11.9 |
| Pregnancy and delivery | 11.5 | 11.8 | 12.3 | 12.5 | 13.2 |
| Respiratory system | 11.2 | 11.0 | 10.7 | 11.4 | 10.7 |
| Tumours | 9.6 | 9.5 | 9.3 | 9.1 | 8.8 |
| Injuries and poisoning | 8.7 | 8.6 | 8.6 | 8.5 | 8.4 |

Admission per 100,000 inhabitants by most frequent groups of diagnosis and sex. Year 2012



According to the functional dependency of the hospital, in public hospitals the main reason for hospitalisation were *diseases of the circulatory system* (14.3%), and *diseases of the respiratory system* (11.9%). In private hospitals, the most common reasons for hospitalisation were *diseases of the osteo-mioarticular system* (12.5% of the total) and *diseases of the digestive system* (12.2%).

Number of admissions by type of hospital and most frequent groups of diagnosis. Year 2012



Hospital stays

Total hospital stays (that is, the total number of days patients stayed at the hospital in 2012) reached almost 31 million, 1.2% less as compared with 2011.

Public hospitals registered a decrease of 1.5% and private hospitals registered a 0.1% decrease. 76.0% of the total number of stays was registered in public hospitals.

The groups of diseases that caused more hospital stays were *diseases of the circulatory system* (15.1% of the total stays) and *tumours* (11.8%).

Worth noting, the great number of hospital stays due to *mental disorders* (9.4% of the total) as compared with the low number of discharges with said diagnose (2.4%).

On the contrary, pregnancies and deliveries, despite being the third diagnose in terms of frequency among the discharges in 2012, had the seventh post in terms of total hospital stays.

The average stay by hospital discharge was 6.68 days, as compared with 6.70 in 2011.

By diagnose group, the longest average stays (excluding *mental disorders*) corresponded to *diseases of newborns or associated with birth* (8.88 days), *infection and parasitic diseases* (8.72 days) and *tumours* (8.24 days).

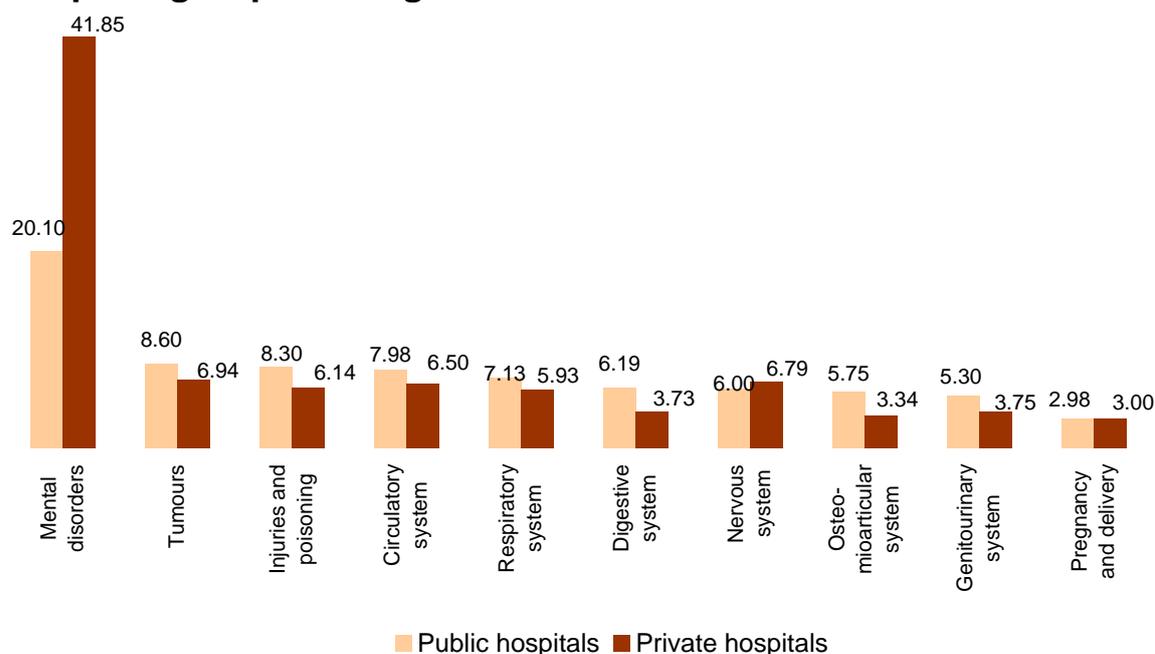
Total number of admissions and stays and average stays by large groups of diseases (% over the total). Year 2012.

| | Total number of stays | % total number of stays | Number of admissions | % total number of admissions | Average stay (days) |
|-----------------------------------|-----------------------|-------------------------|----------------------|------------------------------|---------------------|
| TOTAL NUMBER OF ADMISSIONS | 30,928,831 | 100.0 | 4,633,086 | 100.0 | 6.68 |
| Circulatory system | 4,676,862 | 15.1 | 610,390 | 13.2 | 7.66 |
| Tumours | 3,653,688 | 11.8 | 443,675 | 9.6 | 8.24 |
| Respiratory system | 3,568,377 | 11.5 | 520,341 | 11.2 | 6.86 |
| Digestive system | 3,058,628 | 9.9 | 556,082 | 12.0 | 5.50 |
| Injuries and poisoning | 3,075,891 | 9.9 | 401,345 | 8.7 | 7.66 |
| Mental disorders | 2,907,126 | 9.4 | 112,795 | 2.4 | 25.77 |
| Pregnancy and delivery | 1,585,928 | 5.1 | 531,314 | 11.5 | 2.98 |

The average stay in public hospitals was 7.00 days (7.04 in 2011) and that of private hospitals was 5.81 days (5.82 in 2011).

In all disease groups the average stay of the patient was longer in public hospitals than in private hospitals, except in the groups of *mental disorders* (20.10 days in public hospitals and 41.85 in private hospitals), *diseases of the nervous system* (6.00 as compared with 6.79 days) and *pregnancies and deliveries* (2.98 as compared with 3.00).

Average stay (in days) by type of hospital and most frequent groups of diagnosis. Year 2012



Reasons for discharge and urgent admission

In 2012, 61.2% of discharges were due to emergency admissions³, as compared with 60.6% registered in 2011.

With regard to the reason for discharge, 92.2% of the total resulted from recovery or improvement, 4.0% due to death, and the remaining 3.8% due to transfer to other centres or other causes.

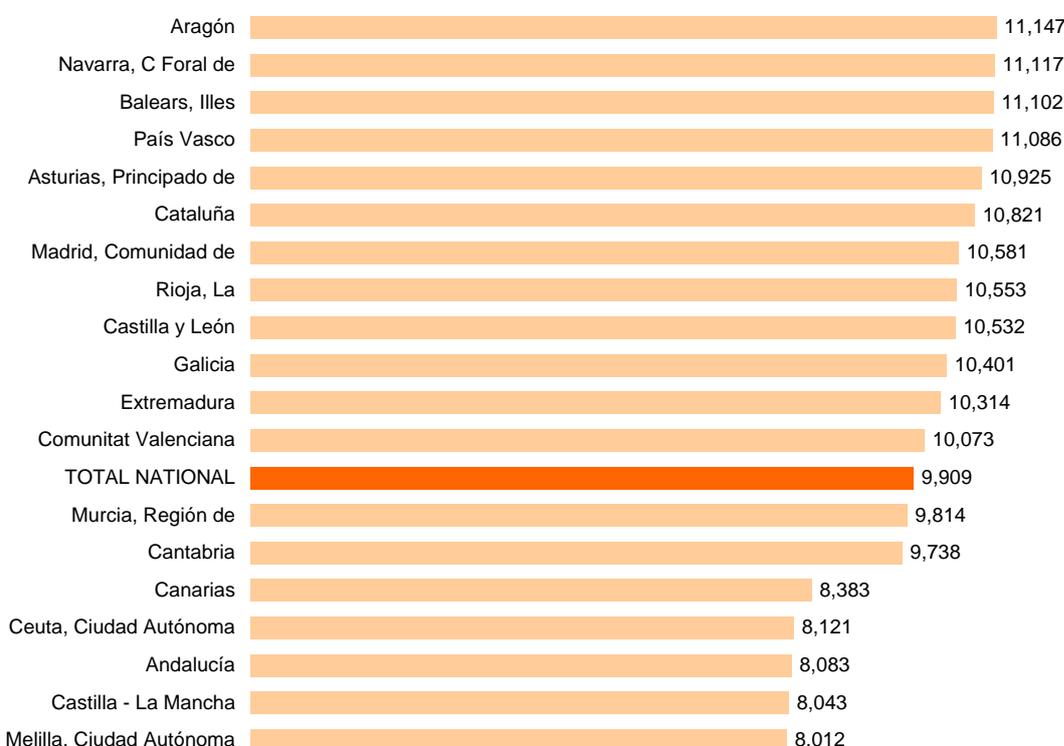
In total, 188,242 persons died in Spanish hospitals, 2.6% more than in 2011. The main causes of death were *tumours* (24.2% of the total), *diseases of the circulatory system* (21.5%), and *diseases of the respiratory system* (19.3%).

Hospitalisations by Autonomous Community

The highest rates of morbidity (number of admissions per 100,000 inhabitants) were recorded in Aragón, Comunidad Foral de Navarra, and Illes Balears.

In turn, Andalucía, Castilla-La Mancha and Ciudad autónoma de Melilla registered the lowest number of discharges per 100,000 inhabitants.

Admissions per 100,000 inhabitants by Autonomous Community of admission. Year 2012



³ Patients considered were those who were ordered urgent admission by a doctor, regardless of whether they came from the emergency area or not

By groups of diseases, *pregnancy, delivery and puerperium* caused the highest rate of discharges in Andalucía, Región de Murcia, Ciudad Autónoma de Ceuta and Ciudad autónoma de Melilla.

In Illes Balears and La Rioja, first place in admissions went to the group *diseases of the respiratory system*.

In Comunidad de Madrid, Comunidad Foral de Navarra and País Vasco the group *diseases of the digestive system* caused the highest rate of discharges.

In turn, *diseases of the circulatory system* occupied first place in the remaining Autonomous Communities.

Average stay by Autonomous Community

In 2012, the Autonomous Communities with the longest average stays were Castilla y León (7.71 days), Principado de Asturias (7.51 days) and Galicia (7.41 days).

Conversely, those registering the shortest average stay were Ciudad autónoma de Ceuta (5.44 days), Ciudad autónoma de Melilla (5.45) and Comunitat Valenciana (5.47 days).

Average stay (in days) by Autonomous Community of admission. Years 2012, 2008 y 2004

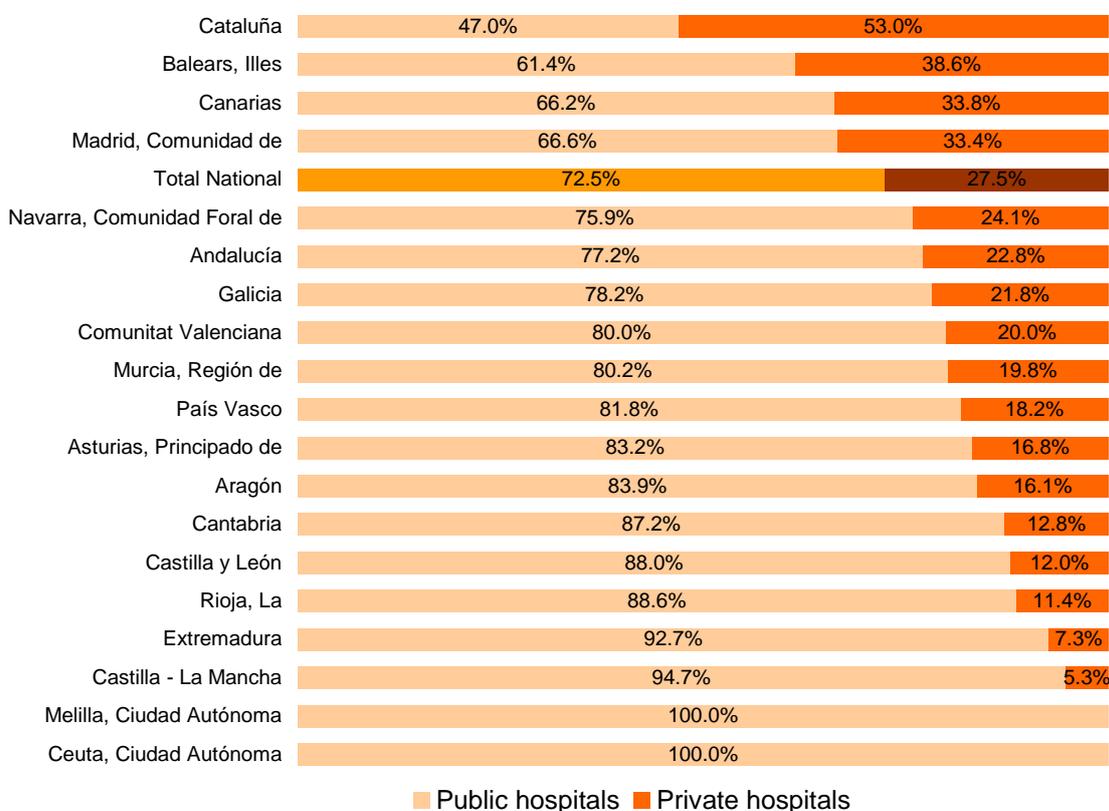
| | 2012 | 2008 | 2004 |
|-----------------------------|------|------|------|
| TOTAL NATIONAL | 6.68 | 6.96 | 7.18 |
| Andalucía | 6.34 | 6.69 | 6.88 |
| Aragón | 6.77 | 7.34 | 7.41 |
| Asturias, Principado de | 7.51 | 7.80 | 8.40 |
| Balears, Illes | 5.77 | 5.72 | 5.91 |
| Canarias | 7.34 | 7.01 | 7.45 |
| Cantabria | 7.20 | 7.82 | 8.15 |
| Castilla y León | 7.71 | 8.03 | 7.84 |
| Castilla - La Mancha | 6.86 | 6.73 | 6.76 |
| Cataluña | 7.15 | 7.29 | 7.50 |
| Comunitat Valenciana | 5.47 | 5.85 | 6.17 |
| Extremadura | 6.65 | 7.09 | 8.29 |
| Galicia | 7.41 | 7.82 | 8.19 |
| Madrid, Comunidad de | 6.44 | 6.77 | 6.87 |
| Murcia, Región de | 6.24 | 6.54 | 6.48 |
| Navarra, Comunidad Foral de | 6.66 | 6.81 | 7.06 |
| País Vasco | 6.81 | 7.33 | 7.50 |
| Rioja, La | 6.66 | 6.88 | 7.01 |
| Ceuta, Ciudad autónoma | 5.44 | 5.96 | 6.08 |
| Melilla, Ciudad autónoma | 5.45 | 5.85 | 7.29 |

Admissions by Autonomous Community and type of hospital

The Autonomous Communities with the greatest weight in number of admissions to private hospitals as compared with the public network, were Cataluña (53.0% of admissions were to private hospitals), Illes Balears (38.6%), and Canarias (33.8%).

In contrast, the Autonomous Communities with the least presence of discharges in the private network in 2012 were Castilla - La Mancha (5.3% of admissions to private hospitals), Extremadura (7.3%), and La Rioja (11.4%).

Distribution of discharges by Autonomous Community of admission and type of hospital. Year 2012



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 groups^{***}. Year 2011

| Countries | All diagnoses | Diseases of the circulatory system | Tumours | Diseases of the digestive system | Pregnancy and delivery ^{**} |
|-----------------|---------------|------------------------------------|------------|----------------------------------|--------------------------------------|
| Germany | 24,417 | 3,628 | 2,470 | 2,228 | 2,118 |
| Canada * | 8,249 | 1,050 | 592 | 825 | 2,825 |
| Spain | 9,994 | 1,298 | 949 | 1,211 | 2,335 |
| United States * | 12,549 | 1,816 | 509 | 1,123 | 2,905 |
| France | 16,853 | 1,885 | 1,180 | 1,482 | 2,963 |
| Italy* | 12,945 | 2,047 | 1,194 | 1,168 | 2,261 |
| Ireland* | 12,875 | 1,081 | 771 | 1,064 | 5,249 |
| Netherlands | 12,201 | 1,717 | 1,119 | 1,017 | 2,110 |
| United Kingdom | 13,639 | 1,297 | 907 | 1,201 | 3,074 |
| Turkey* | 14,203 | 1,500 | 850 | 1,174 | 3,176 |

* Data corresponding to the year 2010 ** Episodes per 100,000 women

Average stay in days for different countries and diagnosis groups^{***}. Year 2011

| Countries | All diagnoses | Diseases of the circulatory system | Tumours | Diseases of the digestive system | Pregnancy and delivery |
|-----------------|---------------|------------------------------------|------------|----------------------------------|------------------------|
| Germany | 9.3 | 9.6 | 9.7 | 6.7 | 4.4 |
| Canada * | 7.7 | 8.5 | 9.1 | 6.1 | 2.4 |
| Spain | 6.7 | 7.8 | 8.4 | 5.5 | 3.0 |
| United States * | 4.8 | 4.8 | 5.6 | 4.6 | 2.8 |
| France | 5.6 | 7.0 | 7.6 | 5.3 | 4.6 |
| Italy* | 7.7 | 9.2 | 9.1 | 6.7 | 3.8 |
| Ireland* | 5.9 | 9.2 | 10.6 | 5.9 | 2.7 |
| Netherlands | 5.3 | 6.0 | 6.7 | 5.5 | 3.0 |
| United Kingdom | 7.3 | 9.6 | 8.3 | 6.1 | 2.4 |
| Turkey* | 4.1 | 4.4 | 5.4 | 3.5 | 2.0 |

* Data corresponding to the year 2010

*** 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 2005-2012.

Methodological note

The Hospital Morbidity Survey (HMS) offers information regarding hospital admissions with stays, and the average stay thereof, by virtue of the main diagnosis associated with the admission. **Hospital discharge is considered to be the procedure by which a patient admitted to a Health Centre or Establishment ceases to occupy a bed, due to cure, improvement, death, transfer or voluntary discharge.**

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 94.4% of both public and private Spanish hospitals in 2012. The volume of admissions regarding which information has been gathered in these hospitals reaches 99.1% 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 hospitals⁴.

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/

All press releases at: www.ine.es/en/prensa/prensa_en.htm

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⁴ 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.