OECD Health Statistics 2025

Definitions, Sources and Methods

Hospital aggregates: Curative (acute) care

Curative care comprises healthcare 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 definition of hospital discharges).
b) Curative (acute) care bed-days
c) Curative (acute) care average length of stay (ALOS) (see definition of hospital ALOS).
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

Note: Curative (acute) care is broken down between i) somatic curative (acute) care, and ii) psychiatric curative (acute) care.

i) Somatic curative (acute) care

Somatic curative care refers to care relating to the body, as distinguished from psychiatric/mental care. That is, it comprises healthcare contacts during which the principal intent is to: manage labour (obstetrics), cure non-mental illness or provide definitive treatment of injury, perform surgery, relieve symptoms of non-mental illness or injury (excluding palliative care), reduce severity of non-mental illness or injury, protect against exacerbation and/or complication of non-mental illness and/or injury which could threaten life or normal functions, perform diagnostic or therapeutic procedures.

Inclusion

- General hospitals (HP.1.1) and other specialised hospitals (HP.1.3)

Exclusion

- Mental health hospitals (HP.1.2)
- Psychiatric departments of general hospitals (HP.1.1) and specialised hospitals (other than mental health hospitals) (HP.1.3)
- Cases with main diagnosis included in ICD-10 category V Mental and Behavioural Disorders (ICD-10 codes F00-F99)

Data are collected for:

a) Somatic curative care discharges: inpatient discharge of a patient who was formally admitted into a hospital for somatic/physical curative care and/or treatment and who stayed for a minimum of one night.
b) Somatic curative care bed-days: day during which a person admitted as an inpatient for somatic/physical curative care is confined to a bed and in which the patient stays overnight in a hospital.
c) Somatic curative care average length of stay (ALOS): number of somatic curative care bed-days divided by the number of somatic curative care discharges during the year (directly calculated in the spreadsheet).
d) Somatic curative care occupancy rates: number of beds effectively occupied (bed-days) for somatic curative care divided by the number of beds available for somatic curative care multiplied by 365 days, with the ratio multiplied by 100.

ii) Psychiatric curative (acute) care

Psychiatric curative care comprises healthcare contacts during which the principal intent is to: cure mental illness, relieve symptoms of mental illness, reduce severity of mental illness, protect against exacerbation and/or complication of mental illness which could threaten life or normal functions.

Inclusion

- Mental health hospitals (HP.1.2)
- Psychiatric departments of general hospitals (HP.1.1) and specialised hospitals (other than mental health hospitals) (HP.1.3)
- Cases with main diagnosis included in ICD-10 category V Mental and Behavioural Disorders (ICD-10 codes F00-F99)

Data are collected for:

a) Psychiatric curative care discharges: inpatient discharge of a patient who was formally admitted into a hospital for psychiatric curative care and/or treatment and who stayed for a minimum of one night.
b) Psychiatric curative care bed-days: day during which a person admitted as an inpatient for psychiatric curative care is confined to a bed and in which the patient stays overnight in a hospital.
c) Psychiatric curative care average length of stay (ALOS): number of psychiatric curative care bed-days divided by the number of psychiatric curative care discharges during the year (directly calculated in the spreadsheet).
d) Psychiatric curative care occupancy rates: number of beds effectively occupied (bed-days) for psychiatric curative care divided by the number of beds available for psychiatric curative care multiplied by 365 days, with the ratio multiplied by 100.

Sources and Methods

Australia

Source of data:
- 2012 onward: **Australian Institute of Health and Welfare Hospital Morbidity Database**. AIHW analysis of the AIHW National Hospital Morbidity Database.
- 2008–11: **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/.
- Data are derived using AIHW analysis of the AIHW National Hospital Morbidity Database (NHMD). Please see http://meteor.aihw.gov.au for the data quality statements for the Admitted Patient Care National Minimum Data Set.
Reference period: Years reported are financial years 1st July to 30th June (e.g. 2019-20 is reported as 2019).
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 Defense 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 to 2011 exclude all same-day separations.
Deviation from the definition:
- ALOS: Acute care data before 1985 includes all same-day separations (i.e. not only those where the mode of separation included death, or a discharge/transfer to to an(other) acute hospital, residential aged care service (unless this is a usual place of residence), an(other) psychiatric hospital or other health care accommodation (including mothercraft hospitals)).
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 and ALOS – break in 2012: Curative (acute) care data prior to 2012 excluded all same-day separations. From 2012–13 onwards, to better align with the OECD definition of acute care, same-day separations where the mode of separation included death, or a discharge/transfer to to an(other) acute hospital, residential aged care service (unless this is a usual place of residence), an(other) psychiatric hospital or other health care accommodation (including mothercraft hospitals) were included in the count of curative discharges. For these separations, a bed day of 1 was allocated.
- Discharges, Bed-days, ALOS – break in 2015: The care type 'Mental health' was introduced from 1 July 2015. Prior to 2015–16, the majority of separations with the care type 'Mental health' were probably assigned to acute care. From 2015 onwards, the care type 'Mental health' has been included for separations and ALOS alongside separations for which the care type was reported as Acute, Newborn (with qualified days) or was not reported.
Notes:
Impact of COVID on the health system: During the COVID-19 pandemic, there were restrictions placed on movement and activities, some health services were suspended or access restricted, some services changed, people who work in health services had additional burden and extra demands were put on hospitals when COVID-19 admissions were higher. These changes also impacted the number of people seeking hospital

care, including to emergency departments. This should be taken into account when interpreting changes over time in the data.

Austria

Curative (acute) care
Source of data: **Statistics Austria**, Hospital Discharge Statistics.
Reference period: 1st January to 31st December.
Coverage: Included are discharges from hospitals classified as HP.1.1, HP.1.2 and HP.1.3 according to the System of Health Accounts (OECD, 2011 Edition), where curative care is provided (HC.1). This sector includes all hospitals financed by the National Health Fund and all other hospitals with an average length of stay of 18 days or less. It includes both unplanned (acute) and planned/plannable short-term care.

- Inpatient discharges are reported without day cases or zero-night stays. Only full inpatient discharges (stays with at least one overnight stay) from acute hospitals are reported (exception: zero-day stays with discharge type 'deceased' are always counted as inpatient stays with a length of stay of one day).
- Bed days and ALOS are reported for inpatient cases (day cases or zero-night stays are excluded; exception: zero-day stays with discharge type 'deceased' are always counted as inpatient stays with a length of stay of one day). The reported length of stay is always the actual length of stay and is only limited by the age of the patient; no cut-off is made. Interruptions in hospitalisation (discharges over holidays, weekends or other one-day breaks) are taken into account when calculating the length of stay: the number of nights not spent in hospital is subtracted from the length of stay (stays with such breaks are counted as one case and not as multiple cases).
- Occupancy rate: Bed days divided by 365 (366), divided by the number of available beds and multiplied by 100.

Deviation from the definition:
Estimation method:
Break in time series:

- 1997: In 1997, the introduction of DRG-based hospital financing brought about significant changes in coding practices within hospitals. As a result, there are instances where breaks in the time series occur in the aggregated data due to these changes.

Somatic curative care
Coverage: Includes all discharges from departments for somatic/physical care in all hospitals (general, mental, other specialised hospitals). Discharges from psychiatric departments of all hospitals (general, mental, other specialised hospitals) are excluded.
Estimation method:

- Somatic curative care discharges: discharge of a patient who was formally discharged from a department for somatic/physical curative care and/or treatment.
- Somatic curative care bed-days: days during which a person discharged from a department for somatic/physical curative care is confined to a bed. All bed-days of the entire hospital stay are counted, even if there was a transfer from a psychiatric to a somatic ward (or vice versa) during the stay.
- Somatic curative care average length of stay (ALOS): number of somatic curative care bed-days divided by the number of somatic curative care discharges during the year.

Psychiatric curative care
Source of data: **Statistics Austria**, Hospital Discharge Statistics.
Coverage: Includes all discharges from departments for psychiatric care in all hospitals (general, mental, other specialised hospitals). Discharges from somatic/physical departments of all hospitals (general, mental, other specialised hospitals) are excluded.
Estimation method:

- Psychiatric curative care discharges: discharge of a patient who was formally discharged from a department for psychiatric curative care and/or treatment.
- Psychiatric curative care bed-days: days during which a person discharged from a department for psychiatric curative care is confined to a bed. All bed-days of the entire hospital stay are counted, even if there was a transfer from a psychiatric to a somatic ward (or vice versa) during the stay.

- Psychiatric curative care average length of stay (ALOS): number of psychiatric curative care bed-days divided by the number of psychiatric curative care discharges during the year.

Somatic and psychiatric curative care occupancy rates

Discharges and bed-days refer to inpatient hospital stays, internal transfers between psychiatric and somatic/physical wards should not be included according to the definition. Therefore, even if PSY and SOM are considered differently, the discharges from the respective categorised wards (psychiatric or somatic) are counted. The bed-days always refer to the entire hospital stay, not necessarily to the length of stay in the discharging department (this is important for stays with internal transfers). For example, the hospital stay of a person who was admitted to and treated in an internal ward for 14 days, but was then transferred to (and discharged from) a psychiatric ward for three days, is recorded as a psychiatric discharge with a length of stay of 17 days. As the frequency and duration of stays in somatic wards and psychiatric wards are distributed differently, this leads to distortions in the number of discharges, bed days, average length of stay and bed occupancy. For this reason, no occupancy rate is shown for psychiatric and somatic/physical care.

Further information:

- The distinction between somatic and psychiatric care is made strictly at the level of departments, irrespective of the type of hospital (whether somatic or psychiatric). As many mental hospitals also have somatic units, it is not valid to classify all beds in psychiatric hospitals as "psychiatric beds". This would lead to a clear overestimation of psychiatric and a clear underestimation of somatic/physical beds.
- The table below shows the allocation of hospital departments to psychiatric and somatic care according to the Austrian Health Structure Plan (ÖSG 2017).

ÖSG-department	Somatic/physical care	Psychiatric care
00 General medicine	x	
01 Anesthesiology and intensive care	x	
01/1 Intensive therapy areas (LKF levels 1–3)	x	
01/2 Intensive monitoring areas (level 0)	x	
02/1 Paediatrics and adolescent medicine	x	
02/2 Paediatric and Adolescent surgery	x	
02/3 Child and youth psychiatry		x
03 Surgery	x	
04 Neurosurgery	x	
05 Internal medicine	x	
06 Gynecology and obstetrics	x	
07 Neurology	x	
07/1 Neurological acute aftercare/level B	x	
07/2 Neurological acute aftercare/level C	x	
08 Psychiatry		x
08/1 Psychiatry and neurology (until 2016)		x
08/98 PSY addiction diseases		x
08/99 PSY forensics		x
09 Skin and venereal diseases	x	
10 Ophthalmology	x	
11 Ear, nose, and throat medicine	x	
12 Urology	x	
13 Plastic surgery	x	
14 Pulmonology	x	
15 Orthopedics and traumatology	x	
15/1 Orthopedics and orthopedic surgery	x	

15/2 Trauma surgery	x	
16 Oral and maxillofacial surgery	x	
17 Dentistry, oral and maxillofacial surgery	x	
18 Radiotherapy-radiooncology	x	
19 Nuclear medicine therapy	x	
20 Laboratory medicine	x	
21 Pathology	x	
22 Physical medicine and rehabilitation	x	
50 Mixed wards	x	
61 Psychosomatics		x
61/1 Psychosomatics/adults		x
61/2 Psychosomatics/children and adolescents		x
62 Acute geriatrics/remobilisation	x	
63 Remobilisation/aftercare	x	
64 Palliative care	x	
64/1 Palliative care/adults	x	
64/2 Palliative medicine/children and adolescents	x	
71 Rehabilitation centers (medical)	x	
72 Rehabilitation centers (surgical)	x	
80 Convalescent home	x	
99 Nursing facility for patients with chronic illnesses	x	

Belgium

Curative (acute) care
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, DGSS), Résumé Hospitalier Minimum (RHM) (Minimal Hospital Data, Hospital Clinical Data). https://www.health.belgium.be/fr/sante/organisation-des-soins-de-sante/hopitaux/systemes-denregistrement/rhm/directives-rhm.
Reference period:
Coverage:
- Data covers general hospitals. It excludes stays in psychiatric institutions, nursing homes, houses for the elderly, long stays and hospitalisations of one day in general hospitals.
- 'Acute' hospital stay includes all the stays with a minimum of one night and all deaths, including all those who died immediately after hospitalisation.
- Acute care: Hospital stays with a length of stay shorter than 90 days.
- 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.
- Since data 2022, same selection as for the HDD file
Liveborn infants (Z38) are excluded - Chapter 'External causes of morbidity and mortality' (codes V19 to Y90) is excluded – long stays are excluded **+ los <= 90**
Break in time series:
Since data 2022, based on the selection HDD. Liveborn infants (Z38) are excluded - Chapter 'External causes of morbidity and mortality' (codes V19 to Y90) is excluded – long stays are excluded **+ los <= 90**

Somatic curative care
Coverage: Cases with main diagnosis included in ICD-10 category V Mental and Behavioural Disorders (ICD-10 codes F00-F99) have been excluded.
Deviation from the definition: Stays in other specialized hospitals are not included.

Psychiatric curative care

Coverage: Cases with main diagnosis included in ICD-10 category V Mental and Behavioural Disorders (ICD-10 codes F00-F99).
Deviation from the definition: Stays in mental health hospitals and other specialized hospitals are not included.
- The calculation of occupancy rate is underestimated as the numerator (bed-days) exclude psychiatric hospitals while the denominator (beds) includes them.

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.
- **Ministère de la Santé et des Services sociaux du Québec**, Fichier des hospitalisations MED-ÉCHO, for the Québec data 2006/07 to 2009/10.
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, care to alternate level of care (ALC) patients is included in the 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.
- 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 were included while records with invalid/unknown age were excluded.
- Includes rare instances of same-day separations. Excludes surgical day cases.
- Data for somatic and psychiatric care not available separately.
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.
- 2004/05-2023/24: **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 2006/07-2023/24.
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 - 2023/24: 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 2006/07-2023/24. 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 2006/07-2023/24 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 discharges, bed-days and 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, Resumenes 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/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/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.
Definitions and details of the calculation method are available online at
http://deis.minsal.cl/deis/NOTAS%20TECNICAS%20REM-20.htm (http://deis.minsal.cl/deis/NOTAS TECNICAS REM-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 be included.

Note:
Official information 2023 is updated and preliminary information 2024 is included.

Colombia

Data not available.

Costa Rica

Source of data: Área de Estadística en Salud, **Caja Costarricense de Seguro Social** (Health Statistics Unit, National Social Insurance Fund).
Coverage: It includes data coming only from public facilities belonging to the Social Insurance.
Further information: https://www.ccss.sa.cr/est_salud and https://www.ccss.sa.cr/est_anuarios.

Breakdown between somatic and psychiatric curative (acute) care
Coverage: Allocation between somatic curative care and psychiatric curative care was made using discharge diagnosis and allocation of hospital beds.

Czechia

Curative (acute) care
Source of data:
- Since 2010: **Institute of Health Information and Statistics of the Czech Republic**. National Registry of Reimbursed Health Services.
- From 2007 to 2009: **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).
Reference Period:
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.
Estimation method: The breakdown between somatic and psychiatric curative care is available since 2007 (except for occupancy rates).
Break in time series: 2007 (change of data source), 2010 (change of data source).

Somatic and psychiatric curative (acute) care
Source of data:
Reference period:
Coverage:
Deviation from the definition:
Estimation method:
- **Somatic care** was defined as care for patients with main diagnoses different from those included in ICD-10 chapter V - Mental and Behavioural Disorders (codes F00-F99).
- **Psychiatric care** was defined as care for patients with main diagnoses included in ICD-10 chapter V - Mental and Behavioural Disorders (codes F00-F99).
Break in time series: 2010 (change of data source).

Denmark

Curative (acute) care
Source of data: **National Board of Health**, The National Patient Register.
Reference period:
Coverage: see below.
Deviation from the definition:
Estimation method:
Break in time series: see below.

Discharges
Coverage:
- 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.
Break in time series: 2000.
- Not possible in a Danish setting. We lack a definition suitable for the Danish data structure.

ALOS
Coverage:
- From 1980: ALOS in somatic departments with an ALOS ≤ 18 days.
- Before 1980: ALOS in somatic departments with an ALOS ≤ 30 days.
- Private hospitals are not included.
- These data are not updated anymore. This is still the case for the RY2023. We lack a definition suitable for the Danish data structure.

Occupancy rate
Coverage:
- Occupancy rates in acute care institutions.
- From 1990: Occupancy rates in somatic and psychiatric hospital departments with an ALOS ≤ 18 days.
- Before 1990: Occupancy rates in somatic and psychiatric hospital departments with an ALOS ≤ 30 days.
- These data are not updated anymore. This is still the case for the RY2023.

Somatic and psychiatric curative (acute) care
Source of data:
Reference period:
Coverage:
Deviation from the definition: Not possible in a Danish setting
Estimation method:
Break in time series:

Estonia

Curative (acute) care
Source of data: **National Institute for Health Development**, Department of Health Statistics; Monthly statistical report “Hospital beds and hospitalisation” (until 2018), yearly statistical report “Hospital” (since 2019).
https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas__04THressursid__02Ravivoodid__01Aastastatistika/?tablelist=true.
Reference period: calendar year.
Coverage:
- All institutions providing in-patient care (HP.1).
- Day cases are not included.
- Until 2012, all beds except tuberculosis, nursing care and psychiatric beds. Since 2013, psychiatric beds are included.
Deviation from the definition:

- **Discharges**: Data for 1980 and for 1985-2002 represent the figures for hospital admissions. Data for 2003-2011 have been recalculated and figures represent discharges. Data for the years before 2003 are not available for recalculations.
Estimation method:
Break in time series: 2003 (for discharges, see above), 2013.
- Since 2013, psychiatric beds are included.
- Since 2013, average number of beds.

Somatic and psychiatric curative (acute) care
Coverage:
- **Somatic curative care**: data according to definition.
- **Psychiatric curative care**: data on all psychiatric care beds in HP.1 hospitals. There are no psychiatric care beds in HP.2.1 hospitals. There are no indicators available that could be used for the purpose of separating psychiatric care beds by function.

Finland

Curative (acute) care
Source of data: **THL Finnish Institute for Health and Welfare**, Care Register for Institutional Health Care.
Reference period:
Coverage:
Discharges
- Includes all specialised somatic health care excluding state hospitals military and prison hospitals and inpatient care in primary health care and 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.
Deviation from the definition:
Estimation method:
Break in time series: 2000.

Somatic and psychiatric curative (acute) care
- The breakdown between **somatic and psychiatric curative (acute) care** is based on medical specialty (and duration concerning LTC vs acute) in the hospital discharge register (Hilmo).

France

(Somatic) curative (acute) care
Source of data:
- Until 2002: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques** (DREES)**,** Sous-Direction de l'Observation de la Santé et de l'Assurance maladie, Bureau des Établissements de santé. Data are from the "**Statistique Annuelle des Établissements de santé (SAE)**".
- From 2003 onwards: **PMSI file** (Programme de médicalisation des systèmes d'information) managed by the national French agency called ATIH (Agence technique de l'information sur l'hospitalisation). Calculations were performed by **DREES** (Direction de la recherche, des études, de l'évaluation et des statistiques).
Data from 2013 has been revised in January 2023, to ensure comparability over time from 2013 onwards.
Reference period: total number during the year, except for ALOS; ALOS: average during the year.
Coverage:

- Data refer to inpatients in public and private health establishments (staying more than 24 hours) in France (metropolitan France and D.R.O.M.). Data include residents of France (metropolitan France and D.R.O.M.) (residents of foreign countries and T.O.M. are excluded except in 1997).
- Healthy newborns are not included.
- ***Curative (acute) care discharges***: number of admissions in acute care (short term) services in all hospitals, excluding mental health hospitals (HP.1.2).
- ***Curative (acute) care bed-days***: number of days spent in acute care (short term) services in all hospitals, excluding mental health hospitals (HP.1.2).
- ***Curative (acute) care ALOS***: number of days spent in acute care (short term) services in all hospitals, excluding mental health hospitals (HP.1.2), 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: Palliative care activity is included.
Estimation method:
Break in time series: 2003.
- 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.

Psychiatric curative (acute) care
Data not available.

Germany

Curative (acute) care
Source of data: **Federal Statistical Office**, Hospital statistics 2023 (basic data of hospitals and diagnostic data of the hospital patients); 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 curative care bed-days by the number of curative care discharges.
- **Occupancy rate** is calculated by dividing the number of curative care bed-days by the number of available beds for curative care multiplied by 365 days, with the ratio multiplied by 100. Cots 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 and bed-days 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 and bed-days from prevention and rehabilitation facilities (HP.1.3) and from long-term nursing care facilities are excluded.
- *Other notes related to coverage*: The number of curative care discharges includes patients with unknown diagnosis, age and/or sex. Excluded are healthy newborn babies.

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.
Deviation from the definition:
Estimation method:
Break in time series:
- From reporting year 2022, live-born infants according to place of birth coded with ICD-10 Z38 (ISHMT code 2103) are excluded.

Somatic and psychiatric curative (acute) care
Source of data: **Federal Statistical Office**, Hospital statistics 2023 (diagnostic data of the hospital patients); internal tables and special calculations by the Federal Statistical Office.
Reference period: During the year.
Coverage:
- ***Somatic* curative care**: The number of somatic curative care discharges and bed-days includes patients with unknown diagnosis, age and/or sex. Curative care discharges and bed-days coded with ICD-10 F00-F99, and healthy newborn babies are excluded.
- ***Psychiatric* curative care**: Only curative care discharges and bed-days coded with ICD-10 F00-F99 are included.
Deviation from the definition:
Estimation method:
Break in time series:
- From reporting year 2022, live-born infants according to place of birth coded with ICD-10 Z38 (ISHMT code 2103) are excluded.

Greece

Curative (acute) care
Source of data**: Hellenic Statistical Authority, Division of Sectoral Statistics**.
Reference period: calendar year.
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.
Estimation method:
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.

Somatic and psychiatric curative (acute) care
Data not available.

Hungary

Source of data:
- Until 1993: **Ministry of Health**.
- From 1994 until 2003: **Hungarian National Health Insurance Fund** (OEP in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". www.oep.hu.

- From 2004 onwards: **National Healthcare Service Center** (ÁEEK in Hungarian), based on itemized 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. www.aeek.hu.
- From 2019, **National Directorate General for Hospitals** (OKFŐ in Hungarian) www.okfo.gov.hu.
Reference period:
Coverage:
Deviation from the definition:
Estimation method:
Break in time series:
- From 2019, the aggregated data is based on hospital discharge data by diagnoses. Due to a technical transition the data have been revised.

Curative (acute) care
Source of data:
Reference period:
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.

Deviation from the definition:
Estimation method:
Break in time series: 2004, 2007.
- 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.
- 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.
- From 2019, the aggregated data is based on hospital discharge data by diagnoses. Due to a technical transition the data have been revised.

Somatic and psychiatric curative (acute) care
Source of data:
Reference period:
Coverage:
- The breakdown is available from 2010 onwards.
- The allocation of psychiatric curative care vs somatic curative care is based on professional codes. Psychiatric curative cases are cared by curative psychiatric profession code hospital wards (Psychiatry, Addictology, Child and youth psychiatry). The other curative cases are counted for somatic care.
Deviation from the definition:
Estimation method:
Break in time series:
- From 2019, the aggregated data is based on hospital discharge data by diagnoses. Due to a technical transition the data have been revised.

Iceland

Curative (acute) care
Source of data: Before 1999: **The Ministry of Health and Social Security. As of 1999: The Directorate of Health in Iceland**.
Reference period: Calendar year.
Coverage:
- Data cover whole country.

- Data from 1999-2006 cover health care facilities with at least one bed available for curative care.
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 Health).
- Transfers to other specialty areas ("þjónustuflokkar") within hospitals are included.
Excluded: based on specialty areas ("þjónustuflokkur"):
- Rehabilitative care.
- Palliative care.
- Long-term care.
Deviation from the definition:
Estimation method:
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).

Somatic and psychiatric curative (acute) care
Source of data: Before 1999: **The Ministry of Health and Social Security. As of 1999: The Directorate of Health in Iceland**
Reference period: Calendar year.
Coverage: National coverage.

Ireland

Curative (acute) care
Source of data:
- From 2020: Public data is derived from the HIPE (Hospital Discharge 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). From 2020, activity in private hospitals is also included; this data was gathered from a self-completion survey issued to all private hospitals in Ireland by the **Department of Health** (https://www.gov.ie/en/organisation/department-of-health/).
- From 2015: The data presented are derived from the HIPE (Hospital Discharge 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).
- From 2012 to 2014: **Health Service Executive** (https://www.hse.ie/eng/) **and Health Research Board** (https://www.hrb.ie/).
- From 2006 to 2011: **Health Service Executive** (https://www.hse.ie/eng/).
- Up to 2005: **Department of Health & Children**.
Reference period: Calendar year.
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.
Deviation from the 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.
Estimation method:
Break in time series:
- From 2020, private hospital activity is included, gathered from a self-completion survey issued to private hospitals in Ireland. The change in occupancy rate between 2019 and 2020 therefore represents the

aggregate effect of the COVID-19 pandemic, and the inclusion of self-declared private hospital activity in the data. For comparability purposes, the following figures relate to curative total care discharges, bed days, ALOS, and occupancy rate for reference years 2020-2023for public hospitals only:

Discharges (2020, public) : 576,445	ALOS (2020, public) : 6.0
Discharges (2021, public) : 607,526	ALOS (2021, public) : 6.6
Discharges (2022, public): 621,725	ALOS (2022, public): 6.3
Discharges (2023, public): 655,675	ALOS (2023, public): 6.2
Bed Days (2020, public): 3,461,172	Occupancy rate (2020, public): 79.3%
Bed Days (2021, public): 4,023,168	Occupancy rate (2021, public): 89.9%
Bed Days (2022, public): 3,924,373	Occupancy rate (2022, public): 86.0%
Bed Days (2023, public): 4,059,959	Occupancy rate (2023, public): 93.4%

- *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.

Somatic curative care (available from 2015)
Source of data: Public data is derived from the HIPE (Hospital Discharge 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). From 2020, activity in private hospitals is also included; this data was gathered from a self-completion survey issued to all private hospitals in Ireland by the **Department of Health** (https://www.gov.ie/en/organisation/department-of-health/).
Reference period: Calendar year.
Coverage:
- HIPE data cover all in-patient and day cases receiving curative and rehabilitative care in publicly funded acute hospitals in the state.
- For historical reasons, a small number of non-acute hospitals are included in HIPE. This activity represents less than 0.5% of total activity in HIPE.
- HIPE does not include private hospitals. Detailed activity data for private hospitals is not available. However, based on the Health Ireland Survey 2018, it is estimated that approximately 25% of all hospital inpatient activity in Ireland is undertaken in private hospitals. It should be emphasized that this is an estimate only and so should be interpreted with caution.
Deviation from the definition:
- Occupancy rates includes information on patients diagnosed with psychiatric illnesses (ICD-10-AM F00-F99) who receive their treatment outside psychiatric departments of the general hospital.
Estimation method:
- A day case is defined as a patient who is formally admitted with the intention of discharging the patient on the same day, and where the patient is in fact discharged as scheduled (i.e., excluding deaths and emergency transfers) on the same day. Patients who are admitted or discharged as emergencies on the same day are considered inpatients.
Break in time series:
- From 2020, private hospital activity is included, gathered from a self-completion survey issued to private hospitals in Ireland. The change in occupancy rate between 2019 and 2020 therefore represents the aggregate effect of the COVID-19 pandemic, and the inclusion of self-declared private hospital activity in the data. For comparability purposes, the following figures relate to somatic curative care discharges, bed days, ALOS, and occupancy rate for reference years 2020-2023 for public hospitals only:

Discharges (2020, public) : 556,674	ALOS (2020, public) : 5.6
Discharges (2021, public) : 586,924	ALOS (2021, public) : 6.4
Discharges (2022, public): 602,165	ALOS (2022, public): 5.9
Discharges (2023, public): 646,887	ALOS (2023, public): 6.1

Bed Days (2020, public): 3,113,681	Occupancy rate (2020, public): 70.0%
Bed Days (2021, public): 3,728,175	Occupancy rate (2021, public): 83.0%
Bed Days (2022, public): 3,557,500	Occupancy rate (2022, public): 79.2%
Bed Days (2023, public): 3,939,836	Occupancy rate (2023, public): 83.7%

Psychiatric curative care

Source of data:

- **National Psychiatric In-Patient Reporting System** (NPIRS) (https://www.hiqa.ie/areas-we-work/health-information/data-collections/national-psychiatric-inpatient-reporting-system).
- **Hospital Discharge In-patient Enquiry** (HIPE) which is operated by the **Healthcare Pricing Office** (www.hpo.ie).

Reference period: Calendar year.

Coverage:

- The National Psychiatric In-Patient Reporting System (NPIRS) gathers data on patient admissions and discharges from psychiatric hospitals and units throughout Ireland.
- HIPE reports information on patients in public acute general hospital diagnosed with psychiatric illnesses (ICD-10-AM F00-F99) where treatment occurs outside of the psychiatric department of the general hospital.

Deviation from the definition:

- Occupancy rates excludes information on patients diagnosed with psychiatric illnesses (ICD-10-AM F00-F99) who receive their treatment in non-psychiatric departments of the general hospital.

Estimation method:

Break in time series:

- From 2020, private hospital activity is included, gathered from a self-completion survey issued to private hospitals in Ireland. The change in occupancy rate between 2019 and 2020 therefore represents the aggregate effect of the COVID-19 pandemic, and the inclusion of self-declared private hospital activity in the data. For comparability purposes, the following figures relate to psychiatric curative care discharges, bed days, ALOS, and occupancy rate for reference years 2020-2023 for public hospitals only:

Discharges (2020, public) : 19,771	ALOS (2020, public) : 17.6
Discharges (2021, public) : 20,602	ALOS (2021, public) : 14.3
Discharges (2022, public): 19,560	ALOS (2022, public): 18.8
Discharges (2023, public): 20,361	ALOS (2023, public): 21.4
Bed Days (2020, public): 347,491	Occupancy rate (2020, public): 71.3%
Bed Days (2021, public): 294,993	Occupancy rate (2021, public): 61.0%
Bed Days (2022, public): 366,873	Occupancy rate (2022, public): 74.1%
Bed Days (2023, public): 435,834	Occupancy rate (2023, public): 88.6%

The above figures for public hospitals activities with regards to psychiatric curative care is the same as the values when combining both public and private hospitals since most of this type of care in Ireland is conducted within the public hospitals, with little or no activity of this nature in the private hospitals.

Israel

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

(a) 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.

(a) The **Inpatient Mental Health Database**, maintained by the **Department of Mental Health and Health Information Division in the Ministry of Health**. It includes all inpatient hospitalisations in mental health departments in all hospitals.

(a) 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 excluded. Curative mental health hospitalizations in all hospitals were included.
- The numbers of bed-days and ALOS for curative care are high in 2000 due to changes in psychiatric hospitalization policies. In 2000 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. Bed-days in psychiatric hospitalization exclude vacation days during the hospitalization episode.
- **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 hospitalizations use the curative hospital beds.

Breakdown between somatic and psychiatric curative (acute) care
Coverage:
- ***Somatic* curative care**: The data include all discharges and bed-days in somatic acute care wards in all hospitals. Psychiatric care in all psychiatric care wards in all hospitals were excluded.
- ***Psychiatric* curative care**: The data include all hospitalizations in all mental health wards in all hospitals.

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:
- **Ministry of Health** - General Directorate of Health Planning. National Hospital Discharge Data Base (NHDDB) (https://www.salute.gov.it/portale/temi/p2_4.jsp?lingua=italiano&area=ricoveriOspedalieri).
Publication: "Rapporto annuale sull'attività di ricovero ospedaliero – Dati SDO", containing a lot of information about hospital admissions. All these publications are available on the Ministry website, at the following address:
http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=1237&area=ricoveriOspedalieri&menu=vuoto.
Reference period: Year.
Coverage:
- The NHDDB (SDO) covers the entire Country, both public and private hospitals (HP.1.1 and HP.1.3 excluding Military hospitals).
- In Italy, Mental health hospitals (HP.1.2) and specialized Psychiatric hospitals (HP.1.3) do not exist; psychiatric curative care is treated in departments of general hospitals (HP.1.1).
- **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 all curative care, carried out in acute wards.
- ***Somatic* care** discharges have been selected by main diagnosis at discharge: all discharges except those reporting 290-319 codes (Mental disorders in ICD-9-CM version 2007), in any acute care ward.
- ***Psychiatric* care** discharges have been selected by main diagnosis at discharge: all discharges with 290-319 codes (Mental disorders in ICD-9-CM version 2007), from any acute care ward. The discharge ward of these patients can, in some cases, be different from the psychiatric ward. In 2018, for example, 21% of psychiatric discharges (by main diagnosis) have been discharged by "not psychiatric" wards.
- **Average length of stay (**ALOS) is calculated by dividing the number of bed-days by the number of the hospital inpatient discharges.
- The sharp decrease in the number of hospital discharges and bed-days for the year 2020 reflects the impact of the **COVID-19 pandemic**. The lockdown measures adopted at the central level to limit infections, have limited access to hospitals and the admissions have been limited to urgent cases.
Estimation method: None.
Break in time series: None.

Occupancy rate

Source of data: **Ministry of Health,** General Directorate of digitalisation, health information system and statistics **- Office of Statistics**. Annual publication "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.
- Further information: www.salute.gov.it/statistiche.
Reference period: Year.
Coverage:
- The acute care occupancy rate includes discharges from all hospitals, public and private (excluding private hospitals not accredited by the National Health Service and military hospitals).
- Acute care: all inpatient care bed-days except those performed in long-term, rehabilitation and mental health wards'.
- Occupancy rate of ***somatic*** **curative care beds** refers to all care beds excluding the care beds of psychiatric wards and the care beds of infantile neuropsychiatric wards.
- Occupancy rate of ***psychiatric*** **curative care beds** refers to the care beds of psychiatric wards and the care beds of infantile neuropsychiatric wards.
Estimation method: None.
Break in time series: None.

Japan

(Somatic) curative care
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. Since 2014, they also include tuberculosis beds. Long-term care beds and psychiatric care beds are excluded.
- 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 Kesennuma 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.

Psychiatric curative care
Data not available.

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.

Breakdown between somatic and psychiatric curative (acute) care
Data not available.

Note:
2023: The Korean government has implemented a pilot project to strengthen the critical care system in tertiary hospitals, aiming to reduce unnecessary admissions of patients with mild conditions. This explains the increase of total discharges and bed-days for curative (acute) care.

Latvia

Source of data: **Centre for Disease Prevention and Control**; Database of hospital beds' utilisation.
Reference period: 1st January to 31st December.
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.

Deviation from the definition: Data refer to somatic curative (acute) care only (excluding psychiatric curative care). Data are not available for psychiatric curative care.

Lithuania

Curative (acute) care
Source of data:
- From 2001: **Health Information Centre of Institute of Hygiene** data from Compulsory Health Insurance Database. Report “Health Statistics of Lithuania”, available from https://www.hi.lt/sveikatos-statistikos-leidiniai/#--lietuvos-sveikatos-statistika.
- Up to 2000: Lithuanian Health Information Centre, data of annual report of health care institutions.

Reference period:
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 bed-days were excluded from curative care by the same proportion as in 2001-2015.
In 2021 occupancy rate remains low. During COVID-19 pandemic the number of avoidable admissions has decreased significantly, but the number of hospital beds was still quite high.
Deviation from the definition:
Estimation method:
Break in time series: Change of data source in 2001.

Somatic and psychiatric curative (acute) care
Source of data:
Reference period:
Coverage:
- ***Somatic*** **curative care**: All curative care discharges excluding psychiatric curative care discharges (with main discharge diagnosis F00-F99).
- ***Psychiatric*** **curative care**: Psychiatric curative care discharges (with main discharge diagnosis F00-F99).
Deviation from the definition:
Estimation method:
Break in time series:

Luxembourg

Source of data: Until 2022: Fichiers de la sécurité sociale. Data prepared by **Inspection générale de la sécurité sociale**. Starting 2023: Documentation and Classification of Hospital Stays (DCSH) data prepared by the Health Directorate (Direction de la santé).
Reference period: data as of December 31
Coverage:
Until 2022: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 and non-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 2023 should be considered as preliminary.
Starting 2023: It includes the total number of hospital discharges (according to collection of mandatory DCSH data from all hospital) in general hospitals, including Psychiatric departments of general hospitals (HP.1.1) (General hospitals (HP.1.1).
- 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.
- Data related to functional, geriatric and psychiatric rehabilitation and readaptation performed in acute care hospitals are excluded, as well as stays in palliative care services and the long-term care. However, curative psychiatry is included and palliative care in acute care hospitals (acute care bed) is included from 2014 onwards.
- Healthy new-born babies stays are recorded under the DCSH data by hospitals. But these stays are not counted in the Inpatient Curative acute care.
- Data refer to the resident and non-resident population covered by the statutory health insurance scheme.
- Data do not refer to population resident covered by another statutory health insurance scheme.
Deviation from the definition:
- Palliative care in acute care hospitals is included from 2014 onwards.
Estimation method:

Break in time series 2012: due to a change in the identification of hospital discharges in 2024, the data has been updated since 2012.
2023: due to a change in the source of the data. Data of reference year 2023 providing from DCSH, data collection registered by hospital under the aegis of the amended law of 08/03/2018 relating to hospital establishments.

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- Bienestar, IMSS, ISSSTE, State Health Services, PEMEX, SEDENA, SEMAR) and private providers (since 1997).
Deviation from definition:
- Since 2012, 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 (Ministry of National Army) data are not available, thus not included.
- 2010 includes data for SEDENA.
- Since 2012, the data cover all hospitals, including psychiatric hospitals (which were excluded until 2011). Private medicine is excluded.
- For 2016, SEDENA (Ministry of National Army) and PEMEX (Mexican Petroleum) data are not available.
- In 2021, data were revised from 2004 to 2019, due a review in the source of data, because day cases and outpatient cases were identified in records, which is not consistent with the definition of discharges.
- In 2022, data were modified from 2017 onwards because ICD-10 codes beginning with "U" were taken into account. Furthermore, from 2018 to 2020, the number of expenses changed due to the addition of information from PEMEX.
Note: The decrease in occupancy rates in 2020 is due to COVID-19.

Netherlands

(Somatic) Curative (acute) care
Source of data:
From 2015 onwards: **Annual report social account** (DigiMV).
Before 2015:
- Discharges:
  - 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.
- ALOS, occupancy rate:
  - 2007 onwards: Centraal Bureau voor de Statistiek (**Statistics Netherlands**), statistics on health and social care institutions, https://opendata.cbs.nl/statline/#/CBS/nl/dataset/82247NED/table?dl=635BD/ Zorginstellingen; kerncijfers.
  - Up to 2006: Statistics of Intramural Health Care (Intramurale Gezondheidszorg); National Medical Registration.

Reference period:
Coverage:

- ***Discharges***: discharges for 24-hour care in general, university, specialized hospitals, and independent treatment centres. Mental health hospitals and psychiatric wards in general and university hospitals are excluded.
- ***Bed-days***: bed-days in general, university, specialized hospitals, and independent treatment centres with the exception of mental health hospitals and psychiatric wards in general and university hospitals.
- ***ALOS***: bed-days / discharges. Data cover general, university, specialized hospitals, and independent treatment centres with the exception of mental health hospitals and psychiatric wards in general and university hospitals. Same-day separations are excluded in the calculation.
- ***Occupancy rate***: bed-days / ((beds for curative care available minus beds for day care) * 365 days) * 100 in general, university, specialized hospitals, and independent treatment centres with the exception of mental health hospitals and psychiatric wards in general and university hospitals.

Deviation from the definition:
- *Occupancy rate*: cots for healthy newborns are included.
- *Discharges:* Before 2022: Admissions instead of discharges
- *ALOS:* Before 2022: based on admissions instead of discharges

Estimation method:

Break in time series:
- 2022: Due to a change in the survey on Annual report social account (DigiMV) the variables on somatic curative (acute) care discharges and ALOS are based on discharges instead of admissions.

Psychiatric curative (acute) care

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

Reference period:

Coverage:
- ***Discharges***: admissions for 24-hour care in psychiatric wards in general and university hospitals.
- ***Bed-days***: bed-days in psychiatric wards in general and university hospitals.
- ***ALOS***: bed-days / discharges.
- ***Occupancy rate***: bed-days / ((beds in psychiatric wards) * 365 days) * 100.

Deviation from the definition: Refers only to psychiatric wards in general and university hospitals. Mental health hospitals are excluded.

Estimation method:

Break in time series:
- 2022: Due to a change in the survey on Annual report social account (DigiMV) the variables on psychiatric curative (acute) care are missing in the data. Therefore, they cannot be provided.

Total curative (acute) care

Break in time series:
- 2015: change in data source.
- ALOS: Bed-days of newborns are excluded in the calculation up to 2006 and included from 2007 onward.
- Occupancy rate: Until 2006, beds refer to actual beds. In 2007, beds refer to beds approved by the Dutch Health Authority.
- Discharges: 2002 and later includes healthy newborn infants, if mother was an inpatient.
- 2022: Due to a change in the survey on Annual report social account (DigiMV) the variables on psychiatric curative (acute) care are missing in the data. Therefore, they cannot be provided.

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.

Occupancy rate
- Data not available.

Breakdown between somatic and psychiatric curative (acute) care
- Data not available.

Norway

Curative (acute) care
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.
Reference period:
Coverage:
- Day separations are included and counted as one bed-day.
- ALOS = number of bed-days divided by number of discharges, including deceased.
- Private rehabilitation institutions not included in curative care.
Deviation from the definition:
Estimation method:
Break in time series: 2002, 2004, 2009, 2015.
- All hospitals included from 2002, for previous years only general hospitals.
- 2004: Discharges, ALOS from multidisciplinary specialist substance abuse treatment included from 2004, as this area was included in the hospital sector.
- 2009: Break in 2009 due to new version of Standard Industrial Classification from SIC 2002 (2002-2008) to SIC 2007 (2009-).
- Bed-days and discharges from 2015 do not include healthy new-borns in hospitals. The number therefore cannot be compared directly with previous years, when healthy new-borns where included.

Occupancy rate
Source of Data: **Statistics Norway**, Statistics for specialist health service. 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.

Break in time series: 2002, 2004, 2009, 2015.
- Before 2002, data are just calculated for general hospitals. Data from other hospitals are included from 2002.
- 2004: Occupancy rate also include multidisciplinary specialist substance abuse treatment, as this area was included in the hospital sector.
- 2009: Break in 2009 due to new version of Standard Industrial Classification from SIC 2002 (2002-2008) to SIC 2007 (2009-).
- Bed-days from 2015 do not include healthy new-borns in hospitals.

Somatic and psychiatric curative (acute) care
- Breakdown between somatic and psychiatric curative (acute) is based on classification of hospital wards, based on Standard Industrial Classification.

Poland

Curative (acute) care
Source of data:
Up to 2022
- **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.
Since 2023: **the Ministry of Health and Ministry of Interior and Administration** for general and psychiatric hospitals

Reference period:
Coverage:
- Curative (acute) care data include psychiatric care. Health resort hospitals, sanatoriums and inpatient rehabilitation facilities are excluded. Data cover every person hospitalized in Poland excluding hospital departments coded as follow:

2182, Daily palliative or hospice care center
2300, Day rehabilitation center
2302, Cardiac rehabilitation center
2304, Pulmonary Rehabilitation Center
4170, Department for chronically ill patients
4180, Palliative Medicine Department
4300, Rehabilitation department
4302, Department of rehabilitation of the musculoskeletal system
4306, Department of neurological rehabilitation
4308, Cardiac rehabilitation department
4310, Pulmonary rehabilitation department
4702, Department of psychiatric rehabilitation
4750, Department / Rehabilitation center for addicted to psychoactive substances
4756 Department / Rehabilitation Center for addicted to psychoactive substances with coexisting psychotic disorders

- 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.
Deviation from the definition:
Estimation method:
Break in time series:

- 2023: change of data sources (the Ministry of Health and Ministry of Interior and Administration) for calculation of bed-days, ALOS, and occupancy rates in curative care.

Somatic and psychiatric curative (acute) care
Source of data: Up to 2022: **National Institute of Public Health – National Institute of Hygiene**. Hospitalization, Health and Health care Public Statistics Program of Public Statistics, database at National Institute of Public Health – National Institute of Hygiene. Tables published at webpage: www.statystyka1.medstat.waw.pl/wyniki/wyniki.htm.
Since 2023: the Ministry of Health and Ministry of Interior and Administration for general and psychiatric hospitals

Reference period: Patients discharged in period January 1 to December 31.
Coverage:
- All the country and all levels of administrative division. Public and private hospitals. Prison hospitals not included.
- ***Somatic*** **curative care**: From somatic curative (acute) care are excluded such wards like 2182, 2300, 2302, 2304, 4170, 4180, 4300, 4302, 4306, 4308, 4310, 4702, 4750, 4756 (see list above). From somatic curative (acute) care are excluded psychiatric (F00-F99) cases.
- ***Psychiatric*** **curative care**: From psychiatric curative (acute) care indicators are excluded such wards like 2182, 2300, 2302, 2304, 4170, 4180, 4300, 4302, 4306, 4308, 4310, 4702, 4750, 4756 (see list above). Are included psychiatric (F00-F99) cases.

Portugal

Curative (acute) care
Source of data: Statistics Portugal, Hospital Survey
Reference period: Annual.
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.
- In 2016, the occupancy rate data for 1999-2015 was updated because the number of curative care beds was revised according to criteria introduced in 2016.
Note: the time series on curative care aggregates were fully revised in 2020 (psychiatric and rehabilitation hospitals were excluded from the previous series).
Deviation from the definition: All psychiatric cases from general hospitals, mental health hospitals and specialised hospitals other than psychiatry, alcohol recovery, rehabilitation of physically impaired and rehabilitation of drug addicts are considered. The available data do not allow to identify and exclude the long-term psychiatric cases.
Estimation method:
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 chirurgical and medical specialty).

Somatic and psychiatric curative (acute) care
Coverage:
- ***Somatic*** **curative care**: Discharges and bed-days of general hospitals (excluding discharges and bed-days of infirmary beds allocated to psychiatry) and of specialised hospitals other than psychiatry, alcohol

recovery, rehabilitation of physically impaired and rehabilitation of drug addicts (excluding discharges and bed-days of infirmary beds allocated to psychiatry).
- ***Psychiatric*** **curative care**: Discharges and bed-days of hospitals specialized in psychiatry, in beds allocated to psychiatry in general hospitals and in beds allocated to psychiatry in specialised hospitals other than psychiatry, alcohol recovery, rehabilitation of physically impaired and rehabilitation of drug addicts.
Deviation from the definition:
- ***Psychiatric*** **curative care**: All psychiatric cases from these three types of hospitals (general hospitals, mental health hospitals and specialised hospitals other than psychiatry, alcohol recovery, rehabilitation of physically impaired and rehabilitation of drug addicts) are considered. The available data do not allow to identify and exclude the long-term psychiatric cases.

Slovak Republic

Curative (acute) care
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.
Reference period:
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.
- Discharges: For the years 2009-2017, number of curative (acute) care discharges refers to patients admitted to acute curative care. From the year 2018, number of curative (acute) care discharges refers to discharged and deceased patients in acute curative care.
- Bed-days: Number of treatment days in acute curative care. Also includes the number of treatment days for admitted but not yet discharged patients in the observed year (uncompleted hospitalizations).
Deviation from the definition: The information concerning Hospital aggregates: Curative (acute) care: in the Sources & Methods file under item 'Deviation from definition': 'Day cases are included' was checked and we removed this information because it was no correct.
Estimation method:
Break in time series: 2000 (change in statistical finding which was the data source before 2000), 2005 (change in the source of the statistical finding in accordance with the Act No 578/2004 on Health care providers), 2014 (see above), 2018 (see above).

ALOS
Estimation method: Average treatment time in days (Average treatment time) in acute hospital care - the ratio between the number of treatment days and the number of hospitalized patients. The number of hospitalized patients is the average of admitted and discharged (including deceased) patients.

Occupancy rate
Estimation method:
- 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.

Somatic and psychiatric curative (acute) care
Coverage:

Somatic curative (acute) care beds: number of hospital beds, excluding psychiatric hospitals and specialized departments (long-term sick; aftercare; geriatrics; palliative medicine; institutional hospice care; institutional nursing care; physiatry, balneology and medical rehabilitation; child psychiatry; gerontopsychiatry; drug addiction medicine; neuropsychiatry; psychiatry).
Psychiatric curative (acute) care beds: number of beds in psychiatric hospitals and in hospitals in specialized departments (child psychiatry; gerontopsychiatry; drug addiction medicine; neuropsychiatry; psychiatry).

Slovenia

Curative (acute) care, bed-days, ALOS
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.
Reference period:
Coverage:
Up to 2010:
- **ALOS**: Number of acute care bed-days 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 bed-days 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),
- 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.
- healthy newborn babies.
Deviation from the definition: Until 2010, curative psychiatric care was not included.
Estimation method:
Break in time series:
- 2011 due to change in the source.
- In 2013 there are minimal changes in the methodology of collecting data.
- From 2022: healthy new-born babies are excluded and change in NUTS2 region is considered, as in HDD.

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.
- Bed-days and beds in long-term care, disabled youth care, psychiatric care and rehabilitative care are excluded.

Estimation method: Total of acute care bed-days multiplied by 100 and divided by the total number of available acute care beds multiplied by 365 (or 366) days.

Break in time series:

- 2011 due to change in data source for bed-days.
- In 2013 there are minimal changes in the methodology of collecting data.
- From 2022: healthy new-born babies are excluded and change in NUTS2 region is considered, as in HDD.

***Somatic* curative (acute) care**

Coverage:

Inclusion:

- general and specialized hospitals (other than mental health hospitals),
- private and public hospitals,
- in-patients (including uninsured, foreigners),
- the number of discharges includes deaths in hospitals and transfers to another hospital.

Exclusion:

- mental health hospitals and psychiatric departments of general hospitals and specialised hospitals,
- 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,
- cases with main diagnosis included in ICD-10 category V Mental and Behavioural Disorders (ICD-10 codes F00-F99).
- healthy newborn babies.

***Psychiatric* curative (acute) care**

Coverage:

- Mental health hospitals.
- Psychiatric departments of general hospitals and specialised hospitals (other than mental health hospitals).
- Cases with main diagnosis included in ICD-10 category V Mental and Behavioural Disorders (ICD-10 codes F00-F99).
- Psychiatric care in psychiatric hospitals and departments of psychiatry in other hospitals with a length of stay shorter than 91 days.

Spain

Source of data: **Ministerio de Sanidad** (Ministry of Health). See at:
http://www.sanidad.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 Care Centres).

Reference period:

Coverage:

- Public and Private Hospitals.
- 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.

Breakdown between somatic and psychiatric curative (acute) care
Estimation method: On the one hand we distinguish between general, specialized, long-term care and psychiatric hospital as well as ICPH. Apart from the type of provider we also can distinguish by wards and actually we include in **psychiatric curative care** data all the acute and medium/long term care psychiatric wards exiting in our acute care hospitals. We also have a National Registry of hospital discharges but for this statistical purpose we do not use it.

Sweden

Curative (acute) care, Breakdown between somatic and psychiatric curative (acute) care
ALOS and discharges:
Source of data: **National Board of Health and Welfare**, National Patient Register (NPR).
Reference period:
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 (9th 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.
Deviation from the definition:
Estimation method:
Break in time series:

Occupancy rate
Data not available.

Switzerland

Source of data:
- Data since 2010: **Federal Statistical Office (FSO)**, Neuchâtel, Medical Statistics of Hospitals, yearly census (discharges, bed-days, ALOS) and **Federal Statistical Office (FSO)**, Neuchâtel, Hospital Statistics, yearly census (number of beds - to compute occupancy rate).
- Data for 1997-2009: **Federal Statistical Office (FSO)**, Neuchâtel, Hospital Statistics, yearly census.
- Data prior to 1997: **Association des Hôpitaux** (H+).
Reference period: Annual census.
Coverage:
- Full coverage of hospitals (full-survey).
- Day cases are excluded.
Deviation from the definition:
Estimation method:
- **Somatic curative (acute) cares** are identified as cares not associated with a rehabilitative, geriatric or psychiatric function of care. Long-term cares, identified through the tariff applied (info available since 2018 only), are also excluded. Cares within rehabilitative and psychiatric hospitals are excluded.
- **Psychiatric curative (acute) cares** are identified as cares associated with a psychiatric function of care. Long-term cares, identified through the tariff applied (info available since 2018 only) are excluded. Cares within rehabilitative hospitals are also 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.

Türkiye

Curative (acute) care
Source of data: **General Directorate for Health Services, Ministry of Health**.
Reference period: Annual.
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.
Note: In 1999, an earthquake occurred with the magnitude 7.4, causing many deaths and injuries. This explains the high ALOS in 1999.
Deviation from the definition:
Estimation method:
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.

Somatic curative (acute) care
Coverage: Discharges, bed-days, ALOS, and occupancy rates are calculated for all hospitals except physical treatment and rehabilitation hospitals and psychiatric care hospitals.

Psychiatric curative (acute) care
Coverage: Discharges, bed-days, ALOS, and occupancy rates are calculated for psychiatric care hospitals.
Deviation from the definition: These data cover *total* psychiatric care (not only *curative* psychiatric care).

United Kingdom

Discharges
Source of data:
- *England*: **NHS Digital**
- *Scotland*: **Public Health Scotland**
- *Wales*: Disital Health and Care Wales (DHCW), Admitted Patient Care dataset (APC)

- *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*: **Public Health Scotland** (https://publichealthscotland.scot/publications/
- *Wales*: Digital Health and Care Wales http://www.statswales.wales.gov.uk/index.htm Admitted Patient Care dataset
- *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.
- *Scotland*: **Public Health Scotland** https://publichealthscotland.scot/publications/acute-hospital-activity-and-nhs-beds-information-annual - ISD(S)1 hospital aggregated statistics return.
- *Wales*: Digital Health and Care Wales (DHCW). 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, the data has been based on estimates provided by NHS England in their Bed Availability and Occupancy data publication. Data is based as at Q4 of each financial year (1 April to 31 March), which means for example that the 2021 data refer to January-March 2021.
- 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

(Total and somatic) curative care 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.
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.
- Since 2017, AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals.
- U.S. hospitals located outside the United States are excluded.
- Short-term general hospitals, as defined by the AHA, are hospitals that may provide either non-specialised or specialised care, with the majority of their patients staying for fewer than 30 days.
Deviation from the definition:
- Total curative care: Psychiatric curative care is not included in total curative care.
Estimation method: Survey.
Break in time series: 2017. AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals.

(Total and somatic) curative care 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.
Coverage:
- Through 2016, AHA-registered hospitals in the United States.
- Since 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:
- Total curative care: Psychiatric curative care is 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.

Psychiatric curative care 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.
Coverage:
- Defined as psychiatric hospital inpatient days divided by psychiatric hospital admissions.
- Since 2017, AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals.
- U.S. hospitals located outside the United States are excluded.
- Short-term hospitals, as defined by the AHA, are hospitals that may provide either non-specialised or specialised care, with the majority of their patients staying for fewer than 30 days.
Deviation from the definition: Data match the OECD definition.
Estimation method: Survey.
Break in time series: 2017. AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals.

Psychiatric curative care 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.

Coverage:
- Through 2016, includes AHA-registered hospitals in the United States.
- Since 2017, AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals. U.S. hospitals located outside the United States are excluded.
- The psychiatric occupancy rate estimates include psychiatric hospitals using the average daily census divided by beds times 100.
- Short-term hospitals, as defined by the AHA, are hospitals that may provide either non-specialised or specialised care, with the majority of their patients staying for fewer than 30 days.
Deviation from the definition: Data match the OECD definition.
Estimation method: Survey.
Break in time series: 2017. AHA Hospital Statistics reports all hospitals rather than only AHA-registered hospitals.

NON-OECD ECONOMIES

Bulgaria

Source of data: National Centre for Public Health and Analyses at the **Ministry of Health**, Exhaustive annual survey

Curative (acute) care
Reference period:
Coverage:
From 2018: Number of Curative (acute) care discharges includes discharged and deceased patients who were admitted into a hospital on beds for curative (acute) care. The number of curative care discharges is included in the total Inpatient care discharges. The data cover the entire country, both the public and private sectors.
From 2019: The information on curative bed-days is available.

Somatic and psychiatric curative (acute) care
Reference period:
Coverage:
Somatic- Number of curative (acute) care discharges include inpatient discharged and deceased patients who were admitted into a hospital on bed for Curative (acute) care.
Psychiatric- Number of Curative (acute) care discharges include inpatient discharged and deceased patients who were admitted into a hospital on psychiatric beds for Curative (acute) care.

Croatia

Source of data: Croatian Institute of Public Health, Hospital structure and function database and Croatian Annual Hospitalisations Database.
The data we provided are the data from Hospital Structure and Function Database in which we collect aggregated data from hospitals including data about hospital bed-days. Croatian Annual Hospitalisations Database containing records with individual data of all hospital discharges in public and private hospitals. Database includes all in-patient discharges and number of hospital inpatient bed-days during the reference period.

Curative (acute) care
Source of data: Croatian Institute of Public Health, Hospital structure and function database and Croatian Annual Hospitalisations Database.
Reference period: Status on December 31st.
Coverage: Data from all public and private hospitals in Croatia, except prison hospital.
Deviation from the definition:
Estimation method:

Break in time series: Starting from 2009 data do not include community care centres providing both in-patient and out-patient services primarily engaged in out-patient services. Until 2016 the Hospital Structure and Function Database is source of data about hospital beds, number of discharges and bed-days which are also used to calculate ALOS. Starting from 2017 Hospital Structure and Function Database is source of data about hospital beds and Croatian Annual Hospitalisations Database is source of data about in-patient discharges and bed-days.

Somatic and psychiatric curative (acute) care
Source of data: Croatian Institute of Public Health, Hospital structure and function database and Croatian Annual Hospitalisations Database.
Reference period: Status on December 31st.
Coverage:
Somatic: Data include number of beds in wards for somatic/physical care in all public and private hospitals in Croatia, except prison hospital.
Psychiatric: Data include number of beds in mental health hospitals and beds in psychiatric departments in all public and private hospitals in Croatia, except prison hospital.
Deviation from the definition:
Estimation method:
Break in time series:
Somatic: Starting from 2009 data do not include community care centers providing both in-patient and out-patient services primarily engaged in out-patient services. Until 2016 the Hospital Structure and Function Database is source of data about hospital beds, number of discharges and bed-days which are also used to calculate ALOS. Starting from 2017 Hospital Structure and Function Database is source of data about hospital beds and Croatian Annual Hospitalisations Database is source of data about in-patient discharges and bed-days.

Cyprus

Curative (acute) care (TOTAL and SOMATIC) - Discharges, Bed-days, Average length of stay (ALOS), Occupancy rates

Source of data:
Discharges:

- Prior to 2017: Data obtained from the public sector hospitals, only.
- 2017: Data obtained from the public sector hospitals and from the Inspectors of Private Sector Medical Institutions as regards the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics.

- 2018 onwards: The IT systems of all public sector hospitals, the Inspectors of Private Sector Medical Institutions.
- 2021 onwards: Health Insurance Organisation (HIO) for the medical institutions contracted with the General Health System (GHS), Inspectors of Private Sector Medical Institutions as regards the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics, as well as private hospitals not enrolled to the GHS. As regards the Mental Health Hospital, the data is being obtained from the IT system of the hospital.
- The discharges for somatic care for years 2021-2022 have been revised according to new information available as regards the discharges of the private sector.

Bed days:

- From 2012 onwards, the “bed days” and the number of discharges is obtained from the actual data on discharges sent from the hospitals to CYSTAT.
- 2021 onwards: Health Insurance Organisation (HIO) for the medical institutions contracted with the General Health System (GHS), Inspectors of Private Sector Medical Institutions as regards the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics, as well as private hospitals not enrolled to the GHS. As regards the Mental Health Hospital, the data is being obtained from the IT system of the hospital.

- The bed days for somatic care for years 2021-2022 have been revised according to new information available as regards the discharges of the private sector.

Reference period:
Discharges:
- The number of discharges performed in the reference year.

Bed days:
- The number of bed days corresponding to the discharges performed in the reference year.

Coverage:
Discharges & Bed days:
- Up to the year 1985, data refer to general hospitals only (public sector).
- From 1986 onwards, data refer to public sector general and rural hospitals.
- For the period 2011-2018, healthy newborns are included only as regards the deliveries taking place in Ammochostos General Hospital. These records are included in the discharges, and they have been taken into account in the calculation of the bed occupancy rate, as well as the corresponding "beds".
- From 2019 onwards, the discharges and the respective bed-days of the healthy newborns are no longer taken into consideration for the compilation of the data.
- Up to 2020, the discharges included both residents and non-residents. No variable exists in order to distinguish cases according to permanent residence.
- From 2021 onwards, the coverage of the aggregated data is complete. It should be noted that the discharges and bed-days referring to the hospitals of the State Health Services Organisation (SHSO – prior referred as public sector hospitals) cover all the beneficiaries of the GHS. According to the GHS, not only the ordinary residents of the areas controlled by the Republic of Cyprus are eligible to benefit from the GHS, but also other groups of the population such as immigration permit holders, refugees and asylum seekers, etc. Hence, it is assumed that the number of discharges of non-beneficiaries is negligible. Moreover, as regards the discharges from the private sector hospitals, the coverage is also complete.

Deviations from the definition:
Discharges & Bed days:
A deviation exists for the following reasons:
- The Mental Health Hospital provides both curative and rehabilitative as well as long-term care. However, since it is not feasible to distinguish the discharges and the bed days referring to each type of care, all the discharges and the bed days are counted under curative care. These discharges are also included in the HDD file.
- Up to 2011, since day cases are also included as they could not be disaggregated from hospital admissions. From 2012 onwards, "bed days" and the number of discharges are obtained from the actual data on discharges sent from the hospitals to CYSTAT; hence it is feasible to distinguish inpatients from day cases and calculate indicators such as ALOS only for inpatients.
- For the period 2011-2018, only the healthy newborns discharged from Ammochostos General Hospital are included. These records are included in the discharges, and they have been taken into account in the calculation of the bed occupancy rate, as well as the corresponding "beds".
- It should be noted that from 2019 onwards, the healthy newborns are completely excluded from the discharges. The same applied for the hospital days of the newborns, as well as for the calculation of the average length of stay and the bed occupancy rate.

Estimation method: No estimations.
Break in time series:
Discharges & Bed days:
2012: Up to 2011, since day cases are also included as they could not be disaggregated from hospital admissions. From 2012 onwards, "bed days" and the number of discharges are obtained from the actual data on discharges sent from the hospitals to CYSTAT; hence it is feasible to distinguish inpatients from day cases and calculate indicators such as ALOS only for inpatients.

2017: There is a break in series as regards data for 2017. According to the SHA definitions, the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics, which are mainly funded from the Government through grants, are considered as Publicly Owned. Therefore, from 2017 onwards, the hospital aggregates would be calculated taking into consideration the number of discharges and the number of bed-days for these 2 hospitals. Unfortunately, it is not feasible to move the series backwards, since the number of discharges and bed-days are not available separately for these 2 hospitals. Moreover, the discharges of these 2 hospitals would not be included in the HDD file, so the rates to be calculated from the HDD file would be different from the rates presented on the hospital aggregates.
2018: In 2018, another break occurs, since for the calculation of the hospital aggregates not only the hospitals of the public sector (including the BoC Oncology Center and the Cyprus Institute of Neurology and Genetics) are considered, but the medical institutions of the Private Sector have also been considered.
2021: A break has been marked due to major changes occurring in the health system, leading to changes in the sources from which the data is obtained.

Curative (acute) care (PSYCHIATRIC) - Discharges, Bed-days, Average length of stay (ALOS), Occupancy rates

Source of data:
2019-2020: Data files extracted from the IT systems of the Public Sector Hospitals, as well as the Mental Health Hospital.
2021 onwards: Data files obtained from the Health Insurance Organisation (HIO) referring to the Medical Institutions of the State Health Insurance Organisation (SHSO) i.e. the mental health departments activated in the SHSO hospitals. The data referring to the Mental Health Hospital is obtained from the SHSO directly.
Reference period: All the discharges performed during the reference year.
Coverage:
2019-2020: Public Sector (General Hospitals, Rural Hospitals, Mental Health Hospital).
2021 onwards: Medical Institutions of the SHSO including the Mental Health Hospital (prior to the implementation of the GHS these are referred as the Public Sector Hospitals), medical institutions of the Private Sector contracted with the GHS. The coverage is considered as **complete**, since there aren't any discharges of mental health care from the Medical Institutions of the Private Sector.
Deviation from the definition:
2019-2020: Psychiatric curative care- The Mental Health Hospital provides both curative and rehabilitative as well as long-term care. However, since it is not feasible to distinguish the discharges and the bed-days referring to each type of care, all the discharges and the bed-days are counted under curative care. These discharges are also included in the HDD file.

2021: Psychiatric curative care- The Mental Health Hospital provides both curative and rehabilitative as well as long-term care. However, since it is not feasible to distinguish the discharges and the bed-days referring to each type of care, all the discharges and the bed-days are counted under curative care. These discharges are also included in the HDD file.
Estimation method: Actual data.
Break in time series: No break.

Romania

Curative (acute) care
Source of data: **The National Institute for Health Services Management (NIHSM)**, Bucharest.
Reference period: calendar year
Coverage:
Curative (acute) care includes discharges from the following hospital units:

Reparatory plastic surgery	Otorhinolaryngology
Pediatric orthopedics	Neurology
Cardiac and great vessels surgery	Peritoneal dialysis
Infectious diseases	Obstetrics

Dermatovenereology
Neonatology (newborn and prematures)
Anesthesia and intensive care
Bone marrow transplant - children
Dermatovenereology children
Endocrinology
Pediatric oncology
Internal medicine
Neonatal (newborn)
Pediatric psychiatry
Sterility - infertility
Pediatric surgery
Thoracic surgery
Pediatric neurology
Maxillofacial surgery
Toxicomania medicine
Bone marrow transplant – adults
Medical oncology
Otorhinolaryngology – cochlear implant
Parasitic diseases
Oncologic surgery
Infectious diseases – children
Urology
Pediatric urology
Clinical immunology and allergology (adults
Psychiatry - acute
General surgery
Cardiology - children
Diabetes, nutrition, and metabolic diseases
Oftalmology – children
Vascular surgery
Hemodialysis children
Nephrology
Orthopedics and traumatology
Burn units
Cardiology
Endocrinology – children
Laparoscopic surgery
Clinical immunology and allergology - children
Anatomical pathology
Gynecology
Gynecology - oncology
Emergency - ER
Hematology - children
Intensive therapy for coronary disease
Psychiatry
Kidney transplant
Pediatrics
Gastroenterology
Ophthamology
Cardiovascular surgery
Family medicine
Otorhinolaryngology - children
Osteo-articular TB
Psychiatry (acute and chronic)
Toxicology
Diabetes, nutrition and metabolic diseases
Nephrology children
HIV/AIDS
Pneumology
Pediatric and orthopedic surgery
Obstetrics and gynecology
Radiotherapy
Neurosurgery
Rheumatology
Pediatrics (pediatrics and pediatrics
Clinical hematology
Arthroscopic surgery
Pneumology - children

Deviation from the definition:
Some chronic or long-term specialities are still included in this selection and are not accounted for separately in the data base.
Occupancy rate could not be computed due to the lack of information regarding the number of beds in the institutions included in the DRG database.
Estimation method: -
Break in time series: -

Somatic and psychiatric curative (acute) care
Source of data: **The National Institute for Health Services Management (NIHSM)**, Bucharest.
Reference period: calendar year
Coverage: curative (acute) psychiatric care in psychiatric hospital and psychiatric departments in hospitals
Deviation from the definition: Some chronic or long-term specialities are still included in this selection and are not accounted for separately in the data base.
Occupancy rate could not be computed due to the lack of information regarding the number of beds in the institutions included in the DRG database.