

OECD Health Statistics 2025

Definitions, Sources and Methods

Hospital aggregates: Inpatient care

a) Inpatient care discharges (all hospitals)

An **inpatient discharge** is the release of a patient who was formally admitted into a hospital for treatment and/or care and who stayed for a *minimum of one night*. Only the total number of inpatient discharges in all hospitals is requested (no breakdown by diagnostic categories).

b) Inpatient care average length of stay (ALOS) (all hospitals)

Average length of stay (ALOS) is calculated by dividing the number of bed-days by the number of discharges during the year. Only the overall average length of stay in all hospitals is requested (no breakdown by diagnostic categories).

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.
- Prior to 2012- **Australian Institute of Health and Welfare**. Admitted patient care: Australian hospital statistics. Canberra: AIHW (and previous issues).
- 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), the Admitted Patient Mental Health Care NMDS and the Admitted Patient Palliative Care NMDS.
- The scope of the Admitted patient care NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.
- Inpatient care covers non same-day separations for public acute care, public psychiatric care, private acute care and private psychiatric care.
- ALOS: Data represent the number of bed-days divided by number of separations.

Note: the small difference between discharges for '*hospital aggregates: inpatient care*' and the sum of all causes for '*hospital discharges by diagnostic categories*' is due to '*hospital aggregates: inpatient care*' including the following:

- separations with a missing principal diagnosis
- (at least some) separations with a principal diagnosis of Z38 (ICD-10-AM) .

- Separations with a principal diagnosis of U00-U49 *provisional assignment of new diseases of uncertain aetiology or emergency use* as coding rules on use of ICD-10-AM in Australia specify these should be used as additional diagnoses, except in rare cases.

Break in time series:

- Discharges and ALOS – break in 2012: Inpatient data prior to 2012 excluded all same-day separations. From 2012–13 onwards, to better align with the OECD definition of inpatient care, same-day separations where the mode of separation included death, or a discharge/transfer 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 separations. For these separations, a bed day of 1 was allocated.

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

Source of data: **Statistics Austria**, Hospital Discharge Statistics.

Reference period: 1st January to 31st December.

Coverage: Included are inpatient discharges from hospitals classified as HP.1 (HP.1. to HP.1.3) according to the System of Health Accounts (OECD, 2011 Edition) of patients who were formally admitted and discharged.

- Inpatient discharges are reported without day cases or zero-night stays. Only 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).
- Inpatient discharges include discharges to home, other inpatient-institutions, and deaths in hospitals. Cases of patients transferred from one ward to another within the hospital are recorded as one case. Stays with interruptions due to weekend discharges or other one-day interruptions are counted as one case and not as multiple cases.
- Included are residents and non-residents.
- Healthy newborns are not documented as treatment cases. Z38 may not be coded as principal diagnosis, only discharges of parturient mothers are recorded. Newborns requiring hospital care are documented separately with the appropriate principal diagnosis.
- ALOS is 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).

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.

Belgium

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

Reference period:

Coverage:

- Inpatient care: All hospital stays (in acute and chronic institutions). It includes all stays with a minimum of one night and all deaths, including all those who died immediately after hospitalisation.
- Day care: All hospital stays with formal admission for one day treatment (no overnight stay foreseen at moment of admission of the patient).
- These data exclude the not factured newborns, and the small number of people not registered as man or woman. The first part of the long-term stays is kept. (Data on hospital discharges and ALOS by diagnostic categories refer to inpatients with a LOS <= 90 days and all sex - man, woman, changed, unknown).
- Certain general hospitals register newborns as a stay.
- Since 1/7/1996, stays in the psychiatric departments of general hospitals are not 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 – **no selection on the LOS**

Deviation from the definition:

Estimation method:

Break in time series: The break in 2008 is related to the implementation of new coding rules (some existing rules have also been re-explained so that the rules are better applied).

The break in 2022 is related to the exclusion of Liveborn infants (Z38), external causes of morbidity and mortality' (codes V19 to Y90) and long stays.

Canada

Data not available.

Chile

Discharges

Source of data: **Ministry of Health, Department of Statistics and Health Information.**

<http://deis.minsal.cl/index.asp>.

Coverage:

- Data coverage is nationwide.
- Data are collected for both public and private sectors, through a system validated and published by the Department of Statistics and Health Information (DEIS).
- Hospital discharges are submitted for each establishment on a daily form. The data are collected and validated by the DEIS.
- The discharges consider public and private sectors. Data include all hospital discharges of patients who died, who were transferred to other health facilities and those who were discharged to home.

ALOS

Source of data: **Ministry of Health (MINSAL), Department of Health Statistics and Information (DEIS).**

http://intradeis.minsal.cl/egresoshospitalarios/menu_publica/menu_publica.htm.

Coverage:

- Data coverage is nationwide.
- Data are automatically collected monthly from the health establishments' information systems and validated and published by the Department of Health Statistics and Information (DEIS).
- Data correspond to the average length of stay in the public health system and the private sector. They include deaths, same-day separations and transfers to others institutions in all kinds of hospitals (including long-term care institutions).

Deviation from the definition: Data include same-day separations.

Colombia

Source of data: **Individual Register of Service Providers (RIPS), Ministry of health and social protection.**

Coverage: National.

- The collection of the RIPS data started in 2009. Therefore, there is no information available before 2009.

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.

- All patients who were transferred to other facilities are included (which explains the difference with “All causes” in discharges and ALOS by diagnostic categories).

Further information: https://www.ccss.sa.cr/est_salud and https://www.ccss.sa.cr/est_anuarios.

Czechia

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.

- 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:

Discharges:

- Until 1999 data cover only establishments of the Health Sector. From 2000 data cover also health establishments of other central organs.

- Data refer to number of hospitalisations in general hospitals and specialised therapeutic institutes (excluding balneological institutes and convalescence homes for children).

ALOS:

- Data on inpatient care relate to general hospitals and specialised therapeutic institutes (excluding balneological institutes and convalescence homes for children).

Deviation from the definition:

- Until 2006: Hospitalised newborns are excluded. Transfers from one department to another one at the same hospital are considered as two hospitalisations.

Discharges: Day cases of patients treated in bed care departments are not excluded.

ALOS: Same-day separations are included in the data.

Estimation method:

Break in time series: 2007 (change of data source), 2010 (change of data source).

Denmark

Source of data: **The Danish Health Data Authority**, The National Patient Register.

Reference period:

Coverage: see below.

Deviation from the definition:

Estimation method: Estimation methods: estimates based on available data for the years 2005-2023.

Break in time series: see below.

Discharges

Coverage:

- Data includes both somatic and psychiatric hospitals.

Break in time series: 2000, 2005, 2018.

- The data prior to 2005 includes all admissions. The data from 2005 onwards use the 24-hour stay definition, which explains the lower data values.
- From 2000 onwards, the data no longer include transfer from one department to another department within the same hospitals.
- 2005-2023 are provisional data due to ongoing development with the data sources.

ALOS

Coverage:

- Psychiatric and somatic hospital departments.
- Nursing homes and private hospitals are not included.

Break in time series: 1995, 2001, 2018.

- ALOS: From 1995, psychiatric hospitals are included.
- From 2001, the calculation of ALOS does not include day cases.
- 2005-2023 are provisional data due to ongoing development with the data sources.

Estonia

Source of data: **National Institute for Health Development**, Department of Health Statistics; www.tai.ee 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.
- Day cases are not included.
- All beds are included.
- **ALOS** is calculated as the number of stayed days divided by the number of discharges.

Deviation from the definition:

- **Discharges:** Data for 1980 and for 1985-2002 represent the figures for hospital admissions. Data for 2003-2011 have been changed, i.e., figures of hospital discharges are presented. (Data for the years before 2003 were not available for recalculations).

The data for inpatient discharges and ALOS (aggregated data) and the data for hospital discharges/bed-days/ALOS by diagnostic categories (disaggregated data) differentiate in the case of Estonia.

The data for discharges by diagnoses and the data for hospital aggregates are based on two separate statistical reports up to 2022. These are aggregated reports and there are some methodological differences concerning cases which are included or excluded from the report. From 2022 two different data sources are used.

HOSPITAL AGGREGATES DATA in Estonia:

Include:

- discharges (incl. ill newborns who have been transferred to another department from maternity ward)
- deceased
- transferred to another hospital
- patients with diagnosis Z03 (medical observation and evaluation for suspected diseases and conditions)

Exclude:

- healthy newborns
- ill newborns staying within maternity ward

Included are bed-days of all admitted patients during the calendar year.

DISCHARGES BY DIAGNOSTIC CATEGORIES before 2022:

Include:

- discharges
- deceased

- all ill newborns (irrespective of ward or department)
- Exclude:
- transferred to another hospital
 - healthy newborns
 - patients with diagnosis Z03 (medical observation and evaluation for suspected diseases and conditions)

Included are all bed-days of discharged patients irrespective of the admission year.

This means discharges and bed-days do not match precisely. In hospital aggregates data bed-days of the patients who will be discharged only next year are included and excluded are bed-days of the discharged patients from previous calendar year.

Estimation method:

Break in time series: 2013 - In Estonia, due to the restructuration of health care services, the hospitals that provided only in-patient long-term care services (long-term care hospitals) were reorganised to the nursing care hospitals. This change came into force in the beginning of 2013. According to the SHA2011, these nursing care hospitals do not belong to H.P.1 and previous long-term care hospitals are classified as long-term nursing care facilities (H.P.2 in SHA2011). Therefore, the number of hospitals (H.P.1 coded on the basis of SHA2011) decreased in 2013 as well as all other statistics provided for in-patient care (all hospital beds, all discharges by hospital beds). This change does not have an impact on statistics about curative care.

Finland

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

Break in time series: The data follows SHA 2011 manual since 2000. Before 2000, inpatient care discharges included transfers to other units within the same hospitals.

France

Source of data:

- **Psychiatric care: 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 Etablissements de santé. Data are from the “**Statistique Annuelle des Établissements de santé (SAE)**”.

Data from 2013 has been revised in January 2023, to ensure comparability over time from 2013 onwards.

- **Other functions of care: SAE file until 2002; 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) **from 2003 onwards**. Calculations were performed by **DREES** (Direction de la recherche, des études, de l'évaluation et des statistiques).

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.) and non-residents. Data from 2002 include army hospitals.

- Healthy newborns are not included.

- **Inpatient care discharges:** total number of hospital stays in curative care, rehabilitation care and psychiatric care services in all hospitals.

- **Inpatient care ALOS:** total number of days carried out in curative care, rehabilitation care and psychiatric care services in all hospitals, applied to the total number of hospital stays in all hospitals for the year considered.

Deviation from the definition: hospital stays in long term care units are excluded since 2013. Palliative care discharges and bed-days are provided together with curative care, not with long term care.

Estimation method:

Break in time series: 2003, 2013.

- Break in series in 2003: starting point for use of the national databases from the 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”.

<https://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/publications/panoramas-de-la-drees/article/les-etablissements-de-sante-edition-2019>

- Break in series in 2013: Long term care units are excluded from 2013 onwards. SAE survey has been recasted in 2014 for the data concerning 2013 onwards (review and update of the questionnaire, change of the unit surveyed [from legal entity to geographical establishment], improvement of the consistency between the survey and an administrative source of data on the activity of hospitals). Though the principles of the survey remain the same, some concepts and some questions have changed: this can lead to break in series for the year 2013.

- Break in time series in 2023

Starting in 2023, the coding method for the main reason for admission in aftercare and rehabilitation care facilities (SSR) underwent a major change. Previously, the main diagnosis reflected the primary objective of care. It is now replaced by the concept of main morbid manifestation, defined as the condition or disorder that required the greatest share of medical attention. This change has led to a break in the time series and significantly affects data comparability, particularly for certain categories of care that show a sharp decline in 2023 compared to previous years. Beyond the expected decrease in COVID-19 cases (ISHMT 2201, -118%), the most impacted categories include:

- Other medical care (ISHMT 2104, ICD-10 Z51): -49%
- Other factors influencing health status (ISHMT 2105, ICD-10 Z00–Z99): -34%

For further details, refer to the ATIH technical guidance on the 2023 nomenclatures:
[notice_technique_atih-ssr-psy-nomenclatures_2023_231122-hh.pdf](#)

Germany

2003-2023:

Source of data: **Federal Statistical Office**, Hospital statistics 2023 (diagnostic data of the hospital patients and patients of prevention or rehabilitation facilities); Special calculations by the Federal Statistical Office. See <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: During the year.

Coverage:

- An **inpatient 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.

- **ALOS** is calculated by dividing the number of bed-days by the number of discharges.

- *Coverage by hospital type:* Data include discharges during a given calendar year from all types of hospitals (HP.1.1, 1.2 and 1.3) in all sectors (public, non-profit and private). Included are discharges from general hospitals, mental health hospitals and prevention and rehabilitation facilities. Long-term nursing care facilities are excluded.

- *Missing records:* Discharges from prevention and rehabilitation facilities with 100 or less than 100 beds are not included (about 13% of all discharges in rehabilitation centres).

- *Other notes related to coverage:* The number of 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.

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.

1970-2002:

Source of data: **Federal Statistical Office**, Hospital statistics (basic data of hospitals and prevention or rehabilitation facilities); Statistisches Bundesamt, *Fachserie 12, Reihe 6.1*, table 1.1.

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

Coverage:

- The number of cases is equal to the sum of admissions plus the discharges including deaths divided by 2.
- **ALOS** is calculated by dividing the bed-days by the number of cases.
- *Coverage by hospital type*: Data include cases in all types of hospitals (HP.1.1, 1.2 and 1.3) in all sectors (public, not-for-profit and private). Included are cases in general hospitals, mental health hospitals and prevention and rehabilitation facilities. Long-term nursing care facilities are excluded.
- Data not reported for year 2002 (the number of cases in 2002 would include additionally day cases – patients admitted for a medical procedure or surgery in the morning and released before the evening – and would not be comparable with other years).

Additional information:

- In German health statistics publications, the number of cases 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 cases, the ALOS in these publications is lower than when calculated on the basis of only inpatients and bed-days for inpatients.

Break in time series: 2003 (change in source and method).

Greece

Source of data: **Hellenic Statistical Authority, Division of Sectoral Statistics.**

Reference period:

Coverage:

- Public and private hospitals of Greece. From 2013 ICD-10 is used.
- **ALOS**: Average length of stay for inpatient care is calculated by dividing the total number of days stayed by the total number of discharges (in public and private hospitals), including deaths.
- Same-day separations are excluded.
- Patients suffering from mental disorders with an average length of stay > 365 days are excluded.

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.

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:

- Until 2003:
 - Discharge data are the case number of department discharges.
 - ALOS: Average length of stay at department.
- 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 hospitals.

Deviation from the definition:

Estimation method:

Break in time series:

- From 2004 onwards, the data provider institute (ÁEEK) processes the itemised data of the inpatient care finance report submitted by the health insurance fund. Data are calculated by case number for hospital discharge, not case number for department.
- 2007. The decrease in hospital 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.

Note: Until 2019 the data include the number of healthy newborns.

- From 2019, the aggregated data is based on hospital discharge data by diagnoses. Due to a technical transition the data have been revised.

Iceland

Source of data: Before 1999: **The Ministry of Health and Social Security. As of 1999: The Directorate of Health in Iceland** /.

Reference period:

Coverage: Data from 1999 and onwards has been revised according to the definition below:

- Data cover the whole country.
- Data cover the public sector (all hospitals in Iceland are publically financed).
- Data from 1999-2006 cover health care facilities with at least one bed available for curative care.

Included:

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 (from 2007 and onwards).
 - Transfers to other specialty areas (“þjónustuflokkar”) within hospitals are included.
- Day care cases were included to some extent from 1985-1988.

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).

Ireland

Source of data:

- 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 is derived from the HIPE (Hospital In-Patient Enquiry) data set, which records data on discharges from all publicly funded acute hospitals. HIPE is operated by the **Healthcare Pricing Office** (www.hpo.ie).
- From 2006: **Health Service Executive** (<https://www.hse.ie/eng/>) and **Health Research Board** (<https://www.hrb.ie/>).
- 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 acute and psychiatric (public and private) hospitals.
- *ALOS:* The number of bed-days used divided by the number of inpatients discharged (including deaths, excluding day cases). The inpatient ALOS refers to all specialties, regardless of length of stay, for public and private acute hospitals and public and private psychiatric hospitals.

Deviation from the definition: 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:

- Since 2004: Public and private psychiatric hospitals are included.
- Since 2009: Public acute hospitals and public and private psychiatric hospitals only (i.e., HP.1 - Hospitals) are included. Up to 2008, district and community hospitals (which may be defined as HP.2 facilities) were also included.
- Since 2015: Information extracted from Hospital In-Patient Enquiry (HIPE) database and the National Psychiatric Inpatient Reporting System.
- Since 2020: Activity in private hospitals also included. For comparability purposes, the following figures relate to inpatient care discharges and ALOS for reference years 2020-2023 for public hospitals only:

Discharges (2020, public) : 581,056	ALOS (2020, public) : 6.2
Discharges (2021, public) : 611,924	ALOS (2021, public) : 6.6
Discharges (2022, public): 615,153	ALOS (2022, public): 6.2
Discharges (2023, public): 655,675	ALOS (2023, public): 6.2

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 hospitals, mental health hospitals and special hospitals. Patients who were admitted and discharged on the same date from hospitalisation wards were defined as day cases and excluded. Healthy newborns were excluded. Complex nursing care departments in hospitals were included. Geriatrics nursing care departments and Mentally frail departments in hospitals were excluded.
- Since 2000, there were major changes in policy regarding psychiatric care and psychiatric hospitalizations. In 2000, two psychiatric care hospitals were closed, in 2001-2005 four more psychiatric care hospitals were closed and in 2006 four other psychiatric care hospitals were closed. Most of these hospitals included long term hospitalizations, and the patients were then often treated in rehabilitation facilities in the community or in nursing homes facilities. The numbers of bed-days and ALOS were high in 2000 and 2006 due to the changes in psychiatric care hospitals, and there were many discharges from long-term psychiatric care.
- Vacation days during the hospitalization episode are excluded from bed-days in psychiatric hospitalization.

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

Source of data:

- **Ministry of Health** - General Directorate of Health Planning. National Hospital Discharge Data Base (NHDDDB) (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 the 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=ricoveriOspedali&menu=vuoto.

Reference period: Year.

Coverage:

- Since 2001 the NHDDDB has been enriched with important information relating to each patient discharged from public and private hospitals.
- The NHDDDB (SDO) covers the entire Country, both public and private hospitals which are classifiable in the "System of Health Accounts" as HP.1.1 and HP.1.3, excluding Military hospitals.
- Inpatient 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 curative care, rehabilitative and long-term care.
- Average length of stay (ALOS) is calculated by dividing the number of bed-days by the number of 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.
- According to the definition in "Draft Eurostat Manual HCNE_JQNMHCS_January_2023_TC", since 2001 healthy newborns (DRG 391 – Normal Newborn) have been excluded from "HospitalAggregates".

Deviation from the definition: None.

Estimation method: None.

Break in time series: 2001.

- Since 2001 onwards, data on healthy newborns are excluded.

Further information: The following table provides time series of the number of "Healthy newborn babies", identified by the DRG 391 (version 24):

Years	Healthy new born babies (*)
2001	354.210
2002	369.975
2003	378.468
2004	397.264
2005	392.019
2006	410.575
2007	414.547
2008	423.050
2009	418.919
2010	408.470
2011	401.792
2012	406.200
2013	391.882
2014	386.673
2015	374.586
2016	364.545
2017	349.973
2018	335.310
2019	313.842
2020	298.755
2021	297.283
2022	287.316
2023	285.254

(*) Inpatient discharges with DRG24 = "391"

Japan

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

Coverage:

- The data were collected from medical institutions with inpatient facilities for 20 or more patients, which are called hospitals in Japan, and do not include medical clinics with no inpatient facilities or with inpatient facilities for 19 or fewer patients.
- The data cover discharges from all hospital beds, i.e. acute care beds (infectious disease beds, general beds and tuberculosis beds), long-term care beds and other hospital beds (psychiatric care beds).
- Average length of stay: Annual total number of inpatients divided by [(the number of newly admitted patients that year plus the number of discharged patients that year) multiplied by 1/2].
- Due to the Great East Japan Earthquake, the report of March 2011 for the following 11 hospitals tabulated only the number of patients they reported: 1 institution of Kesen medical area of Iwate Prefecture, 1 institution of Miyako medical area of Iwate Prefecture, 2 institutions of Ishinomaki medical area of Miyagi Prefecture, 2 institutions of Kesenuma medical area of Miyagi Prefecture, and 5 institutions of Soma medical area of Fukushima Prefecture.

Deviation from definition:

- The data include same-day separations.

Korea

Source of data:

- From 2014: **Ministry of Health and Welfare, Health Insurance Review & Assessment Service**, Statistics of Health Care Utilization.
- Until 2013: **Ministry of Health and Welfare, Korea Institute for Health and Social Affairs**, The Patient Survey Report.

Coverage:

- From 2014: Administrative data cover consultation fees, including national health insurance, medical care, Patriots-Veterans benefits, industrial accident insurance benefit, and automobile insurance.
- Until 2013: The Patient Survey was conducted every 3 years until 2005. It was changed to annual survey in 2008.

Break in time series: 2014. Change in data source.

Note: Industrial accident insurance data are included in hospital aggregates, however they are not included in hospital discharges and ALOS by diagnosis category (change of methodology in 2021). Because diagnostic category-specific information in industrial accident insurance is less accurate, it was decided to exclude them from data by diagnostic categories. This explains the small difference (less than 2%) between inpatient care data (from hospital aggregates dataset) and all causes data (from dataset by diagnostic categories).

2023: The ALOS (Average Length of Stay) in Korea increased during the COVID-19 pandemic but is now on a declining trend again. Meanwhile, 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.

Latvia

Source of data: **Centre for Disease Prevention and Control**; Database of hospital beds' utilisation.

Reference period: 1st January to 31st December.

Coverage:

- Hospital discharges including patients who returned home, were transferred to another hospital, or died.
- The aggregated data are taken from annual statistical reports and contain information about all health care institutions (which explains the difference up to 2020 with discharges and ALOS for “all causes” – from hospital discharges and ALOS by diagnostic categories – containing only state paid services in the institutions that have contract with the state until 2020).

Deviation from the definition:

Estimation method:

Break in time series:

Lithuania

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>. Available on Official Statistics Portal of Statistics Lithuania <http://osp.stat.gov.lt/en>.

- Up to 2000: Lithuanian Health Information Centre, data of annual report of health care institutions.

Reference period:

Coverage:

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

- Up to 2000: discharge data excluded healthy newborns, including day cases.

In 2023 there were significant increase in ALOS due to: the number of long-term psychiatric discharges with the ALOS more than 100 days has increased significantly and at the same time there was significant increase in the number of day cases when the inpatients with short ALOS became day-cases.

Note. In 2023, the number of cataract inpatients significantly decreased because, after the COVID-19 pandemic, the number of cataract day cases and outpatient treatments increased considerably.

Deviation from the definition:

Estimation method:

Break in time series: 2001

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: It includes the total number of hospital discharges (according to collection of mandatory DCSH data from all hospital) in general hospitals and other specialised hospitals (HP. 1.1 and HP. 1.3 of the ICHA-HP terminology).

Discharges and ALOS

-Until 2022: All budgeted hospitals have been taken into account to calculate rates (including mid-term and long-term psychiatric rehabilitation centres, functional rehabilitation centres and a specialised establishment for palliative care existing since 2011).

- 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.

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

Starting 2023: All budgeted hospitals have been considered into account to calculate rates and ALOS (including all acute hospitals and mid-term psychiatric rehabilitation centre, functional rehabilitation centres and a specialised establishment for palliative care existing since 2011). Long term psychiatric centres are excluded, these stays are not registered within the framework of the DCSH.

- 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.

- Healthy new-born babies stays are recorded under the DCSH by hospitals. But these stays are not counted in the Inpatient care.

- Hospital admissions discharged on the same day before midnight (day cases) are excluded.

Deviation from the definition:

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

Source of data:

- **Ministry of Health**, Bulletin of Statistical Information. National Health Care System, Vol II, "Health Damages". 1995-2003.
- **Ministry of Health**, Hospital aggregates database 2004-2023.

Further information:

http://www.dgis.salud.gob.mx/contenidos/basesdedatos/bdc_egresoshosp_gobmx.html.

Coverage:

- Data include information from public institutions: Ministry of Health (SS), Social Security Institute (IMSS), Labor Social Security Institute (ISSSTE), Ministry of Navy (SEMAR), Ministry of War (SEDENA) (until 2004), Social Security Institute for Wellness (IMSS-Bienestar) and Mexican Petroleum (PEMEX). The 2022 data includes two university hospitals. Data do not include information of private hospitals, state (local) hospitals and Red Cross.
- Includes all types of hospital care.
- There were records of hospital discharges with days of stay that exceeded 1000% of the average, in addition, there were records with codes found in group 2104, which should be short stay and were marked as hospital discharges, both cases were eliminated from the information being reported..
- Includes all types of hospital care.

Break in time series: 2004, 2017.

- 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.
- As of 2017, there is a new registration system, which generated a decrease in the coverage of information.
- In 2022, data on hospital discharges 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 hospital discharges in 2020 is due to COVID-19.

- In 2025, the information for the year 2022 was updated because PEMEX reported 48,053 hospital discharges, with a final increase of 18% of hospital discharges with respect to 2021.

Netherlands

Source of data: **Statistics Netherlands**, Statistics of intramural health care; National Medical Registration.

Reference period:

Coverage: The data cover all admissions for 24-hour care in general, university and specialized hospitals as well as mental hospitals. Excluded are all babies born in hospitals.

- 2011 onwards: data not available, because admissions at psychiatric hospitals are not included in the source DigiMV.

Deviation from the definition:

Estimation method:

Break in time series: 2002 and later includes healthy newborn infants, if mother was an inpatient.

ALOS

Source of data: **Statistics of Intramural Health Care; National Medical Registration.**

Coverage:

- Same-day separations are excluded in the calculation.
- Bed-days of newborns are excluded in the calculation up to 2006.

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 separations.
 - The hospital aggregates data exclude 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).
 - Publicly-funded hospital discharges with a Length of Stay > 0. No further filters were applied.
 - Private hospital stays that were publicly funded are included; excluded otherwise.
 - 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: 2000. In 2016, the data have been revised back to 2000 to better fit the definition.

Norway

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 included in the statistics for the first time in 2000.

Deviation from the definition:

Estimation method:

Break in time series: 2002, 2004, 2009, 2015.

- All hospitals included from 2002, previous years only general hospitals.
- 2004: Inpatient care in 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 in 2015 do not include healthy new-borns in hospitals. The number therefore cannot be compared directly with previous years, when healthy new-borns were included.

Poland

Source of data:

Discharges: Up to 2004: **Ministry of Health** collected aggregated information about inpatients in the hospitals.

Discharges and ALOS:

- From 2005 until 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, the Ministry of Interior and Administration** for general and psychiatric hospitals, and **Statistics Poland** for health resort hospitals, sanatoriums and inpatient rehabilitation facilities.

Reference period:

- Patients discharged in period January 1 through December 31.

Coverage:

- All hospitals under authority of the Ministry of Health, Ministry of National Defense, Ministry of Internal Affairs are included. Hospitals under authority of Ministry of Justice are not included. Data cover all persons discharged from the hospitals.

ALOS:

- Day cases are excluded.

- Up to 2022 hospital departments coded as ≥ 5000 are excluded. Since 2023 health resort hospitals, sanatoriums and inpatient rehabilitation facilities are included.
- The inpatient average length of stay is calculated by dividing number of bed-days by inpatients in all general and specialised hospitals (public and private hospitals, army hospitals, psychiatric hospitals and health resort (sanatorium) hospitals).

Deviation from the definition:

Estimation method:

Break in time series:

Discharges: 2005 due to change in the source.

Since 2023: change of data sources (the Ministry of Health, Ministry of Interior and Administration, and Statistics Poland)

Portugal

Source of data: Statistics Portugal, Hospital Survey

Reference period: Annual.

Coverage:

- National coverage.
- All hospitals (public and private sector) are covered.

Deviation from the definition:

Estimation method: **ALOS:** Number of bed-days divided by number of discharges including deaths.

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

Slovak Republic

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

- Data up to 2008: Annual report L (MZ SR) 1 - 01 on bed fund of health facility.
- Data for 2009-2011: Annual report P (MZ SR) 1 - 01 on bed fund of health facility.
- Data from 2012: Report on admission to inpatient care Z (MZ SR) 1 – 12.

Reference period:

Coverage:

- Data are gathered from all health establishments (HP1), including public and private hospitals, military hospitals, prison hospital.
- 2013 data are not available.

Deviation from the definition: Up to 2011, day cases are included.

Estimation method:

Break in time series: 2012, 2022

- From 2012, day cases are excluded. Furthermore, U codes diagnoses are excluded since 2012.

From 2022: change in the coverage of reported diagnoses.

From 2022, only diagnoses according to the HDD assignment are included

- From 2021 Discharges of healthy newborns 'Live-born infants according to place of birth' (ICD-10 code Z38) were excluded in accordance with Draft Eurostat Manual HCNE_JQNMHCS_ January_ 2023_TC.pdf

Including healthy newborn babies in the data would increase the total number of inpatient discharges by about 5,14 % in 2021.

Slovenia

Source of data:

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

Reference period:

Coverage:

Up to 2010

- ALOS: Number of bed-days divided by the number of admissions.
- Admissions (remaining from the previous year and new admissions) in general hospitals, clinics, and special hospitals (public and private) are included.

-From 2011:

- ALOS: Average length of stay is calculated by dividing the total number of in-patient days by the number of discharges. Number of days equals date of discharge minus date of admission.
- Discharges in general and university, psychiatric and specialty hospitals (public and private) are included.

Deviation from the definition:

Estimation method:

Break in time series:

- 2011 due to change in the source.
- From 2013: joint in-patient data capture.
- From 2022: healthy new-born babies are excluded and change in NUTS2 region is considered, as in HDD.

Spain

Source of data: **Ministerio de Sanidad** (Ministry of Health).

<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 Centres).

Reference period:

Coverage:

- All private and public hospitals are included.
- 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)

Data include all types of hospital.

Deviation from the definition:

Estimation method:

Break in time series:

Sweden

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.

- In 2014, the data series has been revised from 1998 onwards. It now contains only patients who stay overnight in hospital care.

- In 2017 the data in the worksheets Hospital Aggregates for the years 1998-2015 have been updated to better conform to the Eurostat definitions of health service providers (HP.1-HP.3) and health care functions (HC.1-HC.3).

Deviation from the definition:

Estimation method:

Break in time series: 1998.

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:

Break in time series:

- 2009: Until 2008, healthy newborns were excluded.
- 2010: New concept for the Hospital Statistics.

Türkiye

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

Reference period: Annual.

Coverage:

- MoH hospitals, university hospitals, private hospitals and others included.
- Hospitals affiliated with the Ministry of National Defence have been included since 2012.
- **Discharges:** Newborns are included. V, W, X and Y codes have been excluded from the grand total 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.

United Kingdom

Discharges

Source of data:

- *England:* **NHS Digital.**
- *Scotland:* **Public Health Scotland**
- *Wales:* Digital Health and Care Wales (DHCW), Admitted Patient Care dataset (APC)
- *Northern Ireland:* **Department of Health, KH03.**

Coverage:

- Data relates to NHS discharges or NHS commissioned activity in the independent sector. Data may not be complete as further submissions may be received at a later date. Figures are based on completed hospital spells & diagnosis at discharge, with the exception of Scottish maternity data which is episode based.
- *Wales* - Data is based on the criteria where patient stayed at least one night in the hospital (admission date <> discharge date – inpatients only). Data is based on financial discharge year. The numbers are based on discharges (max episode in spell). Data is based on Welsh providers only. Welsh data now includes all discharges, regardless of whether a discharge has a diagnosis.
- *Scotland* - Data was changed in 2016 to be restated from 2001 to 2013. Data changed to financial year to match England and Wales.
- *England* data for Hospital Aggregates have been restated in 2014 since 2000. 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.

- *Scotland*: Data for private hospitals are not included (except for NHS funded treatment/beds in private hospitals). Day cases and discharges with a length of stay of zero are excluded.
 - All data is financial year data, with the exception of *Northern Ireland*; whose data is calendar year.
- Break in time series:** Data from 2000 onwards is not comparable with data from prior to this. This is due to work conducted to improve compliance with definitions and consistency of methodologies across the four parts of the UK.

ALOS

Source of data: Calculated by **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/>) - Scottish Morbidity Record Schemes SMR01, which records all inpatient and day-case discharges from non-obstetric and non-psychiatric specialties in NHS hospitals in Scotland; Geriatric Long Stay Records SMR01E are included also; SMR02, which records all obstetric discharges; and SMR04, Psychiatric Hospital Records.
- *Wales*: Digitl Health and Care Wales <http://www.statswales.wales.gov.uk/index.htm> Admitted Patient Care dataset (APC) - *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 2000. 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*, based on Welsh providers, only inpatients are included, day cases are excluded.
- In *Northern Ireland*, 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.
- In *Scotland* there is an additional change in the number of continuous inpatient stays for all years due a refinement in the way episodes are identified as being part of the same stay within the SMR04 mental health data.

United States

Average length of stay

Source of data: **American Hospital Association** (AHA)/Annual Survey of Hospitals database/AHA Hospital Statistics for the relevant years. Unpublished data.

http://www.ahadata.com/ahadata_app/index.jsp.

Coverage:

- Defined as total facility inpatient days divided by the total facility number of admissions.

Deviation from the definition: Data match the OECD definition.

- 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.

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**.

Coverage: Up to 2013 - number of in-patient cases includes discharged and deceased patients from hospitals and hospices.
2014 – 2015 - number of in-patient cases includes discharged and deceased patients from hospitals (HP1).
2016 –2022 - In 2016, with amendments of the national legislation, "Places for short stay" are introduced. "Places for short stay" are places for carrying out certain medical diagnostic and treatment activities requiring a stay of the patient not longer than 12 hours."
These places are used mainly for activities in the field of medical oncology, radiotherapy psychiatry, dialysis treatment and etc.
The persons who had undergone such treatment on places for short stay are excluded from the Inpatient discharges.
Deviation from the definition: Hospices are included until 2013.
Break in time series: 2014: in-patients from hospices are excluded.

Croatia

Source of data: Croatian Institute of Public Health, Hospital structure and function database and Croatian Annual Hospitalisations Database
The Hospital Structure and Function Database is a cumulative annual report on the day of 31 December of current year. 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.
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.

Cyprus

Source of data:
2018-2020: The IT systems of all public sector hospitals, the Inspectors of Private Sector Medical Institutions.
2021 onwards:
 For the health services provided through the General Health System (GHS) the data is obtained from the Health Insurance Organisation.
 As regards the services provided from the private sector from the medical institutions not contracted with the GHS, the data is obtained from the Inspectors of Private Clinics (Ministry of Health); however, only aggregated figures are obtained concerning the total number of discharges, the sum of bed days and the number of day cases.
 As regards the Mental Health Hospital, the data is being obtained from the SHSO
Reference period: The reference year.
Coverage:
- Public Sector (General Hospitals, Rural Hospitals, Mental Health Hospital, Bank of Cyprus Oncology Center, Cyprus Institute of Neurology and Genetics). From 2018 onwards, Private Sector (All medical institutions) is also covered.
- From 2019 onwards, the healthy newborns are not included in the discharges, nor in the bed days for the calculation of the rates. For years prior to 2019, only a small subset of the total number of healthy newborns was included.

- From 2023 onwards, the aggregated figures have complete coverage, Public Sector and Private sector contracted or not with the GHS.

Deviation from the definition:

A deviation existed up to year 2018 due to the following reasons:

- 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 partial inclusion of the healthy newborns (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”).

Estimation method:

Break in time series:

2012: “bed days” and the number of discharges is 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 include the figures 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. Furthermore, the definition applied is not harmonised with the requested definition, since the coverage is partial: not all the healthy newborns are considered for the calculation of the indicators and the discharges of the private sector are not included.

2018: another break occurs, since the indicator has been calculated according to both Public (including the BoC Oncology Center and the Cyprus Institute of Neurology and Genetics) and Private Sector.

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.

2021: The first year when the GHS was fully implemented as regards secondary health care. Moreover, from 2021 onwards, a new data source is being used. The break does not consider the coverage, but mainly the data source and the severe changes in the Health System.

Data for years 2021-2022 have been revised according to new information available as regards the discharges of the private sector.

Romania

Source of data:

- 2000-2008: **Ministry of Health – Institute of Public Health, National Center of Statistics and Informatics in the Public Health.**

- 2009 onwards: **National School of Public Health, Management (NSPHMPD)** and Professional Development, Bucharest, that became **The National Institute for Health Services Management (NIHSM) in 2022.**

□ **NIHSM** is a public institution which has under its subordination the Health Services Research and Evaluation Centre that is responsible for the collection and management of the minimum set of data on patients (MSDP) for continuous and one day hospitalization in all hospitals in Romania, under the legislation. (<https://inmss.ro/en/research/>). The NIHSM is subordinated to the Ministry of Health, according to the national legislation.

□ The database includes the sanitary units with beds that concluded contracts with the Social Health Insurance Houses that administers the Social Health Insurance Fund. These sanitary units represent the public, not for profit and private units that are classified under HP.1.

- The day cases are identified in the database by the type of service, as they are payed as services by the social health insurance system.

Reference period:

Coverage: Does not include newborns (Z38).

- Types of hospitals: public hospitals subordinated to the Ministry of Health, local administrations and to ministries with own health care network (Ministry of Justice – include prison hospitals, Ministry of Defence, Ministry of Internal Affairs etc.), private hospitals, not for profit hospitals. The data source covers over 90% of the sanitary units with beds that provide medical care in the country.
- The national data source covers all hospital discharges and day cases that were reported by the hospitals for payment by the social health insurance. It doesn't include uninsured persons, persons with private insurance and patient that payed out-of-pocket, cases not validated by the database administrators. The hospital discharges database is the only national data source for hospital discharges, the coverage compared with the inpatient data collected annually through NIS exhaustive survey "The activity of the sanitary and health care network" is over 80%. The inpatient data is available only as total number of inpatients by type of sanitary unit with beds and is not collected by diagnosis.
- The DRG database represent cases by episodes, a person could be included multiple times for every episode of discharge.
- In the DRG, COVID-19 cases (U07.1 and U07.2) are reported as secondary diagnosis. In the hospital care data COVID-19 cases are included in their respective ICD codes (and the total according to the main diagnosis (J12 - pneumonia, B34- Viral infection of unspecified site etc.).

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<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>