

# OECD Health Statistics 2025

## Definitions, Sources and Methods

### Intensive care unit (ICU) beds and use New

An **intensive care unit (ICU)** is an organized system for the provision of care to critically ill patients that provides intensive and specialised medical and nursing care, an enhanced capacity for monitoring, and multiple modalities of physiologic organ support to sustain life during a period of acute organ system insufficiency. Although an ICU is based in a defined geographic area of a hospital, its activities often extend beyond the walls of the physical space to include the emergency department, hospital ward, and follow-up clinic.

#### Classification of ICUs

	Level 1	Level 2	Level 3
Therapeutic capacity	Physiologic stabilization and short-term support of mild organ dysfunction	Basic support of failing organ function	Complex, comprehensive support and management of organ dysfunction
Personnel	Physicians with some experience in critical care available at least during the day	Physicians with ICU training or comparable experience present during day and available at night	Physicians with formal ICU training on call 24/7; immediate in-hospital availability of medical staff with ICU experience
	Experienced nurses provide 24/7 care	Nurses have extra training or comparable experience in critical care and provide 24/7 care	Nursing staff with specialist ICU training provide 24/7 care
	Other personnel available	Variable inclusion of allied health personnel—respiratory therapists, physiotherapists, dieticians, pharmacists, etc.—as part of ICU care team	Allied health personnel—respiratory therapists, physiotherapists, pharmacists, dieticians, etc.—as regular members of ICU team
	Nurse-patient ratio higher than on ward; preferably 1:4 or 1:3 (1 nurse for 4 patients)	Nurse-patient ratio appropriate to patient needs but usually no less than 1:3	Nurse-patient ratio appropriate to patient needs and no less than 1:2
	Daily rounds; ad hoc structure	Formal daily ICU rounds with physicians and nurses	Formal multidisciplinary ICU rounds daily and as needed based on patient complexity and acuity
	Variable engagement in critical care continuing professional education	Engagement in continuing professional education	Regular engagement in continuing medical/nursing education
	Variable access to other medical specialties in hospital	Ready access to respirologists, nephrologists, cardiologists, infectious disease specialists, general surgeons	Rapid access to and variable engagement of full complement of medical and surgical consultant specialists
Monitoring capacity	Non-invasive or minimally invasive monitoring—transcutaneous oxygen saturation, cardiac monitoring, urine output	Invasive monitoring of blood pressure and central venous pressures as dictated by patient status	Advanced hemodynamic monitoring (cardiac catheterization, ultrasonography, etc.); advanced monitoring of pulmonary, cerebral, and other physiology as directed by clinical needs
		Blood gas analyser immediately available	Blood gas analyser and stat lab associated with ICU
Unit design and organ support	Dedicated geographic area	Dedicated geographic area with central monitoring station	Dedicated geographic area with individual patient care areas and central monitoring station
	Capacity for oxygen therapy and non-	Basic mechanical ventilatory support,	Advanced ventilator and

	Level 1	Level 2	Level 3
	invasive respiratory support	pharmacologic support of cardiovascular function, intermittent renal replacement therapy, parenteral nutrition	hemodynamic support, continuous renal replacement therapy, capacity for tracheostomy and other basic surgical procedures
			Capacity for isolation of patients needing contact or airborne precautions
Integration within the hospital	Defined geographic area only	Ad hoc interactions with other acute care areas such as emergency department	Outreach team(s), integration with step-down or high-dependency unit; close collaboration with emergency department
Research and education	Ad hoc activity	Organized educational activities for staff	Formal educational programs for staff
	Basic quality improvement program	Formal quality improvement program	Formal quality improvement program
		Ad hoc engagement in clinical research	Active involvement in clinical research
			Training of residents and fellows as available
Responsiveness to regional and societal needs	Ad hoc only, but available and responsive in event of disaster	Serves as resource for critically ill patients within hospital	Referral resource for community and district hospitals and for other ICUs
	Formal policy outlining criteria for patient transfer to higher level ICU		Disaster preparedness plan and capacity

Source: Marshall et al. (2017), What is an intensive care unit? A report of the task force of the World Federation of Societies of Intensive and Critical Care Medicine, Journal of Critical Care.

**Based on the definitions and classification of levels above, data are collected for the following indicators:**

**a) Total ICU beds (providing intensive care of Levels 1 to 3): average number of available beds\*.** This data should include all adult, neonatal and paediatric ICU beds available for all patients needing intensive care (not only for COVID-19 patients).

**b) Total adult ICU beds (providing intensive care of Levels 1 to 3): average number of available beds\* and maximum number of available beds.**

**c) Critical care adult beds (providing intensive care of Levels 2 and 3): average number of available beds\* and maximum number of available beds.**

**d) Total neonatal ICU beds: average number of available beds\*.**

**e) Total paediatric ICU beds: average number of available beds\*.**

**f) Total adult ICU bed-days: number of days during which adult ICU beds were effectively occupied by inpatients.**

**g) Total adult ICU occupancy rate: average occupancy rate calculated as the number of ICU beds effectively occupied (bed-days) for intensive care divided by the number of ICU beds available (at any one time) multiplied by 365 days, with the ratio multiplied by 100. The maximum daily occupancy rate reached during the period is also requested.**

**h) Days with total adult ICU occupancy rate over 80% and over 95%: number of days over the year where the ICU occupancy rate was higher than 80% and 95%.**

**\*Note:** Please use the average number of available beds over the year where possible. If not available, please report the number of available beds at a fixed date (e.g. 31/12).

## Sources and Methods

### Australia

#### Source of data:

- Data provided by the **Australian and New Zealand Intensive Care Society** (ANZICS), extracted from the Critical Care Resources (CCR) Registry and Adult Patient Database (APD).

- Number of available beds are self reported to the CCR by units once a year, and APD data is submitted every quarter. Bed numbers are reported here for the previous financial year (1<sup>st</sup> July to 30<sup>th</sup> June). NOTE: At the time of extracting data for this data request not all CCR surveys for FY 2024 were fully completed. Six units have submitted their surveys, but their data is currently under validation by the ANZICS CORE. Their bed numbers were included in the dataset given they match the numbers reported for the previous years. Eleven units haven't reported their data. Available bed numbers for these units were taken from the CCR surveys for previous years.

**08.04.2024 – Note: The extracting of data was re-run, at this time all CCR surveys for FY 2024 were completed. There was a slight change to the data. The days with total adult ICU occupancy rate of 80% is now 76, which is (108-76=32) down by 32 from FY2023, the contributing factor is the average total adult ICU beds being increased by (2179-2250=71) 71 in FY2024 . There are additional 43 sites over 79% and under 80% occupancy but not counted for this analysis.**

#### Reference period:

- Data relate to the average number over 1st July to 30th June (inclusive) i.e. for 2021 between '01/07/2020' to '30/06/2021'.

- Neonatal ICU beds are the totals reported at the 1st January of the calendar year of interest or closest available date.

#### Coverage:

- **Total adult ICU beds:** Total number of available beds in all Australian (tertiary, metropolitan, rural/regional and private) College of Intensive Care Medicine (CICM) level 1–3 adult/mixed Intensive Care Units (ICUs)/High Dependency Units (HDUs) which submitted data to both registries (CCR and APD) for the specified period.

- **Critical care adult beds:** Total number of available beds in Australian CICM level 2 and 3 adult/mixed ICUs which submitted data to both registries (CCR and APD) for the specified period. Units with missing/unknown CICM level are not included.

- **Total Paediatric Intensive Care Unit (PICU) beds:** Total number of available beds in all Australian PICUs and mixed adult ICUs with dedicated paediatric beds which reported data to the CCR for the specified period.

- **Average Total adult ICU occupancy rate** is calculated as the ICU length of stay in days across all Australian units divided by the total number of available beds multiplied by 365, with the ratio multiplied by 100. If ICU discharge date/time is missing and hospital discharge date/time is provided then hospital discharge date/time is used as the ICU discharge date/time. If both ICU discharge date/time and hospital discharge date/time are missing then the end of that year is used as the ICU discharge date/time. Units which submitted data to both registries (CCR and APD) for the specified period are included.

- **Maximum daily Total adult ICU occupancy rate** is calculated as the number of patients in the ICU across all Australian units on the day divided by the number of available beds, with the ratio multiplied by 100. Patient coming to ICU on a day is counted as one bed day for each day until the discharge date. Patient discharged on a day and another patient admitted on the same day is counted as one bed day. This is estimated daily bed days as the time of admission and/or discharge is not being considered for calculating total occupied bed days. Units which submitted data to both registries (CCR and APD) for the specified period are included.

- **Days with total adult ICU occupancy rate over 80% and over 95%:** number of days over the year where the occupancy rate across all Australian ICUs was higher than 80% and 95%. Units which submitted data to both registries (CCR and APD) for the specified period are included.

#### Deviation from the definition:

- Total available ICU beds are calculated as a sum of all available beds across Australian units which submitted data to both registries (CCR and APD) for the specified period. This method was used to

calculate Total adult ICU beds, Critical care adult beds and Total Paediatric Intensive Care Unit (PICU) beds.

Estimation method:

- Daily Total adult ICU occupancy rate is calculated as the number of patients in the ICU across all Australian units on the day divided by the number of available beds, with the ratio multiplied by 100. Patient coming to ICU on a day is counted as one bed day for each day until the discharge date. Patient discharged on a day and another patient admitted on the same day is counted as one bed day. This is estimated daily bed days as the time of admission and/or discharge is not being considered for calculating total occupied bed days. This method was used to calculate maximum daily total adult ICU occupancy rate and days with total adult ICU occupancy rate over 80% and over 95%.

Further information:

- The following patient episodes are not reported to the APD:

- Admissions to units remote from ICU which are not controlled by Intensivists or staff providing intensive care services (e.g. separate neurosurgical HDU or cardiothoracic unit)
- Coronary care admissions to combined ICU/CCUs
- Ward admissions
- All admissions to ICU (or other units under the umbrella of ICU) for solitary procedures (e.g. central line insertion); please refer to the APD data dictionary page 4:  
[https://www.anzics.org/wp-content/uploads/2018/08/ANZICS-APD-Programmers-Data-Dictionary-V6.1\\_April-2022.pdf](https://www.anzics.org/wp-content/uploads/2018/08/ANZICS-APD-Programmers-Data-Dictionary-V6.1_April-2022.pdf)
- Data on total neonatal ICU beds are not available.

## Austria

Source of data:

**Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection**, Hospital Statistics.

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

Coverage:

- Included are beds for curative care (HC.1) in intensive monitoring and intensive medical treatment units of inpatient institutions as defined by the Austrian Hospital Act (KAKuG) and classified as HP.1 (HP.1. to HP.1.3) according to the System of Health Accounts (OECD, 2011 Edition) that were physically present on December 31 and for at least six months during the year, whether occupied or not.
- Included are hospitals financed by state health fund (excluded are hospitals financed by private hospital financing fund and other fund affiliations).
- Adults: A distinction is made between intensive monitoring units (E0) and intensive treatment units (E1, E2, E3). The classification is done according to a performance-based scoring system (TISS-28). Each service provided has a certain score value depending on its type and intensity, which is higher the more complex the service in question is. An average value is calculated for the individual scores, which is decisive for the classification of the intensive care unit (E1, E2 or E3). Since the level of financial effort is directly related to the intensity of care, levels E2 and E3 can be classified as critical care units (defined by Marshall et al, 2017).
- Children and newborns: A distinction is made between intensive observation units and intensive treatment units.

## Belgium

Source of data: Sciensano. Data are based on the 'surge' registry developed in the framework of the COVID pandemic.

Coverage: Whole country. The number of ICU beds is an estimate communicated in the framework of the reporting related to the COVID crisis. It does not represent an average (of fluctuating numbers), but a stock of ICU in principle available continuously.

## Canada

Sources of data:

- Canadian MIS Database at the Canadian Institute for Health Information
- Régie de l'assurance-maladie du Québec (RAMQ) for paediatric ICU beds in Quebec.

Reference period: Average number of beds is unavailable. The number of beds and cribs at the beginning of the fiscal year (April 1) is shown instead, except for Manitoba and Quebec which report the number of beds and cribs at the end of the fiscal year (March 31).

Coverage:

- Total adult ICU beds: Beds staffed and in operation reported in the Canadian MIS Database for the functional centre Intensive Care Nursing Unit (71 2 40) by hospitals other than paediatric hospitals, but excluding the functional centres Neonatal ICU 71 2 40 50 and Paediatric ICU 71 2 40 70. See estimation method below for the calculation of total ICU occupancy rate.
- Total neonatal ICU beds: Bassinets staffed and in operation reported in the Canadian MIS Database for the functional centre Neonatal ICU 71 2 40 50.
- Total paediatric ICU beds: Beds staffed and in operation reported in the Canadian MIS Database for the functional centre Intensive Care Unit (71 2 40) by paediatric hospitals and for the functional centre Paediatric ICU 71 2 40 70 by all other hospitals. In the Canadian MIS Database, Quebec hospitals did not report Paediatric ICU 71 2 40 70 separately from Intensive Care Nursing Unit (71 2 40). Data from the Régie de l'assurance-maladie du Québec (RAMQ) was used instead for paediatric ICU beds in Quebec.
- Excludes ICU beds, if any, in for-profit privately owned hospitals and in hospitals owned by a department or an agency of the Government of Canada.

Definitions of beds and bassinets staffed and in operation in the Canadian MIS Database:

- *Beds Staffed and In Operation (MIS secondary statistical account 8 25):* The beds and cribs available and staffed to provide services to inpatient/residents at the required type and level of service, at the beginning of the fiscal year. Includes bassinets set up outside the nursery and used for infants other than newborns.
- *Bassinets Staffed and In Operation (MIS statistical account 8 26):* The bassinets or incubators available and staffed to provide services to inpatients at the required type and level of service at the beginning of the fiscal year. Includes bassinets set up in nursery and 71 2 40 50 Neonatal Intensive Care Unit (in community general hospitals), and bassinets set up for newborns who are admitted and rooming-in with their mother.

Definitions of ICU functional centres in the Canadian MIS Database:

- *Intensive Care Nursing Unit (MIS primary account 71 2 40):* The functional centre pertaining to nursing units where the beds are designated for the provision of services for seriously ill inpatients who require constant supervision and monitoring. Includes nursing care, and diagnostic, treatment, teaching and counselling services.
- *Neonatal Intensive Care Nursing Unit (MIS primary account 71 2 40 50):* The functional centre pertaining to nursing units where the bassinets are designated for the provision of services for seriously ill newborns who require constant supervision and monitoring.
- *Paediatric Intensive Care Nursing Unit definition (MIS primary account 71 2 40 70):* The functional centre pertaining to nursing units where the beds are designated for the provision of services for seriously ill paediatric inpatients in community general hospitals who require constant supervision and monitoring.

Deviation from the OECD standard definition:

- Average number of beds is unavailable. The number of beds and cribs at the beginning of the fiscal year (April 1) is shown instead, except for Manitoba and Quebec which report the number of beds and cribs at the end of the fiscal year (March 31).
- Maximum number of beds is unavailable.

Estimation method:

Total adult ICU occupancy rate was calculated at the hospital level as the ratio of “Inpatient Days” to “Bed Days Staffed and in Operation (BDSIO)” for the hospitals that reported BDSIO.

$$\text{Adult ICU Occupancy Rate} = (\text{Adult ICU Inpatient Days} / \text{Adult ICU BDSIO}) * 100$$

Hospitals with a BDSIO occupancy rate of over 100% were excluded. The occupancy rate was then trimmed using the interquartile range method.

Definition of *Inpatient Days* (MIS secondary statistical account 4 03):

The days during which services are provided to an inpatient, between the census taking hours on successive days. The day of admission is counted as an inpatient day but the day of separation is not an inpatient day. When the service recipient is admitted and separated (discharged or died) on the same day, one inpatient day is counted.

Definition of *Beds Days Staffed and in Operation* (MIS secondary statistical account 8 27):

The calendar days that beds and cribs were available and staffed to provide services to inpatients/residents at the required type and level of service during the reporting period.

For hospitals that did not report BDSIO, the occupancy rate was calculated at the hospital level using “Beds Staffed and in Operation (BSIO)”.

$$\text{Adult ICU Occupancy Rate} = (\text{Average Adult ICU Inpatient Day} / \text{Adult ICU Inpatient Day}) * 100$$

The average adult ICU inpatient day was calculated as follows:

$$\text{Average Adult ICU Inpatient Day} = \text{Adult ICU Inpatient Days} / 365$$

$$\text{Average Adult ICU Inpatient Day (leap years)} = \text{Adult ICU Inpatient Days} / 366$$

Hospitals with a BSIO occupancy rate of over 100% were excluded. The occupancy rate was then trimmed using the interquartile range method.

Once outliers were removed from the occupancy rate, an average adult ICU occupancy rate was calculated at the provincial/territorial level and national level.

Further information:

- Some jurisdictions may not have reported the paediatric and neonatal ICU (MIS primary Accounts 71 2 40 50 and 71 2 40 70) functional centre totals if specific hospital numbers were too small. Therefore, those facilities will have rolled up to the higher level Intensive Care Unit account (71 2 40 \*\*).

## Chile

Source of data:

- Department of Statistics and Health Information, MINSAL. The information is obtained from the Hospital Indicators by Health Services (Servicios de Salud), SNSS.

Coverage:

- Only public sector.

## Colombia

Data not available.

## Costa Rica

Source of data: **Ministry of Health and Caja Costarricense de Seguro Social** (National Social Insurance Fund).

Reference period: Total number reported on 31<sup>st</sup> December.

Coverage:

- *Till 2019*, only public hospital owned by the Social Insurance Fund. From 2020, data cover both private and public hospitals.

- *Before 2020*, paediatric ICU beds include neonatal ICU beds.

- Provisional data for 2023: Only includes data for public hospitals.

Break in time series: 2020 (see above). 2023 Only includes data for public hospitals.

Deviation from the definition: 2023: Only includes data for public hospitals.

## Czechia

Source of data: **Institute of Health Information and Statistics of the Czech Republic**, National Registry of Reimbursed Health Services.

Reference period: The data refer to the end of the year.

Coverage:

- Acute ICU beds in hospitals and specialised therapeutic institutes (excluding balneological institutes and convalescent homes).

- Data include:

- 1st level intensive care - lower intensive care. They provide continuous monitoring, increased nursing care, the possibility of immediate resuscitation and the possibility of short-term artificial lung ventilation (within 24 hours). The legislation requests that each lower intensive care bed is equipped with: syringe dispenser, infusion pump, vital signs monitor (ECG / RESP, NIBP, SpO2). Intensive care physician and nurse must be ensured.
- 2nd level intensive care - higher intensive care.
- 3rd degree intensive care - resuscitation care.

- Beds intended for follow-up and long-term intensive care (which could be considered as intermediate units) are not included (852 beds in 2019).

- The data refer to the number of contracted beds with health insurance companies.

-NIOP (subsequent intensive care beds) and DIOP (long-term intensive care beds) are not included in the bed numbers.

## Denmark

Data not available (Denmark is not able to provide data for ICU beds since it is not possible to identify which beds are ICU beds).

## Estonia

Source of data: Data based on the regular statistical survey “Hospital” (since 2019 yearly, until 2018 monthly survey “Hospital beds and hospitalisation”) carried out by the Department of Health Statistics of the **National Institute for Health Development**.

Reference period: annual average.

Coverage: All health care providers classified under HP.1 are surveyed.

Deviation from the definition: All indicators are for total ICU beds i.e., breakdown between adult, neonatal and paediatric ICU beds is not available.

## Finland

Source of data: Chair of the national benchmarking programme in intensive care, the **Finnish Intensive Care Consortium (FICC)**. Data are based on ICU’s own reporting to the national intensive care database.

Reference period: 2023.

Coverage:

- Data coverage: 100% of adult critical care beds (defined as level 2-3 ICUs, as defined by Marshall et al. (2017), What is an intensive care unit? A report of the task force of the World Federation of Societies of Intensive and Critical Care Medicine, Journal of Critical Care.) All university hospital (i.e., tertiary referral hospital) ICUs and all non-university central hospital (i.e., secondary referral hospital) ICUs participate in the national benchmarking programme in intensive care. In addition, level 2 ICUs exist in some regional hospitals, and data on bed numbers are based on the hospitals’ own reporting.

- Level 1 ICUs are not called ICUs in Finland. Instead, units providing this level of care are called “high-dependency units / intermediate care units” or “cardiac care units” or “units of intensive observation”. Data on bed numbers in these units are not available. However, in recent years, some hospitals have built new intensive care units, integrating monitoring units that have been separate units before. This means that in several hospitals, level 1 ICU beds are now included in the total ICU bed number. As a result, there has

been an increase in the total number of beds, but this is caused by combining level 1 ICU beds to the total number in some hospitals, not by a true increase in capacity. The true capacity of level 2-3 ICU beds has actually slightly decreased.

- There are three dedicated paediatric ICUs in Finland, one of which submits data to the FICC database.
- Neonatal units exist in maternity hospitals; these units are not involved in FICC.

Deviation from the definition:

- Only ICUs fulfilling the criteria of level 2-3 ICUs have traditionally been called ICUs in Finland. This has slightly changed (see explanation above).
- Data on total number of level 1 ICU capacity is unknown.

## France

Source of data: **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)**”.

Occupancy rate is calculated using both SAE and **PMSI** files (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).

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

Coverage:

- Data refer to metropolitan France and D.R.O.M. (overseas departments).
- Data include army hospitals.
- Data cover geographical establishments for all sectors (public and private).
- ICU beds cover the following categories: “soins de réanimation”, “soins intensifs” and “surveillance continue”. Critical care beds cover only “soins de réanimation” and “soins intensifs”.

Further information:

- The data source for beds (SAE) does not allow to provide with neither maximum daily beds nor days with occupancy rate over 80% or 95%.

## Germany

Source of data: **Federal Statistical Office**, Hospital statistics 2023 (basic data of hospitals); Statistisches Bundesamt 2024, *Statistischer Bericht: Grunddaten der Krankenhäuser*, table 23111-10; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- ICU beds comprise beds for intensive care in general hospitals (HP.1.1) in all sectors (public, not-for-profit and private).
- Total ICU beds comprise all beds for intensive care.
- Total adult ICU beds comprise all beds for intensive care without neonatal and paediatric ICU beds.
- Total neonatal ICU beds comprise all beds for intensive care in neonatal units.
- Total paediatric ICU beds comprise all beds for intensive care in paediatric units (e.g. paediatric surgery, paediatric cardiology).
- A breakdown of total adult ICU beds in critical care adult beds is not available at the moment.
- Intermediate care beds are excluded.

Estimation method:

- The occupancy rate is calculated by dividing the number of bed-days by the number of available beds multiplied by 365 days, with the ratio multiplied by 100.

## Greece

Source of data: **Hellenic Statistical authority** (EL.STAT).

Reference period: 31<sup>st</sup> December of the reference year.

Coverage: ICU beds correspond to the three levels of ICU classification.

## Hungary

### Source of data:

- Until 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian), [www.oep.hu](http://www.oep.hu).
- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), [www.neak.gov.hu](http://www.neak.gov.hu).

ICU use: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), [www.neak.gov.hu](http://www.neak.gov.hu)

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

### Coverage:

- Includes the number of all adult ICU beds, paediatric ICU beds, neonatal ICU beds run by hospitals under contract with Hungarian National Health Insurance Fund (OEP) or later National Institute of Health Insurance Fund Management (NEAK).

Deviation from the definition: During the Covid-19 pandemic, the wards of other professions were always reclassified as temporary Covid-19 intensive care units in accordance with the current needs, and the beds were equipped with respirators. Reclassifications to temporary intensive care beds were not officially registered, so the number of officially registered intensive care beds essentially did not change. However, patients receiving intensive care were reported correctly, regardless of whether they were cared for in officially registered intensive care beds or beds temporarily classified as intensive care units. Thus, it is possible that at the peak of the third wave of Covid-19 between March and April 2021, intensive bed occupancy could have risen above 100%.

### Estimation method:

#### Break in time series:

- 2020. Between 2020 and 2021 data of total adult ICU beds include beds opened for the care of Covid patients.
- 2022. For most of 2022, the Covid beds were only needed as virtual capacity, so they were not included in the calculation.

## Iceland

Source of data: Directorate of Health in Iceland.

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

Coverage: National.

## Ireland

Source of data: **National Office of Clinical Audit** (<https://www.noca.ie/>).

Reference period: Refer to coverage section below.

### Coverage:

- The number of adult critical care beds comes from a census carried out on a single date each year. The census was carried out on 30<sup>th</sup> September from 2015 to 2018, and excludes private hospitals. From 2020 onwards, this is carried out on 1<sup>st</sup> December of the reference year.

Data for neonatal ICU beds is not available and are not included under paediatric or adult ICU beds.

### Deviation from the definition:

- For "Total Paediatric ICU beds": The number of paediatric ICU beds is the maximum available and not the average. Availability is often less than this due to lack of suitable qualified staff.

### Estimation method:

- For 2020: Data is estimated, due to census not fully carried out due to lack of resources at the time.

## Israel

Source of data: The data based on **Summary Hospitalisation Database**, with information that is collected routinely by the **Health Information Division in the Ministry of Health**. It includes beds, admissions, discharges, occupancy rate, mean stay and bed-days to all inpatient institutions, hospitals (HP.1) and nursing care (HP.2) by ward, year and month.

Reference period: Average numbers of beds/average occupancy rate over the year.

Coverage:

- The data includes all actual ICU beds in all hospitals.
- **Critical care adult beds** include General Intensive Care, Cardiac Intensive Care, Respiratory Intensive Care, Internal medicine Intensive Care, Neurological Intensive Care, Stroke Intensive Care, Bone Marrow Intensive Care, Neurosurgical Intensive Care, General Surgical Intensive Care, General Surgical Intensive Care, Neurosurgical Intensive Care, Cardiothoracic Surgical Intensive Care, Cardiac Surgical Intensive Care, Blood Vessels Intensive Care, Burns Intensive Care.
- All **adult ICU beds** include Critical care adult beds and Intermediate Cardiac Intensive Care.
- The occupancy rates are weighted rates according to the changes of actual ICU beds during the year.
- The data have been calculated from 2015.

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 digitalisation, health information system and statistics, **Office of Statistics**. <http://www.salute.gov.it/statistiche>.

Reference period: annual average.

Coverage:

- Data refer to all hospitals, public and private, including private hospitals not accredited by the National Health Service, except military hospitals.
- The data relating to the annual average beds in the “Intensive Care” and “Neonatal Intensive Care” disciplines were provided.
- At present in Italy the discipline "Paediatric ICU" is not included in the list of possible (recordable) disciplines, however we know that there are several paediatric ICU beds, but we do not know whether they are recorded with the neonatal ICU beds or with the adult ICU beds. Anyway, the number of paediatric ICU beds is surely included in the total ICU beds.

Deviation from the definition:

- In Italy, the Classification of ICUs in three levels is not used. The data sent should match Level 3 of the Classification of ICUs.

Estimation method: None.

Break in time series: None.

## Japan

Source of data: **Ministry of Health, Labour and Welfare**, “Number of beds based on the stipulation in Medical Fee”.

- The data is the sum of bed numbers reported by hospitals and clinics across Japan. The function category is based on the stipulation in medical fee schedule.

Reference period: The numbers of beds are as of July 1st every year.

Coverage:

Calculated using the categories (1) - (6) defined below, as follows:

- a) Total ICU beds = (1) + (2) + (3)
- c) Critical care adult beds = (1) + (2)
- d) Total neonatal ICU beds = (4) + (5)
- e) Total paediatric ICU beds = (6)

Category (1) Beds that calculate the emergency care admission fee

The calculation requirements for facilities are as follows:

- Treat patients in serious conditions such as consciousness disorder, acute exacerbations of chronic respiratory diseases or acute respiratory failure, acute cardiac failure, acute chemical intoxication, shock, serious metabolic disturbance, extensive burn, conditions that require major

operation, after emergency resuscitation, and other serious conditions due to injury including tetanus.

- Full-time physician(s) constantly present in the treatment room.
- At least one nurse for 4 patients.
- Anesthesiologist etc. immediately available for emergency surgery.
- Nurses etc. for the treatment system for care such as surgery for critical emergency patients should be constantly present in the treatment room.
- Treatment rooms should be equipped with following devices:
  - Emergency resuscitator, such as endotracheal incubators and respirators.
  - Defibrillator.
  - Cardiac pacemaker.
  - Electrocardiograph.
  - Mobile X-ray unit.
  - Cardiorespiratory monitor.
- Laboratory testing including electrolyte quantitative test and blood gas analysis is readily available.

#### Category (2) Beds that calculate the specific ICU management fees

The calculation requirements for facilities are as follows:

- Treat patients in need of intensive care due to serious conditions such as consciousness disorder or coma, acute exacerbations of chronic respiratory diseases or acute respiratory failure, acute cardiac failure, acute chemical intoxication, shock, serious metabolic disturbance, extensive burn, after major operation, after emergency resuscitation, and other serious conditions due to injury including tetanus.
- At least two physicians with no less than five years of specific intensive care experience should be constantly present in the treatment room.
- At least one nurse for 2 patients.
- Anesthesiologist etc. immediately available for emergency surgery.
- A total of at least 20 hours a week of care is provided by full-time nurses with no less than five years of experience in intensive care.
- Immediate in-hospital availability of full-time clinical engineer(s).
- Space allocated to each bed should be no smaller than 20 square meters by inside measurement.
- Treatment rooms should be equipped with following devices:
  - Emergency resuscitator, such as endotracheal incubators and respirators.
  - Defibrillator.
  - Cardiac pacemaker.
  - Electrocardiograph.
  - Mobile X-ray unit.
  - Cardiorespiratory monitor.
- Laboratory testing including electrolyte quantitative test and blood gas analysis is readily available.
- Treatment room should be a biological clean room, in principle.

#### Category (3) Beds that calculate High Care Unit admission management fees

The calculation requirements for facilities are as follows:

- Treat patients in need of High Care Unit inpatient medical management due to conditions such as consciousness disorder or coma, acute exacerbations of chronic respiratory diseases or acute respiratory failure, acute cardiac failure, acute chemical intoxication, shock, serious metabolic disturbance, extensive burn, after major operation, after emergency resuscitation, and other serious conditions due to injury including tetanus.
- At least one full-time physician is present in the hospital.
- At least one nurse for 4 or 5 patients.

- Treatment rooms should be equipped with following devices:
  - Emergency resuscitator, such as endotracheal incubators and respirators.
  - Defibrillator.
  - Electrocardiograph.
  - Cardiorespiratory monitor.

Category (4) Beds that calculate comprehensive perinatal specific ICU management fees (or neonatal ICU management fees)

The calculation requirements for facilities are as follows:

- Treat new born babies who need intensive care due to serious conditions, such as congenital malformations, hypothermia, icterus gravis neonatorum, prematurity, consciousness disorder or coma, acute exacerbations of chronic respiratory diseases or acute respiratory failure, acute cardiac failure, acute chemical intoxication, shock, serious metabolic disturbance, after major operation, after emergency resuscitation, and other serious conditions due to injury including tetanus, are treated in neonatal ICU.
- Full-time physician(s) constantly present in the treatment room.
- At least one nurse for 3 patients.
- Anesthesiologist etc. immediately available for emergency surgery.
- A total of at least 20 hours a week of care is provided by full-time nurses with no less than five years of experience in intensive care.
- Immediate in-hospital availability of full-time clinical engineer(s).
- Space allocated to each bed should be no smaller than seven square meters by inside measurement.
- Treatment rooms should be equipped with following devices:
  - Emergency resuscitator, such as endotracheal incubators.
  - Neonatal cardiorespiratory monitors.
  - Neonatal ventilator.
  - Infusion system for very low doses.
  - Percutaneous oxygen partial pressure monitoring device or percutaneous oxygen saturation monitoring device (pulse oximeter).
  - Oximeter.
  - Phototherapy lamp.
- Laboratory testing including electrolyte quantitative test and blood gas analysis is readily available.
- Treatment room should be a biological clean room, in principle.
- At least four new in-patient cases over the last 12 months of newborn babies with a birthweight of less than 1000 grams.
- At least six cases of thoracotomy, craniotomy, or laparotomy were performed on newborn babies admitted to the care unit over the last 12 months.

Category (5) Beds that calculate inpatient management fees for Growing Care Unit (special care for new borns)

The calculation requirements for facilities are as follows:

- Treat new born babies who need special care due to serious conditions, such as congenital malformations, hypothermia, icterus gravis neonatorum, prematurity, consciousness disorder or coma, acute exacerbations of chronic respiratory diseases or acute respiratory failure, acute cardiac failure, acute chemical intoxication, shock, serious metabolic disturbance, after major operation, after emergency resuscitation, and other serious conditions due to injury including tetanus, are treated in Growing Care Unit.
- In-hospital availability of paediatrician working full time or at least three days a week plus constant presence of at least one part-time paediatrician working at least 22 hours a week in the treatment room.
- At least one nurse for 6 patients.
- Treatment rooms should be equipped with following devices:

- Emergency resuscitator, such as endotracheal incubators.
- Neonatal cardiorespiratory monitors.
- Neonatal ventilator.
- Infusion system for very low doses.
- Percutaneous oxygen partial pressure monitoring device or percutaneous oxygen saturation monitoring device (pulse oximeter).
- Oximeter.
- Phototherapy lamp.
- Laboratory testing including electrolyte quantitative test and blood gas analysis is readily available

Category (6) Beds that calculate the paediatric specific ICU management fees

The calculation requirements for facilities are as follows:

- Treat patients under 15 years old who need paediatric intensive care are treated, with conditions such as consciousness disorder or coma, acute exacerbations of chronic respiratory diseases or acute respiratory failure, acute cardiac failure, acute chemical intoxication, shock, serious metabolic disturbance, extensive burn, after major operation, after emergency resuscitation, and other serious conditions due to injury including tetanus.
- Constant presence of at least two paediatricians with no less than five years of experience in paediatric intensive care in the treatment room.
- At least one nurse for 2 patients.
- Anesthesiologist etc. immediately available for emergency surgery
- A total of at least 20 hours of care is provided by full-time nurses with no less than five years of experience in intensive care.
- Immediate in-hospital availability of full-time clinical engineer(s).
- Space allocated to a bed should be no smaller than 15 square meters by internal measurement.
- Treatment rooms should be equipped with following devices
  - Emergency resuscitator, such as endotracheal incubators and respirators.
  - Defibrillator.
  - Cardiac pacemaker.
  - Electrocardiograph.
  - Mobile X-ray unit.
  - Cardiorespiratory monitor.
  - Extracorporeal circulation support.
  - Devices for Acute Blood Purification therapy.
- Laboratory testing including electrolyte quantitative test and blood gas analysis is readily available.
- Treatment room should be a biological clean room, in principle.

Break in time series:

- 2022 Total paediatric ICU beds: Since 2022 wards for paediatric patients post congenital cardiac disease surgery are now countable for paediatric ICU as well.

**Korea**

Data not available.

**Latvia**

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

Reference period: average number over the year.

Coverage:

- Data cover the entire country - both the public and private sectors.

- Data on Critical care adult beds cover Level 3 of ICUs classification.
- Data for Total adult ICU occupancy rate cover Level 3 only until 2020 and Levels 1-3 in 2021.

Deviation from the definition:

2021 no deviation from definition.

2020 and earlier:

- Complete information about Intensive care unit beds is not available as mentioned in the definition. Available are adult Intensive care unit beds Level 3 and paediatric Intensive care unit beds Level 3.

- The data submitted in Total paediatric ICU beds contain both paediatric and neonatal ICU beds until 2020. Since 2021 we have updated our classification for hospital beds, and now neonatal ICU beds are indicated separately from other paediatric ICU beds.

Break in time series:

2021 methodological changes.

## Lithuania

Source of data:

- **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments.

Reference period:

- Number of beds at the end of the year.

Estimation method:

- Critical care beds are estimated as beds having mechanical ventilation equipment (about 93% of all ICU beds).

- Days with ICU occupancy rate: during the highest peak of covid-19 at the end of 2020 the occupancy rate for critical care ICU beds was 39%. Therefore, it is estimated that there was no day with total ICU occupancy rate over 80% or 95%.

Break in time series: Since 2020 the number of paediatric ICU beds was disaggregated to neonatal and paediatric beds.

## Luxembourg

Source of data: **National Health Observatory.**

Reference period: mid-year situation.

Coverage: total ICU beds cover ICU beds from levels 1, 2 and 3.

## Mexico

Source of data:

- From 2015 to 2023, data are taken from the **National Health Information System (SINAIS)**. The data source for private providers is **National Institute of Statistics and Geography (INEGI)**. National Survey on Medical units with Inpatient Hospital Services.

Reference period:

- Data refer to total number of beds as of December 31 of each year.

Coverage:

- Public and private sector.

- Includes adult and paediatric ICU beds.

- ICU beds cover the three levels of ICU classification.

## Netherlands

Source of data:

*Total adult ICU beds, average number: Critical care adult beds:*

- 2021: **Landelijk Coördinatiecentrum Patiënten Spreiding (LCPS)**. Average based on Data feed from LCPS for every day in the year. Datafeed - LCPS (<https://lcps.nu/datafeed/>).

- 2019, 2020: **Stichting NICE (Foundation National IC Evaluation)** Data in beeld (stichting-nice.nl) (<https://www.stichting-nice.nl/datainbeeld/public?subject=BASIC&year=2020&hospital=-1&icno=0>);

Opmaak 1 (stichting-nice.nl) (<https://www.stichting-nice.nl/doc/jaarboek-2020-web.pdf>);  
<https://www.stichting-nice.nl/datainbeeld/public?subject=BASIC&year=2019&hospital=-1&icno=0> and  
Introductie (stichting-nice.nl) (<https://www.stichting-nice.nl/index.jsp>), 2015-2018: [Yearbooks Stichting NICE](#).

*Total adult ICU beds, maximum daily number*

- 2015-2017: **Jaarenquête ziekenhuizen DHD**, as presented on Ziekenhuiszorg | Cijfers & Context | Trend aanbod | Volksgezondheidszorg.info

(<https://www.volksgezondheidszorg.info/onderwerp/ziekenhuiszorg/cijfers-context/trend-aanbod>). Source up to and including 2017, has been terminated.

*Critical care ICU beds, maximum daily number*

- 2020: based on briefings from **LCPS**, e.g. 1385 coronapatiënten op de Intensive Care, 25 meer dan gisteren - LCPS (<https://lcps.nu/1385-coronapatiënten-op-de-intensive-care-25-meer-dan-gisteren/>) (Landelijk Coördinatiecentrum Patiënten Spreiding).

*Total neonatal ICU-beds*

- 2020: **NVK, Nederlandse Vereniging voor Kindergeneeskunde** as reported on Ziekenhuiszorg | Cijfers & Context | Aanbod | Volksgezondheidszorg.info

(<https://www.volksgezondheidszorg.info/onderwerp/ziekenhuiszorg/cijfers-context/aanbod>).

*Total paediatric ICU-beds*

- 2021: Estimate based on Tekort kinder-IC-verpleegkundigen en overvolle bedden | V&VN (venvn.nl) (<https://www.venvn.nl/nieuws/tekort-kinder-ic-verpleegkundigen-en-overvolle-bedden/>) and Kinder-IC's liggen vol met jonge RS-patiënten (nos.nl) (<https://nos.nl/artikel/2390172-kinder-ic-s-liggen-vol-met-jonge-rs-patienten>).

Reference period:

Coverage:

- The number of ICU beds by Stichting NICE are operational (available and staffed). Refers to reported beds (participation rate of IC's has been increasing from 93% in 2013 to 100% in 2018).

- The number of maximum ICU beds are the beds reported in the survey by DHD among general and university hospitals, and is interpreted as available beds (but not necessarily staffed).

- LCPS: The Total capacity of ICU beds at every day of the year. Referring to ICU beds for Critical Care

- Data from Stichting NICE and from LCPS refer to ICU beds for critical care.

Deviation from the definition:

- Average number of adult ICU beds: Data refer to ICU beds for critical care.

Estimation method:

- 2021: Average number of adult ICU beds: Average number based on total ICU capacity for every day in the year.

- 2019-2020: Average number of adult ICU beds: average number of beds per IC unit (rounded to 1) \* number of IC units.

Break in time series:

- 2021: Average number of adult ICU beds: Average number based on total ICU capacity for every day in the year.

## New Zealand

Source of data: **Ministry of Health, Provider Regulation and Monitoring System Reporting Database.**

HealthCERT is the team within the Ministry of Health that is responsible for regulating healthcare providers as required under the Health and Disability Services (Safety) Act 2001 (the Act). The Act defines the types of healthcare services required to be certified.

Providers are required to apply to HealthCERT for certification. On this application, premise details, bed numbers and capacity relating to the service type is provided. This application is made to the Provider Regulation Monitoring System (PRMS) database.

The providers certification application is the primary source of the premise information. It is important to note that certification is rolling based on certification period and the start date (i.e. every 3 – 4 years).

The OECD data relating to the number of hospitals and bed numbers, and total beds for aged care is extracted from the PRMS database, which is supplied by the provider on their certification application.

In addition to premise information supplied at the time of the providers certification application, the provider can notify of increase/decrease in capacity at any stage. This information is updated in the PRMS database based on the provider's notification.

The recording of capacity information for ICU beds contains discrepancies between public hospitals due to the level of detail provided on certification applications.

Reference period: number of ICU beds as at end of January/beginning of February of each year (e.g. for 2022, number of ICU beds as at 14 February 2023). For 2023, number of ICU beds as at 25 January 2024. For 2024, number of ICU beds as at 30 January 2025.

Note for 2024: There is a large increase in ICU bed numbers this year due to four public hospitals updating their certification information.

Coverage:

- Total number of ICU beds, including adult, neonatal and paediatric ICU beds.

- There are some discrepancies in the way public hospitals are recording capacity information for the ICU beds.

- Up to 2021, no ICU beds recorded in this data for the following public hospitals: Auckland DHB, Bay of Plenty DHB, Capital & Coast DHB, Lakes DHB, Midcentral DHB, Northland DHB, Tairāwhiti DHB, Waikato DHB, Wairarapa DHB, West Coast DHB and Whanganui DHB.

- For 2022, no ICU beds recorded in the data for the following public hospitals – Te Whatu Ora – Health New Zealand Te Toka Tumai Auckland, Te Whatu Ora – Health New Zealand Hauora A Toi Bay of Plenty, Te Whatu Ora – Health New Zealand Lakes, Te Whatu Ora – Health New Zealand Te Pae Hauora o Ruahine o Tararua MidCentral, Te Whatu Ora – Health New Zealand Nelson Marlborough, Te Whatu Ora – Health New Zealand Waikato, Te Whatu Ora – Health New Zealand Wairarapa, Te Whatu Ora – Health New Zealand Te Tai o Poutini West Coast and Te Whatu Ora – Health New Zealand Whanganui.

For 2024, no ICU have been recorded in the data for the following public hospitals: Health New Zealand - Te Toka Tumai Auckland, Health New Zealand - Hauora A Toi Bay of Plenty, Health New Zealand - Te Pae Hauora o Ruahine o Tararua MidCentral, Health New Zealand - Nelson Marlborough, Health New Zealand - Tairāwhiti, Health New Zealand - Waikato, Health New Zealand - Wairarapa, Health New Zealand - Te Tai o Poutini West Coast and Health New Zealand – Whanganui.

Deviation from the definition: the number of adult ICU beds includes neonatal and paediatric ICU beds (no breakdown available).

Further information:

- *ICU beds*: Discrepancies with ICU beds data collected via certification application vs National data for NZ Covid-19 response (See link: <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-advice-all-health-professionals>).

- No data collected on occupancy rates.

## Norway

Data not available.

## Poland

Data not available.

## Portugal

Source of data: **Statistics Portugal** - Hospital Survey.

Reference period: Average between the quarters.

Coverage: All hospitals acting in Portugal: National Health Service hospitals (public hospitals with universal access), military, prison, and private hospitals.

## Slovak Republic

Data not available.

Currently National Health Information Center (NHIC) does not have relevant data sources, and therefore, data cannot be provided.

## Slovenia

Data not available.

## Spain

### Source of data:

- **Ministry of Health** from **Specialised Care Information System** (Sistema de Información de Atención Especializada - SIAE). This source has been used for the *average* numbers of adult ICU beds, adult critical care beds, neonatal ICU beds, paediatric ICU beds, and the total adult ICU occupancy rate.

<https://www.sanidad.gob.es/estadEstudios/estadisticas/estHospiInternado/inforAnual/homeESCRI.htm>.

- **Ministry of Health** from Special Pandemic Information System (Seguimiento Capacidad Asistencial, ocupación y actividad COVID). This source was used to estimate the *maximum* numbers of adult ICU beds, adult critical care beds and total adult ICU occupancy rate for years 2015-2022. However, this particular system operated solely as a tool for monitoring the COVID pandemic, and therefore was inherently temporary in nature. Consequently, this system will no longer be utilized as a source of information for the aforementioned data.

### Coverage:

- All public and private hospitals in Spain are included.

### 2021 onwards:

- Post-anaesthetic Reanimation Units and Paediatric ICU beds are included in the count of total ICU beds. In 2022, there was an increase in total paediatric ICU beds by 67% due to the improvement of the register as it was a recently added variable (2021 was the first year of registration).

### Deviation from the definition:

For the calculation of the occupancy rate, the intensive care unit (ICU) beds from levels 2 and 3 have been used, including the year 2021.

Data for total adult ICU bed days are not available.

### Estimation method:

- Maximum capacity was estimated for years 2015-2022 based on special information system established for the COVID-19 pandemic following, estimates on total ICU capacity have been made and also, we have been able to distinguish between level 1 and level 2-3 from our current statistics.

### Break in time series:

- Break in time series in 2021 for *average* numbers of adult ICU beds, adult critical care beds, neonatal ICU beds, paediatric ICU beds, and the total adult ICU occupancy rate, due to the incorporation of Post-anaesthetic Reanimation Units and Paediatric ICU beds in the count of total ICU beds

## Sweden

### Source of data:

- Adult and paediatric ICU-beds: **Swedish Intensive Care Registry**, SIR.

- Neonatal ICU-beds: **Swedish Neonatal Quality Registry**.

- Number on neonatal ICU-beds is possible to report every third year, data is available for 2018 and 2021.

- The number of intensive care units are lower for 2022 and 2023 because there is no longer any pandemic effect.

Coverage: 100 percent for 2022 and 2023, for both sources.

Deviation from the definition: Neonatal ICU-beds refers to region hospital beds with full neonatal intensive care, level III only. All adult and paediatric intensive care units are level 2.

Estimation method: Adult and paediatric ICU-bed for 2022 and 2023 were calculated as the mean value of data for three four-month periods, as reported to SIR.

## Switzerland

Source of data: **Swiss Society of Intensive Care Medicine SSICM**, Basel.

Reference period: Annual average.

Coverage:

- Full coverage of intensive care units of Switzerland.
- Data on neonatal ICU beds are not available, hence the missing value for Total ICU beds.

Deviation from the definition:

- **Critical care adult beds:** ICU beds which offer ventilation possibility.

## Türkiye

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

Reference period: It is the number of beds belonging to the institutions serving during the year. If the institution closed during the year, the data belongs to the date of closing. If not, the data dated 31 December is used.

Coverage:

- Total number of hospitals in the MoH, universities, private and other sector (other public establishments, local administrations, and MoND-affiliated facilities). Intensive care services are levelled according to criteria such as bed capacity, patient characteristics, physical conditions, compulsory specialties, number of specialist doctors, number and qualifications of health personnel and medical equipment. Adult, paediatric and neonatal intensive care units have 3, 2 and 4 levels, respectively. In adult intensive care units standards are as follows:

## United Kingdom

Source of data:

- Data for England, Wales and Northern Ireland remains unavailable
- Scotland data supplied to ONS by NHS Scotland.

Further information: Data development opportunity for England, Wales and Northern Ireland.

## United States

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

[http://www.ahadata.com/ahadata\\_app/index.jsp](http://www.ahadata.com/ahadata_app/index.jsp).

Coverage:

- All AHA-reported hospitals.
- AHA-reported hospitals located outside the United States are excluded.

Deviation from the definition: Data match the OECD definition.

Estimation method: Survey.

Break in time series: New pilot series.

### **Total Adult ICU beds**

- Adult intensive care beds in hospitals are hospital beds providing intensive care of Levels 1 to 3 as defined by Marshall, et al. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who because of shock, trauma or other life-threatening conditions require intensified comprehensive observation and care. Includes mixed intensive care units.
- Data include all reported medical-surgical intensive care, cardiac intensive care, burn care and other intensive care beds.

### **Critical Care ICU beds**

- Critical Care ICU beds in hospitals are hospital beds providing intensive care of Levels 2 and 3 as defined by Marshall, et al. Critical care intensive care beds provide patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care.
- Data include all reported cardiac intensive care and burn care beds.

### **Neonatal ICU beds**

- Neonatal intensive care units (NICU) are separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.

- Data include all reported neonatal intensive care beds.

### **Paediatric ICU beds**

- Paediatric intensive care beds provide care to paediatric patients that is of a more intensive nature than that usually provided to paediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.

- Data include all reported paediatric intensive care beds.

## **NON-OECD ECONOMIES**

### **Bulgaria**

Source of data: National Centre for Public Health and Analyses.

Reference period: 31st of December.

Coverage: All available Intensive care unit (ICU) beds in all inpatient establishments are included. The intensive care beds at the medical facilities of other ministries are not included.

Data are available only for the total number of intensive care beds.

### **Croatia**

Source of data: Croatian Institute of Public Health, Hospital structure and function database.

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

Coverage: Data include number of beds in all public and private hospitals in Croatia, except prison hospital. Total number of intensive care unit (ICU) beds covering all adult, neonatal and paediatric ICU beds in anesthesia and resuscitation specialty. Part of the available ICU beds in hospitals are included in the neurology, surgery or gynecology and obstetrics wards or other wards and it is not possible to separate ICU beds from other types of beds.

Deviation from the definition: Since the breakdown between adults and children is not available, total (adult + neonatal + paediatric) bed-days/occupancy is written. The ICU beds located in neurology, surgery or gynecology and obstetrics wards are not included (hence there is an underestimation of ICU data).

### **Cyprus**

Source of data: **Statistical Service of Cyprus**, Public sector administrative sources.

Reference period: End of the reference year.

Coverage: Public Sector General Hospitals only.

Deviation from the definition: Only Public sector, no bed occupancy rate available.

Estimation method: No estimation, actual data used.

Break in time series: Not applicable.

### **Romania**

Data not available.

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