

# **OECD Health Statistics 2020**

## **Definitions, Sources and Methods**

### **Hospital aggregates: Curative (acute) care**

**Curative care** comprises health care contacts during which the principal intent is to relieve symptoms of illness or injury, to reduce the severity of an illness or injury, or to protect against exacerbation and/or complication of an illness or injury that could threaten life or normal function (HC.1 in the SHA classification).

#### **Inclusion**

- All components of curative care of illness (including both physical and mental/psychiatric illnesses) or treatment of injury
- Diagnostic, therapeutic and surgical procedures
- Obstetric services

#### **Exclusion**

- Other functions of care (such as rehabilitative care, long-term care and palliative care)"

Data are collected for:

a) Curative (acute) care discharges: See definitions of [hospital discharges](#) and [curative care](#).

b) Curative (acute) care bed-days: See definitions of [hospital bed-days](#) and [curative care](#).

c) Curative (acute) care average length of stay (ALOS): See definitions of [hospital ALOS](#) and [curative care](#).

d) Curative (acute) care occupancy rates:

The **occupancy rate** is calculated as the number of beds effectively occupied (bed-days) for curative care (HC.1 in SHA classification) divided by the number of beds available for curative care multiplied by 365 days, with the ratio multiplied by 100.

**Occupancy rate = Total number of bed-days during the year / (Number of beds available \* 365 days) \* 100**

### **Sources and Methods**

#### **Australia**

##### **Source of data:**

- 2013 onward: **Australian Institute of Health and Welfare**. Admitted patient care: Australian hospital statistics. Canberra: AIHW.
- 2008–13: **Australian Institute of Health and Welfare**. Australian hospital statistics. Canberra: AIHW.
- Prior to 2008: Data were also sourced from: **Australian Bureau of Statistics**. Private hospitals, Australia. ABS Cat. No. 4390.0. Canberra: ABS.

<http://www.aihw.gov.au/>.

**Reference period:** Years reported are financial years 1<sup>st</sup> July to 31<sup>st</sup> June (e.g. 2016-2017 is reported as 2016).

**Coverage:**

- The National Hospital Morbidity database collects information about care provided to admitted patients in Australian hospitals. The data supplied are based on the Admitted Patient Care National Minimum Data Set (NMDS) and the Admitted Patient Mental Health Care NMDS, the Admitted Patient Palliative Care NMDS. Almost all hospitals in Australia are included in the database: public acute and public psychiatric hospitals, private acute and psychiatric hospitals, and private free standing day hospital facilities.
- The scope of the Admitted patient care NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.
- The data on curative (acute) care include separations for which the care type was reported as Acute, Newborn (with qualified days) or was not reported.
- ALOS: Data represent the number of bed-days divided by number of separations.
- Data from 1985 onwards exclude same-day separations.

Deviation from the definition:

- ALOS: Acute care data before 1985 includes same-day separations.

Break in time series:

- ALOS – break in 2008: Acute care data prior to 2008 include bed-days for overnight patients, including some that were not acute. Data from 2008 onward are better aligned with the OECD definition of acute care, and should include fewer non-acute overnight patients.
- Discharges, Bed-days, ALOS – break in 2015: The care type ‘Mental health’ was introduced from 1 July 2015. Separations with this care type are not included within acute care from 2015 onwards. Prior to 2015–16, the majority of separations with the care type ‘Mental health’ were probably assigned to acute care. This likely accounts for the decrease in separations, bed-days and ALOS for acute care between 2014–15 and 2015–16. Data for 2015–16 onwards are not comparable with data for earlier periods.

## Austria

Source of data: **Statistics Austria**, Hospital discharge statistics.

Reference period: 31<sup>st</sup> December.

Coverage:

- Curative (acute) care: Included are discharges from hospitals classified as HP.1.1, HP.1.2 and HP.1.3, where curative care is provided (HC.1).
- Discharges are reported without day cases. Only full inpatient discharges (stays with at least one overnight stay) from acute hospitals are reported.
- Bed days are reported for inpatient cases (day cases are excluded).
- ALOS are reported for inpatient cases (day cases are excluded).
- Occupancy rate: Bed days divided by 365 (366), divided by the number of available beds and multiplied by 100.
- Day cases are defined by the same admission and discharge dates (before midnight).
- Inpatient discharges include discharges to home, other inpatient institutions and deaths in hospitals.
- Included are residents and the non-residents.
- Healthy newborns are not documented as treatment cases.

Break in time series:

- DRG-based hospital funding, effective since 1997, might have changed coding performance relative to the years before.

## Belgium

Source of data: **Service Public Fédéral Santé Publique, Sécurité de la chaîne alimentaire et Environnement, Direction générale de l'Organisation des établissements de soins** (Federal Public Service of Health, Food Chain Safety and Environment), Résumé Clinique Minimum (RCM) (Minimal Clinical Data).

Coverage:

- 'Acute' hospital stay includes all the stays with a minimum of one night and all deaths, including all those who died immediately after hospitalisation.

- It excludes stays in psychiatric institutions, nursing homes, houses for the elderly, long stays and hospitalisations of one day in general hospitals.
- Acute care: Hospital stays with a length of stay shorter than 90 days. The following data are to be used with caution:
- Certain general hospitals register newborns as a stay.
- Since 1/7/1996, stays in the psychiatric departments of general hospitals have not been included in the RCM database.

## Canada

### Discharges, Bed-days, Average length of stay (ALOS)

#### Source of data:

- **Statistics Canada**, Hospital Morbidity Database, 1980/81 to 1993/94 (data for ALOS only).
- **Canadian Institute for Health Information**, Discharge Abstract Database and Hospital Morbidity Database starting in 1994/95, and Ontario Mental Health Reporting System starting in 2006/07.

#### Coverage:

- Data are for acute care hospitals only.
- Includes all cases with ICD-9 codes 001-999 as well as V codes; ICD-10-CA codes A00-Z99.
- Consistent with hospital morbidity series published in Canada, newborns are excluded. The inclusion of newborns would reduce the average length of stay by 0.5 or 0.6 day (e.g. from 7.5 days to 7.0 days in 2016/17).
- All bed-days and all separations from acute care hospitals are counted (except for newborns). However, in acute care hospitals, alternate level of care (ALC) patients have an unknown number of bed-days and separations. An ALC patient is a patient who is occupying a bed in a facility and does not require the intensity of resources/services provided in that care setting. The average length of stay for acute care would therefore be over-estimated by the inclusion of ALC patients. In 2007/08, it was estimated that ALC patients accounted for 5% of hospitalizations and 14% of hospital days in acute facilities. See [https://secure.cihi.ca/free\\_products/ALC\\_AIB\\_FINAL.pdf](https://secure.cihi.ca/free_products/ALC_AIB_FINAL.pdf)
- Separations in Canada include discharges both alive and dead.
- Starting in 2006/07, includes the data from the Ontario Mental Health Reporting System (OMHRS). With the creation of the OMHRS, information on acute care facilities with designated adult mental health beds in Ontario was no longer submitted to CIHI's Discharge Abstract Database.
- Records with invalid length of stay were included in the number of discharges but excluded from the calculation of bed-days and the average length of stay. Records with invalid/unknown gender and/or age were included.
- Includes rare instances of same-day separations. Excludes surgical day cases.

#### Break in time series:

- **ALOS:** The substantial decrease in average length of stay in 1994/95 may reflect a more restrictive definition of acute care hospitals, used by the Canadian Institute for Health Information, than used previously by Statistics Canada.

### Occupancy rate

#### Source of data:

- 1976-1993/94: **Statistics Canada**, Annual Return of Hospitals Database.
  - 1995/96-2003/04: **Canadian Institute for Health Information**, Canadian MIS Database.
- The Annual Return of Hospitals Database was transferred from Statistics Canada to the Canadian Institute for Health Information in 1995/96 and renamed the Canadian MIS Database.
- 2004/05-2018/19: **Canadian Institute for Health Information**, Canadian MIS Database, except for the Quebec data. **Eco-Santé Québec 2013/2014** - November 2013 update, for the Quebec data in 2004/05 and 2005/06. Espace informationnel webpage of the Quebec Ministry of Health and Social Services <https://www.msss.gouv.qc.ca/professionnels/#statistiques>, for the Quebec data in 2006/07-2018/19.

#### Break in time series due to changes in calculation methods:

- 1976-1993/94: Occupancy rate was calculated for short-term units of all reporting hospitals from the Annual Return of Hospitals Database. Occupancy refers to total stay days in short-term units during the reporting year divided by beds staffed and in operation in short-term units as at fiscal year-end multiplied by the number of days during the year (365 or 366).
- 1995/96 -2003/04: Inpatient days during the year in general hospitals and specialty hospitals (including paediatric hospitals) that submitted data to the Canadian MIS Database divided by the "rated bed capacity" in the same

hospitals multiplied by the number of days during the year (365 or 366). All inpatient days and beds in these hospitals are counted. However, long-term care, psychiatric care and rehabilitative care have an unknown number of days. The count of beds used in the calculation is the arithmetic mean of the “rated bed capacity” at the beginning of the year and the “rated bed capacity” at the end of the year.

- 2004/05-2018/19: For all provinces and territories except Quebec, the occupancy rate was calculated for all general and specialty hospitals (including paediatric hospitals) in a similar way as for the period 1995/96-2003/04. However, a change was made in the way beds were counted: “beds staffed and in operation” was now considered a more reliable measure than “rated bed capacity”. Data submitted by Quebec to the Canadian MIS Database could not be used in the calculation as they also included bed-days in nursing homes affiliated with hospitals. The occupancy rate published in **Eco-Santé Québec 2013/2014** for Soins physiques de courte durée was used instead for 2004/05 and 2005/06 and the occupancy rate for Soins physiques et psychiatriques de courte durée was used instead for 2006/07-2018/19. This last occupancy rate was calculated from reports on bed-days and beds set up (lits dressés) published on the Espace informationnel webpage of the Quebec Ministry of Health and Social Services

<https://www.msss.gouv.qc.ca/professionnels/#statistiques>. On the webpage, bed-days are found under “MED-ÉCHO – Hospitalisations et chirurgies d’un jour dans les centres hospitaliers du Québec” while “lits dressés” are found under “Rapports statistiques annuels”. The occupancy rate for the whole of Canada was calculated as a weighted average of the occupancy rate for Quebec and the occupancy rate for the rest of Canada. The weights are the respective numbers of beds (lits dressés pour soins physiques de courte durée in 2004/05 and 2005/06 and lits dressés pour soins physiques et psychiatriques de courte durée in 2006/07-2018/19 in Quebec; beds staffed and in operation in general and specialty hospitals in the rest of Canada).

## Chile

Data not available for Curative (acute) care length of stay.

### Occupancy Rate

#### Source of data:

**Ministry of Health (MINSAL)**, Department of Health Statistics and Information (DEIS). Administrative registry from public health sector through the Monthly Statistical Summary (REM, Resúmenes Estadísticos Mensuales). REM are consolidated at a central level in DEIS in the MINSAL.

- 1999-2001: Publication DEIS-MINSAL. “*Anuario de Estadísticas de Atenciones y Recursos para la Salud 1999-2004*”. *Indicadores hospitalarios por servicio de salud*. SNSS, 1999 – 2004 (p.63).

- From 2002 onwards:

[http://deis.minsal.cl/deis/codigo/neuw/rem2004\\_2001.asp](http://deis.minsal.cl/deis/codigo/neuw/rem2004_2001.asp),

[http://deis.minsal.cl/deis/salidas06/rem2006\\_1.asp](http://deis.minsal.cl/deis/salidas06/rem2006_1.asp),

<http://deis.minsal.cl/deis/salidas06/rem2007v3.asp>,

[http://intradeis.minsal.cl/Intradeis/menu\\_tree/tree.aspx](http://intradeis.minsal.cl/Intradeis/menu_tree/tree.aspx),

[http://intradeis.minsal.cl/Reportes/ReportesRem20/2009/Censo\\_2009/Censo\\_2009.aspx](http://intradeis.minsal.cl/Reportes/ReportesRem20/2009/Censo_2009/Censo_2009.aspx),

<http://intradeis.minsal.cl/ReportesRem20/2010/Censo/Censo.aspx>,

<http://extranet.deis.cl/index.php/resumen-estadisticos-mensuales-deis/rem-2011>,

[http://extranet.deis.cl/?page\\_id=1881](http://extranet.deis.cl/?page_id=1881).

Definitions and details of the calculation method are available online at

<http://deis.minsal.cl/deis/NOTAS%20TECNICAS%20REM-20.htm>.

#### Coverage:

- Data coverage is national and includes only the public sector (National System of Health Services, SNSS).

- Data are automatically collected monthly from the health establishments’ information systems and validated and published by the Department of Health Statistics and Information (DEIS).

#### Deviation from the definition:

- Data only include the public health system from the whole country. They correspond to the bed-days from the National System of Health Services (SNSS) and exclude private health system.

- Acute care and long-term care beds (palliative care, psychiatric and geriatrics) may also be included. The population for calculating the acute care bed-days per capita is the population registered in the Public Health Fund (FONASA).

## Colombia

Data not available.

## Czech Republic

### Discharges

#### Source of data:

- Since 2007: **Institute of Health Information and Statistics of the Czech Republic**. National Registry of Hospitalised Patients.
- Until 2006: **Institute of Health Information and Statistics of the Czech Republic**, National Health Information System (survey on bed resources of health establishments and their utilisation).

#### Coverage:

- Until 1999 data cover only establishments of the Health Sector. From 2000 data cover also health establishments of other central organs.
- Data refer to number of hospitalisations in university hospitals and acute care hospitals.

#### Deviation from the definition:

- Until 2006: Hospitalised newborns are excluded. Transfers from one department to another one at the same hospital are considered as two hospitalisations. Day cases of patients treated in bed care departments are not excluded.

Break in time series: 2007 (change of data source).

### ALOS, bed-days and occupancy rates

#### Source of data:

- Since 2007: **Institute of Health Information and Statistics of the Czech Republic**. National Registry of Hospitalised Patients and National Register of Reimbursed Health Services (beds).
- Until 2006: **Institute of Health Information and Statistics of the Czech Republic**, National Health Information System (survey on bed resources of health establishments and their utilisation).

#### Coverage:

- Data on acute care relate to all inpatient care provided in university hospitals and acute care hospitals.

#### Deviation from the definition:

- Until 2006: Same-day separations are included in the data. Transfers from one department to another one at the same hospital are considered as two hospitalisations. Newborns are excluded.

Break in time series: 2007 (change of data source).

## Denmark

Source of data: **National Board of Health**, The National Patient Register.

#### Coverage:

### Discharges

- Data includes both somatic and psychiatric hospitals.
- From 2000 onwards, the data no longer include transfer from one department to another department within the same hospitals.

### ALOS

- From 1980: ALOS in somatic departments with an  $\text{ALOS} \leq 18$  days.
- Before 1980: ALOS in somatic departments with an  $\text{ALOS} \leq 30$  days.
- Private hospitals are not included.
- These data are not updated anymore.

### Occupancy rate

- Occupancy rates in acute care institutions.
- From 1990: Occupancy rates in somatic and psychiatric hospital departments with an  $\text{ALOS} \leq 18$  days.
- Before 1990: Occupancy rates in somatic and psychiatric hospital departments with an  $\text{ALOS} \leq 30$  days.
- These data are not updated anymore.

## Estonia

Source of data: **National Institute for Health Development**, Department of Health Statistics; Monthly statistical report "Hospital beds and hospitalisation".

[http://pxweb.tai.ee/esf/pxweb2008/Database\\_en/HCresources/02HospitalBeds/01LT/RVinfo\\_en.htm](http://pxweb.tai.ee/esf/pxweb2008/Database_en/HCresources/02HospitalBeds/01LT/RVinfo_en.htm).

Coverage:

- All institutions providing in-patient care.
- Day cases are not included.
- All beds except tuberculosis, nursing care and psychiatric beds.
- Since 2013 psychiatric beds are included.

Deviation from the definition:

- Data for 1980 and for 1985-2002 represent the figures for hospital admissions.
- Data for 2003-2011 have been recalculated and figures present discharges. Data for the years before the 2003 are not available for recalculations.

## Finland

Source of data: **THL Finnish Institute for Health and Welfare**, Care Register for Institutional Health Care.

Coverage:

### Discharges

- Includes all specialised somatic health care, excluding state hospitals, military and prison hospitals and inpatient care in primary health care led health care centres.
- The data follows SHA 2011 manual since 2000. Before 2000, discharges included transfers to other units within the same hospitals.

### ALOS

- Includes specialised hospital care. Excludes hospital stays without overnight stay since 1996.

### Occupancy rate

- Includes general hospitals (except health centres) and tuberculosis institutions.
- Data not available from the year 1996.

Break in time series: 2000.

## France

Source of data:

- **SAE file** (Statistique annuelle des établissements de santé/Annual statistics of health institutions) **managed by Drees** (Direction de la recherche, des études, de l'évaluation et des statistiques) from the Ministère du Travail, de l'Emploi et de la Santé (Secteur Santé). <https://www.sae-diffusion.sante.gouv.fr/sae-diffusion/accueil.htm>.

Coverage:

- Data refer to inpatients in public and private health establishments (staying more than 24 hours) in France (metropolitan France and D.O.M.). Data include residents of France (metropolitan France and D.O.M.) (residents of foreign countries and T.O.M. are excluded except in 1997)..
- **Curative (acute) care discharges:** number of admissions in acute care (short term) services in all hospitals.
- **Curative (acute) care bed-days:** number of days spent in acute care (short term) services in all hospitals.
- **Curative (acute) care ALOS:** number of days spent in acute care (short term) services in all hospitals, applied to the number of admissions in acute care (short term) for the year considered.
- **Curative (acute) care occupancy rate:** Number of days spent in acute care services with full hospitalisation (i.e. more than 24 hours) (short term: medical care, surgery, obstetrics) in hospitals divided by 365, then applied to the number of beds set up in acute care units, and multiplied by 100.
- The number of days in the public sector corresponds to the number of days spent and billed. In the private sector, the number of recorded days corresponds to the number of days billed by the institution.

Deviation from the definition: Healthy newborns are not included until 2012.

Break in time series: 2003, 2013.

- Break in series in **2003**: for curative care use of National databases from the "programme de médicalisation des systèmes d'information (PMSI)". See details at "hospital discharges by diagnostic categories". See the annual report "Panorama des établissements de santé : L'activité en hospitalisation complète et partielle", <http://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/publications/panoramas-de-la-drees/article/les-etablissements-de-sante-edition-2017>.



- Break in series in 2013: Healthy newborns are included since 2013 (in 2020, data have been revised from 2013 onwards).

## Germany

Source of data: **Federal Statistical Office**, Hospital statistics 2017 (basic data of hospitals and diagnostic data of the hospital patients); Statistisches Bundesamt 2018, *Fachserie 12, Reihe 6.1.1*, table 2.2.1 and *ibid*, *Fachserie 12, Reihe 6.2.1* and special calculations by the Federal Statistical Office.

See <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: During the year

### Coverage:

- A **discharge** is the release of a patient who was formally admitted into a hospital for treatment and who stayed for a minimum of one night. The number of discharges includes deaths in hospital, but excludes same-day separations and transfers to other care units within the same institution. Day cases are excluded.
- The number of **bed-days** refers to the sum of all inpatients at midnight. The day of admission counts as one bed-day so that day cases (patients admitted for a medical procedure or surgery in the morning and released before the evening) are normally also included. As one day case constitutes one bed-day it is possible to adjust the number of bed-days so that day cases are excluded.
- **ALOS** is calculated by dividing the number of bed-days by the number of discharges.
- **Occupancy rate** is calculated by dividing the number of bed-days by the number of available beds multiplied by 365 days, with the ratio multiplied by 100. Beds for healthy infants, recovery trolleys, emergency stretchers and beds for palliative care are not included in the number of beds used for the calculation of occupancy rates.
- *Coverage by hospital type*: Data include discharges during a given calendar year from general hospitals (HP.1.1) and mental health hospitals (HP.1.2) in all sectors (public, non-profit and private). Discharges from prevention and rehabilitation facilities (HP.1.3) and discharges from long-term nursing care facilities are excluded.
- *Other notes related to coverage*: The number of discharges includes patients with unknown diagnosis, age and/or sex.

### Additional information:

- In German health statistics publications, the number of discharges includes the number of inpatient cases as well as the number of day cases. Therefore the total number of cases in these publications is higher.
- Furthermore, for each day case one bed-day is calculated. Since the average length of stay (ALOS) is the quotient of bed-days and discharges, the ALOS in these publications is lower than when calculated on the basis of only inpatients and bed-days for inpatients. This also applies to the occupancy rate.

## Greece

Source of data: **Hellenic Statistical Authority**, Division of Social Welfare and Health Statistics.

### Coverage:

- **Curative (acute) care**: Public and private hospitals of Greece. (Neuropsychiatric units are excluded)
- From 2013 ICD-10 is used.
- **ALOS**: Average length of stay is calculated by dividing the number of days stayed by the number of discharges and deaths. Same-day separations are excluded.
- **Occupancy rate**: Number of acute beds (inpatient beds minus psychiatric beds) occupied.

Deviation from the definition: Day cases are included until 2012.

Break in time series: 2013. There is a break in time series from 2013 and onwards due to technical improvements. More specifically, until 2012 the criterion of minimum one night of stay was not strictly covered and day cases of surgical procedures were also included. The data process was sampled until 2012 due to the large amount of data and limited resources. Moreover, from 2013 has changed from sampling to census and the day cases were identified and excluded.

## Hungary

Source of data:

- Until 1993: **Ministry of Health**.
- From 1994 until 2003: **Hungarian National Health Insurance Fund** (OEP in Hungarian), [www.oep.hu](http://www.oep.hu).

- From 2004 onwards: **National Healthcare Services Center** (ÁEEK in Hungarian) [www.aEEK.hu](http://www.aEEK.hu).

Coverage:

- Until 2003: Data of departments providing acute hospital care are included.
  - Discharges: Data are the case number of department discharges.
  - ALOS: Average length of stay at acute care departments.
- From 2004 onwards:
  - Discharges: Data are the case number of hospital discharges, rather than the case number of department discharges. Same day discharges are excluded.
  - ALOS: Average length of stay at acute care hospitals.

Break in time series:

- From 2004 onwards, the data provider institute (ÁEEK) processes the itemised data of the inpatient care finance report submitted by the health insurance fund. Data are calculated by case number for hospital discharge, not case number for department.
- 2007. The decrease in curative (acute) care in 2007 was related to the introduction of co-payment in the course of the healthcare reform that started at the end of 2006, and finished at the middle of 2008.

## Iceland

Source of data: **The Directorate of Health / The Ministry of Health and Social Security.**

Coverage:

- Data cover whole country.
- Data from 1999-2006 cover health care facilities with at least one bed available for curative care.

Break in time series: 2007. Data have been updated back to 2007 so that the data now more accurately match the definition of hospitals given in the joint questionnaire (facilities where there is not a 24 hour physician presence are excluded).

Included:

- Inpatient discharges only.
- All discharges with LOS less than 90 days.
- Discharges where diagnosis is missing or ICD10 code is invalid.
- Newborns.
- Only hospitals with a 24 hour physician presence (Definition of hospitals according to the Ministry of Welfare).
- Transfers to other specialty areas ("þjónustuflokkar") within hospitals are included.

Excluded: based on specialty areas ("þjónustuflokkur"):

- Rehabilitative care.
- Palliative care.
- Long-term care.

## Ireland

Source of data:

- From 2015: The data presented are derived from the HIPE (Hospital In-Patient Enquiry) data set, which records data on discharges from all publicly funded acute hospitals. HIPE is operated by the **Healthcare Pricing Office** ([www.hpo.ie](http://www.hpo.ie)).
- From 2012: **Health Service Executive** and **Health Research Board**.
- From 2006: **Health Service Executive**.
- Up to 2005: **Department of Health & Children**.

Coverage:

- *Discharges:* Figures refer to the number of inpatients, excluding day cases, who were discharged from or died in publicly funded acute hospitals. Discharges from private short-stay hospitals are not included. From 2012 acute psychiatric discharges are included from all public psychiatric units in the country.
- *ALOS:* From 1997, the ALOS for acute care refers to all HSE Network acute hospitals (HP1 excluding HP1.2 psychiatric hospitals) with an ALOS of less than 18 days. Beds in private hospitals are not included. From 2012 acute psychiatric discharges are included from all public psychiatric units in the country.

Break in time series:



- *ALOS*: Up to and including 1996, figures refer to inpatient beds in acute hospitals where the average length of stay is 18 days or less. From 1980-1986, short-stay district hospitals were included.
- *Discharges, beds-days and ALOS*: From 2012 acute psychiatric discharges are included from all public psychiatric units in the country.
- *Occupancy rate*: From 1997 onwards, data refer to HSE network hospitals (publicly funded acute) only. Before 1997, Acute Care Bed Days refer to publicly funded acute (voluntary and health board) and district/community hospitals where the average length of stay is 18 days or less.
- Since 2015: Information extracted from Hospital In-patient Enquiry (HIPE) database and the National Psychiatric Inpatient Reporting System.

Deviation from Definition: Discharges and ALOS – from 2012 a small number of discharges from psychiatric hospitals/units which do not strictly meet the definition of a HP1 hospital are included in the data.

## Israel

Source of data: Health Information Division, Ministry of Health. The data are based on the following databases:

- The **National Hospital Discharge Database**, maintained by **Health Information Division in the Ministry of Health**. It includes most acute care hospitals as well as some special hospitals.
- Summary Hospitalisation Database**, with information that is collected routinely by the **Health Information Division in the Ministry of Health**. It includes all admissions to all inpatient institutions, hospitals (HP.1) and nursing care (HP.2) by wards, year and month, but does not include data on diagnoses, procedures, age, gender or admissions and discharges dates.

Coverage: The data include all acute care wards in all hospitals. Patients who were admitted and discharged on the same date from the hospitals were defined as day cases and excluded. Healthy newborns were included. Curative mental health hospitalizations in all hospitals were included.

- The numbers of bed-days and ALOS for curative care are high in 2000 and 2006 due to changes in psychiatric hospitalisation policies. In 2000 and 2006 there were many discharges from long-term psychiatric care. Some of these patients were admitted to geriatric facilities, and some to rehabilitation facilities in the community.

- **Occupancy rate**: The occupancy rates are weighted rates according to the changes of licenced hospital beds during the year. The calculation is based on curative beds, which do not include cots for healthy infants. Part of the same day hospitalisations use the curative hospital beds.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

## Italy

### *Discharges, Bed-days, ALOS*

Source of data:

- From 1996 onwards: The data source is the Ministry of Health - General Directorate of Health Planning. National Hospital Discharge Data Base (NHDDDB), is made up of hospital activity for each year. Annually the competent Ministry Office prepares the publication " Rapporto annuale sull'attività di ricovero ospedaliero – Dati SDO", available on the Ministry website:

[http://www.salute.gov.it/portale/temi/p2\\_6.jsp?lingua=italiano&id=1237&area=ricoveriOspedalieri&menu=vuoto](http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=1237&area=ricoveriOspedalieri&menu=vuoto).

Scheda di Dimissione Ospedaliera (SDO) is the full original title of the NHDDDB. More information about SDO can be found at the following website:

[http://www.salute.gov.it/portale/temi/p2\\_4.jsp?lingua=italiano&tema=Assistenza,%20ospedale%20e%20territorio&area=ricoveriOspedalieri](http://www.salute.gov.it/portale/temi/p2_4.jsp?lingua=italiano&tema=Assistenza,%20ospedale%20e%20territorio&area=ricoveriOspedalieri).

- Until 1995: a sample survey was run by **ISTAT** (National Institute of Statistics).

Coverage:

- The NHDDDB (SDO) covers the entire Country, both public and private hospitals (HP.1.1 and HP.1.3 excluding Military hospitals). The NHDDDB has gradually improved in quality and completeness during the first five years, starting from 1995-1996.

- Curative (acute) care discharges include all patients admitted in hospital for treatment and/or care and who stayed in hospital at least for one night. Hospital treatment and care include only curative care.

- Average length of stay (ALOS) is calculated by dividing the number of bed-days by the number of discharges during the year.

Break in time series: 1996.

- There is a break in the time series due to the different sources: firstly the sample survey run by Istat and then the total survey (SDO) run on the total Hospitals.

### ***Occupancy rate***

Source of data:

- Since 1999: Data provided by the **Ministry of Health**. “Annuario Statistico del Servizio Sanitario Nazionale- Assetto organizzativo, attività e fattori produttivi del SSN” available on the web site of the Ministry of Health [www.salute.gov.it/statistiche](http://www.salute.gov.it/statistiche).

- Until 1998: Data provided by **ISTAT**, Istituto Nazionale di Statistica (National Institute of Statistics), but the responsible institution for the collection of information is the **Italian Ministry of Health**.

- Further information: [www.salute.gov.it/statistiche](http://www.salute.gov.it/statistiche).

Coverage:

- The acute care occupancy rate includes discharges from public and private hospitals excluding private hospitals not accredited.

- Periodicity: Yearly.

- Acute care: The definition and the calculation method used for acute care data since 1996 are those adopted by the Italian Ministry of Health, i.e., ‘all inpatient care beddays except those performed in long-term, rehabilitation and mental health wards’. In the period 1991-1995 data were calculated by an average length of stay of less than 18 days. In 1990 and before, the definition and the calculation method adopted are unknown.

## **Japan**

Source of data: **Ministry of Health, Labour and Welfare**, Hospital Report (published annually).

Coverage:

- The data were collected from medical institutions with inpatient facilities for 20 or more patients, which are called hospitals in Japan, and do not include medical clinics with no inpatient facilities or with inpatient facilities for 19 or fewer patients.

- “Acute care beds” basically include infectious disease beds and general beds.

- Average length of stay: Annual total number of inpatients divided by [(the number of newly admitted patients that year plus the number of discharged patients that year) multiplied by 1/2].

- Occupancy rate: The annual total number of inpatients at midnight in infectious disease beds and general beds, divided by the number of infectious disease beds and general beds and multiplied by 100.

- Due to the Great East Japan Earthquake, the report of March 2011 for the following 11 hospitals tabulated only the number of patients they reported: 1 institution of Kesen medical area of Iwate Prefecture, 1 institution of Miyako medical area of Iwate Prefecture, 2 institutions of Ishinomaki medical area of Miyagi Prefecture, 2 institutions of Kesenuma medical area of Miyagi Prefecture, and 5 institutions of Soma medical area of Fukushima Prefecture.

Deviation from definition:

- The data include same-day separations.

Break in time series: 2014. The data on curative care discharges, ALOS and occupancy rate include treatment of tuberculosis as of 2014.

## **Korea**

Source of data:

- From 2014: **Ministry of Health and Welfare, Health Insurance Review & Assessment Service**, Statistics of Health Care Utilization.

- 2010-2013: **Ministry of Health and Welfare, Korea Institute for Health and Social Affairs**, The Patient Survey Report.

- 1980-2003 (for ALOS and occupancy rate): **Ministry of Health and Welfare**, Yearbook of Health and Welfare Statistics.

Coverage:

*From 2014:*

- Curative care: Discharges from upper level general hospital, general hospital, hospital, dental hospital, oriental medicine hospital, and county hospital are included. However, discharges from department of psychiatric,

rehabilitation, oriental neuropsychiatric, oriental rehabilitation in the above hospitals are excluded. Discharges in national special hospital, specialised rehabilitation hospitals, military hospital, clinic, health centre, midwifery clinic, and hospice care are excluded.

- Day-care discharges and normal childbirth cases are excluded. If bed-days are more than 90 days, it is also excluded.

*From 2010 to 2013:*

- Curative care: Discharges from upper level general hospital, general hospital, hospital, dental hospital, oriental medicine hospital, and county hospital are included. However, discharges from department of psychiatric, rehabilitation, oriental neuropsychiatric, oriental rehabilitation in the above hospitals are excluded. Discharges in national special hospital, rehabilitation hospitals, military hospital, clinic, health centre, and midwifery clinic are also excluded.

- Day-care discharges and normal childbirth cases are excluded.

*From 1980 to 2003 (for ALOS and occupancy rate):*

- Acute care: only general disease.

- Excluded: communicable disease, tuberculosis and mental disorder in hospitals.

## Latvia

Source of data: **Centre for Disease Prevention and Control.**

Coverage:

### **Discharges**

- Acute care hospital discharges including patients who returned home, were transferred to another hospital or died.

### **ALOS and occupancy rate**

- Acute care hospital beds are included, i.e. hospital beds excluding beds for rehabilitation, tuberculosis, psychiatry, mental care for alcohol and drug abusers, short-term social care, geriatrics, palliative care and care for chronic patients.

## Lithuania

Source of data:

- From 2001: **HI HIC** data from Compulsory Health Insurance Database. Report “Health Statistics of Lithuania”, available from <http://www.hi.lt/lt/lietuvos-sveikatos-statistika-health-statistics-of-lithuania.html>.

- Up to 2000: **LHIC**, data of annual report of health care institutions.

Coverage: Curative (acute) care includes all discharges excluding discharges from nursing, palliative, rehabilitation, long-term psychiatric, psychiatric rehabilitation, tuberculosis beds.

- From 2001: Discharge data excluding nursing patients, day cases and healthy newborns. Data coverage is 96-98%, as some budget financed and private hospitals do not report discharge data for Compulsory Health Insurance Database.

- Up to 2000: discharge data excluded healthy newborns, including day cases. Long-term psychiatric discharges and beddays were excluded from curative care by the same proportion as in 2001-2015.

## Luxembourg

Source of data: Fichiers de la sécurité sociale. Data prepared by **Inspection générale de la sécurité sociale.**

Coverage:

- Data from establishments whose main activity consists of providing medium or long-term care are excluded.

- Hospital admissions discharged on the same day before midnight (day cases) are excluded, however for the calculation of the turnover rate, day cases have been included in order to be consistent with the number of beds. This was done where beds for day cases could not be identified.

- Data related to functional, geriatric and psychiatric rehabilitation and readaptation performed in acute care hospitals are excluded. However, curative psychiatry is included and palliative care in acute care hospitals is included from 2014 onwards.

- Healthy new-born babies are not registered as patients by hospitals. Therefore, no diagnostic for discharge is provided.

- Data refer to the resident population covered by the statutory health insurance scheme.

- Admissions from the subchapters V, W, X and Y from ICD-10 are excluded.
- Data for 2018 should be considered as preliminary.

Deviation from the definition:

- Palliative care in acute care hospitals is included from 2014 onwards.

## Mexico

### Occupancy rate

Source of data: **Bulletin of Statistical Information.** National Health Care System, Vol. I and Vol. III. Ministry of Health.

Coverage:

- The data result from dividing patients' days by acute care beds for acute patients and multiplying the result by 365 and then by 100.
- To calculate this indicator, information on psychiatric hospitals was excluded until 2010.
- Data include public institutions (Ministry of Health, IMSS-Oportunidades, IMSS, ISSSTE, State Health Services, PEMEX, SEDENA, SEMAR) and private providers (since 1997).

Deviation from definition:

- Since 2011, the data correspond to inpatient care occupancy rate, covering all hospitals (including psychiatric hospitals) and all functions of care (curative care, rehabilitative care, long-term care and palliative care). Data exclude private medicine.

Break in time series:

- 1997 onwards: private providers are included.
- For 2005 to 2009, SEDENA (Secretaría de la Defensa Nacional) data are not available, thus not included.
- 2010 includes data for SEDENA.
- Since 2011, the data cover all hospitals, including psychiatric hospitals (which were excluded until 2010). Private medicine is excluded.
- For 2016, SEDENA (Ministry of War) and PEMEX (Mexican Petroleum) data are not available.

Note: For 2018 the data is estimated.

## Netherlands

### Discharges

Source of data:

- From 2015 onwards: **Annual report social account** (DigiMV).
- Centraal Bureau voor de Statistiek (**Statistics Netherlands**), Statistics of intramural health care; National Medical Registration.
- From 2006 and later: annual reports social account and National Medical Registration.

Coverage:

- From 2015 onwards: Admissions for 24-hour care in general, university, specialized hospitals and independent treatment centres. **Mental hospitals and psychiatric wards in general and university hospitals are excluded.** The data cover all admissions for 24-hour care in general, university and short-stay specialized hospitals.

Break in time series:

- 2002 and later includes healthy new born infants, if mother was an inpatient.

### Bed-days

Source of data: **Annual report social account** (DigiMV).

Coverage: General, university and specialized hospitals with the exception of mental hospitals and psychiatric wards in general and university hospitals.

## ALOS

Source of data:

- 2015 onwards: **Annual report social account** (DigiMV)
  - 2007 onwards: Centraal Bureau voor de Statistiek (**Statistics Netherlands**), statistics on health and social care institutions, <http://statline.cbs.nl/statweb/> Zorginstellingen; kerncijfers.
- Direct link to table in Dutch: <https://opendata.cbs.nl/statline/#/CBS/nl/dataset/71584NED/table?dl=2F356>.
- Up until 2006: Statistics of Intramural Health Care; National Medical Registration.

Coverage:

- General, university and specialized hospitals with the exception of mental hospitals and psychiatric wards in general and university hospitals.
- General and university hospitals (excluding specialised hospitals and rehabilitation hospitals).
- Same-day separations are excluded in the calculation.
- Bed-days of newborns are excluded in the calculation up to 2006 and included from 2007 onward.

Break in time series:

- 2011. In 2017, the ALOS data have been revised since 2011.

**Occupancy rate**

Source of data:

- 2016-: Annual report social account (DigiMV)
- 2007 onwards: **Centraal Bureau voor de Statistiek**, statistics on health and social care institutions, <http://statline.cbs.nl/statweb/> Zorginstellingen; kerncijfers

Direct link to table in Dutch:

<http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=71584NED&D1=120-124&D2=a&D3=a&HD=110503-1332&HDR=G2.G1&STB=T>.

- Up to 2006: **Intramurale Gezondheidszorg**, table 3 (several issues). Vademecum gezondheidsstatistiek Nederland, ch. 10 (several issues).

Coverage: General, university and specialized hospitals with the exception of mental hospitals and psychiatric wards in general and university hospitals.

Break in time series: 2007. Until 2006, beds refer to actual beds. In 2007, beds refer to beds approved by the Dutch Health Authority.

**New Zealand**

Source of data: Data extracted from the **National Minimum Data Set (NMDS)**, maintained by the **Ministry of Health** (National Collections & Reporting - NCR).

Coverage:

- The data currently exclude same-day discharges.
- Publicly-funded hospital discharges with a Length of Stay > 0.
- Exclusions for D (Disability), Y (Mental Health) and Z (Internal use - mostly mapped mental health) specialties, Palliative Care specialties (M80-M84) and Short Stay ED (Short Stay ED events are defined as discharges with an emergency department health specialty code and a length of stay equal to 0-days or 1-day. These are typically excluded for analysis and reporting purposes because they have been inconsistently reported over time).
- Only Facility types 01 (Public hospital) & 02 (Private hospital) are included.
- Internal Transfers with an Event End Type of 'DW' are excluded (DW=Discharge to other service within same facility).
- All Pregnancy and Childbirth specialty codes are included.
- Data relate to calendar years.
- Lengths of stay over 1 year are truncated to 1 year.
- There is a time lag with reporting some of the data to the National Minimum Data Set (NMDS) which will lead to revised data.

Break in time series:

- The earlier LOS data reflect a reporting change midway through the 2003 data. The Ministry of Health Private Hospital coding team (who code long stay publicly funded hospital discharges from small private facilities) received a new system to input data. This system does not record specialty code and all events are defaulted to either General Medical (M00) or General Surgical (S00). Prior to this many of these events would be coded elsewhere (e.g. disability speciality codes D11 and D12). Because the selection criteria for acute ALOS excludes non-medical and non-surgical events (according to the specialty code), these events were not counted earlier but begin to be counted after the change. Hence the apparent increase in LOS in medical/surgical specialties.
- Data for occupancy rate are not available.

**Norway**

### ***Discharge, ALOS***

Source of Data: **Statistics Norway**, <https://www.ssb.no/en/helse/statistikker/speshelse>.

- Administrative register: The Norwegian Patient Register administered by **The Norwegian Directorate of Health**. The Norwegian Patient Register includes all data on the hospital activities.

Coverage:

- Day separations are included and counted as one bed-day.
- Number of bed-days divided by number of discharges, including deceased.
- Private rehabilitation institutions included in the statistics for the first time in 2000.

Break in time series: 2009, 2015.

- All hospitals included from 2009.
- Bed-days and discharges in 2015 do not include healthy new-borns in hospitals. The number therefore cannot be compared directly with previous years, when healthy new-borns were included.

### ***Occupancy rate***

Source of Data: **Statistics Norway**, Statistics for specialist health service. [www.ssb.no/speshelse\\_en/](http://www.ssb.no/speshelse_en/).

- Data on inpatient stays are collected from the Norwegian Patient Register administered by **The Norwegian Directorate of Health**. The Norwegian Patient Register includes all data on the hospital activities.
- Data on beds are collected by Statistics Norway using electronic surveys from the hospitals.

Coverage:

- Number of beds, end of year.
- Before 2009, data are just calculated for general hospitals. Data from other hospitals are not available from 2009.
- Bed-days in 2015 do not include healthy new-borns in hospitals.

## **Poland**

Source of data:

- **National Institute of Public Health-National Institute of Hygiene (NIPH-NIH)**, General Hospital Morbidity Study (GHMS), for discharges from general (i.e. non-psychiatric) hospitals.
- **Institute of Psychiatry and Neurology**, Psychiatric Inpatient Morbidity Study (PIMS), for discharges from psychiatric hospitals and psychiatric departments of general hospitals.

Coverage:

- Curative (acute) care data include psychiatric care. Sanatorium hospitals are excluded. Data cover every person hospitalized in Poland excluding hospital departments coded as follow: 2182 2300 2302 2304 4170 4300 4302 4306 4308 4310 4702 4750 4756 and  $\geq 5000$ .
- Additionally persons whose length of stay in hospital is equal to 0 days and were discharged to another hospital or were discharged because of their own will are excluded from curative (acute) care too.
- The increase in the number of discharges and bed-days in 2009 can be attributed to almost full participation of the hospitals in the study.

## **Portugal**

Source of data: **Statistics Portugal**, annual questionnaire to all hospitals (public and private hospitals); Health statistics (published annually).

Coverage:

- National coverage.
- Public and private hospitals are covered, but hospitals specialised in alcohol recovery, rehabilitation of physically impaired and rehabilitation of drug addicts are excluded.
- **ALOS**: Number of bed-days divided by number of discharges including deaths.
- The occupancy rate data was updated from 1999 onwards because the number of curative care beds was revised according to criteria introduced in 2016.

Break in time series: 1999. The Hospital Survey was revised in 1999. Although questions regarding inpatient care discharges and bed-days remained largely unchanged, data providers were asked to give more detailed numbers (namely inpatient care discharges and bed-days disaggregated by surgical and medical specialty).

Note: the time series on curative care aggregates have been fully revised in 2020 (psychiatric and rehabilitation hospitals were excluded from the previous series).



## Slovak Republic

Source of data: **National Health Information Center (NHIC).**

- Data up to 2008: Annual report L (MZ SR) 1 - 01 on bed fund of health facility.
- Data for 2009-2011: Annual report P (MZ SR) 1 - 01 on bed fund of health facility.
- Data from 2012: Annual report P (MZ SR) 1 - 01 on bed fund of health facility.

Coverage:

- Data are gathered from hospitals. Excluded are institutes for complex post-care, rehabilitation and long-term nursing care, departments for long-term treatment, post-care bed departments.
- Up to 2013, psychiatric hospitals are excluded. From 2014, data include also psychiatric curative care.

Deviation from the definition: Day cases are included.

Break in time series: 2014.

Note:

- For the years 2009 – 2017, number of curative (acute) care discharges refers to patients admitted to acute curative care.
- For the year 2018, number of curative (acute) care discharges refers to discharged and deceased patients in acute curative care.

### Occupancy rate

Methodology:

- The occupancy rate is not based on the maximum number of beds (calculated as number of beds \* 365 days) but on the number of available bed-days (the maximum number of beds is reduced by the number of temporarily non-occupied beds for the period).

- **Occupancy rate (%)** = number of occupied bed-days for the period / available bed-days for the period \* 100, where:

- **Available bed-days** for the period = (average number of beds \* 365) – (number of temporarily non-occupied beds \* number of days in the year in which beds were non-occupied)

- **Average number of beds** is a mean of daily counts of beds per year, and reflects changes in maximum number of beds during the year.

## Slovenia

Source of data:

- Up to 2010: **National Institute of Public Health, Slovenia.** Treating Institution Report.
- From 2011: **National Institute of Public Health, Slovenia; National Hospital Health Care Statistics Database.**

Coverage:

Up to 2010:

- **ALOS:** Number of acute care beddays divided by the number of admissions in acute care.
- Admissions in acute care include remaining from the previous year and new admissions in general hospitals, clinics and special hospitals (public and private). Admissions in long-term care, disabled youth care, psychiatric care and rehabilitative care are excluded.

From 2011:

- **ALOS:** Number of curative (acute) care beddays divided by the number of curative (acute) care discharges.
- Curative (acute) care discharges:

Inclusion:

- general and university (HP.1.1), psychiatric (HP.1.2) and specialty hospitals (HP.1.3),
- private and public hospitals ,
- in-patients (including uninsured, foreigners),
- healthy newborn babies,
- the number of discharges includes deaths in hospitals and transfers to another hospital,
- psychiatric care in psychiatric hospitals and departments of psychiatry in other hospitals with a length of stay shorter than 91 days.

Exclusion:

- rehabilitative care in specialised centres, long-term care and disabled youth care,

- day cases,
- records of admissions with main diagnosis code Z76.3,
- palliative care,
- psychiatric care in psychiatric hospitals and departments of psychiatry in other hospitals with a length of stay longer than 90 days.

Break in time series:

- 2011 due to change in the source.
- In 2013 there are minimal changes in the methodology of collecting data.

Occupancy rate

Source of data:

From 2011 onwards:

Source of data for beds: National Institute of Public Health, Slovenia - Treating Institution Report.

Source of data for bed-days: National Institute of Public Health, Slovenia - National Hospital Health Care Statistics Database.

- Total of acute care bed-days multiplied by 100 and divided by the total number of available acute care beds (including all psychiatric beds) multiplied by 365 (or 366) days.
- exclusion of beds in long-term care, disabled youth care and rehabilitative care

Until 2010:

Source of data for all categories: National Institute of Public Health, Slovenia - Treating Institution Report.

- Total of acute care beddays multiplied by 100 and divided by the total number of available acute care beds multiplied by 365 (or 366) days.
- Beddays and beds in long-term care, disabled youth care, psychiatric care and rehabilitative care are excluded.

Break in time series:

2011 due to change in data source for bed-days

## Spain

Source of data: **Ministerio de Sanidad** (Ministry of Health) and **Instituto Nacional de Estadística** (National Statistical Institute). See at:

<http://www.msssi.gob.es/estadEstudios/estadisticas/estHospiInternado/inforAnual/homeESCRI.htm>.

- Up to 2009: data are issued from Estadística de Establecimientos Sanitarios con Régimen de Internado (Statistics on Health Establishments Providing Inpatient Care).

- From 2010: data are issued from Estadística de Centros de Atención Especializada (National Statistics on Specialised Centres).

Coverage:

- Only acute care hospitals are included (excluding long stay units from them).
- Data are calculated from national hospital statistics where hospitals are classified with the following categories:
  - General hospital (1.1)
  - Specialised hospital (1.2)
  - Mental Health hospital (1.3)
  - Long term care hospital (1.4)

1.1 and 1.2 are mostly acute care hospitals but since an additional classification for units is available, it is possible to exclude from them data related to long stay.

## Sweden

### ALOS and discharges

Source of data: **National Board of Health and Welfare**, National Patient Register (NPR).

Coverage:

- National Patient Register (NPR). The National Patient Register started in 1964. Since 1987, the register has covered public in-patient care. During the years 1987–1996, the Swedish version of WHO's International Classification of Diseases (9<sup>th</sup> revision) was used. ICD10 was introduced in 1997. The number of dropouts in the register reporting is estimated to be between one and two percent.

- In 2014, the figures have been revised from 1998 onwards.

- In 2017 the data in the worksheets HospitalAggregates for the years 1998-2015 have been updated to better conform to the Eurostat definitions of health service providers (HP.1-HP.3) and health care functions (HC.1-HC.3).  
Break in time series: 1998.
- In 2020, the figures have been revised from 2000 onwards.

### **Occupancy rate**

Source of data: **Ministry of Health and Welfare.**

## **Switzerland**

Source of data:

- Data since 2010: **Federal Statistical Office**, Neuchâtel. Medical Statistics of Hospitals, yearly census (discharges, bed-days, ALOS) and **Federal Statistical Office**, Neuchâtel. Hospital Statistics, yearly census (number of beds - to compute occupancy rate).
- Data for 1997-2009: **Federal Statistical Office**, Neuchâtel. Hospital Statistics, yearly census.
- Data prior to 1997: **Association des Hôpitaux** (H+).

Coverage:

- Full coverage of hospitals, except mental health, rehabilitative and geriatric hospitals.
- Day cases are excluded.

Deviation from the definition:

- Psychiatric cases are excluded.

Break in time series:

- 2009: Until 2008, healthy newborns were excluded.
- 2010: New concept for the Hospital Statistics.
- 2018: A new variable in the Medical Statistics of Hospitals newly allows to identify long-term care. Prior to 2018, long-term care discharges and bed-days could not be distinguished among curative (acute) care and rehabilitative care.

## **Turkey**

Source of data: **General Directorate for Health Services, Ministry of Health.**

Coverage:

- Hospitals affiliated with the Ministry of Health, university hospitals, private hospitals and others are included.
- Hospitals affiliated with the Ministry of National Defence have been included since 2012.
- **Acute care hospitals** refer to general hospitals, paediatric hospitals, diabetes hospitals, dental hospitals, emergency care and traumatology hospitals, cardiovascular surgery hospitals, chest disease hospitals, ophthalmology hospitals, obstetric hospitals, cardiology hospitals, bone disease hospitals, leprosy hospitals, mental health hospitals (since 2002), occupational disease hospitals, oncology hospitals and venereal disease hospitals. Physical treatment and rehabilitation hospitals are not included.
- **Discharges:** Newborns are included. V, W, X and Y codes are excluded from the grand totals since 2011. Before 2011 V, W, X and Y codes cannot be distinguished.

Break in time series:

- From 2011 onwards, data are provided from the DRG database. They refer to inpatient cases only and include healthy new-born babies.
- From 2002 onwards, acute care hospitals include mental health hospitals.

Note: In 1999, an earthquake occurred with the magnitude 7.4, causing many deaths and injuries. This explains the high ALOS in 1999.

## **United Kingdom**

### **Discharges**

Source of data:

- **England:** **NHS Digital**
- **Scotland:** **NHS National Services Scotland**, Information Services Division (ISD).
- **Wales:** **NHS Wales Informatics Service** (NWIS), Patient Episode Database (PEDW).

- *Northern Ireland*: **Department of Health**, HIS.

Coverage:

- Data relate to NHS discharges in acute care hospitals. Data may not be complete as further submissions may be received at a later date. Figures are based on completed hospital spells and diagnosis at discharge, with the exception of Scottish maternity data which is episode based.

- *England* data for Hospital Aggregates have been restated in 2014 since 2001. Previously a small number of records were being double counted in the number of discharges and therefore being used in the denominator for length of stay, which has resulted in a change in the figures. Please also note that the definition of an acute hospital has been addressed and the re-stated figures are for acute hospitals only and do not include data for general hospitals (2001-02 to 2003-04).

- *Wales*: In 2016, data was revised from 2001-2014 to include all discharges; regardless of whether a discharge has a diagnosis. Previously it only contained discharges with a diagnosis.

- All data is financial year data, with the exception of *Northern Ireland*; whose data is calendar year.

### **ALOS**

Source of data: Calculated by the **NHS Digital** for the UK using data from:

- *England*: **NHS Digital** (<http://content.digital.nhs.uk/>) - Hospital Episode Statistics (HES).

- *Scotland*: **Information Services Division** (ISD) NHS Scotland ISD(S)1 ([http://www.isdscotland.org/Health-Topics/Hospital-Care/Data\\_Sources\\_and\\_Clinical\\_Coding.doc](http://www.isdscotland.org/Health-Topics/Hospital-Care/Data_Sources_and_Clinical_Coding.doc))

- *Wales*: **NHS Wales Informatics Service** (NWIS). <http://www.statswales.wales.gov.uk/index.htm> - Patient Episode Database for Wales (PEDW).

- *Northern Ireland*: The **Department of Health**, (DoH). <https://www.health-ni.gov.uk/topics/doh-statistics-and-research> - Hospital Inpatient System (HIS).

Coverage:

- Data cover the UK National Health Service (NHS) only.

- *England* data for Hospital Aggregates have been restated in 2014 since 2001. Previously a small number of records were being double counted in the number of discharges and therefore being used in the denominator for length of stay, which has resulted in a change in the figures.

- Discharge data may not be complete, as submissions may be received at a later date.

- Data exclude day cases.

- In *Wales*, data is based on the main (acute) hospitals, which fall into three categories: A - Acute hospital, B - Major acute hospital, D - Specialist acute hospital. Data for curative care is based on Welsh providers. Data is based on discharges (max epi in spell). Data covers inpatients only.

- In *Northern Ireland*, data exclude mental health specialties. Length of stay is calculated by subtracting admission date from discharge date (in days). Day cases are those admissions where length of stay is equal to 0. Regular night admissions are therefore not classified as day cases and are included.

- Data for *England*, *Wales* and *Scotland* are by financial year. Data for *Northern Ireland* are by calendar year.

### **Occupancy rate**

Source of data: Calculated by the **Information Centre for Health and Social Care** for UK using data from:

- *England*: **Department of Health** (DH).

[http://www.performance.doh.gov.uk/hospitalactivity/data\\_requests/beds\\_open\\_overnight.htm](http://www.performance.doh.gov.uk/hospitalactivity/data_requests/beds_open_overnight.htm).

- *Scotland*: **Information Services Division** (ISD) NHS Scotland. <http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/> - ISD(S)1 hospital aggregated statistics return.

- *Wales*: **NHS Wales Informatics Service** (NWIS). <http://www.statswales.wales.gov.uk/index.htm> - Quarterly Submissions database (QS1). Monthly submissions from the last quarter of financial year 2012/13/.

- *Northern Ireland*: **Department of Health**, (DoH). <https://www.health-ni.gov.uk/topics/doh-statistics-and-research> - KH03a system.

Coverage:

- As of 2011, *England* was no longer able to submit these data so a UK level submission is no longer made.

- Data in *England* and *Scotland* are for financial years, e.g. year 2007 data cover the period 1 April 2007 to 31 March 2008.

- In *England*, inpatient beds are defined as beds in wards open overnight. Both palliative beds and geriatric beds are included under the definition of acute care.

- In *Northern Ireland*, it is not possible to separate regular night admissions or regular day admissions, therefore

these figures are included. Palliative beds are excluded from Northern Ireland data, but geriatric beds are included.

- In *Scotland*, data include estimates where figures are unavailable. Scotland is the only country in the UK that is able to separate geriatric beds into long-term and acute categories. Therefore Scotland includes geriatric beds specifically assigned as acute, and excludes palliative beds and long-term geriatric beds.

Break in time series:

- 2010, *England*: From Quarter 1 2010/11, the KH03 collection was changed to a quarterly collection. The classification for bed occupancy was changed from ward type to the consultant specialty of the responsible consultant. This followed a consultation with the NHS, as concerns had been expressed that the ward classifications, which were set in the late 1980s, were no longer relevant.

Further information: <http://www.hscic.gov.uk>.

## United States

### Average length of stay

Source of data: **American Hospital Association (AHA)**/Annual Survey of Hospitals database/AHA Hospital Statistics for the relevant years. Unpublished data. [http://www.ahadata.com/ahadata\\_app/index.jsp](http://www.ahadata.com/ahadata_app/index.jsp).

Coverage:

- Defined as short-term general and other special hospital inpatient days divided by short-term general and other special hospital admissions.
- Through 2016, AHA-registered hospitals in the United States.
- 2017, AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals.
- U.S. hospitals located outside the United States are excluded.

Deviation from the definition: Psychiatric curative care are not included in curative care.

Estimation method: Survey.

Break in time series: 2017. AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals.

### Occupancy rate

Source of data: **American Hospital Association (AHA)**/Annual Survey of Hospitals database/AHA Hospital Statistics for the relevant years. Unpublished data. [http://www.ahadata.com/ahadata\\_app/index.jsp](http://www.ahadata.com/ahadata_app/index.jsp).

Coverage:

- Through 2016, AHA-registered hospitals in the United States.
- 2017, AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals.
- U.S. hospitals located outside the United States are excluded.
- The acute care occupancy rate estimates include short-term general hospitals and other special hospitals using the average daily census divided by beds times 100.

Deviation from the definition: Psychiatric curative care are not included in curative care.

Estimation method: Survey.

Break in time series: 2017. AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals.

## NON-OECD ECONOMIES

### Costa Rica

Source of data: **Ministerio de Salud; Caja Costarricense de Seguro Social, Área de Estadística en Salud.**

Coverage: Data do not include Ambulatory Surgery from 1995 onwards.

Further information: [https://www.ccss.sa.cr/est\\_salud](https://www.ccss.sa.cr/est_salud) and [https://www.ccss.sa.cr/est\\_anuarios](https://www.ccss.sa.cr/est_anuarios).