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17% fewer inpatient hospital stays than in 2000

Increase in inpatient treatments without overnight stays

Vienna, 2025-10-22 – According to Statistics Austria, there were just under 2.2 million hospital discharges from acute care hospitals in 2024. That is approximately 231 per 1 000 inhabitants. This means that the number of inpatient hospital stays per capita has fallen by 16.5% since 2000. The decline affects only the inpatient sector, which has fallen by 22%, while day clinic treatments have increased by 26% over the same period.

“Since the turn of the millennium, there has been a trend towards fewer and shorter stays in Austrian hospitals. In 2024, there were 231 hospital stays per 1 000 inhabitants, which is 16.5% less than in 2000, when there were 277 inpatient stays per 1 000 inhabitants. With population growth already been factored out, full inpatient stays with at least one overnight stay in hospital fell by more than a fifth during this period, while we see an increase of 26% in day clinic stays,” says Manuela Lenk, Director General Statistics at Statistics Austria.

Fewer inpatient and more day clinic treatments

Since the turn of the millennium, there has been a trend toward fewer and shorter stays in Austrian hospitals. However, this trend has not been continuous. Hospital stays declined sharply, particularly during the coronavirus pandemic, but have since risen slightly again: In 2024, there were 2 166 338 discharges from acute care hospitals in Austria, corresponding to approximately 231 hospital stays per 1 000 inhabitants. While the absolute number of discharges decreased by 4.0% compared to the year 2000, the per capita rate dropped more significantly, by 16.5%. Taking population growth into account, the number of full inpatient stays (involving at least one overnight stay) declined by 22.2%, whereas day clinic treatments increased by 26.3%.

The average duration of inpatient treatment has also shortened. In 2024, patients stayed in hospital for an average of 6.1 days – about one and a half days less than 25 years ago.

Higher mortality during inpatient stays

At the same time, mortality during inpatient stays increased. While in 2000, 1.7% of all patients died during a hospital stay, by 2024 this figure had risen to 2.0% – an increase of nearly 8% in hospital deaths since the turn of the millennium. This suggests that the proportion of seriously ill patients in the inpatient care sector is growing, as milder or less advanced conditions can now be treated in day clinics or on an outpatient basis.

More intensive treatment during hospital stays

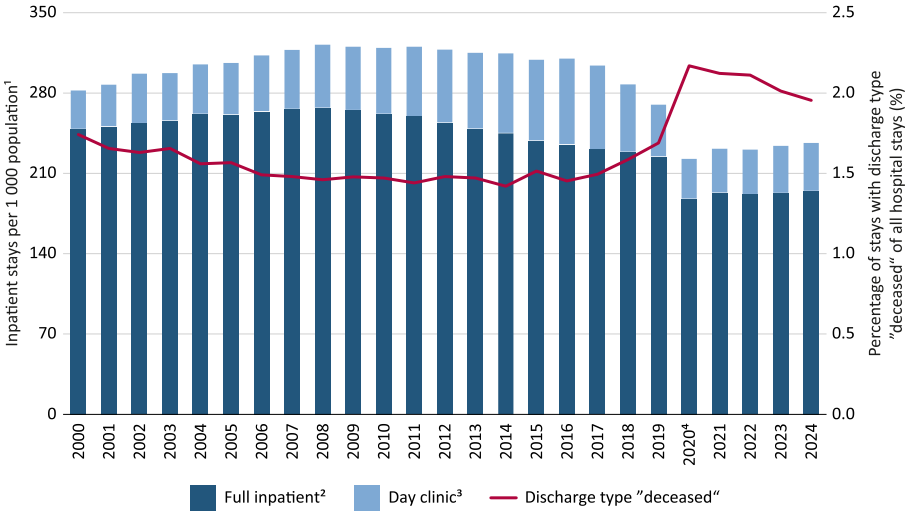
Despite an overall decline in the number of hospital stays, the volume of diagnostic and therapeutic services provided on an inpatient basis rose significantly between 2000 and 2024 – from around 3.2 million to approximately 4.4 million. In 2024, an average of 2.2 individual medical procedures were billed during a full inpatient hospital stay, and 1.2 during a day clinic visit. In 2000, these figures were 1.5 for inpatient and 0.7 for day clinic treatments, representing an increase of 49% and 82%, respectively.

More hospital stays by patients living abroad

In 2024, 2% of all hospital stays involved patients residing outside Austria, compared to 1.6% in 2000—an increase of 18.9%. The largest growth was seen among patients living in Hungary, Germany, and Romania.

Detailed results and further information can be found on our website on hospital discharges and inpatient medical procedures. Specialised medical terms are explained in the Health Statistics Glossary. Each year, Statistics Austria reports hospital discharge data to the OECD, Eurostat, and the WHO, where they are published in international databases and reports.

Full inpatient and day clinic stays as well as persons deceased during hospital stays since 2000



S: STATISTICS AUSTRIA, Statistics of Hospital Discharges; Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection, Reports on Diagnoses and Services (status as of autumn of the year following the reporting year).
1) Discharges from acute care hospitals in the reporting year (inpatient stays including zero-night cases and deaths) of persons with domestic residence per 1 000 of the annual average population. – 2) Stays with at least one overnight stay in hospital. – 3) Zero-night stays (day cases): admission and discharge on the same calendar day. – 4) In 2020, the COVID-19 pandemic led to a significant overall decline in hospital stays.

Table 1: Inpatient stays and length of stay in acute care hospitals since 2000

Reporting year	Inpatient stays[1]					Ø length of stay[4] in days
	total (absolute)	full inpatient[2] (%)	day clinic[3] (%)	with discharge type "deceased" (%)	by patients residing abroad (%)	
2000	2 256 253	88.2	11.8	1.7	1.6	7.8
2001	2 306 255	87.4	12.6	1.7	1.6	7.4
2002	2 395 558	85.5	14.5	1.6	1.7	7.3
2003	2 411 049	86.1	13.9	1.7	1.7	7.2
2004	2 486 229	85.9	14.1	1.6	1.7	7.2
2005	2 515 147	85.3	14.7	1.6	1.7	6.9
2006	2 581 152	84.5	15.5	1.5	1.8	6.9
2007	2 629 602	83.9	16.1	1.5	1.8	6.8
2008	2 675 496	83.0	17.0	1.5	1.9	6.8
2009	2 668 781	82.8	17.2	1.5	1.8	6.7
2010	2 665 416	82.0	18.0	1.5	1.8	6.6
2011	2 682 948	81.1	18.9	1.4	1.9	6.5
2012	2 673 687	80.0	20.0	1.5	1.8	6.5
2013	2 665 946	79.0	21.0	1.5	1.8	6.5
2014	2 682 456	78.0	22.0	1.4	1.8	6.5
2015	2 662 116	77.2	22.8	1.5	1.8	6.5
2016	2 705 460	75.9	24.1	1.5	1.8	6.4
2017	2 668 607	76.0	24.0	1.5	1.8	6.4

Reporting year	Inpatient stays[1]					Ø length of stay[4] in days
	total (absolute)	full inpatient[2] (%)	day clinic[3] (%)	with discharge type "deceased" (%)	by patients residing abroad (%)	
2018	2 537 281	79.6	20.4	1.6	1.9	6.3
2019	2 390 825	83.3	16.7	1.7	2.0	6.3
2020[5]	1 980 489	84.4	15.6	2.2	1.6	6.4
2021	2 066 414	83.5	16.5	2.1	1.3	6.3
2022	2 083 663	83.3	16.7	2.1	1.9	6.2
2023	2 130 787	82.5	17.5	2.0	2.0	6.2
2024	2 166 338	82.3	17.7	2.0	2.0	6.1

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1) Reference to discharges from acute care hospitals in the reporting year (inpatient stays including zero-night cases and deaths) of persons with domestic or foreign residence. – 2) Stays with at least one overnight stay in hospital. – 3) Zero-night stays (day cases): admission and discharge on the same calendar day. – 4) Zero-night stays are excluded from the calculation of average length of stay (one day equals one overnight stay). – 5) In 2020, the COVID-19 pandemic led to a significant overall decline in hospital stays.

Table 2: Inpatient stays in acute care hospitals since 2000 by diagnosis

Diagnose (ICD-10)	2000	2005	2010	2015	2020[3]	2024
Inpatient stays (absolute)[1]	**2 256 253**	**2 515 147**	**2 665 416**	**2 662 116**	**1 980 489**	**2 166 338**
Stays per 1 000 population[2]	**277.2**	**300.5**	**313.1**	**302.9**	**218.5**	**231.4**
Infectious and parasitic diseases (A00–B99)	6.7	7.1	6.9	6.4	4.5	5.3
Neoplasms (C00–D48)	36.3	42.7	46.1	47.6	28.7	29.6
Blood and immune diseases (D50–D89)	2.3	2.1	2.6	2.6	1.7	1.8
Endocrine and nutritional diseases (E00–E90)	8.8	8.0	7.5	6.4	4.2	4.3
Mental and behavioural disorders (F00–F99)	15.0	15.1	15.9	14.0	8.9	9.2
Nervous system diseases (G00–G99)	9.0	12.6	13.3	13.0	9.3	10.4
Eye diseases (H00–H59)	9.9	12.0	17.9	22.8	14.8	16.8
Ear diseases (H60–H95)	3.7	3.5	3.2	2.8	1.7	1.8
Circulatory diseases (I00–I99)	35.9	36.7	36.0	32.8	25.9	26.6
Respiratory diseases (J00–J99)	20.1	18.9	17.7	17.1	11.2	14.8
Digestive diseases (K00–K93)	23.1	27.6	27.6	26.6	19.6	21.4
Skin ans subcutaneous diseases (L00–L99)	4.3	4.7	4.5	4.0	2.4	2.2
Musculoskeletal diseases (M00–M99)	24.8	29.9	31.7	29.1	20.3	22.2
Genitourinary diseases (N00–N99)	18.1	18.6	19.3	18.3	14.8	16.5
Pregnancy, childbirth and puerperium (O00–O99)	15.1	14.6	14.1	13.9	12.0	10.8
Perinatal conditions (P00–P96)	1.5	1.4	1.5	1.5	1.3	1.2
Congenital disorders (Q00–Q99)	1.9	2.2	2.2	1.9	1.5	1.6
Injuries and poisonings (S00–T98)	29.5	29.2	30.3	28.1	23.1	24.4
COVID-19 (U07–U12)	.	.	.	.	3.0	1.1
Other diagnoses (R00–R99, U4, Z00–Z99)	11.1	13.7	14.9	14.0	9.8	9.4

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Information on methodology, definitions:

Hospital discharge statistics are **secondary statistics** based on administrative data derived from the diagnosis and service documentation of Austrian hospitals and from the hospital statistics of the Federal Ministry of Social Affairs, Health, Nursing and Consumer Protection.

Hospital discharge statistics have been kept in electronic form by Statistics Austria since the reference year 1989. The STATcube statistical database brings together data from the diagnosis and procedure reports and from hospital statistics.

Hospital discharge statistics are **case-based** rather than person-based, i.e. multiple discharges of the same person during a reference year are counted several times.

The number of inpatient stays corresponds to the number of discharges from Austrian **hospitals** according to the Hospitals and Health Resorts Act (KAKuG). Each hospital is assigned to one of four **care sectors**: acute care, rehabilitation, long-term care and convalescence/prevention.

The hospital discharge statistics only include inpatient stays with a formal admission and a formal discharge. This includes **full inpatient stays** with at least one overnight stay (counted at midnight) and **zero-day stays** in day clinics, where admission and discharge take place on the same day. **Outpatient** visits to hospital outpatient departments or registered doctors are not included in hospital discharge statistics.

Zero-day stays in day clinics are not included in the calculation of the average length of stay.

The **main diagnoses** of hospital discharges are recorded according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10) in the version adapted for Austria. For each inpatient hospitalisation, a **principal diagnosis** is recorded at the time of discharge; this is the diagnosis that proved to be the main reason for the inpatient hospitalisation. Accordingly, the principal diagnosis may not be the admission diagnosis, nor may it always be the diagnosis with which a patient is discharged for further treatment. A new disease or complication acquired during the hospital stay cannot be the principal diagnosis. In the case of deaths, the principal diagnosis is not always the same as the cause of death.

Medical services have been recorded in the performance-based hospital financing system (LKF system) since 1997. Coding is carried out according to a service catalogue that includes all billable individual medical procedures. The hospital discharge statistics include only inpatient services that are subject to mandatory coding.

Statistics Austria is the central organisation for official data and statistics on society, the economy, the state and the environment. As a national statistical institute, it is committed to the statutory principles of independence, impartiality and objectivity. Statistics Austria is headed by Manuela Lenk, Director General Statistics, and Franz Haslauer, Director General Finance.

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