OECD Health Statistics 2022
Definitions, Sources and Methods

Hospital average length of stay by diagnostic categories

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

Inclusion
- ALOS in all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2), and other specialised hospitals (HP.1.3)
- ALOS for healthy newborns

Exclusion
- Day cases

Notes
- The length of stay of a patient should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).
- The list of diagnostic categories is based on the International Shortlist for Hospital Morbidity Tabulation (ISHMT). Click here to see the complete shortlist with ICD-10 and ICD-9 codes.

Sources and Methods

Australia

Source of data: **Australian Institute of Health and Welfare Hospital Morbidity Database**. AIHW analysis of the AIHW National Hospital Morbidity Database.
Reference period: Years reported are financial years 1st July to 30th June (e.g. 2019-20 is reported as 2019).
Coverage:
- 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.
- Data are for principal diagnosis, recorded using the ICD-9-CM from 1993-94 to 1997-98, and recording using the ICD-10-AM (Australian modification) from 1998-99. For 2014-15, principal diagnoses were recorded using the ICD-10-AM 8th edition. For 2015-16 and 2016-17, principal diagnoses were recorded using the ICD-10-AM 9th edition. Data for 2017-18 and 2018–19 principal diagnoses were recorded using the ICD-10-AM 10th edition. Data for 2019–20 principal diagnoses were recorded using the ICD-10-AM 11th edition.
- 2011-12 ALOS value for category 'Unknown and unspecified causes of morbidity' has been adjusted to exclude outlier records with unusually long recorded length of stay.
- Data reported in the ISHMT category 2013 "Healthy new born babies" (ICD-10 Z38) have been excluded from the discharge rates and hence from the calculation of "Average length of stay" by diagnostic categories.
- Data exclude separations with a care type of newborn (without unqualified days) and records for hospital boarders and posthumous organ procurement.
Changes affecting ICD-10-AM classification and diagnosis coding:
- For definitions, methods and data quality matters, please refer to: https://www.aihw.gov.au/reports-data/myhospitals/content/about-the-data.
Break in time series:

- From 2012 onwards, same-day separations where the mode of separation included death, or a discharge/transfer to to an(other) acute hospital, residential aged care service (unless this is a usual place of residence), an(other) psychiatric hospital or other health care accommodation (including mothercraft hospitals) were considered an inpatient discharge and allocated a bed day of 1; in previous years, these separations were not included.
- 2015, 2017 for some specific diagnostic categories.
- From 1 July 2017, significant revisions to the classification and standardisation of obstetrics were undertaken. Forty-two codes were deleted from chapter 15 Pregnancy, childbirth and the puerperium (O00–O99). The deleted codes were complications of interventions that were not complications of pregnancy, childbirth and the puerperium (such as complications of anaesthesia). In addition, some conditions previously reported as obstetric conditions only will now require the coding of additional diagnosis information. For example, gestational diabetes will be accompanied by a diabetes code, and sepsis of pregnancy will be accompanied by the type of infectious agent.
- In 2017 a noticeable increase in acute upper respiratory infections and influenza is due mostly to the low level of effectiveness of the 2017 seasonal influenza vaccine against the most common strain of the virus.
- For 'Mental disorders', 2015 and 2016: The care type 'Mental health' was introduced from 1 July 2015. Between 1 July 2015 and 30 June 2017, some jurisdictions 'statistically discharged' long stay mental health patients to facilitate the change in care type, causing an increase in the ALOS for these patients during this period.
- From 2015–16, changes to the Australian coding Standards led to principal diagnoses in the ICD-10-AM chapter Z00-Z99 Factors influencing health status and contact with health services being re-distributed to other ICD-10-AM chapters. Data presented by principal diagnosis for 2015–16 to 2017–18 are not comparable with data for previous reporting periods.
- Changes to the Australian Coding Standard for *Rehabilitation* (ACS 2104), introduced from 1 July 2015 in the 9th edition of ICD-10-AM mean that Z50- *Care involving the use of rehabilitation procedures* (which was previously required to be coded as the principal diagnosis) is now an 'Unacceptable principal diagnosis'. The change to the ACS means that the 'reason' for rehabilitation will now be identified using the principal diagnosis (rather than as the first additional diagnosis). Therefore, between 2014–15 and 2015–16, the numbers of separations (and ALOS) with a principal diagnosis in the ICD-10-AM chapter Z00–Z99 *Factors influencing health status and contact with health services* decreased markedly, accompanied by corresponding increases in other ICD-10-AM chapters—most notably for S00–T98 *Injury, poisoning and certain other consequences of external causes*, and M00–M99 *Diseases of the musculoskeletal system and connective tissue*.

Austria

Source of data: **Statistics Austria**, Hospital discharge statistics.
Reference period: 31st December.
Coverage:
- Includes all inpatient institutions classified as HP.1 according to SHA/OECD.
- Inpatient bed-days exclude day cases. Day cases are defined by the same admission and discharge dates (before midnight).
- Inpatients include discharges to home, other inpatient-institutions and deaths in hospitals.
- Included are residents and non-residents.
- Healthy newborns are not documented as treatment cases.
- Long-term inpatients are included.
- For each inpatient stay a main diagnosis has to be documented at discharge. The main diagnosis is the disease, which the medical examinations proved to be the principal cause of the inpatient stay. During the inpatient stay acquainted new diseases or new complications are not a main diagnosis. The main diagnosis is a definitely clarified diagnosis. If a final clarification is not possible, the main symptom, the most severe abnormal finding or disease has to be selected as main diagnosis.
Break in time series:
- DRG-based hospital funding, effective since 1997, might have changed coding performance relative to the years before.
- ICD-9 code was used from 1989 to 2000, ICD-10 from 2001 on. The change of ICD-9 to ICD-10 in 2001 may cause breaks in time series for several diagnoses.
- "HIV disease" (ISHMT-code 0105): From 1989 to 1992 included in "Endocrine, nutritional and metabolic diseases" (ISHMT-code 0400); since 1993 in "Certain infectious and parasitic diseases" (ISHMT-code 0100).
- Data are not available for "Coxarthrosis" (ISHMT-code 1301) and "Gonarthrosis" (ISHMT-code 1302) before 2001.

Belgium

Source of data: **The Federal Public Service of Health, Food Chain Safety and Environment**, Directorate 1 - Minimal Clinical Data. The website for the Minimal Hospital Data is http://www.health.belgium.be/eportal/Healthcare/Healthcarefacilities/Registrationsystems/index.htm.
Data from the yearly survey held by the directorate - website: http://www.health.belgium.be/eportal/Healthcare/Healthcarefacilities/Registrationsystems/Hospitalstatistics/index.htm.
Reference period: During the year.
Coverage:
- The Federal Public Service of Health, DGGS "Healthcare" is responsible for the registration of the Minimal Hospital Data.
- Hospital days for inpatients concern only acute admissions in acute hospitals (with at least 1 overnight stay in the hospital).
- Patient data in psychiatric hospitals are not included.
- Long lasting stays are excluded (more than 6 months or 184 days).
- Deceased patients are included.
Break in time series:
- Diseases of the nervous system, ISHMT codes 0600 and 0605: the ICD-9-CM 327, 338 and 339 did not exist in the 2005 codebook. These codes do exist in the 2009 codebook which was used for the years from 2009. This explains the data change between 2008 and 2009.
- Symptoms, signs and abnormal clinical and laboratory findings, n.e.c., ISHMT codes 1800 and 1804: as of 2009 (when the ICD-9-Code 327 has been included and used), the code 780.5 is no long used. This explains the data change between 2008 and 2009.
- Liveborn infants according to place of birth ("healthy newborn babies") (V30-V39 codes in acute admissions), ISHMT code 2103: Admissions in Maternity and Neonatal Intensive Care are excluded in our selection. This explains the small figures in inpatient cases and hospital days for inpatients until 2007.

- The 2007 total of newborns in all hospital divisions (not only acute) is 120276 newborn babies (inpatients), 577 newborn babies (daycases) & 665193 hospital days for newborn babies.
- The 2006 total of newborns in all hospital divisions (not only acute) is 122769 newborn babies (inpatients), 613 newborn babies (day cases) & 696259 hospital days for newborn babies.
- The 2005 total of newborns in all hospital divisions (not only acute) is 119506 newborn babies (inpatients), 633 newborn babies (day cases) & 688464 hospital days for newborn babies.
- The 2004 total of newborns in all hospital divisions (not only acute) is 117189 newborn babies (inpatients), 575 newborn babies (day cases) & 673842 hospital days for newborn babies.
- The 2003 total of newborns in all hospital divisions (not only acute) is 113809 newborn babies (inpatients), 515 newborn babies (day cases) & 673700 hospital days for newborn babies.
- The 2002 total of newborns in all hospital divisions (not only acute) is 112802 newborn babies (inpatients), 366 newborn babies (day cases) & 679198 hospital days for newborn babies.
- The 2001 total of newborns in all hospital divisions (not only acute) is 114804 newborn babies (inpatients), 355 newborn babies (day cases) & 695248 hospital days for newborn babies.
- The 2000 total of newborns in all hospital divisions (not only acute) is 110316 newborn babies (inpatients), 280 newborn babies (day cases) & 671248 hospital days for newborn babies.

- All causes, ISHMT code 0000: Break in 2005 due to inclusion of newborn babies in the total number of discharges.
- Due to the transition of codification system ICD-9-CM to ICD-10-CM during the year 2015, no data are available for the year 2015, considered as a transition year for the hospitals.
- From 2016 onwards, the ICD-10-BE classification has been used to codify all hospital discharge data, explaining the break in many of the time series.

Canada

Source of data:

- **Statistics Canada**, *Hospital Morbidity Database*, 1980/81 to 1993/94.
- **Canadian Institute for Health Information**, *Discharge Abstract Database* and *Hospital Morbidity Database* starting in 1994/95 (the Hospital Morbidity Database was transferred from Statistics Canada to the Canadian Institute for Health Information in 1994/95), *Ontario Mental Health Reporting System* starting in 2006/07 until 2012/13, and *Hospital Mental Health Database* starting in 2013/14.

Links to CIHI's web pages on metadata:

- Discharge Abstract Database (DAD): https://www.cihi.ca/en/discharge-abstract-database-metadata.
- Hospital Morbidity Database (HMDB): https://www.cihi.ca/en/hospital-morbidity-database.
- Ontario Mental Health Reporting System (OMHRS): https://www.cihi.ca/en/ontario-mental-health-reporting-system-metadata.
- Hospital Mental Health Database (HMHDB): https://www.cihi.ca/en/hospital-mental-health-database-metadata-hmhdb.

Coverage:

- Data are calculated on a fiscal year basis (April 1st to March 31st).
- Separations in Canada include discharges both alive and dead for the condition most responsible for the length of stay.
- Includes rare instances of same-day separations.
- Excludes surgical day cases.
- In 1994/95, one territory is included while from 1995/96 onwards all territories are included, except in 2002/03 when the territory of Nunavut is excluded.
- Consistent with hospital morbidity series published in Canada, newborns (healthy and unhealthy babies born at the hospital) are excluded and therefore no data are reported for category 2103 (Healthy newborn babies). The inclusion of healthy newborns would considerably reduce the average length of stay for 2100 (Factors influencing health status and contact with health services). However, the inclusion of unhealthy newborns would only have minor effects on the average length of stay for most categories of the ISHMT due to the low number of unhealthy newborns relative to adult and child discharges. The inclusion of newborns would reduce by 0.5 or 0.6 day (e.g. from 8.1 days to 7.5 days in 2016/17) the average length of stay for 0000 (All causes).
- Data are for acute care hospitals only, except for the data on mental and behavioural disorders which include psychiatric hospitals starting in 2013/14. Alternate level of care (ALC) patients in acute care hospitals are included. An ALC patient is a patient who is occupying a bed in a facility and does not require the intensity of resources/services provided in that care setting.
- The data are reported as per ICD-9 until 2000/01. In 2001/02, five provinces and one territory provided their data for the first time, according to ICD-10-CA; in 2002/03 two more provinces and two more territories reported according to ICD-10-CA. In 2003/04, only Manitoba and Quebec did not submit their data according to ICD-10-CA. In 2004/05, Manitoba adopted the ICD-10-CA and Quebec did the same in 2006/07.
- Records with invalid/unknown length of stay were excluded. Records with invalid/unknown gender and/or age were included.
- Data from Statistics Canada are provided for all 149 groups of the ISHMT with the exception of OECD categories 1301 (Coxarthrosis), 1302 (Gonarthrosis), 1304 (Other arthropathies) and 1310 (Other disorders of the musculoskeletal system and connective tissue). Data from the Canadian Institute for Health Information are provided for all 149 groups of the ISHMT, with the exception of OECD categories 1301 (Coxarthrosis) and 1302 (Gonarthrosis) until 2005/06. Separate reporting of 1301 and 1302 by Canadian hospitals is not mandatory in ICD-9. Discrete data for the two categories are available starting in 2006/07 when all provinces and territories had implemented ICD-10-CA. Since 1301 and 1302 could not be reported as separate categories before 2006/07, data from the Canadian Institute for Health information for 1304 include counts that would have fallen under 1301 and 1302. While not shown separately, data from Statistics Canada for categories 1301, 1302, 1304 and 1310 are, however, included in the total for chapter 1300 (Diseases of the musculoskeletal system and connective tissue).
- Starting in 2001/02, some provinces reported as per ICD-10-CA, and national data could not be provided anymore for the OECD category 1506 (Other delivery) with ICD-10 codes 081-084. The concepts captured by these codes do not exist in ICD-10-CA. Rather, in ICD-10-CA, the conditions precipitating the mode of delivery are coded with the interventions used for delivery.
- Starting in 2001/02, some provinces reported as per ICD-10-CA and national data could not be provided anymore for the OECD category 1506 (Other delivery) with ICD-10 codes 081-084. The concepts captured by these codes do not exist in ICD-10-CA. Rather, in ICD-10-CA, the conditions precipitating the mode of delivery are coded with the interventions used for delivery.

Break in time series:
- The substantial decrease in average length of stay for some diagnostic categories in 1994/95 may reflect the more restrictive definition of acute care hospitals used by the Canadian Institute for Health Information, as opposed to the definition used previously by Statistics Canada.
- Starting in 2006/07, data for the category Mental and Behavioural Disorders (0500) and its sub-categories include the data from the Ontario Mental Health Reporting System (OMHRS). With the creation of the OMHRS, information on acute care facilities with designated adult mental health beds in Ontario was no longer submitted to CIHI's Discharge Abstract Database. The number of discharges for category 0500 is higher than the sum of its sub-categories as precise diagnostic information is missing for many of the discharges in the OMHRS. Some discharges with imprecise diagnostic information were allocated to category 0506, although they may in fact belong to categories 0501, 0502, 0503, 0504 and 0505. Therefore, the discharges for these three categories might be understated. In the OMHRS, it is not mandatory to report diagnostic information for short-stay assessments, discharges that are unplanned or discharges for stays less than seven days. This resulted in an increase in the average length of stay for all the sub-categories of Mental and Behavioural Disorders (0500), in 2006/07.
- Starting in 2013/14, data for the category Mental and Behavioural Disorders (0500) and its sub-categories are from the Hospital Mental Health Database (HMHDB), a pan-Canadian database containing information on discharges involving mental illness or addiction from Canadian psychiatric and general hospitals. The HMHDB is based on the following CIHI data sources:

- Discharge Abstract Database (DAD)/Hospital Morbidity Database (HMDB);
- Ontario Mental Health Reporting System (OMHRS); and
- Hospital Mental Health Survey (HMHS).

Thus, starting in 2013/14, the data for the category Mental and Behavioural Disorders (0500) are more comprehensive than before as they include HMHS data and data from psychiatric hospitals in addition to the previously used data (acute care hospitals in DAD, HMDB and OMHRS). Coverage of institutions in HMHDB depends on coverage in the source databases.
- Due to the adoption of the 2009 version of the ICD-10-CA classification (replacing the 2006 version that was used until 2008), diseases previously captured in 1110 (Other noninfective gastroenteritis and colitis) category now shifted to 0102 (Diarrhea and gastroenteritis of presumed infections origin), and resulted in the LOS change. Another possible reason for the increase in length of stay can be explained by mild cases with shorter LOS stay being shifted to the 0102 category. As a result, the LOS for 1110 increased and the LOS for 0102 decreased.

Chile

Source of data: **Ministry of Health (MINSAL)**, Department of Health Statistics and Information (DEIS). Administrative registry from public and private health sectors. Hospital Discharges from 2001 available at http://www.deis.cl/?page_id=3487.
Coverage:
- Data coverage is nationwide. Data include both public and private sectors.
- Annual periodicity. Data are automatically collected monthly from the health establishments' information systems and validated and published by the Department of Health Statistics and Information (DEIS).
Note: the high ALOS for "*Dementia*" (ISHMT code 0501) and "*Schizophrenia, schizotypal and delusional disorders*" (0504) in 2010 is due to the discharge of a number of patients who spent an exceptionally long time in hospital.
Deviation from definition: Data include same-day separations and deaths.
Break in time series: since 2013 the ALOS for Alzheimer is significatively lower and the reason is that there has been a change in the registration of the discharges for Alzheimer. Until 2012 when a patient who was in an establishment of long stay for Alzheimer was transferred to an establishment for acute care, it was not recorded as a hospital discharge.

Colombia

Data not available.

Costa Rica

Source of data: Área de Estadística en Salud, **Caja Costarricense de Seguro Social** (Health Statistics Unit, National Social Insurance Fund).
Coverage: It includes data coming only from public facilities belonging to the Social Insurance.

Czech Republic

Source of data: **Institute of Health Information and Statistics of the Czech Republic**. National Registry of Hospitalised Patients.
Reference period: Discharges during the year.
Methodology:
- Since 2011: The methodology was changed and follows the methodology of data transmitted to the WHO.
- 2010 and previous years: Data follow the previous OECD data collection.

Coverage:
- *Coverage by hospital type*: Data are from hospitals and specialised therapeutic institutes (all bedcare health establishments excluding balneologic institutes and convalescence homes for children).
- Hospitalised foreigners are included.
- *Multi-episode cases*: Multi-episode cases treated in one health care establishment have been combined into one discharge record.
- *Inpatient cases*: termination of one patient's stay in a hospital, including discharge to home, transfer to another institution or death.
- *Day cas*es: cases with the same date of admission and discharge, excluding deaths or same-day transfers to another bed care health establishment. However, only patients registered as hospitalised patients are included, that is patients admitted to and discharged from a bed care department of a health care establishment. Number of bed-days for day cases is not included.
- *Definition of main diagnosis*: Main diagnosis is defined as the main condition diagnosed at the end of the episode of health care, primarily responsible for the patient's need of treatment or examination.

Break in time series:
- Since 2011, bed-days which are longer than 700 days have been cut. This concerns mainly hospitalisations in psychiatric sanatoriums and explains in particular the decrease in ALOS for mental and behavioural disorders and Alzheimer's disease in 2011.
- Since 2019, a new method of compiling the data was applied (the compilation of individual hospitalization cases and the selection of the main diagnosis) with possible impact on results.

Denmark

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

Estonia

Source of data:
- **Ministry of Social Affairs**, Department of Health Information and Analysis, routinely collected aggregate hospital statistics.
- Since 1st January 2008: **National Institute for Health Development**, Department of Health Statistics. www.tai.ee.

Reference period: Calendar year.
Coverage:
- *Coverage by hospital type*: All hospitals (HP.1), public and private, are covered.
- *Missing records*: Estonia collects aggregated data on hospital discharges. Therefore the data cannot be presented in such detailed level as requested. Data collection at individual level is planned when nationwide E-health record is implemented.
- ICD-10 is used for data collection.
- *Inpatient cases*: Data on discharges are collected in two ways: 1) Discharges according to ICD-10 main chapters by sex and age groups include deceased patients but not bed-days; 2) Hospital discharges by selected ICD-10 subgroups/single diagnoses and corresponding bed-days.
- The complete ISHMT shortlist is not available for Estonia.

- Estonian age groups match to the requested age groups till the age of 25 years old. Starting from 25 years old, the age groups are divided on a 10 year basis, and the last age group until 2006 is 75 years old and over, and from 2007 it is 85 years old and over. Therefore, the age-groups presented are 0-14 years old and 15 years old and over.
- *Bed-day*: a day during which a person admitted as an in-patient is confined to a bed and in which the patient stays overnight in a hospital. The number of bed-days does not include bed-days of the deceased until 2004.
- Healthy newborns are excluded.
Break in time series: Before 2005, data do not include deceased person`s bed-days. Since 2005, hospital bed-days include bed-days of deceased cases, therefore the comparability of ALOS with previous years is affected.

Finland

Source of data: **THL Finnish Institute for Health and Welfare**; Hospital Discharge Register.
Reference period: During the year.
Coverage:
- *Inpatient cases*: cases where admission day differs from that of discharge day.
- Data exclude transfers to another department within the same institution.

France

Source of data: National discharges databases from the "programme de médicalisation des systèmes d'information (PMSI)" managed by the national agency called « ATIH ». Calculations were performed by the French **Ministère des Solidarités et de la Santé**, **Drees** (Direction de la recherche, des études, de l'évaluation et des statistiques).
Reference period: calendar year.
Coverage:
- French data cover **residents** of Metropolitan France and overseas Départements (Guadeloupe, Martinique, French Guyana and Réunion Island and from 2015 Mayotte) and collectivities, who were hospitalised in the public and private hospitals of metropolitan France and overseas French departements; They refer to hospitalisations (and not to patients) in the units delivering acute care (in medicine, surgery, gynecology and obstetrics: MCO) and, from 2016, post-acute or rehabilitative care and psychiatric care. Database contains all inpatient hospitalisations including those of healthy newborn babies, except long term care and iterative care such as haemodialysis, chemotherapy and radiotherapy.
- In 1997, stays are linked to the region of the patient's hospitalisation. Since 1998, they are linked to the region of the patient's place of residence.
- Non-resident patients are excluded.
- *Coverage by hospital type*: Excluded hospitals: long term care hospitals and nursing facilities during the whole period; army hospitals until 2008; and psychiatric hospitals and post-acute/rehabilitation hospitals until 2015. Data data from military hospitals are added since 2009 and data from psychiatric hospitals and post-acute/rehabilitation hospitals since 2016.
- *Missing records*: Completeness is 100% since 1997.
- *Multi-episode cases*: Even if the patient has been in several medical units during their stay without leaving the hospital this constitutes a single stay.
- *Inpatient cases*: Data refer to the stays with full hospitalisation (i.e.at least one night). Same-day discharges are excluded, except in case of death or transfer in another hospital.
- *Main diagnosis*: Until 2008, the main diagnosis is the one that uses most of the medical effort in the course of the stay (i.e. uses most resources). Since 2009, determined at the end of the stay, the main diagnosis is the health condition responsible for the hospitalisation.
- *Other notes related to recording and diagnostic practices*:
    - Pooling the hospital stays strictly follows the ISHMT Short List. When the ICM10 permits to code either manifestation (*) or etiology (†) of the pathology, the manifestation code was used.
    - Since 2002 only suicide attempts have been recorded out of all External Causes.
    - Since 2006, additional ICD10 codes have been allocated to: J09 (Proved avian flu): Group 1001; O94 (Complications after-effects of pregnancy, delivery and/or puerperium): Group 1508; U04 (Severe Acute Respiratory Syndrome - SARS): Group 1804.
    - Since 2010, the number 0 for "Other delivery" (ISHMT code 1506) is related to changes in coding guidelines introduced by the version 11 of the “classification des groupes homogènes de malades” (GHM). The figure previously counted in this category is now included in "Complications of pregnancy

and labor DURING delivery". For the "sequelae of injuries, poisoning and external causes" (ISHMT code 1910), the methodological guide indicates that in case of sequelae, the code chosen for "main condition" must be the one that designates the nature of sequels themselves, to which can be added codes "Sequelae of ...". This is probably what explains the significant decrease since 1997 and the number zero since 2010.

- From 2014, Haemorrhoids ICD10 code has been changed by WHO (category K64 instead of I84) with, consequently, change in allocation of ISHMT short list code: 1113 instead of 0911.

Break in time series:
- As of 2009, army hospitals have been included, and the definition of primary diagnosis has changed. The primary diagnosis is now "the health problem which motivated the admission of the patient, determined at the end of the stay" (see the methodological guide from ATIH at http://www.atih.sante.fr/openfile.php?id=2741).
- hospitalizations in theFrench overseas department "Mayotte" are included in French data from 2015.
- Data from psychiatric and rehabilitative or post-acute care hospitals have been included from 2016. This inclusion mostly affects the following ISHMT categories: 0500, 0501, 0502, 0503, 0504, 0506, 1800, 1803, 2100, 2104, 2105 and 0000 (all causes).

Germany

Source of data: **Federal Statistical Office**, Hospital statistics 2020 (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:
- The number of **bed-days** refers to the sum of all inpatients at midnight. The day of admission counts as one bed-day so that day cases (patients admitted for a medical procedure or surgery in the morning and released before the evening) are normally also included. As one day case constitutes one bed-day it is possible to adjust the number of bed-days so that day cases are excluded.
- *Coverage by hospital type*: Data include bed-days during a given calendar year in all types of hospitals (HP1.1, 1.2 and 1.3) in all sectors (public, non-profit and private). Up to and including reporting year 2002, data only include bed-days in general hospitals and mental health hospitals. As of reporting year 2003, data additionally include bed-days in prevention and rehabilitation facilities; however bed-days of these institutions with 100 or less than 100 beds are not included.
- *Missing records*: Bed-days in 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*:
  - Patients with unknown diagnosis are included. Patients with unknown age and/or sex are included.
  - From reporting year 2004, live-born infants according to place of birth coded with ICD-10 Z38 (ISHMT code 2103) and patients coded with ICD-10 D90 "Immunocompromisation after radiation, chemotherapy and other immunosuppressive measures" (ISHMT codes 0300, 0302) are included.
  - From reporting year 2005, patients coded with ICD-10 U00-U99 "Codes for special purposes" are included.
  - The ISHMT code 2201 cannot be filled in because the diagnoses U07.1 and U07.2 are not permitted main diagnoses. These cases only exist as concomitant diagnoses in the DRG-statistics.
  - As of reporting year 2000, discharges have been collected according to the International Classification of Diseases, 10th revision. In 2000, ICD-9-coded cases are included (about 2%).
- *Definition of main diagnosis*: The main diagnosis is defined as the condition diagnosed at the end of the hospitalization period, primarily responsible for the patient's need for treatment or examination at the hospital.
- *Other notes related to recording and diagnostic practices*: The implementation of the German DRG-System led to wide changes in the coding practice of the physicians especially concerning the diagnoses "complications during labour and delivery" (ISHMT code 1504), "single deliveries" (ISHMT code 1505) and "other delivery" (ISHMT code 1506).

Break in time series: Up to and including reporting year 2002, data only include bed-days in general hospitals and mental health hospitals. As of reporting year 2003, data additionally include bed-days in prevention and rehabilitation facilities; however bed-days of these institutions with 100 or less than 100 beds are not included. The years before 2003 are therefore not comparable to the following years.

Additional information:
- In German health statistics publications, the number of bed-days includes the number of inpatient cases as well as the number of day cases. Therefore the total number of bed-days in these publications is higher.
- 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.

Greece

Source of data: **National Statistical Service for Greece**, Division of Social Welfare and Health Statistics.
Coverage:
- Same-day separations are excluded.
- From 2013 ICD-10 is used.
- ICD-9 was used until 2012 (1975 version). However the National Statistical Service has grouped the discharges with a slightly different classification, as noted in the following table:

Morbidity	**ICD-Code substituted (ICD-9)**	
Infectious and parasitic diseases	20-27, 30-41, 45-57, 60-66, 70-88, 90-104, 110-118, 120-139	
Malignant neoplasms	140-165, 170-175, 179-208, 210-239	
Malignant neoplasm of colon, rectum, rectosigmoid junction and anus	153	
Senile cataract	366	
Otitis media	381-383	
Ischaemic heart disease	411-414	
Diseases of the respiratory system	463-466, 470-474, 478, 480-487, 491-494, 496, 500-508, 511, 519	
Bronchitis, asthma and emphysema	491-493	
Gastric, duodenal, peptic, ulcers	531-533	
Inguinal and femoral hernia	550-553	
Cholelithiasis	574, 575	
Diseases of the musculoskeletal system and connective tissue	714, 716, 718, 720, 724-730, 735, 736, 739	
Intervertebral disc disorders	720.2, 721-724	

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:
- From 2004 onwards: **National Healthcare Services Center** (ÁEEK in Hungarian) www.aeek.hu.
Coverage:
- Data are based on ICD-10.
- The data are calculated from the itemised data of the inpatient care finance report submitted by the health insurance fund.
- *Multi-episode cases*: The case number for hospital discharge is provided, rather than the case number for department. If the hospital case involved care in several departments, then the hospital case is assigned to the major diagnosis of the department case whose DRG classification had the highest weight number.
- *Inpatient case*: Hospital case where the date of admission is older than the date of discharge. One-day ambulatory cases are not included.

Iceland

Source of data: **Directorate of Health in Iceland**. Hospital data registry.
Coverage:
- Data cover whole country.
- Data from 1999-2006 cover health care facilities with at least one bed available for curative care.
Break in time series: 2007. Data have been updated back to 2007 so that the data now more accurately match the definition of hospitals given in the joint questionnaire (facilities where there is not a 24 hour physician presence are excluded).
Included:
- All hospitals in the country.
- Inpatient cases only.
- Only hospitals with a 24 hour physician presence (from 2007 and onwards).
- All discharges with a length of stay (LOS) of less than 90 days.
- Based on principal/main diagnosis.

Excluded:
- Specialised institutions such as rehabilitation centers, nursing homes or residential care facilities.
- Transfers to other specialty areas ("þjónustuflokkar") within hospitals.

Estimation method:
- Data compiled using ICD-10 codes and Eurostat age groups.
Break in time series: In 2010 a new registration system was implemented in hospitals nationwide. Changes were also made to the national registration standards. Data on diagnoses and procedures are not complete in all cases for the year 2010. The 2010 data are therefore omitted.

Ireland

Source of data: The data presented are derived from the HIPE (Hospital In-Patient Enquiry) data set, which records data on discharges from all publicly funded acute hospitals. HIPE is operated by the **Healthcare Pricing Office** (www.hpo.ie).
Reference period: Data are based on the year of discharge.
Coverage:
Coverage by hospital type
- HIPE data covers all inpatients and daycases receiving curative and rehabilitative care in publicly funded acute hospitals in the State.
- For historical reasons, a small number of non-acute hospitals are included in the NHDDB. This activity represents less than 0.5% of total activity in the NHDDB.
- The NHDDB does not include private hospitals. Detailed activity data for private hospitals is not available, however based on a the Health Ireland Survey 2017 it is estimated that approximately 25% of all hospital inpatient activity in Ireland is undertaken in private hospitals. It should be emphasized that this is an estimate only and so should be interpreted with caution.
- Data for Psychiatric inpatients and day-cases receiving curative and rehabilitative care in specialist psychiatric hospitals (HP.1.2) have not been included. It is maintained on a separate database which uses ICD 10 for coding diagnosis and also includes long-stay patients. This activity accounts for approximately 2% of all Irish hospital activity. Psychiatric patients in acute general hospitals are recorded in the NHDDB.
Day cases
- A daycase is defined as a patient who is formally admitted with the intention of discharging the patient on the same day, and where the patient is in fact discharged as scheduled (i.e. excluding deaths and emergency transfers) on the same day. Patients who are admitted or discharged as emergencies on the same day are considered inpatients.
Notes related to recording and diagnostic practices
- The principal diagnosis is defined the diagnosis established after study to be chiefly responsible for occasioning the episode of admitted patient care. For more information see the HIPE data dictionary at http://www.hpo.ie/hipe/hipe_data_dictionary/HIPE_Data_Dictionary_2019_V11.1.pdf.
- Data for 1995 to 2004 were classified using ICD-9-CM. All HIPE discharges from 2005 are now coded using ICD-10-AM (The Australian Modification of ICD-10 incorporating the Australian Classification of Health Interventions). Although the ISHMT is used for categorising diagnoses, there are still some minor changes in the classification of diagnoses. The HMT shortlist is based on ICD-9 and ICD-10 codes, but the classification used for diagnoses in

HIPE was changed from ICD-9-CM to ICD-10-AM including the Australian Coding Standards. This means that for certain categories comparison with previous years is difficult.
- The Irish Coding Standards direct that Healthy Newborn Babies are not coded in HIPE. Therefore there are no inpatients or daycases in category 2103 [Liveborn infants according to place of birth]. It is estimated that this activity would result in an increase of approximately 10% in the total number of inpatients if it was included. For further information on the numbers of births annually see the National Perinatal Reporting System (NPRS) annual reports at http://www.hpo.ie/.
- From 2006 the HIPE system includes data on daycase patients admitted for dialysis in dedicated dialysis units. These episodes were previously excluded from HIPE. This has resulted in a substantial increase in the number of daycases in ISHMT category 2105 [Other factors influencing health status and contact with health services].
- Note also that in 2006, batch coding was introduced to facilitate more complete coding of radiotherapy. This has resulted in an increase in the number of daycases in category 2104 [Other medical care (including radiotherapy and chemotherapy sessions)].
- Note that in Ireland, codes from ISHMT category 1501 (Medical Abortions) include patients admitted to hospital with a complication following a legal abortion in another state.
Break in time series: There is a break in the time series between 2004 and 2005 due to the change in classification systems from ICD-9-CM to ICD-10-AM in 2005.

Israel

Source of data: Data reported are based on combining the data sources in the Ministry of Health:

(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. The diagnoses and procedures are coded according to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). The diagnoses reported are the first listed diagnosis at discharge from the hospitals. Patients who were admitted and discharged on the same date were defined as day cases.

(b) The **Inpatient Mental Health Database,** maintained by the **Department of Mental Health in the Ministry of Health.** It includes all inpatient hospitalisations in mental health departments in all hospitals. It includes all inpatient and most day cases in hospitals, but not ambulatory cases or day cases out of hospitals. The diagnoses are coded by the International Classification of Diseases, Tenth Revision (ICD10). The diagnoses reported were the diagnoses at discharge, or at admission in case of missing diagnosis at discharge.

(c) **Summary Hospitalisation Database**, with information 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 by diagnoses, procedures, age, gender or admissions and discharges dates.

Coverage:
- The data include all hospitalizations in all acute care hospitals, mental health hospitals and special hospitals. Healthy newborns were included. Complex nursing care departments in hospitals were included. Geriatrics nursing care and mentally frail departments in hospitals were excluded.
- Israel reports the diagnoses as the international short list of comorbidity, while the E codes are reported as ICD, 4 digits. There is no double counting involved.
- The E codes are NOT included in the TOTAL.
- The missing data were extrapolated within a given year, hospital, department, hospitalisation type, age and gender. Information from hospitals missing from the **National Hospital Discharge Database** was based on the **Summary Hospitalisation Database** with unknown diagnosis, gender. These missing hospitals are geriatric hospitals, and all of the patients are in the 65+ age group. Bed-days in psychiatric hospitalization include vacation days during the hospitalization episode.

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:

- The data source is the Ministry of Health - General Directorate of Health Planning. National Hospital Discharge Data Base (NHDDB), has made up of hospital activity for each year.
Annually the competent Ministry Office publishes the "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=ricoveriOspedalieri&menu=vuoto.
Scheda di Dimissione Ospedaliera (SDO) is the full original title of the NHDDB. More information about SDO can be found at the following website:
http://www.salute.gov.it/portale/temi/p2_4.jsp?lingua=italiano&tema=Assistenza,%20ospedale%20e%20territorio&area=ricoveriOspedalieri.
Coverage:
- *Coverage by hospital type*: The national hospital discharge database (NHDDB) covers the following inpatient institutions, which are classifiable as HP.1: Hospital Agencies, General hospitals, University hospitals and Specialty hospitals (like neurological, cancer, orthopaedic, paediatric hospitals). Military hospitals are not included (it is not possible to estimate their total capacity). Psychiatric hospitals and Substance abuse hospitals do not exist in Italy. At hospital level the psychiatric curative care is treated in wards of general hospitals (HP.1.1), such as psychiatric wards and infantile neuropsychiatric wards. Besides there are other residential institutions for psychiatric patients and substance abuse.
- *Missing records*: The NHDDB includes all inpatients and day cases in covered hospitals. Outpatient cases are not included in the NHDDB. Data exclude some discharge records if some important information is lacking (e.g. the ward and type of hospital, the type of discharge - inpatient or day case) and if the length of stay is longer than 365 days. - *Multi-episode cases*: The NHDDB includes multi-episode cases, combined into one discharge record in several day case discharges: treatments for day cases may last either only one day or more days in case of a cycle of treatments, such as radiotherapy or chemotherapy. The number of presence days for day case discharges is recorded in the NHDDB.
- *Day cases*: The hospital discharge data files include day cases: these cases do not stay overnight in hospital. A special index flag identifies all the day cases.
- *Definition of main diagnosis*: The main diagnosis is identified at the hospital discharge and it must be the main reason for the hospital treatment and care. If there were several main diagnoses, the one requiring more resources must be reported as the main diagnosis. Neoplasia must be indicated as main diagnosis, unless the hospital episode is finalized for radio or chemotherapy.
- *Other notes related to recording and diagnostic practices*: The classification system used for the NHDDB is ICD-9-CM. Starting from the year 2010, other information are collected for each hospital discharge, such as level of education, election admission date, priority class and external cause in case of traumatism. For this last information the "E" codes of the ICD-9-CM classification were introduced. External cause codes are not included in the hospital discharge data files.
Break in time series:
- The ISHMT version 2008-01-19 is applied from 2003 to 2005. The ISHMT version 2008-11-10 is applied since 2006. The ISHMT version 2021-12-13 is applied from 2020.
Note: The sharp observed decrease in the number of hospital admissions 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.
To ensure homogeneity in the coding criteria of SARS-CoV-2 (COVID-19) disease and related diseases, the Ministry of Health has issued specific Guidelines (20 March 2020) and the Ministerial Decree of 28 October 2020, providing for an integration of the classification system adopted for the coding of clinical information contained in the NHDDB. The new codes introduced for the coding of cases affected by SARS-CoV-2 have been proposed in collaboration with the WHO Collaborating Center in Italy. The new codes are consistent with the indications given by WHO classification.

Japan

Data not available.

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, and automobile insurance.
Until 2013:
- The Patient Survey was conducted every 3 years until 2005. It was changed to annual survey in 2008.
- The data includes hospital ALOS only (hospital defined as medical institutions which have more than 30 beds in Korea). Inpatients in medical institutions other than hospitals (such as doctor's offices and clinics) are excluded.
- Day cases and outpatient cases are not included in the data.

Break in time series:
- 2014. Change in data source.
- In 2016, the increase in ALOS for 'other diseases of the circulatory system' and the decrease for 'other diseases of the digestive system' are due to changes in disease classification code (haemorrhoid, considered as a circulatory disease before 2016, is considered as a digestive disease since then).

Latvia

Source of data: **National Health Service**.
Reference period: During the year.
Coverage:
- The data cover all H.P.1 providers of health care, which have a contract with the National Health Service, and all activities of inpatient care financed by state.
- The data file does not contain information regarding all discharged inpatients because some hospitals have not concluded an agreement with the National Health Service.
- At the moment, the figures on new-borns are excluded.

Lithuania

Source of data: **Lithuanian Health Information Centre**, since 2010: **Health Information Centre of Institute of Hygiene**, data from Compulsory Health Insurance Fund Information System (CHIF IS). The National Health Insurance Fund under the Ministry of Health is the owner of the CHIF IS. For statistical needs the Health Information Centre of Institute of Hygiene regularly receives a copy of this database.
Reference period: During the year.
Coverage:
- The CHIF IS covers all hospitals having contracts with the National Health Insurance Fund, including nursing hospitals (up to 120 days length of stay for a person). Database does not include data of few budget financed and private hospitals. For official hospital statistics nursing patients in nursing and general hospitals were excluded. Discharges from sanatoriums were excluded (as sanatorium was not treated as a hospital).
- The CHIF IS covers about 96-98 % of hospital discharges. If a hospital has a contract with the National Health Insurance Fund, all inpatients should be included in the database (day cases, uninsured persons, foreigners, military staff, etc.).
- Healthy newborns (code Z38) are excluded.
- Discharge record is based on the episode starting from admission to the hospital to discharge from the hospital (to home, to other hospital or death).
- The main diagnosis in the hospital discharge record is the main clinical diagnosis (condition) for which the biggest part of resources and time was used. Up to 2011 only one main diagnosis was coded and stored in the database. Since June, 2011 additionally all complications and co-morbidities is coded and stored in the database. Since June, 2011 DRG payment system was introduced for curative (acute) care, what could influence to the choice of main diagnosis.

Luxembourg

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

Reference period: during the year.
Coverage:
Coverage by hospital type
- 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).
Missing records
- Liveborn infants according to place of birth (Z38) are not registered as patients by hospitals. Therefore, no diagnostic for discharge is provided.
- Cases with unknown diagnostic are included.
Multi-episode cases
- Multi-episode cases are considered as separate discharge records.
Day-cases
- Day cases were identified by the same admission and discharge dates.
Other notes related to coverage
- Data refer only to the resident population covered by the statutory health insurance scheme.
- Admissions from the subchapters V, W, X and Y from ICD-10 are excluded.
Definition of main diagnosis
- There are no conditions or regulations defining how the main diagnosis should be established for the record.
Other notes related to recording and diagnostic practices
- Classification ICD-10 used.
- In 2018, all data were revised since 2006. In 2020, all data were revised since 2008.
- Due to the introduction of a procedure classification system (ICD-10-PCS) from 2018 onwards, we are not able to provide any data related to ICD Codes for the year 2017 and 2018. So far, quality tests are ongoing and data cannot be used for the moment.

Mexico

Source of data:
- **Ministry of Health**, Bulletin of Statistical Information, Vol. II, "Health Damages" 1995-2003.
- **Ministry of Health**, Hospital aggregates database 2004-2020.
Further information: http://www.dgis.salud.gob.mx/contenidos/basesdedatos/bdc_egresoshosp_gobmx.html.
Coverage:
- The information includes only inpatient cases, excluding urgent admissions, ambulatory services (same-day separations) and transfers to other care units.
- It includes information from public institutions: Ministry of Health (SS), Social Security Institute (IMSS), Labor Social Security Institute (ISSSTE), Ministry of Navy (SEMAR), IMSS-Bienestar, Ministry of War (SEDENA) (until 2004) and Mexican Petroleum (PEMEX). It does not include information of private hospitals, state (local) hospitals, university hospitals and Red Cross.
- The decrease in 2016 is due to an underreporting of the information.
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.

Netherlands

Source of data:
- The **Hospital Discharge Register** (HDR, the 'Landelijke Basisregistratie Ziekenhuiszorg' and its predecessor the 'Landelijke Medische Registratie' of Dutch Hospital Data) is the source of data on hospital discharges by age, sex, ISHMT diagnoses and NUTS2.
Reference period:

- All hospital discharges with a discharge date in the calendar year are included.

Metadata information:

- Up to 2012 diagnoses are registered according to the ICD-9-CM in the HDR, from 2013 onwards the ICD-10 is used.
- Up to 2005, the International Shortlist for Hospital Morbidity Tabulation (ISHMT) version of 24 November 2006 was used. For the figures of 2006-2019, the ISHMT version of 10 November 2008 was used. From 2020 onwards, the version of 13 December 2021 has been used.
- Only the principal diagnoses are included.
- From 2005 onwards the HDR in the Netherlands suffers from a degree of non-response. The non-response (as a percentage of all discharges) increased from 1% in 2004 to 25% in 2012. In 2019, the non-response was 14%. The figures are corrected for the non-response by imputation, based on known characteristics of the missing records (specialism and case type). From 2013 onwards also some micro data (age, sex, and some additional administrative admission data) are available of the (previously) missing discharges, which enables improved imputation of diagnoses. . However, the fact that imputation of diagnoses is (still) needed, results in less accuracy of the figures. In 2013, 16% of the inpatient discharges and 31% of the day cases had imputed diagnoses, in 2015 this dropped to <1% and 14% respectively. From 2016 onwards all inpatient discharges were registered completely (so no imputation necessary anymore), but the percentage of day cases with imputed diagnoses raised to 27% in 2020.

Deviation/compliance with the definition:

- Discharges in Dutch hospitals of non-residents of the Netherlands are included in the figures. The numbers in the category 'NUTS2 is unknown' are based on admissions of patients who were not living in the Netherlands according to the HDR. For identifying non-residents, we however also used address information obtained by linkage to the municipality register (the exact procedure of identifying non-residents is described in NLD_EurostatModule_2022_NonResidentDischarges.doc). Therefore, the admissions in the category 'NUTS2 is unknown' does not equal the number of admissions of non-residents.
- From 2013 onwards the following changes have been implemented, to comply with Eurostat definitions (these were not implemented in the figures up to 2012):
  - Inpatient stays of one day without overnight stay (date of discharge minus date of admission =0) are not counted as inpatient bed-day (as no overnight stay), nor as day case (as these are registered as inpatient case type, the majority of these cases are acute admissions, and the non-acute admissions may also be unplanned).
  - Discharges with the new case type 'long observations without overnight stay' (registered from 2014 onwards in the HDR) are excluded in the figures, as these are nor inpatients (no overnight stay) nor day cases (unplanned) according to the Eurostat definitions.
  - Day cases that last longer than one day are counted as inpatient cases.
- From 2020 onwards only the discharges that comply with the financial regulations of the Dutch Healthcare Authority are included. For the day cases this results in about 1% less discharges. Excluded are day cases with a length of stay < 2 hours, and day cases with a length of stay of 2 hours without a procedure code for day care. These are likely to be outpatient case types.
- From 2018 onwards, healthy newborns, defined as discharges with ICD-10 main diagnosis Z38, are included. Until 2018 healthy newborns (then defined by discharges with ICD-10 main diagnoses Z38 or Z76.2) were NOT included in the outcome.
- Age is calculated as age at the 31st of December of the reporting year (up to 2012 age was calculated as age at the admission date).
- The HDR covers only short-stay hospitals. The hospitals included are all general and university hospitals, one specialized eye hospital and, from 2018 onwards, two cancer hospitals (before 2018 one cancer hospital was included). Up to 2012 also one orthopaedics/rehabilitation clinic is included.

The register therefore does not cover all hospitals of the HP.1 category. The differences are:

- Category HP.1.2 (mental health and substance abuse hospitals) is not included at all.
- Category HP.1.3 (specialty hospitals other than hospitals for mental health and substance use):
  - Excluded are epilepsy and asthma/lung clinics, rehabilitation centres and hemodialysis centres. From 2013 onwards also one orthopaedics/rehabilitation hospital is excluded.
  - Excluded are also semi-private hospitals (independent treatment centres); these hospitals mainly have outpatients and day cases.
  - Excluded is the military hospital and private clinics. The number of inpatients and day cases are estimated to be relatively small in these clinics.

- Some treatments in category HP.1. hospitals are excluded:

- Part-time psychiatric treatments in general or university hospitals with a psychiatric ward are not recorded in the HDR.
- Cases of rehabilitation day-treatment are not registered in the HDR.
- Non-inpatient admissions for normal deliveries (mother planned to be in hospital for less than 24 hours) are not registered in the HDR.

New Zealand

Source of data: ALOS data for recent years in the time series are based on data extracted from the **National Minimum Data Set** (NMDS), maintained by the **Ministry of Health** (National Collections & Reporting – NCR).
Coverage:
- Data based on publicly funded hospital discharge events. Note that private hospital stays are included where they are publicly funded; they are otherwise excluded.
- Events with a length of stay of 0 are excluded.
- The ALOS data by diagnostic categories include 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.)
- New Zealand started coding hospital data using ICD-10 during 1999. The data supplied to the OECD for 1999 was mapped back to ICD-9. From 2000, the ICD-10 diagnosis codes were used for collation purposes.
- There is no truncation of length of stay used for ALOS by diagnostic category.
- Data include some long stay geriatric patients, which leads to increased average lengths of stay for some conditions (e.g. Dementia, Alzheimer's disease, etc.).
- Some of the variations in ALOS time series are linked with some particularly long stay events. Conditions with low numbers of cases are particularly susceptible to extreme long stay events.
- There is a time lag with reporting of data to the National Minimum Data Set (NMDS). The more slowly reported data are generally disability, rehabilitation and geriatric long stay. These events have much longer stays, and as they trickle in they have a major effect on the lengths of stay reported. This leads to very large jumps in ALOS for categories such as cerebrovascular disease due to the addition of extreme long stay events into the data. For example, in 2008 NCR advised that the last 15,000 geriatric long stays added into the NMDS had contributed around 1,000,000 bed days.
Break in time series: 2014. For Discharges (0401) "Diabetes Mellitus", there was a coding change in 2014. July 2014 saw the introduction of the latest ICD-10-AM version (8th edition) and some changes to the Australian Coding Standards. This led to a drop in diabetes hospitalisations (due to code sequencing rules changing). There were other categories affected by the same coding change, such as Anaemias, Alzheimer's disease, Atherosclerosis, Pregnancy and childbirth.
Note: there is some difference between "All causes" (0000) and "inpatient care" (in hospital aggregates table) because Short Stay ED events are included in the disaggregated data and excluded in the aggregates.

Norway

Source of data: **Norwegian Patient Register (NPR) in the Norwegian Directorate of Health**: https://helsedirektoratet.no/english/norwegian-patient-register.
Coverage:
- From 2011: Covers all governmental financed bed-days in general hospitals (HP.1.1), mental health hospitals (HP.1.2) and other specialised hospitals (HP.1.3). Private financed activity in private hospitals is not included. Day cases are not included.
- Up to 2010: Only general hospitals are covered. Day cases are not included.
Break in time series: 2011.
- As of 2011, mental health hospitals are included.
- As of 2011, data for ICD-10 codes O80 (single spontaneous delivery) and O81-O84 (other delivery) are not available. The information is provided for ICD-10 codes Z37.0 to Z37.9 (outcome of delivery) which are included in ISHMT category 2105 ("other factors influencing health status and contact with health services").

Poland

Source of data:
- **National Institute of Public Health-National Institute of Hygiene** (NIPH-NIH), General Hospital Morbidity Study (GHMS), for discharges from general (i.e. non-psychiatric) hospitals.
- **Institute of Psychiatry and Neurology**, Psychiatric Inpatient Morbidity Study (PIMS), for discharges from psychiatric hospitals and psychiatric departments of general hospitals. Data provided from 2005 onward.
Coverage:
- *Coverage by hospital type*: All HP.1 institutions (public and private) are included. Military and Ministry of Internal Affairs hospitals are not included.
- *Missing records*: Data for General (non-psychiatric) Hospital Morbidity Study were provided by 91% of all hospitals in 2005, 93% in 2006, 92% in 2007, 88% in 2008, 93% in 2009 and 92 in 2010. Data for Psychiatric Inpatient Morbidity Study cover all psychiatric hospitals.
- *Day cases*: Day-cases are defined by the same admission and discharge dates excluding deceased, transferred to other hospitals, discharged on own request.
- *Definition of main diagnosis*: In general (non-psychiatric) hospitals it is first department main diagnosis; in psychiatric hospitals it is main diagnosis decided at discharge (end of hospitalisation).
Break in time series: Data from psychiatric hospitals and psychiatric departments of general hospitals are included from 2005 onward.

Portugal

Source of data: **Ministry of Health**. Central Administration of the Health System (ACSS).
Coverage:
- All institutions that belong to National Health Service (public hospitals in the mainland) and some hospitals that belong to the Regional Health Service are covered until 2015. Since 2018, all institutions that belong to National Health Service or to the Regional Health Service are covered.
- Data include all public hospitals in the mainland and some public hospitals in Região Autónoma dos Açores and in Região Autónoma da Madeira until 2015. Since 2018, data include all public hospitals in the mainland and all public hospitals in Região Autónoma dos Açores and in Região Autónoma da Madeira.
- 2016-17 data are not available due to the transitional period from ICD-9-CM to ICD-10-CM.
Break in time series: 2018.
- As of 2018, ICD-10-CM is used. This explains at least partly the variations observed for some categories between 2015 and 2018.

Slovak Republic

Source of data: **Institute of Health Information and Statistics**,
Report on admission to inpatient care.
Coverage:
- *Coverage by hospital type*: All health establishments (HP1), including public and private hospitals, military hospitals, prison hospital.
- *Missing records*: All discharges are included, including discharges of patients with permanent address outside the Slovak Republic and homeless patients and patients with unknown address.
- *Multi-episode cases*: Transfers to other care units within the same hospital are excluded, but transfers of patients who are transferred with new main diagnosis to other care units within the same hospital are included, and proportion of such cases is 4% in the year 2018.
(In 2002-03, transfers between departments of the same facility may be included).
- *Inpatient cases*:
  - up to 2011 inpatient cases include day cases.
  - from 2012 day cases are excluded from inpatient cases.
- *Day cases*: Day cases are identified by the same admission and discharge dates. Deaths on admission day are excluded from day cases.
- *Definition of main diagnosis*: the main diagnosis is based on the main condition, disease or accident which was the cause of the hospitalisation.
- *Other notes related to recording and diagnostic practices*: In 2020, 415 records records with length of stay exceeding 180 days (max allowed 700 days) i.e. patients with psychiatric diagnosis in long-term care. Since 2014,

the ICD-10 code O09 is included in the main category "Pregnancy, childbirth and the puerperium", but not in any of the subcategories. The code O09 is an additional code, not corresponding to a main diagnosis.
Break in time series:
- 2012. Day cases are excluded from inpatient data as of 2012, explaining the increase in ALOS for several categories (e.g. diseases of the eye and adnexa, medical abortion) in 2012. Furthermore, U codes diagnoses are excluded since 2012.
- 2020. U codes have been included in All causes (ISHMT code 0000) as of 2020.

Slovenia

Source of data: **National Institute of Public Health, Slovenia**; National Hospital Health Care Statistics Database.
Reference period: during the year.
Coverage:
- *Coverage by hospital type*: data include all private and public hospitals, all types (general and university - HP.1.1, psychiatric - HP.1.2, and specialty hospitals - HP.1.3).
- Data include:
  - Inpatient discharges
  - All patients (including uninsured, foreigners)
  - Long duration stays in hospitals
  - Palliative care in hospitals
  - Healthy newborn babies (since 2003)
- Data exclude:
  - Rehabilitative care in specialised centres (Institute for Rehabilitation, in spas - these rehabilitative stays are registered in a separated registration system)
  - Outpatient care in hospitals

Missing records: In 2007 there were 13 in-patient cases and 23 hospital days for in-patient cases where gender was unknown or indefinable. In 2009 there were 11 in-patient cases and 313 hospital days for in-patient cases where gender was unknown or indefinable. In 2010 there were 24 in-patient cases and 56 hospital days for in-patient cases where gender was unknown or indefinable.
- In 2013, there were 14 hospital bed-days for in-patient cases where gender was unknown or indefinable.
- In 2014, there were 9 hospital bed-days for in-patient cases where gender was unknown or indefinable.
- In 2015, there were 50 hospital bed-days for in-patient cases where gender was unknown or indefinable.

Multi-episode cases: The hospital discharge records are based on treatment episodes (each in one department). If the patient has been in several departments during his stay without leaving the hospital, all these episodes have been combined with special computer programme (in IPHRS) into one discharge record (by population identification number and admission date). The proportion of multi-episode in-patient cases in 2020 is 6,8%.
Definition of main diagnosis: the main diagnosis is defined as that which was responsible for the patient's admission at the hospital, which best reflects the main reason for admission, or that which is the main reason for treatment. If there is a multiple-episode case the main diagnosis is taken from the first episode.
Other notes related to recording and diagnostic practices: Records of admissions due to injuries or poisonings contain also External Cause code.
Breaks in time series:
- Since 2009, more cataract surgeries were carried out in outpatient system.
- Data provided to the OECD from 1997 to 2003 exclude psychiatric hospitals and departments of psychiatry in other hospitals, as well as long term care and disabled youth care.
- In 2013, there were some changes in the methodology for collecting data.

Spain

Source of data:
- *Inpatient cases*: **Instituto Nacional de Estadística** - INE (National Statistics Institute), Encuesta de Morbilidad Hospitalaria (Hospital Morbidity Survey).
http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t15/p414&file=inebase&L=0.
Reference period: For *inpatient cases*, data as of December 31.

Coverage:
- *Coverage by hospital type*, for *inpatient cases*: full coverage (100%) from all hospitals (public, private and military).
- Data for ICD-9-CM codes V30-V39 (group 2103) are not available as they are not considered main diagnoses by the National Health System in Spain.
- ISHMT version 24/11/06 has been used for 2004-2006; ISHMT version 19/01/2008 has been used for 2007 (changes in groups 0300, 0302, 0900, 0902, 0904, 0911, 1001, 1306, 1307, 1410, 1507, 1508, 1800, 1804 and 2101 between this version and the previous one). ISHMT version 10/11/2008 has been used since 2008.
- From 2004, data are available at ICD-9-CM 4 digit level. For previous years, diagnostic categories included in ISHMT groups at 4 digit level have been estimated.
- *Inpatient cases*: A hospital discharge includes one night stay or longer in a hospital.
- *Definition of main diagnosis*: Main diagnosis is defined as the condition that caused admission into hospital, according to the criteria held by the clinical department or doctor who treated the patient, even though significant complications and even independent conditions arose during his/her stay.
- *Other notes related to recording and diagnostic practices*: The classification system used in Spain is ICD-9-CM until 2015. From 2016, the classification system used in Spain is ICD-10ES-CM, seven digit level.
Break in time series:
- Break in 2016: the variations in data between 2015 and 2016 are mainly due to the change of classification (from ICD-9-CM to ICD-10ES-CM) as well as the reorganizing of hospital' management process and modification of editing and imputation systems carried out as a result of this change of classification.
- Since 2016, there are some data in group 2103 (the code Z38 is available if considered by hospital. This code is considered as main diagnosis by the National Health System in Spain since the launch of the new classification system in 2016).
- From 2005, there is a break in group 1304 (inclusion of ICD-9-CM codes 727.1, 728.4) and in group 1309.
- From 2001, there is a break in the category 1803 (Unknown causes) due to codification changes (inclusion of ICD-9-CM codes 726, 727.0, 727.2-727.9) and the group 1310 (ICD-9 codes 726-727 removed).
Note: The overall increase in the average length of stay (ALOS) since 2016 has been mainly due to the increase in the average stay in psychiatric and other long-term care hospitals. Due to the fact that the average stay in this type of hospitals is highly variable year over year, the procedures for validation and control of the data have been improved in order to avoid errors and to improve the quality of data year over year. As expected, this affects particularly certain diseases such as Mental disorders, Alzheimer's disease, etc. The ALOS remains stable and without significant variations compared to previous years in community or general-purpose hospitals.

Sweden

Source of data: **National Board of Health and Welfare**, National Patient Register (NPR).
Coverage:
- National Patient Register (NPR). The National Patient Register started in 1964. Since 1987, the register has covered public inpatient 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.
- The 2017 number of bed-days for “healthy new born babies” (ISHMT group 2103) is missing.

Switzerland

Source of data: **FSO Federal Statistical Office**, Neuchâtel. Medical Statistics of Hospitals, 2002 and following years.
Reference period: Annual census.
Coverage:
- *Coverage by hospital type*: The data cover all inpatient institutions (public and private hospitals) which are classifiable as HP.1 providers. However, military and prison hospitals are not included.
- *Missing records*:
    - All inpatient cases and day-cases are covered. The coverage is considered sufficient since 2003. In 2003, the coverage was 93%; in 2008, 99% of all expected inpatient cases are being medically documented in the national hospital discharge database.
    - Since 2009 (included), due to a modification of the legislation, day-cases are not reported anymore.

- *Multi-episode cases*: The record structure for inpatient cases is based on cases by hospitals; there is no combination of cases involving two or more distinct hospitals and no combination of multi-episode inpatient cases.
- *Other notes on coverage*: Only discharges occurring between January 1st and December 31st of the statistical period are accounted for.
- *Definition of main diagnosis*: The main diagnosis is defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital.
- *Other notes related to recording and diagnostic practices*: The Medical Statistics of Hospitals was started in its present form in 1998. The reliability of the data in terms of coverage and quality is considered as sufficient since 2003. The coding quality is increasing, the best results being reached in acute care hospitals where patient classification systems are used for financing.

Deviation from the definition: The definition and delimitation of day cases is subject to local heterogeneity; figures should be treated with caution (some patients with multiple episodes of day-cases are recorded only once, leading to an underestimation of actual day-cases).

Break in time series:
- There is a high number (20%) of invalid ICD-codes for day-cases in 2005.
- The gradual change of diagnosis classification since 2008 from ICD-10 WHO to ICD-10 GM (German modification) may lead to breaks for some categories.
- Since 2009 (included), day-cases are not reported anymore due to a modification of the legislation.
- Some breaks in 2010 are due to the gradual migration from ICD-10 WHO to ICD-10 GM.
- The increase in ALOS for Septicaemia (ISHMT code 0104) in 2014 is due to changes in coding instructions (since 2014, the ICD-10 codes A40-A41 are found more often as supplementary diagnoses than main diagnoses).
- Some variations in 2015 may also be linked to changes in coding instructions (e.g. for Other diseases of the digestive system – ISHMT code 1120).
- Until 2016, observations with missing ICD code were included in the total ("all causes") but not in any sub-category. From 2017, these observations have been attributed to the ICD-10 code R69 (ISHMT category 1803). The small difference remaining between "All causes" and the sum of ISHMT categories is due to ICD-10 codes D90 and U not listed in ISHMT, so only included in the total (ICD-10 codes U00-U49 added to ISHMT as of 2020).

Türkiye

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

Coverage:
- *Coverage by hospital type*: Data collected from all hospitals (all public, private and university hospitals). Hospitals affiliated with the Ministry of National Defence have been included since 2012.
- *Inpatient cases*: Data include discharges and deaths in hospitals. Discharge occurs anytime a patient leaves because of end of treatment, signs out against medical advice, transfers to another health care institution or because of death.

Break in time series: 2015. In 2019 and 2020, data were revised since 2015. The variations between 2014 and 2015 data are at least partly due to a revision in the data collection system.

United Kingdom

Source of data:
Data have been aggregated by the NHS Digital from the following sources:
- *England*: Hospital Episode Statistics (HES); Inpatients, **NHS Digital**, England. http://content.digital.nhs.uk/.
- *Wales*: Patient Episode Database for Wales (PEDW), **NHS Wales Informatics Service** (NWIS). http://www.statswales.wales.gov.uk/index.htm.
- *Scotland*: **Public Health Scotland** (SMR01 records) - http://www.isdscotland.org/Health-Topics/Hospital-Care/Data_Sources_and_Clinical_Coding.doc.
- *Northern Ireland*: Hospital Inpatient System (HIS), The **Department of r Health,** (DoH). https://www.health-ni.gov.uk/topics/doh-statistics-and-research.

Reference period:
- *England, Wales and Scotland*: Data is based on Financial Discharge Years 1st April to 31st March.
- *Northern Ireland*: Data have been tabled by calendar year.
- Includes records for discharge dates occurring in the reference year, regardless of admission date.

Coverage:
- *Coverage by hospital type*:

- *England*: Inpatient data cover activity in English NHS Hospitals and English NHS commissioned activity in the independent sector.
- *Scotland*: Data collected on discharges from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland. Only patients treated as inpatients or day cases are included. The specialty of geriatric long stay is excluded.
- *Wales*: All NHS commissioned data carried out in private sector hospitals is included.
- *Northern Ireland*: Inpatient data cover activity in Northern Ireland HSC hospitals including independent sector activity carried out in HSC hospitals.

- *Missing records*:
  - *England*: Data include the count of discharge episodes with a primary diagnosis as defined by i) Ordinary (Non-Daycase – Length of stay > 0) ii) sum of Length of Stay for all ordinary episodes iii) Daycase episodes (Length of stay = 0).
  - *Scotland*: Data include all patients treated as inpatients or day cases from non-obstetric and non-psychiatric hospitals (SMR01) in Scotland.
  - *Wales*: Data include all patients discharged from Welsh hospitals (including those NHS patients treated in private hospitals).
  - *Northern Ireland*: Data include all patients treated in HSC hospitals.
- *Multi-episode cases*:
  - *England*: A discharge episode is the last episode during a hospital stay (a spell), where the patient is discharged from the hospital (this includes transfer to another hospital). Discharges in the year have been used, that is, spells that end during the data year irrespective of when they began. Discharge episodes may be double-counted in a table if they appear in more than one row of the micro-cube, e.g. against two different diagnoses. Restricted to ordinary admissions, day cases and mothers/babies using delivery facilities (classpat = 1, 2 or 5). Regular day and night attenders not included.
  - *Scotland*: Inpatient discharges are based on a Continuous Spell of Treatment (CIS) in hospital. Probability matching methods have been used to link together individual SMR01 hospitals episodes for each patient, thereby creating "linked" patient histories. Within these patient histories, SMR01 episodes are grouped according to whether they form part of a continuous spell of treatment (whether or not this involves transfer between hospitals or even Health Boards). On average there are 1.37 inpatient episodes per CIS.
  - *Wales*: Discharge episode is the last episode during the hospital spell. Where a patient has received more than one treatment within a range of codes it has only been counted once.
  - *Northern Ireland*: A discharge episode is the last episode during a hospital stay (a spell), where the patient is discharged from the hospital (this includes transfer to another hospital). Discharges in the year have been used, that is, spells that end during the data year irrespective of when they began.
- *Day-cases*:
  - *England & Northern Ireland*: Days case are defined as admissions with a spell duration of zero (spell duration = 0). Ordinary admissions are where spell duration is greater than 0. Where spell durations are not known they are excluded.
  - *Scotland*: Day cases have zero length of stay. SMR01 includes an inpatient/day case identifier variable. This variable has been used to identify inpatient and day case stays.
  - *Wales*: A day case is defined by admission date = discharge date.
- *Other notes related to coverage*:
  - *Scotland*: External Causes data were not available as these codes cannot be recorded as a main diagnosis on data returns. They can only be recorded in a secondary diagnosis position.
  - *Northern Ireland*: Episodes where Primary diagnosis is not coded have been excluded.
- *Definition of main diagnosis*:
  - *England*: The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital. A primary diagnosis is recorded for each episode in a spell. The primary diagnosis in the discharge episode of the spell has been used for these data. The external causes (V00-Y98) have been supplied, where a cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects. Only the first external cause code which is coded within the episode is counted in HES.
  - *Scotland*: Each SMR01 record allows up to six diagnosis (one principal diagnosis and up to five other diagnoses) to be recorded. Only the principal diagnostic position has been used.

- *Wales:* Primary diagnosis in the discharge episode (as England above).
- *Northern Ireland*: The primary diagnosis is the first of up to seven diagnosis fields in the Hospital Inpatient System. Primary diagnosis provides the main reason why the patient was admitted to hospital. A primary diagnosis is recorded for each episode within an admission. Only the primary diagnosis in the discharge episode of the admission has been used for these data.

- *Other notes related to recording and diagnostic practices*:

- *England*: National data are recorded by financial years; therefore the data have been presented in financial years. NHS England and the HSCIC have implemented a new system for recording and reporting hospital episode statistics from 2012-13 onwards. As part of this implementation historic data have been transferred to the new system from the previous system, and during this process several minor issues were identified around how the legacy system handled flagged, identified and counted discharge episodes. As a result, there was a small amount of double counting for discharge episodes under certain unique circumstances. These issues have been addressed with the move to the new system and in 2015 all HDD data for England have been restated from 2000-01 to 2012-13 based on the following definition: Count of discharge episodes with a primary diagnosis as defined by i) Ordinary (Non- Daycase – Length of stay > 0) ii) sum of Length of Stay for all ordinary episodes iii) Daycase episodes (Length of stay = 0).

United States

Source of data: **Centers for Disease Control and Prevention/National Center for Health Statistics/National Hospital Discharge Survey Annual Summary, Advance Data from Vital and Health Statistics Summary** (published annually). Vital and Health Statistics, Series 13, completed by unpublished tables.
http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm.
Coverage:
- National representative sample of the U.S. civilian non-institutionalised population.
- The National Hospital Discharge Survey (NHDS) defines a hospital discharge as the formal release of an inpatient by a hospital, terminating of the period of hospitalisation (including stays of 0 nights) by death or by disposition to the place of residence, nursing home, or another hospital; survey of discharges from non-federal hospitals in which the Average Length of Stay is less than 30 days.
- All U.S. discharges were coded to the International Classification of Diseases, Ninth Revision (ICD-9).
- Data are from the National Hospital Discharge Survey (NHDS), a survey of discharges from non-federal hospitals in which the ALOS is less than 30 days. Newborn infants are not included.
- A hospital discharge is the completion of any continuous period of stay in a hospital as an inpatient.
- In the NHDS, the average length of stay is computed by dividing the total number of days of care, counting the date of admission but not the date of the discharge. These estimates include deaths.
- The number of patients discharged divides the total number of patient days accumulated at the time of discharge for patients discharged during a calendar year.
- The National Hospital Discharge Survey (NHDS) is a continuing nationwide sample survey of short-stay hospitals in the United States. The scope of NHDS encompasses patients discharged from non-institutional hospitals located in the 50 States and the District of Columbia, excluding military and Department of Veteran's Affairs hospitals.
Deviation from the definition:
- Data include same day separations.
- Due to NCHS confidentiality policy and lack of reliability, estimates that show small unweighted numbers (< 30 cases) are excluded. They are not shown and they are not included in total/subtotals. The only exclusion to this protocol is for "Pregnancy, childbirth and puererium" for which data are consistent with the estimates found in NCHS vital statistics publications. The rest of discharges and ALOS estimates are based on a tailor OECD data request protocol, which is incompatible with NCHS publication.
Estimation method:
- Percent estimates were weighted to represent the U.S. civilian non-institutionalised population for each respective year.
On the design of NHDS and the magnitude of sampling errors associated with NHDS estimates, see:
- Popovic, JR. (1999). National Hospital Discharge Summary: Annual summary with detailed diagnosis and procedure data. National Center for Health Statistics. Vital Health Stat 13(151). 2001.
- Dennison, C. Pokras R. Design and operation of the National Hospital Discharge Survey: 1988 redesign. National Center for Health Statistics. Vital Health Stat 1 (39). 2000.
Break in time series:

- Only hospitals with six or more beds for patient use are included in the survey. Before 1988, hospitals in which the average length of stay for all patients was less than 30 days.
- In 1988 (NHDS was redesigned), the scope altered slightly to include all general and children's general hospitals, regardless of length of stay (Health United States, 2002).

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http://www.oecd.org/health/health-data.htm