

OECD Health Statistics 2025

Definitions, Sources and Methods

Total hospital beds and breakdown by function of healthcare

Total hospital beds are all hospital (HP.1) beds which are regularly maintained and staffed and immediately available for the care of admitted patients. They are the sum of the following categories:

- a) **Somatic care beds**; b) **Psychiatric care beds**.
- i) **Curative (acute) care beds**; ii) **Rehabilitative care beds**; iii) **Long-term care beds**; and iv) **Other hospital beds**. Bed numbers according to these functional categories are also broken down between somatic care and psychiatric care.

Inclusion

- Beds in all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2), and other specialised hospitals (HP.1.3)
- Occupied and unoccupied beds

Exclusion

- Surgical tables, recovery trolleys, emergency stretchers, beds for same-day care, cots for healthy infants
- Beds in wards which were closed for any reason
- Provisional and temporary beds
- Beds in residential long-term care facilities (HP.2).

Note: Please use the average number of available beds over the year where possible.

a) Somatic care beds

Somatic care beds in hospitals are hospital beds that are available for care relating to the body, as distinguished from psychiatric/mental care.

Inclusion

- Beds for somatic/physical care in general hospitals (HP.1.1) and specialised hospitals (other than mental health hospitals) (HP.1.3)

Exclusion

- All beds in mental health hospitals (HP.1.2)
- Beds in psychiatric departments of general hospitals (HP.1.1) and specialised hospitals (other than mental health hospitals) (HP.1.3).

b) Psychiatric care beds

Psychiatric care beds in hospitals are hospital beds accommodating patients with mental health problems.

Inclusion

- All beds in mental health hospitals (HP.1.2)

- Beds in psychiatric departments of general hospitals (HP.1.1) and specialised hospitals (other than mental health hospitals) (HP.1.3).

i) Curative (acute) care beds

Curative care (acute care) beds in hospitals (HP.1) are hospital beds that are available for curative care (HC.1 in the SHA classification).

Inclusion

- Beds accommodating patients where the principal clinical intent is to do one or more of the following: manage labour (obstetrics), cure illness or provide definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of illness or injury, protect against exacerbation and/or complication of illness and/or injury which could threaten life or normal functions, perform diagnostic or therapeutic procedures
- Beds for somatic curative (acute) care and psychiatric curative (acute) care (with a breakdown between these two categories)
- Beds in all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2) and other specialised hospitals (HP.1.3)

Exclusion

- Beds allocated for other functions of care (such as rehabilitation, long-term care and palliative care).

ii) Rehabilitative care beds

Rehabilitative care beds in hospitals (HP.1) are hospital beds that are available for rehabilitative care (HC.2 in the SHA classification).

Inclusion

- Beds accommodating patients for services with the principle intent to stabilise, improve or restore impaired body functions and structures, compensate for the absence or loss of body functions and structures, improve activities and participation and prevent impairments, medical complications and risks
- Beds for somatic rehabilitative care and psychiatric rehabilitative care (with a breakdown between these two categories)
- Beds in all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2) and other specialised hospitals (HP.1.3)

Exclusion

- Beds allocated for other functions of care (such as curative care, long-term care and palliative care).

iii) Long-term care beds

Long-term care beds in hospitals (HP.1) are hospital beds accommodating patients requiring long-term care (HC.3 in the SHA classification).

Inclusion

- Beds in long-term care departments of general hospitals (HP.1.1), mental health hospitals (HP.1.2) and other specialised hospitals (HP.1.3)
- Beds for somatic long-term care and psychiatric long-term care (with a breakdown between these two categories)
- Beds for palliative care

Exclusion

- Beds allocated for other functions of care (such as curative care and rehabilitation).

iv) Other hospital beds

All other beds in hospitals (HP.1) not elsewhere classified.

Inclusion

- Beds for other healthcare services not elsewhere classified.

SOURCES AND METHODS

Australia

Total hospital beds

Source of data:

Since 2017: Data not available.

2013 to 2016:

- **Australian Institute of Health and Welfare**. Hospital resources: Australian hospital statistics. Canberra: AIHW (also at <https://www.aihw.gov.au/reports-data/myhospitals>).

- **Australian Bureau of Statistics**. Private hospitals, Australia. ABS Cat. No. 4390.0. Canberra; ABS.

Prior to 2013:

- **Australian Institute of Health and Welfare**, Australian hospital statistics. Canberra: AIHW. Also at www.aihw.gov.au.

- **Australian Bureau of Statistics**. Private hospitals, Australia. Cat. No. 4390.0. Canberra: ABS.

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

Method:

2017: Data not available.

2016 and earlier: Beds are the sum of data from *Hospital resources: Australian hospital statistics* (for public hospitals) and *Private hospitals, Australia* (for private hospitals).

Coverage:

- For public and private hospitals, the number of beds includes beds which are immediately available to be used by admitted patients or residents if required. Estimates may include same day beds, however, surgical tables, recovery trolleys, delivery beds, cots for births without complications, emergency stretchers/beds not normally authorised or funded and beds designated for same-day non-in-patient care are excluded.

Note: Data for public health resources are sourced from the AIHW's National Public Hospitals Establishments Database; data for private health resources are sourced from the ABS' Private Health Establishments Collections. The two collections differ in methodology, therefore caution should be used when drawing comparisons.

Break in time series: 1985. Data up to 1984 are for approved beds. Data from 1985 are for available beds.

Psychiatric care beds

Source of data:

- Since 2017: Data not available.

- 2006–2016: **Australian Institute of Health and Welfare**, Mental health services in Australia, <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialised-mental-health-care-facilities> online, 30 January 2020 (for counts from 1993 onwards).

- Data prior to 2005 (2005-06) were sourced from the National Survey of Mental Health Services Database which reported the total number of beds available as at 30 June of the reference year. From 2005 (2005-06) onwards, data are sourced from the National Mental Health Establishments Database, which requires bed counts to be based on average available beds over the financial year.

- Caution is required when interpreting the data. Between 2005 and 2016, one jurisdiction (Queensland) reported beds from a number of services as public hospital admitted psychiatric care beds. From 2017,

these services were reclassified leading to 253 beds being reported under another category. In 2017 the number of public hospital admitted beds decreased by 257 in comparison to 2016.

Reference period: Years reported are financial years 1st July to 31st June (e.g. 2017-2018 is reported as 2017).

Coverage:

- Data represent the sum of psychiatric beds in public hospitals, public psychiatric hospitals and private psychiatric hospitals.

- From 1993, as per OECD definition. Includes beds in stand-alone psychiatric hospitals, as well as psychiatric beds co-located in acute public and private hospitals.

Break in time series: Beds until 1992 are those in stand-alone psychiatric hospitals only.

Somatic care beds

Estimation method: somatic care beds are the difference between total hospital beds and psychiatric care beds.

Hospital beds by function of health care

- Data not available.

Austria

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

Reference period: 31st December.

Coverage: See categories below.

Deviation from the definition: See categories below.

Total hospital beds

Coverage:

☐ Included are beds (including day care beds) in 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. Functional beds, such as dialysis beds, post-operative beds in the recovery room, neonatal beds in the maternity ward, etc., are not counted as actually occupied beds.

☐ In Austria there are neither inpatient units nor units for same-day-care. Hospital beds are occupied by day clinic or fully inpatient patients as required. For this reason, it is not possible to differentiate between inpatient and same-day beds.

Deviation from the definition:

☐ Since 2000, the distinction between somatic care beds and psychiatric care beds is made strictly at the level of departments, irrespective of the type of hospital (whether somatic or psychiatric). (Since many mental health hospitals also have somatic departments, it is not valid to declare all beds in psychiatric hospitals as "psychiatric beds". This would cause an overestimation of psychiatric beds and an underestimation of somatic/physical beds.)

☐ Includes both inpatient and same-day beds.

Estimation method:

Break in time series:

Somatic care beds

Coverage:

Included are:

☐ All hospital beds in 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)

☐ All Beds for somatic/physical care in all hospitals (general, mental, other specialised hospitals), excluding the psychiatric departments listed below.

Excluded are *all* beds in psychiatric departments of all hospitals (general, mental, other specialised hospitals), covering: Child and youth psychiatry, Psychiatry, Psychiatry and neurology (until 2016), PSY addiction diseases, PSY forensics, Psychosomatics (adults, children and adolescents).

Break in time series

- ☐ 2000: There is a break in 2000 due to reallocation of some hospital beds.

Psychiatric care beds

Coverage:

Included are:

- ☐ All hospital beds in 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).
- ☐ All Beds for psychiatric care in all hospitals (general, mental, other specialised hospitals), covering the following departments: Child and youth psychiatry, Psychiatry, Psychiatry, and Neurology (until 2016), PSY addiction diseases, PSY forensics, Psychosomatics (adults, children, and adolescents).

Excluded are all beds in somatic/physical departments of all hospitals (general, mental, other specialised hospitals).

Break in time series:

- ☐ 2000: There is a break in 2000 due to reallocation of some hospital beds.

Curative (acute) care beds

Coverage:

Included are hospital beds for psychiatric and non-psychiatric curative care (HC.1) in 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).

Rehabilitative care beds

Coverage:

Included are hospital beds for psychiatric and non-psychiatric rehabilitative care (HC.2; beds for rehabilitation and convalescence) in 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).

Break in time series:

- ☐ 2000: There is a break in 2000 due to reallocation of some hospital beds.

Long-term care beds

Coverage:

- Included are hospital beds for psychiatric and non-psychiatric long-term care (HC.3) in 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).

Note: In Austria, the majority of long-term care institutions are not licensed hospitals but social sector institutions operating under social law. Among the small number of long-term care hospitals and beds, individual events can lead to remarkable changes in the total number. Developments may not only involve increases and decreases of the number of beds in operating institutions or the opening and closing of hospitals but may also be caused by the transfer of institutions and beds between the social and health sectors, e.g. a former social sector institution becoming a licensed hospital and vice versa.

Other hospital beds

All hospital beds have been allocated to one of the other categories, so there are no other hospital beds.

Belgium

Source of data: **Federal Service of Public Health, Food Chain Safety and Environment, DGGS, Data management; Central Institution Database (CIC).**

Reference period: Since 2019, the hospital beds which were opened for at least one day were taken into account for this calculation. The average number of beds is given since 2000 (data have been refreshed by the submitting of 2019).

Coverage:

- Until 2018: Included in the calculation are all beds (curative acute care beds, long-term-care beds and other hospital beds) in acute care hospitals, geriatric hospitals, specialised hospitals, psychiatric hospitals.
- From 2019: Included in the calculation are all beds (curative acute care beds, long-term-care beds and other hospital beds) in acute care hospitals, psychiatric hospitals.

Deviation from the definition: HP.1.3 is not taken into account from 2019.

Estimation method:

Break in time series: 1994, 2019.

- In 1994 there is a decrease in the number of beds due to the substitution of V-beds for long-term care into beds for long-term residential care.
- Since 2019, data are only available for acute care hospitals and psychiatric hospitals. There is no longer information over the specialised and geriatric hospitals.

Psychiatric care beds

Coverage: see detail of bed indexes below.

Break in time series: 2019. The increase in 2019 is due to the re-inclusion of some beds that were temporarily excluded from the data (because the budget for them was allocated to another project).

Curative (acute) care beds

Coverage: Bed indexes included are:

- For **Somatic curative care beds:**

- (B) treatment department "TBC" (this bed index doesn't exist in Belgium in 2018),
- (C) diagnosis and surgical treatment department,
- (D) diagnosis and medical treatment department,
- (E) paediatrics,
- (CD) mixed hospitalisation,
- (L) contagious diseases,
- (M) maternity,
- (NIC) intensive neonatal care,
- (G) geriatrics in acute hospitals.

- For **Psychiatric curative care beds:**

- (A) neuropsychiatry for observation and treatment,
- (A2) night care in neuropsychiatry,
- (K) infant neuropsychiatry,
- (K2) night care in infant neuropsychiatry,
- (TG) day and night care for geriatric patients needing neuropsychiatry treatment,
- (I1) intensive treatment of psychiatric patients,
- (T) neuropsychiatry for treatment,
- (T2) night care in neuropsychiatry for treatment.

Rehabilitative care beds

Coverage: Beds indexes included are:

- For **Somatic rehabilitative care beds:**

Before 1994:

- (S) beds for specialized care.

From 1995:

- (S1) cardio-pulmonary affections,
- (S2) condition of locomotive apparatus,
- (S3) neurological conditions.

- For **Psychiatric rehabilitative care beds:**

- (S6) psychogeriatric.

- The S1, S2, S3, S6 beds relate to revalidation.

Break in time-series:

- There was an increase in the number of rehabilitative care beds in 1994 due to the substitution of V-beds (reported under LTC beds) into S-beds.
- Since 2019, data are only available for acute care hospitals and psychiatric hospitals. There is no longer information over the specialised and geriatric hospitals.

Long-term care beds

Coverage: Beds indexes included are:

- For **Somatic LTC beds:**

(G) Geriatrics only in geriatrics hospitals, until 2018 (included).

(S4) Palliative care.

(S5) Chronic multi pathology.

(V) Service for patients with long-term pathologies (until 1993).

- For **Psychiatric LTC beds:** In Belgium, there is no distinction between 'long-term care' beds and other beds in hospitals. Hospitals are organised in wards (geriatric care, internal care, maternity, psychiatric wards, etc...) and all beds in these wards are used for any 'type' of care (longer or shorter, acute or less acute). Distinction between 'normal' and 'LTC' beds is also not made in psychiatric hospitals, as is the case in general hospitals (where eventually psychiatric wards can exist). All psychiatric beds are therefore considered acute care or rehabilitative care.

Break in time-series:

- In 1994, there is a decrease in the number of long-term care beds in hospital due to the disappearance of V beds (long-term affection treatment). These beds were mostly converted to S beds (reported under rehabilitative care beds) and beds in residential long-term care facilities.

- Due to the State Reform, there were 11 specialised hospitals taken over or merged with a general hospital in 2014. This explains the great decrease in beds (isolated G beds) in specialised hospitals.

- Since 2019, data are only available for acute care hospitals and psychiatric hospitals. There is no longer information over the specialised and geriatric hospitals (hence no information about G beds).

Other hospital beds

All beds have been allocated to the other categories.

Canada

Source of data:

- **Statistics Canada**, Annual Return of Hospitals Database, 1976-1993/94.

- **Canadian Institute for Health Information**, Canadian MIS Database, 1995/96-2023/24. The Annual Return of Hospitals Database was transferred from Statistics Canada to the Canadian Institute for Health Information in 1995/96 and was renamed the Canadian MIS Database.

- **Eco-Santé Québec**, for the Quebec data in 2005/06-2009/10.

- **Ministère de la Santé et des Services sociaux du Québec**, «Rapports statistiques annuels des CH, CHSLD et CLSC (AS-478)» on webpage <http://www.msss.gouv.qc.ca/professionnels/statistiques-donnees-services-sante-services-sociaux/rapports-statistiques-annuels/>, for the Quebec data in 2010/11-2023/24.

Coverage:

- All beds and cribs in all types of hospitals (including general, specialty, psychiatric, rehabilitation and long-term care hospitals).

Break in time series:

- Beds staffed and in operation until 1993/1994. No data are available for 1994/1995. Starting in 1995/1996 until 2005/2006, some provinces reported beds staffed and in operation while other provinces reported bed capacity. Starting in 2006/2007 (2005/2006 in Quebec), beds staffed and in operation are shown.

- Starting in 2006/2007 (2005/06 in Quebec), data exclude beds of nursing homes affiliated with hospitals.

- Starting in 2005/2006, as the Quebec bed data was not available anymore from the Canadian MIS Database, beds in Quebec hospitals were taken as published in *Eco-Santé Québec* until 2009/2010 and from Rapports statistiques annuels des CH, CHSLD et CLSC (AS-478) thereafter. Long-term care beds in Quebec hospitals in the period 2005/2006 to 2009/2010 were estimated in subtracting beds of residential care facilities shown in Quebec's M-30 system from total long-term care beds shown in *Eco-Santé Québec*.

Somatic care beds

Estimation method: Somatic care beds are calculated as the difference between Total hospital beds and Psychiatric care beds.

Psychiatric care beds

Coverage:

- Mapping of Psychiatric Beds to OECD Categories: All beds in Psychiatric Hospitals (first digit of profile code – ‘5’) are classified as ‘Psychiatric’. Additionally, beds reported under Psychiatric Functional Centres (Primary Accounts ‘7127590’, ‘71276’) in General and Other Specialty Hospitals (first digit of profile codes are ‘1’ and ‘6’ respectively) are classified as ‘Psychiatric’.

- Psychiatric beds are classified into three categories:

1. Curative care beds (beds reported under ‘71275’ with the exception of ‘7127590’)
1. Rehabilitative care beds (beds reported under ‘7127590’)
1. Long term care beds (beds reported under ‘71276’)

Break in time series:

- Until 2005/2006 (until 2004/2005 in Quebec), beds in psychiatric hospitals are shown, rather than beds in psychiatric departments of all hospitals. Includes beds in both psychiatric short-stay and psychiatric long-stay hospitals. Excludes beds in psychiatric departments of general hospitals. Some provinces reported beds staffed and in operation while other provinces reported rated bed capacity.

- Starting in 2005/2006, data for Quebec were unavailable from the Canadian MIS Database. Data from **Éco-Santé Québec** were used instead until 2009/2010 and data from Rapports statistiques annuels des CH, CHSLD et CLSC (AS-478)) was used thereafter. All beds in psychiatric hospitals are classified as ‘Psychiatric’. Additionally, beds reported under Psychiatric Functional Centres (MIS Primary Accounts ‘71275’, ‘71276’) in general and specialty hospitals are classified as ‘Psychiatric’.

Curative (acute) care beds

Break in time series:

- Until 1993/94, beds shown are approved beds in short-term units of hospitals with diagnosis and short-term treatment of in-patients (i.e. categorised as Level V Acute Care). When an entire ward is closed for a long period of time these approved beds are counted. No data are available for 1994/95.

- Starting in 1995/96 until 2005/06 (2004-05 for Quebec), beds shown are all beds and cribs in general hospitals and specialty hospitals (including pediatric hospitals). Includes beds in long-term care departments, psychiatric departments and rehabilitation departments of general hospitals. Also includes an estimate for psychiatric curative care beds based on the share of these beds in total psychiatric care beds in 2006/07, the first year for which this share was available. Starting in 1995/96 until 2005/06, some provinces reported beds staffed and in operation while other provinces reported bed capacity.

- Starting in 2005/06, data for Quebec were unavailable from the Canadian MIS Database. Data from **Éco-Santé Québec** were used instead until 2009/10 and data from Rapports statistiques annuels des CH, CHSLD et CLSC (AS-478) were used thereafter. Starting in 2005-06, includes beds set up for physical and geriatric care in Quebec. Starting in 2006-07, includes as well psychiatric curative care beds in Quebec.

- Starting in 2006/07, beds outside Quebec are beds staffed and in operation, in the Canadian MIS Database, classified as acute (curative), including psychiatric curative care beds. Includes all beds under MIS Primary Accounts ‘712’ (Nursing Inpatient/Resident Services) with the following exceptions:

- ☐ Beds in Palliative Care Functional Centres
 - o Primary Account ‘71290’
- ☐ Beds in Physical Rehabilitation Functional Centres
 - o Primary Account ‘71280’
- ☐ Beds in Long-Term Care Functional Centres
 - o Primary Account ‘71292’ (‘71297’ & ‘71295’ for FY 2006 to 2008)
- ☐ Beds in Psychiatric Functional Centres
 - o Primary Accounts ‘7127590’ mental health rehabilitation & ‘71276’ mental health long-term care.

- In 2006/2007, there was a reclassification of some hospitals in Newfoundland and British Columbia from acute care to long-term care.

Rehabilitative care beds

Break in time series:

- Until 2005/06 (2004/05 in Quebec), includes beds in rehabilitation hospitals. Until 2005/06, some provinces reported beds staffed and in operation while other provinces reported bed capacity.
- Starting in 2005/06, data for Quebec were unavailable from the Canadian MIS Database. Data from **Éco-Santé Québec** were used instead until 2009/10 and data from Rapports statistiques annuels des CH, CHSLD et CLSC (AS-478) were used thereafter. Starting in 2005/06, rehabilitative care beds in Quebec include beds staffed and in operation in rehabilitation hospitals as well as rehabilitative care beds in general and specialty hospitals.
- Starting in 2006/07, rehabilitative care beds outside Quebec include beds staffed and in operation in rehabilitation hospitals. They also include beds reported in the Canadian MIS Database under the Physical Rehabilitation Nursing Unit functional Centre (Primary Account '71280') in general and specialty hospitals (first digit of profile codes are '1' and '6' respectively). In addition, they include psychiatric rehabilitative care beds reported under Primary Account '7127590'.

Long-term care beds

Break in time series:

- Until 1993/94, beds in non-acute care units of all hospitals. No data are available for 1994/95.
- From 1995/1996 until 2005/2006 (2004/2005 in Quebec), beds in long-term care hospitals are shown, rather than beds in long-term care units of all hospitals. Also includes an estimate for psychiatric long-term care beds based on the share of these beds in total psychiatric care beds in 2006/07, the first year for which this share was available. Until 2005/2006, some provinces reported beds staffed and in operation while other provinces reported bed capacity.
- Starting in 2006/2007 (2005/2006 in Quebec), includes beds staffed and in operation classified as long-term care.
- Starting in 2006/07, long-term care beds outside Quebec include the following beds reported in the Canadian MIS Database: All beds reported in Palliative Care Functional Centres (Primary Account '71290') are classified as 'Long-Term Care', as are beds reported in Long-Term Care Functional Centres (Primary Account '71292' for fiscal years 2009 to 2013 and Primary Accounts '71295' & '71297' for fiscal years 2006 to 2008) in general hospitals and specialty hospitals (first digit of profile codes are '1' and '6' respectively), and beds in long-term care hospitals (first digit of profile code - '8'). Also includes long-term psychiatric care beds reported under Primary Account '71276'.
- In addition to the above inclusion of beds in long-term units of general hospitals, the large increase in long-term care beds in 2006/2007 is also explained by the reclassification of some hospitals in Newfoundland and British Columbia from acute care to long-term care.
- The Ontario Government pledged money to build 31,000 new beds by 2028, and to redevelop 28,000 existing ones. This is the reason for an increase in the number of beds.

Other hospital beds

Coverage:

- In the Canadian MIS Database, all beds not explicitly defined as Acute, Psychiatric, Rehabilitative or Long-Term Care are classified as 'Other'.

Chile

Source of data: Health Statistics from the "Statistical Compendium" by the **National Statistics Institute** (INE in Spanish www.ine.cl). The original source of the data is the **Ministry of Health** (MINSAL), Department of Health Statistics and Information (DEIS), www.deis.cl.

- Data up to 2009: Statistical Compendium 2011 (and previous reports), INE, Health Statistics. http://www.ine.cl/canales/menu/publicaciones/compendio_estadistico/compendio_estadistico2011.php.
- 2010-2011 data are taken directly from the DEIS's Health Statistical System called REM and REMSAS.
- 2012-2014 data are taken from the DEIS's Health Statistical System called REM for Public Hospitals.
- Data since 2015: the source is the Department of Management of Assistance Networks (DIGERA) for beds belonging to the National System of Health Services (Systema Nacional de Servicios de Salud, SNSS). The methodology for the calculation of beds has remained unchanged.
- For Private Hospitals, the data are taken from the Association of Private Hospitals of Chile (Clínicas de Chile A.G) from 2012 to 2020 and DEIS "planilla excel de dotación de camas de establecimientos no pertenecientes".

- From 2021 onwards, the information of the association of clinics of Chile is no longer considered. The source is only the database of health facilities (establecimientos de salud) of the department of health statistics and information of the **Ministry of Health** of Chile.

Reference period: Annual periodicity.

Coverage: Nationwide.

- Data cover hospitals from the Public Health System (including hospitals of high, middle and low complexity plus delegated hospitals) and institutional hospitals (Armed Forces, Universities, Police), private clinics, occupational injury services (*mutuales*), psychiatric clinics, geriatric services and recovery facilities (CONNIN, TELETON, dialysis services among others).

- Data exclude geriatrics homes, etc.

- From 2012, the beds data for private sector refer only to establishments with 10 or more beds, according to the Association of Private Hospitals of Chile (Asociación de Clínicas de Chile A.G.).

- In 2014, field hospitals, which were previously considered as part of the Public Health System, did not provide care services. Hence, they were not considered in 2014 data.

- There are no data available at the level of functional areas for health facilities belonging to the SNSS.

Note: In 2010, a strong earthquake occurred in Chile, which explains the decrease in the number of other hospital beds in 2010. In 2011, a process of rebuilding hospital infrastructure was undertaken.

Psychiatric care beds

Coverage:

- Data include public and private sector. Public sector includes Psychiatric Hospitals from National System of Health Services, Army Hospitals, Chile's Police Hospitals and the Hospital Universidad de Chile.

- Data are allocated between somatic and psychiatric care according to functional units which are associated with the provision of hospital beds. If information on functional unit is missing, then data is allocated to somatic care beds.

- Psychiatric care beds include beds in the following functional units: Adult psychiatric unit (short, mean, long stay), Child/adolescent psychiatric unit (short, mean stay), Adult forensic psychiatry evaluation unit, Adult forensic psychiatry treatment unit, Child/adolescent forensic psychiatry evaluation unit, Child/adolescent forensic psychiatry treatment unit, Adult psychiatric intensive care unit, Child/adolescent psychiatric intensive care unit.

Break in time series: 2012, 2018, 2021.

- From 2012 to 2017, the beds data for private sector refer only to establishments with 10 or more beds, according to the Association of Private Hospitals of Chile (Asociación de Clínicas de Chile A.G.).

- Since 2018, includes beds also from the private sector. Since 2018 figures correspond to public and private sector. From 2018, there is a break in the time series, as the information is separated by level of care or by clinical service in the private sector. In previous years, since the breakdown of the functional units of the public sector was only available, the reported psychiatric beds were only about the public sector. The increase in psychiatric beds is explained by the addition of private sector psychiatric beds.

- The break in 2021 is due to a change in the data source. The information of the association of clinics of Chile is no longer considered. The source is only the database of establishments of the department of health statistics and information of the **Ministry of Health** of Chile. There are no data available at the level of functional areas for health facilities belonging to the SNSS.

Curative (acute) care beds

Coverage: All hospital beds except those in geriatric hospitals (see "LTC beds") and other specialized hospitals (see "other hospital beds").

- **Breakdown between somatic and psychiatric curative care beds** (2019-20): data are allocated according to functional units which are associated with the provision of hospital beds. If information on functional unit is missing, then data is allocated to somatic care beds.

Rehabilitative care beds

Data not available.

Long-term care beds

Coverage: Data include beds from geriatric hospitals (Hospital Geriátrico Paz de la Tarde and Instituto Nacional Geriátrico Presidente Eduardo Frei Montalva). These hospitals have only one functional unit called “adult basic care (“Área Médica Adulto Cuidados Básicos”).

Break in time series: 2012, 2014.

- From 2012, the beds data for private sector refer only to establishments with 10 or more beds, according to the Association of Private Hospitals of Chile (Asociación de Clínicas de Chile A.G.).

- In 2014, the decrease in number of LTC beds is due to a change in measurement from clinical services to functional units which impedes to differentiate between geriatric beds and adults beds.

Other hospital beds

Coverage: Data refer to beds in specialised hospitals (child healthcare, oncology, traumatology, neurology, etc).

- Data include beds from public specialized hospitals: Hospital Roberto del Rio (children hospital), Instituto Nacional del Cáncer (Oncology), Instituto Traumatológico Teodoro (Traumatology), Hospital Luis Calvo Mackenna (children hospital), Instituto Nacional de Enfermedades Respiratorias y Tórax (respiratory and thorax diseases), Instituto de Neurocirugía (Neurology), Instituto de Rehabilitación Infantil (Child rehabilitation), Hospital Exequiel González Cortes (children hospital I), Hospital Lucio Córdova (Infectious diseases), Hospital Traumatológico Concepción (Traumatology).

- Data also cover private specialized facilities: Clínica Urológica (Urology), Clínica Fundación Gantz (plastic surgery), CONIN Credes (Child nutrition), Fundación Arturo López Pérez (Oncology), Capredena (Physical Rehabilitation), CONIN Los Ángeles (Child nutrition), CONIN Temuco (child nutrition), CONIN Valdivia (child nutrition).

- **Breakdown between other somatic and psychiatric care beds** (2019-20): data are allocated according to functional units which are associated with the provision of hospital beds. If information on functional unit is missing, then data is allocated to somatic care beds.

Break in time series: 2012 (since 2012, a bigger number of specialised hospitals is considered).

Note: In 2010, a strong earthquake occurred in Chile, which explains the decrease in the number of other hospital beds in 2010.

Colombia

Source of data: **Special Register of Health Services Providers (REPS), Ministry of Health and Social Protection.**

Coverage: National.

Further information: The institutions report their installed capacity once their functioning has been enabled.

All psychiatric care beds

Coverage:

Curative (acute) care beds

Coverage:

Rehabilitative care beds

Coverage:

Long-term care beds

Data not available.

Other hospital beds

Coverage:

Costa Rica

Source of data:

- From 2020: **Ministry of Health through reports given by public and private hospitals.**

- Up to 2019: **Caja Costarricense de Seguro Social** (Costa Rican Social Security Fund).

Reference period: Total number reported on 31st December.

Break in time series: 2020. Data cover public and private hospitals as of 2020. Before 2020, data cover public hospitals only.

All somatic care beds

Coverage:

- Provisional data for 2023: Only includes data for public hospitals.
- Data cover only public hospitals owned by the Social Insurance until 2019; and private and public hospitals from 2020. It includes all kind of beds minus psychiatric beds.

Break in time series: 2023 Only includes data for public hospitals.

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

All psychiatric care beds

Coverage:

- Provisional data for 2023: Only includes data for public hospitals.
- Data cover only public hospitals owned by the Social Insurance. It includes all bed in psychiatric hospitals and beds in psychiatric wards of general hospitals.

Note: The decrease in the number of psychiatric care beds in 2021 is due to a reconversion of services in public hospital due to new policies favouring ambulatory care and reinsertion into the society of patients with mental diseases.

Break in time series: 2023 Only includes data for public hospitals.

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

Breakdown of hospital beds by function of health care

- Data not available.

Czechia

Source of data: **Institute of Health Information and Statistics of the Czech Republic.**

- Till 2009: Survey on bed resources of health establishments and their exploitation.
- Since 2010: National Registry of Reimbursed Health Services.

Reference period: End of the year.

Coverage:

- Until 1999, data cover only establishments of the health sector. Since 2000, data cover all sectors.
- Providers: Hospitals and specialised therapeutic institutes (excluding balneological institutes, institutes for long-term patients and Hospices).
- Beds: Until 2009, all available beds excluding newborns' cots. Since 2010 number of contracted beds excluding newborns' cots.
- Data do not include provisional beds, beds for accompanying persons and temporary beds (for less than 24 hours: day care beds, instrument beds such as dialysis beds, delivery beds). Generally, the value reflects the agreement between the healthcare facility and the health insurance company, which may change from year to year. It may not reflect the actual or available number of beds in the healthcare facility.

Deviation from the definition:

Estimation method:

Break in time series: 2000, 2010.

- Until 1999 data cover only establishments of the health sector. Since 2000, data cover all sectors (i.e., including health establishments of central organs other than health).
- Since 2010, change in the data source - data refer to the number of contracted beds with health insurance companies.
- Since 2010 administrative change in the records of hospitals for long-term patients: Institutes for long-term patients as the integrated facilities of the provider was terminated and transferred to the provider as a department.
- Since 2010 beds are monitored according to the fields of activity, till 2009 beds according to departments and workplaces.

Somatic care beds

Coverage:

- All beds in non-psychiatric wards of hospitals and specialised therapeutic institutes (excluding psychiatric institutes for adults and for children, balneological institutes, institutes for long-term patients and hospices).

Psychiatric care beds

Coverage:

- All beds in psychiatric institutes for adults and for children, and beds in psychiatric wards of hospitals and specialised therapeutic institutes (excluding balneological institutes, institutes for long-term patients and hospices).

Curative (acute) care beds

Coverage:

- All available acute care beds (excluding rehabilitative care beds) in university and general hospitals.

- **Somatic curative care beds:** All available acute care beds (excluding rehabilitative care beds) in non-psychiatric wards of hospitals.

- **Psychiatric curative care beds:** All available acute care beds in psychiatric wards of hospitals.

Break in time series: 2020.

- In 2020, new categorization of hospitals was implemented, which impacted reporting on acute and long-term care beds. It caused small increase in acute care psychiatric beds and respective small decrease in long-term care beds in 2020.

Rehabilitative care beds

Coverage:

- Rehabilitative care beds in all hospitals and specialised therapeutic institutes (excluding psychiatric institutes for adults and for children, balneological institutes, institutes for long-term patients and hospices).

- **Psychiatric rehabilitative care beds:** Not applicable (rehabilitation and psychiatric care are two separate medical specialities).

Long-term care beds

Coverage:

- All available beds in psychiatric institutes for adults and for children and all available beds for follow-up and long-term care (excluding rehabilitative care beds) in hospitals and specialised therapeutic institutes (excluding balneological institutes, institutes for long-term patients and hospices).

- **Somatic LTC beds:** All available beds for follow-up and LTC in non-psychiatric wards (excluding rehabilitative care beds) of hospitals and specialised therapeutic institutes (excluding balneological institutes, institutes for long-term patients and hospices).

- **Psychiatric LTC beds:** All available beds in psychiatric institutes for adults and for children and all available beds for follow-up and long-term care in psychiatric wards of hospitals and specialised therapeutic institutes (excluding balneological institutes, institutes for long-term patients and hospices).

Break in time series: 2010, 2020.

- Since 2010 administrative change in the records of hospitals for long-term patients: Institutes for long-term patients as the integrated facilities of the provider was terminated and transferred to the provider as a department.

- In 2020, new categorization of hospitals was implemented, which impacted reporting on acute and long-term care beds. It caused small increase in acute care psychiatric beds and respective small decrease in long-term care beds in 2020.

Other hospital beds

Coverage:

- All available beds (excluding rehabilitative care beds) in institutes for TB and respiratory diseases for adults, convalescent homes for children, other special therapeutic institutes for adults and for children, other therapeutic institutes (not elsewhere classified).

- **Other somatic care beds:** beds in non-psychiatric wards in institutes above.

- **Other psychiatric care beds:** beds in psychiatric wards in institutes above.

Denmark

Source of data: **The Danish Health Data Authority**. Register of Hospital Beds and Occupancy (SOB).

Reference period:

Public hospitals

- For 2011 and previous years, the reference period is 31/12 each year.
- From 2014 onwards: yearly average number of beds per day (number of beds at 11 pm).

Private hospitals

- Whole period: 31 December.

Coverage: Complete.

- There are no data for 2012, 2014 and 2015.

Deviation from the definition:

Estimation method:

Break in time series:

- Break in 2011 for public hospitals.

Somatic care beds

Estimation method: Somatic care beds have been calculated as the difference between Total hospital beds and Psychiatric care beds.

Psychiatric care beds

Coverage: Data exclude psychiatric care beds for elderly patient living in retirement homes, under the responsibility of the Danish Social Services.

Curative (acute) care beds

Coverage:

Deviation: In Denmark beds used for rehabilitative and long-term care in HP1 hospitals cannot be separately identified. Therefore, rehabilitative and long-term care beds are included, since it is not feasible to distinguish between the various types of beds.

Rehabilitative care beds

Coverage: Not applicable.

Long-term care beds

Coverage: Not applicable.

Other hospital beds

All somatic care data have been allocated to specific categories.

Estonia

Source of data:

- Since 1st January 2008 **National Institute for Health Development**, Department of Health Statistics.
- Data from routinely collected health care statistics submitted by health care providers (until 2018 monthly statistical report "Hospital beds and hospitalisation", since 2019 yearly statistical report "Hospital").

Reference period: 31st of December, up to 2012. Since 2013, average number of beds.

Coverage:

- All hospitals HP.1 (public and private sector) are included.
- Cots for neonates, day beds, provisional and temporary beds, and beds in storerooms are excluded from hospital beds.
- Beds in welfare institutions are excluded.
- The decrease in the number of hospital beds after 1991 was the result of the first reorganisation wave of the health care system of the independent country.
- In 2002, the Government of Estonia introduced the Hospital Master Plan that anticipates an optimum number of hospitals and hospital beds necessary to provide acute health care services taking into account the number of the population of Estonia and the population forecasts. Therefore, existing hospitals were

reorganised, some became out-patient care providers, and some were closed or consolidated. This change can be called the second wave of the reorganisation of the Estonian health care system.

- At the end of 2005, the number of beds was smaller. Several beds were closed because of financial shortages.

Deviation from the definition:

Estimation method:

Break in time series: 2013.

- In Estonia, hospitals that provided only in-patient long-term care services (long-term care hospitals) were reorganised to the nursing care hospitals. This restructuration came into force according to the Health Services Organisation Act at the beginning of 2013.

(<https://www.riigiteataja.ee/en/eli/ee/Riigikogu/act/521012015003/consolide>). Previous long-term care hospitals (HP.1) were classified amongst long-term nursing care facilities HP.2 according to the SHA2011 in 2013. Therefore, the total number of hospital beds decreased in 2013. The number of curative care beds, other beds (tuberculosis) and psychiatric beds were not influenced by this methodological change.

- Since 2013, average number of beds.

Somatic and psychiatric care beds

Coverage:

- Only the total number of psychiatric care beds is available. There are no data available that could be used for the purpose of dividing psychiatric beds by function of health care (curative care, rehabilitative care, LTC).

- The breakdown of somatic care beds by function is available.

Curative (acute) care beds

Coverage:

- Tuberculosis and long-term care are excluded.

- Data are not available for psychiatric curative care beds. There are no data available that could be used for the purpose of dividing psychiatric beds by function of health care.

Break in time series: 2000.

- Until 1999, beds for rehabilitation are included in curative (acute) care beds. Since 2000, the number of curative care beds does not include beds for rehabilitation.

Rehabilitative care beds

Coverage:

- Data refer to rehabilitative care beds in general (there is no category such as psychiatric rehabilitative care beds in the Estonian health care system). Until 1999, rehabilitative care beds are included in curative care beds.

- There are no data available that could be used for the purpose of dividing psychiatric beds by function of health care.

Long-term care beds

Coverage:

- Data refer to long-term care beds in general and do not include psychiatric LTC beds (there is no category such as psychiatric long-term care beds in the Estonian health care system).

- There are no data available that could be used for the purpose of dividing psychiatric beds by function of health care.

Break in time series: 2013.

- In Estonia, hospitals that provided only in-patient long-term care services (long-term care hospitals) were reorganised to the nursing care hospitals. This restructuration came into force according to the Health Services Organisation Act at the beginning of 2013.

(<https://www.riigiteataja.ee/en/eli/ee/Riigikogu/act/521012015003/consolide>). Previous long-term care hospitals (HP.1) were classified amongst long-term nursing care facilities HP.2 according to the SHA2011 in 2013. Therefore, the total number of hospitals decreased in 2013 as well as all other statistics provided for in-patient care (beds, discharges by hospital beds).

Other hospital beds

Coverage:

- Other hospital beds include only beds for tuberculosis.

Finland

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

Reference period: During the year.

Coverage: All hospitals

Deviation from the definition:

Estimation method: Beds are estimated as a sum of bed days during year divided by 365 or 366.

Note: For **LTC beds**, the trend has been decreasing during the years 2009 and 2010. There are some explanations behind the figures. On the one hand patients have moved into other care facilities. On the other hand, the requested figure is an estimation including somatic care periods over 90 days. As a consequence, the shortened care periods explain part of the decrease in long-term care beds.

Break in time series: Since 2019, the data are collected in different format and the division between outpatient care and inpatient care is different, which leads to a break in 2019.

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

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

Reference period: st December.

Coverage:

- Data refer to metropolitan France and D.R.O.M. (overseas departments).
- Data include army hospitals from 2002 onwards.
- Data from 2013 cover geographical establishments for all sectors (public and private).

Estimation method:

Break in time series: 2013. The survey has been recasted in 2014 for the data concerning 2013 onwards (review and update of the questionnaire, change of the unit surveyed – from legal entity to geographical establishment –, improvement of the consistency between the survey and an administrative source of data on the activity of hospitals). Though the principles of the survey remain the same, some concepts and some questions have changed, leading to a break in time series for the year 2013.

Psychiatric care beds

Coverage:

- Psychiatric care beds include all beds in mental health units in general hospitals as well as other hospitals, and beds for substance abuse treatment only when the head of the unit is a psychiatrist. Otherwise, these beds are counted either as curative care beds or long-term care beds.
- Data are not available for a detailed breakdown of psychiatric care beds between the curative, rehabilitative and long-term care beds categories.

Curative (acute) care beds

Coverage: Curative care beds are beds for surgery, obstetrics and other medical care.

Deviation from the definition: palliative care beds are included (~7500 beds in 2021).

Rehabilitative care beds

Coverage: Data include beds for rehabilitation care.

Long-term care beds

Coverage: Long-term care beds include very long-term care beds for elderly people. These persons require long-term care due to chronic impairments and a reduced degree of independence in activities of daily

living. These disabled elderly persons can be looked after either in hospitals or in nursing and residential care facilities for elderly people. Since 2008, due to legal modifications, many beds formerly counted in hospitals are now considered as beds in nursing and residential care facilities.

Deviation from the definition: palliative care beds are excluded (~7500 beds in 2021).

Germany

Total hospital beds

Source of data: **Federal Statistical Office**, Hospital statistics 2023 (basic data of hospitals and prevention or rehabilitation facilities); Statistisches Bundesamt 2024, *Statistischer Bericht: Grunddaten der Krankenhäuser*, table 23111-04 and Statistisches Bundesamt 2023, *Statistischer Bericht: Grunddaten der Vorsorge- oder Rehabilitationseinrichtungen*, table 23112-04; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Total hospital beds comprise psychiatric and non-psychiatric beds in all types of hospitals (HP.1.1, 1.2 and 1.3) in all sectors (public, not-for-profit and private).
- Included are beds in general hospitals, mental health hospitals and prevention and rehabilitation facilities.
- Beds in long-term-nursing care facilities are excluded.
- Cots for healthy infants, recovery trolleys, emergency stretchers, surgical tables and beds for same-day care and palliative care are also not included.

Deviation from the definition:

Estimation method:

Break in time series:

Somatic care beds

Source of data: **Federal Statistical Office**, Hospital statistics 2023 (basic data of hospitals and of prevention or rehabilitation facilities), Statistisches Bundesamt 2024, *Statistischer Bericht: Grunddaten der Krankenhäuser*, table 23111-07 and Statistisches Bundesamt 2024, *Statistischer Bericht: Grunddaten der Vorsorge- oder Rehabilitationseinrichtungen*, table 23112-06 and internal calculations by the Federal Statistical Office; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Somatic care hospital beds comprise non-psychiatric beds in all types of hospitals (HP.1.1 and 1.3) in all sectors (public, not-for-profit and private).
- Beds in mental health hospitals (HP.1.2) and beds in long-term-nursing care facilities are excluded.

Psychiatric care beds

Source of data: **Federal Statistical Office**, Hospital statistics 2023 (basic data of hospitals and of prevention or rehabilitation facilities), Statistisches Bundesamt 2024, *Statistischer Bericht: Grunddaten der Krankenhäuser*, table 23111-07 and Statistisches Bundesamt 2024, *Statistischer Bericht: Grunddaten der Vorsorge- oder Rehabilitationseinrichtungen*, table 23112-06 and internal calculations by the Federal Statistical Office; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Psychiatric care beds in hospitals comprise beds in mental health hospitals (HP.1.2), beds in psychiatric departments of general hospitals (HP.1.1) and beds in psychiatric departments of prevention and rehabilitation facilities (HP.1.3) in all sectors (public, not-for-profit and private).
- In Germany, “mental health hospitals” are defined as hospitals exclusively with psychiatric, psychotherapeutically or psychiatric, psychotherapeutically and neurological beds.
- Beds in long-term-nursing care facilities are excluded.

Curative (acute) care beds

Source of data: **Federal Statistical Office**, Hospital statistics 2023 (basic data of hospitals), Statistisches Bundesamt 2024, *Statistischer Bericht: Grunddaten der Krankenhäuser*, table 23111-04; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Curative (acute) care beds comprise psychiatric and non-psychiatric beds in general hospitals (HP.1.1) and in mental health hospitals (HP.1.2) in all sectors (public, not-for-profit and private).
- Excluded are rehabilitative care beds (psychiatric and non-psychiatric) in prevention and rehabilitation facilities (HP.1.3) and beds in long-term nursing care facilities.
- **Somatic curative care beds** comprise non-psychiatric beds in general hospitals (HP.1.1) in all sectors (public, not-for-profit and private). Beds in mental health hospitals (HP.1.2) are excluded.
- **Psychiatric curative care beds** comprise beds in mental health hospitals (HP.1.2) and beds in psychiatric departments of general hospitals (HP.1.1) in all sectors (public, not-for-profit and private).

Rehabilitative care beds

Source of data: **Federal Statistical Office**, Hospital statistics 2023 (basic data of prevention or rehabilitation facilities); Statistisches Bundesamt 2024, *Statistischer Bericht: Grunddaten der Vorsorge- oder Rehabilitationseinrichtungen*, table 23112-04; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Rehabilitative care beds comprise psychiatric and non-psychiatric beds in prevention and rehabilitation facilities (HP.1.3) in all sectors (public, not-for-profit and private).
- Excluded are beds (psychiatric and non-psychiatric) in general hospitals (HP.1.1), mental health hospitals (HP.1.2) and beds in long-term nursing care facilities.
- **Somatic rehabilitative care beds** comprise non-psychiatric beds in prevention and rehabilitation facilities (HP.1.3) in all sectors (public, not-for-profit and private).
- **Psychiatric rehabilitative care beds** comprise psychiatric beds in prevention and rehabilitation facilities (HP.1.3) in all sectors (public, not-for-profit and private).

Long-term care beds

In Germany, no long-term care beds are provided in hospitals.

Other hospital beds

In Germany, all beds in HP.1 can be allocated functionally, thus no remnant position “other beds”.

Greece

Source of data: **Hellenic Statistical Authority (EL.STAT.), Hospital Census.**

Reference period: Annual average.

Coverage:

Deviation from the definition:

Estimation method:

Break in time series: Until 2009, the number of beds includes beds overnight, day-care beds and beds of residential units run by hospitals whereas from 2010 onwards data include only the overnight beds as given by the hospitals. Until 2009 there was not a distinction between day and overnight beds

Breakdown of hospital beds between somatic and psychiatric care beds, and by function of health care

Estimation method: The allocation of beds was done by collecting the numbers of beds corresponding to codes specific for each Section & Department of the Questionnaire of the Hospital Census and through the cooperation of hospitals if there were ambiguities.

Curative (acute) care beds

Source of data: **Hellenic Statistical Authority (EL.STAT.), Annual Hospital Census.**

Coverage: Data include somatic and psychiatric curative care beds in hospitals.

Reference period: Annual average.

Break in time series:

Rehabilitative care beds

Source of data: **Hellenic Statistical Authority (EL.STAT.), Annual Hospital Census.**

Reference period: 31st of December.

Coverage: The data do not include beds in rehabilitative centres, which are not considered as hospitals.

Break in time series:

Long-term care beds

Source of data: **Hellenic Statistical Authority (EL.STAT.), Annual Hospital Census.**

Coverage: Data include chronic psychiatric care beds since 2015.

Other hospital beds

- Not available

Hungary

Source of data:

- Until 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". www.oep.hu.

- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". www.neak.gov.hu.

Reference period: 31st December.

Coverage:

- Data include all acute care, rehabilitative care and long-term care hospital beds (including acute psychiatric care beds and including rehabilitative and long-term psychiatric care beds) run by (public, not-for-profit and for-profit) hospitals under contract with Hungarian National Health Insurance Fund (OEP) and then National Institute of Health Insurance Fund Management (NEAK). Data do not include hospitals not under contract with OEP and NEAK (the number of these hospitals is negligible).

- Until 2017, data include the number of justice hospitals beds in forensic hospital and prison hospital. From 2018, data exclude the number of beds in justice hospital.

Deviation from the definition:

Estimation method:

Break in time series: 2007, 2018.

- In 2007, the number of acute hospitals beds in hospitals under contract with Hungarian National Health Insurance Fund (OEP) decreased significantly, but the number of chronic beds increased.

- From 2018, the number of beds in justice hospital is excluded.

Curative (acute) care beds

Coverage:

- Includes all acute hospital beds (including acute psychiatric care beds) in hospitals under contract with Hungarian National Health Insurance Fund (OEP) and then National Institute of Health Insurance Fund Management (NEAK).

- Curative psychiatric care beds include Psychiatry, Addictology, and Child and youth psychiatry.

Rehabilitative care beds

Coverage:

- Includes the number of rehabilitation beds (including rehabilitative psychiatric care beds) in hospitals under contract with Hungarian National Health Insurance Fund (OEP) and then National Institute of Health Insurance Fund Management (NEAK).

- Rehabilitative psychiatric care beds include Psychiatric rehabilitation, Addictology rehabilitation, Child and youth psychiatric rehabilitation, and Child and youth addictology rehabilitation.

Long-term care beds

Coverage:

- Includes the number of chronic beds (including long-term psychiatric care beds) in hospitals under contract with Hungarian National Health Insurance Fund (OEP) and then National Institute of Health Insurance Fund Management (NEAK).

- Long-term psychiatric care beds include Chronic (i.e. long-term) psychiatry (geronto-psychiatry).

Other hospital beds

Coverage: All hospital beds are classified as one of the curative (acute) care beds, rehabilitative care beds or long-term beds. There is no other type of bed.

Iceland

Source of data: **The Ministry of Health.**

Reference period: Annual average.

Coverage:

- 2007 and onwards: Beds in hospitals, i.e. health care facilities with 24-hour access to a hospital physician.

Somatic care beds

Coverage: Somatic care beds in hospitals.

Psychiatric care beds

Coverage: Psychiatric care beds in hospitals.

Curative care beds

Coverage: Somatic and psychiatric curative care beds in hospitals.

Rehabilitative care beds

Coverage: Rehabilitative care beds in hospitals, including rehabilitative care beds in psychiatric departments.

Long-term care beds

Coverage: Long-term care beds in hospitals, including beds in palliative care.

Other hospital beds

- All data have been allocated to other specific categories.

Ireland

Total hospital beds

Source of data: Refer below for each specific category.

Reference period: Figures as at end of December.

Coverage:

- Total hospital beds is the sum of curative care, psychiatric care, long-term care, and rehabilitative care beds. (Refer below for each specific category.)

Deviation from the definition:

Estimation method:

Break in time series:

- From 2015, data includes private acute hospitals.

- Private hospital bed data in 2019 is based on information given to the Health Service Executive (HSE) as part of arrangements for hospital surge capacity during the Covid-19 pandemic. Information relates to year-end.

Curative (acute) care beds

Source of data:

- **Public acute hospital beds:** Health Service Executive (<https://www.hse.ie/eng/>).

- **Private acute hospital beds:** Private Hospitals for 2015 onwards which is obtained from the Private Hospitals Survey conducted by the **Department of Health** (<https://www.gov.ie/en/organisation/department-of-health/>).

Reference period: Figures as at end of December.

Coverage:

- Data refer to average available beds in publicly funded acute (HP1) hospitals only until 2014. Beds in public and private hospitals are included since 2015.
- Data cover somatic and psychiatric care beds in acute hospitals.
- Acute hospitals in Ireland provide care to some patients diagnosed with psychiatric illnesses ((ICD-10-AM F00-F99) outside psychiatric departments of the general hospital. It is not possible to link this activity to specific hospitals beds. This activity mainly relates to treatment of mental and behavioural disorders due to use of alcohol and drugs or the treatment of Dementia.
- Geriatric and rehabilitation beds in public acute hospitals are excluded.

Deviation from the definition:

Estimation method:

Break in time series:

- From 2015, data includes private acute hospitals.
- Private hospital bed data in 2019 is based on information given to the Health Service Executive (HSE) as part of arrangements for hospital surge capacity during the Covid-19 pandemic. Information relates to year-end.

Rehabilitative care beds

Source of data:

- **Public acute hospital beds:** **Health Service Executive** (<https://www.hse.ie/eng/>).
- **Private acute hospital beds:** **Private Hospitals** for 2015 onwards which is obtained from the Private Hospitals Survey conducted by the **Department of Health** (<https://www.gov.ie/en/organisation/department-of-health/>).

Reference period: Figures as at end of December.

Coverage:

- Data refers to average available rehabilitative beds in publicly and privately funded acute (HP1) hospitals.
- There are no psychiatric rehabilitative care beds in Ireland.

Deviation from the definition:

Estimation method:

Break in time series:

Long-term care beds

Source of data: **Health Service Executive** (<https://www.hse.ie/eng/>).

Reference period: Figures as at end of December.

Coverage:

- Data refers only to beds in the geriatric specialty in public HP1 (acute) hospitals. Private hospitals are not included.

Deviation from the definition:

Estimation method:

Break in time series:

Other hospital beds

All data has been allocated to other specific categories; null values are provided due to this.

Source of data:

Reference period:

Coverage:

Deviation from the definition:

Estimation method:

Break in time series:

Psychiatric care beds

Source of data: **Mental Health Commission** (<https://www.mhcirl.ie/>) and **Health Research Board** (<https://www.hrb.ie/>).

Reference period: Figures as at end of December.

Coverage:

- Data includes psychiatric care beds from the public and private hospital sectors. Data relates to all beds in mental health hospitals (HP.1.2) and beds in psychiatric departments of general hospitals (HP.1.1) and specialised hospitals (other than mental health hospitals) (HP.1.3).

- Acute hospitals in Ireland provide care to some patients diagnosed with psychiatric illnesses (ICD-10-AM F00-F99) outside psychiatric departments of the general hospital. It is not possible to link this activity to specific hospitals beds. This care is not captured in the figure reported for psychiatric care beds.

Deviation from the definition:

Estimation method:

Break in time series:

Israel

Source of data: The data are based on the Medical Institutions License Registry maintained by the Department of Medical Facilities and Equipment Licensing and the Health Information Division in the **Ministry of Health**.

Reference period: End of year.

Coverage:

- Includes beds in all hospitals (all acute care, mental health and specialty hospitals), and excludes beds in nursing and residential care facilities.
- In Israel, hospitals often include 'nursing home' beds. The definition of "hospital" versus "nursing home" is based on the majority of its hospital wards beds.
- All hospital beds are divided by functional categories (curative care, rehabilitative care and LTC).

All somatic care beds

Coverage: All licensed somatic care beds in all hospitals, according to somatic hospital wards.

All psychiatric care beds

Coverage: All licensed psychiatric care beds in all hospitals, according to psychiatric hospital wards.

- In 2022 report the whole time series was adjusted due to a change in the classification of curative and LTC mental health hospital beds. Also, there was a change in the classification of some residential long-term care facilities to hospitals.

Note: Since 2000, there were major changes in policy regarding psychiatric hospital beds. In 2000, two psychiatric care hospitals were closed, in 2001-2005 four more psychiatric care hospitals were closed and in 2006 four other psychiatric care hospitals were closed. Most of these hospitals were for-profit privately owned hospitals and included long term hospitalizations, and the patients were then often treated in rehabilitation facilities in the community or in nursing homes facilities.

Curative (acute) care beds

Coverage: All licensed curative care beds in all hospitals, according to hospital wards.

- **Somatic curative care beds:** All licensed somatic curative care beds in all hospitals, excluding psychiatric beds, according to hospital wards.
- **Psychiatric curative care beds:** All licensed psychiatric curative care beds in all hospitals, according to hospital wards.

Rehabilitative care beds

Coverage: All licensed (somatic) rehabilitative care beds in all hospitals, according to hospital wards.

- There are psychiatric rehabilitative care in the community, but not in hospitals.

Long-term care beds

Coverage: All licensed (somatic) LTC care beds in all hospitals, excluding nursing home beds in hospitals, according to hospital wards.

- In 2022 report the whole time series has been adjusted due to a change in the classification of curative and LTC mental health hospital beds. Also, there was a change in the classification of some residential long-term care facilities to hospitals.

Other hospital beds

Coverage: All licensed 'nursing home' beds in hospitals, according to hospital wards.

- There are no other psychiatric care beds in hospitals.

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

Italy

Source of data: **Ministry of Health** - General Directorate of digitalisation, health information system and statistics - **Office of Statistics**. 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. Military hospitals are excluded.

Deviation from the definition: None.

Estimation method: None.

Break in time series: None.

Psychiatric care beds

Coverage:

- In Italy, mental health hospitals (HP.1.2) and specialized psychiatric hospitals (HP.1.3) do not exist; psychiatric curative care is treated in wards of general hospitals (HP.1.1), such as psychiatric wards and infantile neuropsychiatric wards.

- Psychiatric care beds include care beds of psychiatric wards and care beds of infantile neuropsychiatric wards.

Curative (acute) care beds

Coverage:

- **Somatic curative care beds** include all curative care beds, excluding beds in psychiatric wards and beds in infantile neuropsychiatric wards.

- **Psychiatric curative care beds** include beds in psychiatric wards and beds in infantile neuropsychiatric wards of general hospitals (HP.1.1). (There are no mental health and substance abuse hospitals in Italy).

- Data include all in-patient beds except rehabilitative care beds and long-term care beds.

Break in time series: None.

Rehabilitative care beds

Coverage:

- Beds for rehabilitative care (HC.2), in all hospitals, public and private, including private hospitals not accredited by the National Health Service. Military hospitals are excluded.

Long-term care beds

Coverage:

- Beds for long-term care (HC.3), in all hospitals, public and private, including private hospitals not accredited by the National Health Service. Military hospitals are excluded.

Other hospital beds

- All data have been allocated to more specific categories.

Japan

Source of data: **Ministry of Health, Labour and Welfare**, "Survey of Medical Institutions".

Reference period: Data correspond to numbers of October 1 of each survey years.

Coverage: All beds in hospitals and medical clinics.

All psychiatric care beds

Coverage: Psychiatric care beds in hospitals. (There are no psychiatric care beds in medical clinics.)

- The number of psychiatric care beds cannot be broken down by functional category.

Curative (acute) care beds

Coverage: Acute care beds include infectious disease beds, general beds in hospitals and medical clinics; they also include beds for tuberculosis in hospitals (there are no tuberculosis beds in medical clinics). They exclude psychiatric beds and long-term care beds in hospitals and medical clinics.

Rehabilitative care beds

Data not available.

Long-term care beds

Coverage: Data relates to the number of long-term care beds in hospitals and medical clinics.

Korea

Source of data: **Ministry of Health and Welfare**, Yearbook of Health and Welfare Statistics, and unpublished data.

Reference period: As at 31st December.

Coverage:

- Hospitals: all sorts of medical institutions equipped with wards of at least 30 beds.

- Excludes day-care beds, emergency beds, surgical tables, recovery trolleys, delivery beds and cots for normal neonates.

Curative (acute) care beds

Coverage:

- Inclusion: Beds for somatic or psychiatric care in general hospitals, psychiatric hospitals, hospitals, dental hospitals, and oriental medicine hospitals.

- Exclusion: Beds in tuberculosis hospitals, Hansen's diseases hospitals, long-term care hospitals, leprosy hospitals, rehabilitative hospitals and beds operated for rehabilitative care in general hospitals.

Rehabilitative care beds

Coverage: Beds in specialised rehabilitative hospital and beds operated for rehabilitative care in general hospitals are included.

Long-term care beds

Coverage: Only care beds in long-term care hospitals are included.

Other hospital beds

Coverage: Tuberculosis beds and Hansen's diseases beds.

Latvia

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

Reference period: Up to 1999: end of the year, from 2000: mid-year.

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

Deviation from the definition:

Estimation method:

Break in time series: 2000: Change in reference period.

Curative (acute) care beds

Coverage: Data available for somatic curative care beds only. (Psychiatric care beds cannot be broken down by function of health care, i.e. curative, rehabilitative, and long-term care).

Note: Reductions in years 2009 and 2010 due to restructuring and health care reforms.

Rehabilitative care beds

Coverage: Data available for somatic rehabilitative care beds only. (Psychiatric care beds cannot be broken down by function of health care, i.e. curative, rehabilitative, and long-term care).

Note: The increase of rehabilitative beds in 2011 is due to registered new health care institutions with rehabilitative beds.

Long-term care beds

Coverage: Data available for somatic LTC beds only. (Psychiatric care beds cannot be broken down by function of health care, i.e. curative, rehabilitative, and long-term care).

Note: The increase in year 2010 is due to restructuring and health care reforms.

Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report "Health Statistics of Lithuania" available from <https://www.hi.lt/sveikatos-statistikos-leidiniai/#--lietuvos-sveikatos-statistika>.

Reference period: 31st December.

Coverage: The number of hospital beds excludes nursing beds.

Deviation from the definition:

Estimation method:

Break in time series:

Somatic care beds

Coverage: All hospital beds excluding psychiatric care beds.

Psychiatric care beds

Coverage: All psychiatric hospital beds.

Curative (acute) care beds

Coverage:

- **Somatic curative care beds:** All hospital beds excluding psychiatric, rehabilitation, tuberculosis beds.
- **Psychiatric curative care beds:** Psychiatric hospital beds without psychiatric rehabilitation beds and without estimated number of long-term care psychiatric beds.

Rehabilitative care beds

Coverage:

- Data include rehabilitation beds in general and rehabilitation hospitals. Beds in sanatoriums are excluded. Few rehabilitation beds for drug abusers are included.

- **Somatic rehabilitative care beds:** All rehabilitation beds excluding psychiatric rehabilitation beds.

- **Psychiatric rehabilitative care beds:** Psychiatric rehabilitation beds.

Break in time series: 1998, 2001, 2011.

- A significant change in the number of rehabilitation beds in 1998 was due to the reorganisation of a few sanatoriums into rehabilitation hospitals and establishing rehabilitation departments in a number of general hospitals.

- In 2001 two rehabilitation hospitals became sanatoriums again, one hospital was closed. Reorganisation took few years.

- During the period 2000-2011, the number of rehabilitation beds fluctuated. In 2011, few sanatoriums were incorporated into hospitals and the number of rehabilitation beds has increased significantly.

Long-term care beds

Coverage:

- The number of long-term beds include tuberculosis beds (average length of stay 70 days) and long-term psychiatric beds.

- **Somatic long-term care beds:** Tuberculosis hospital beds.

- **Psychiatric long-term care beds:** Estimation of long-term care psychiatric beds according to the number of bed-days of long-term psychiatric patients with bed occupancy rate 80%.

Deviation from definition: Palliative care beds are excluded as it is complicated to separate them from nursing beds. But the number of palliative beds is low.

Other hospital beds

All data have been allocated to other specific categories.

Luxembourg

Source of data: **Luxembourg Health Directorate** (Division de la médecine curative et de la qualité en santé).

For 2020 - 2023: **National Health Observatory.**

Reference period: mid-year situation

Coverage: It includes the total number of installed beds (according to hospitals declarations) in general hospitals, mental health hospitals and specialised hospitals (HP. 1.1, HP. 1.2, and HP. 1.3 of the ICHA-HP terminology).

Deviation from the definition:

Estimation method:

Break in time series: 2019.

- Until 2019, it is currently difficult to distinguish the in-patient beds from beds for same-day care.
- Since 2019, the implementation of the new Hospital Law (2018) and the new authorization process clearly distinguishes the in-patient beds from beds for same-day care. The number of beds reported only includes the in-patient beds.

Psychiatric care beds

Coverage:

- Include beds for psychiatric curative care in general hospitals (HP.1.1) and beds for psychiatric rehabilitative care and psychiatric long-term care in mental health hospitals (HP.1.2). In other specialised establishments, funded psychiatric beds do not exist.

Somatic care beds

Coverage:

- Data include beds for curative care in general and specialised hospitals, palliative care beds in general institutions, rehabilitative care beds in general and in specialised institutions.
- Data do not include psychiatric curative care beds in general hospitals, psychiatric rehabilitative care beds and psychiatric long-term care beds in mental health hospitals.

Curative (acute) care beds

Coverage:

- **Somatic curative care beds:** Before 2019, data include beds for curative care (HC.1.) in general and specialised hospitals (HP.1.1 and HP.1.3) and beds for palliative care in general hospitals; data exclude psychiatric curative care beds. Since 2019, following the implementation of the new Hospital Law, beds for palliative care are excluded.
- **Psychiatric curative care beds:** Data include beds for psychiatric curative care in general hospitals. Data do not include beds for psychiatric rehabilitative care beds and beds for psychiatric long-term care in mental health hospitals (HP 1.2).

Break in time series: 2019. Since 2019, data exclude palliative care beds.

Rehabilitative care beds

Coverage:

- **Somatic rehabilitative care beds:** Before 2019, data include rehabilitative care beds in general hospitals and other specialised hospitals (HP.1.1 and HP.1.3). Since 2019, following the implementation of the new Hospital Law, data include rehabilitative care beds and palliative care beds in general hospitals and other specialised hospitals.
- **Psychiatric rehabilitative care beds:** Data include psychiatric rehabilitative care beds in mental health hospitals (HP.1.2).

Break in time series: 2019. Since 2019, data include palliative care beds. Furthermore, a part of psychiatric rehabilitative care beds in mental health hospital (HP.1.2) has been converted to long-term care beds in 2019.

Deviation from definition: Following the new Hospital Law, beds for palliative care are included in rehabilitative care beds and not in long-term care beds.

Long-term care beds

Coverage:

- Following the introduction of the 'dependence insurance' (assurance dépendance) in 1998, long-term care beds no longer depend on hospitals (until 2018).
- Since the implementation of the new Hospital Law in 2019, there are new long-term care beds by conversion of a part of psychiatric rehabilitative care beds in mental health hospital (HP.1.2). Other long-term care beds will also be available in the future in one general hospital (HP.1.1).
- **Somatic LTC beds:** Not applicable.
- **Psychiatric LTC beds:** Data include beds for psychiatric long-term care beds in mental health hospitals.

Break in time series: 2019. A part of psychiatric rehabilitative care beds in mental health hospital (HP.1.2) has been converted to long-term care beds in 2019.

Other hospital beds

All data have been allocated to more specific categories.

Mexico

Source of data:

- From 1990 to 2002: **Ministry of Health**. Bulletin of Health Information and Statistics. National Health System, Vol. 1, "Human and material health resources", 1990 to 2002.
- From 2003 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.

Coverage:

- Information is reported from 1990 onwards, including public and private sectors (data for the private sector reflect only resources in for-profit privately owned hospitals).

Estimation method: For 1991, 1997 and 2000, the data of private providers were estimated using a linear interpolation method.

- In 2020, the time series of hospital beds has been replaced completely due to adjustment in the grouping of the type of beds according to the national registers. Previously, all beds were presented, including one-day occupancy and outpatient beds. Now the data cover only inpatient beds.
- In 2022, the data for the years 2011 to 2020 were replaced because psychiatry beds in social security institutions are identified independently.

All psychiatric care beds

Coverage:

- Data include beds in general and psychiatric/mental hospitals.
- 1990-94 data are not available.

Breakdown by function of care (curative care, rehabilitative care, LTC)

Data not available.

Netherlands

Source of data:

- 2015 onwards: **Annual reports social account (DigiMV)**. (2015 only: estimate of LTC beds by Trimbos institute).
- 2006-2014: Annual reports social account (DigiMV) plus Trimbos institute estimates based on National Health Authority.

- 2003-2005: Prismant survey; Psychiatric care beds in general hospitals and university hospitals: Prismant; psychiatric care beds total: Trimbos institute estimates based on National Health Authority.
- 2001-2002: Prismant survey; Psychiatric care beds in general hospitals and university hospitals: Prismant; psychiatric care beds in psychiatric hospitals: annual survey Statistics Netherlands.
- 1990-2000: Annual survey Statistics Netherlands.
- 1965-1989: Statistics of inpatient care, Statistics Netherlands.

Reference period:

- 2022: First Monday of December
- 2015-2021: 31 December.
- 2006-2014: 31 December, except for psychiatric care beds: usual number during the year.
- 2001-2005: 1st January; except for psychiatric care beds: usual number during the year.
- 1980-2000: Annual average.
- 1965-1979: 31 December.

Coverage:

- Beds in general, university, specialised hospitals, independent treatment centres, mental health care institutions, rehabilitative care institutions, psychiatric hospitals, and beds in psychiatric wards of general and university hospitals.

Excludes:

- Beds in psychiatric hospitals of the Ministry of Justice;
- Beds in private clinics that perform procedures that are fully paid for by out-of-pocket expenditure;
- Beds in the military hospital.
- 2022: beds for psychiatric care covered by the Long-term Care Act (acronym in Dutch: Wlz) are excluded
- 2021 onwards: beds for same-day care are excluded in all hospitals.
- 2015 onwards: excludes cots for healthy infants.

Deviation from the definition:

- 2022: beds for psychiatric care covered by the Long-term Care Act (acronym in Dutch: Wlz) are excluded

Beds for same-day care

- 2015 onwards: beds for same-day care excluded in mental health care institutions; in all other hospitals they are included until 2020.
- 1965-2014: beds for same-day care included.

Cots for healthy infants

- 2002-2014: includes cots for healthy infants.
- 1990-2001: excludes cots for healthy infants.
- 1960-1989: includes cots for healthy infants.

Estimation method:

Break in time series:

- 2022: Due to a change in the survey for the Annual reports social account (DigiMV) beds for psychiatric care covered by the Long-term Care Act (acronym in Dutch: Wlz) are no longer included.
- 2021: beds for same-day care are excluded in all hospitals.
- 2021: There is a change in financing for long-term care in psychiatric care. Previously, these beds were covered by the Wet Maatschappelijke Ondersteuning (WMO; Social Support Act) which is not included in the data. Currently, they are covered by the Wet Langdurige Zorg (WLZ; Long-term Care Act), which is included in the data. Therefore, there is a sharp increase in long-term care beds and beds for psychiatric care.
- 1982, 1990, 2001, 2003, 2006, 2015 (changes in data source and coverage).

Somatic care beds

Source of data:

- 2015 onwards: **Annual reports social account (DigiMV).**

Reference period:

- 2022: First Monday of December
- 2015-2021: 31 December.

Coverage: Beds in general, university and specialized (other than mental health) hospitals; includes beds for same-day care and beds for rehabilitative care; excludes beds in psychiatric wards in general and university hospitals.

Break in time series:

- 2021: beds for same-day care are excluded in all hospitals.

Psychiatric care beds

Source of data:

- 2015 onwards: **Annual reports social account (DigiMV).**

Reference period:

- 2022: First Monday of December
- 2015-2021: 31 December.

Coverage:

- Beds in mental health hospitals and psychiatric wards in general and university hospitals.
- 2022: beds for psychiatric care covered by the Long-term Care Act (acronym in Dutch: Wlz) are excluded

Break in time series:

- 2022: Due to a change in the survey for the Annual reports social account (DigiMV) beds for psychiatric care covered by the Long-term Care Act (acronym in Dutch: Wlz) are no longer included.
- 2021: beds for same-day care are excluded in all hospitals.
- 2021: There is a change in financing for long-term care in psychiatric care. Previously, these beds were covered by the Wet Maatschappelijke Ondersteuning (WMO; Social Support Act) which is not included in the data. Currently, they are covered by the Wet Langdurige Zorg (WLZ; Long-term Care Act), which is included in the data. Therefore, there is a sharp increase in long-term care beds and beds for psychiatric care.

Curative (acute) care beds

Source of data:

- 2015 onwards: **Annual reports social account (DigiMV).**

Reference period:

- 2022: First Monday of December
- 2015-2021: 31 December.

Coverage:

- **Somatic curative care beds:** Beds in general, university and specialized hospitals minus beds for rehabilitative care and minus beds in psychiatric wards.
- **Psychiatric curative care beds:** Beds in psychiatric wards in general and university hospitals and beds in mental health hospitals minus (estimated) psychiatric long-term care beds.
- 2022: beds for psychiatric care covered by the Long-term Care Act (acronym in Dutch: Wlz) are excluded

Break in time series:

- 2022: Due to a change in the survey for the Annual reports social account (DigiMV) beds for psychiatric care covered by the Long-term Care Act (acronym in Dutch: Wlz) are no longer included.
- 2021: beds for same-day care are excluded in all hospitals.
- 2021: There is a change in financing for long-term care in psychiatric care. Previously, these beds were covered by the Wet Maatschappelijke Ondersteuning (WMO) which is not included in the data. Currently, they are covered by the Wet Langdurige Zorg (WLZ), which is included in the data. Therefore, there is a sharp increase in long-term care beds and beds for psychiatric care.

Rehabilitative care beds

Source of data:

- 2015 onwards: **Annual reports social account (DigiMV).**

Reference period:

- 2022: First Monday of December
- 2015-2021: 31 December.

Coverage:

- **Somatic rehabilitative care beds:** Beds for rehabilitative care in general, university and specialized hospitals.
- **Psychiatric rehabilitative care beds:** Zero by definition.

Long-term care beds

Source of data:

- 2015 onwards: **Annual reports social account (DigiMV).**

Reference period:

- 2022: First Monday of December
- 2015-2021: 31 December.

Coverage:

- Only beds for mental health care are included, since no beds in non-psychiatric hospitals are allocated to long-term care in the Netherlands. Beds in residential facilities are excluded.
- **Somatic LTC beds:** Zero by definition.
- **Psychiatric LTC beds:** Beds in mental health hospitals for long-term care (estimated).

Estimation method:

- 2016 and later: The number of patient-days for long-term mental health care with treatment (source DigiMV) divided by 365 (i.e., assuming a 100% occupancy rate) PLUS the number of patient-days for mental health care with treatment in the second- and third-year stay divided by 365. The first number (financed by LTC insurance) is gradually declining, the second number (financed by the basic health insurance) is gradually increasing.
- 2015: Annual reports social account (DigiMV). The number of long-term mental health care beds is the number of patient-days for long-term mental health care with treatment according to DigiMV ("profile B") divided by 365 (i.e., assuming a 100% occupancy rate).

Break in time series:

- 2022: Due to a change in the survey for the Annual reports social account (DigiMV) beds for psychiatric care covered by the Long-term Care Act (acronym in Dutch: Wlz) are no longer included. Therefore, this variable cannot be reported.
- 2021: There is a change in financing for long-term care in psychiatric care. Previously, these beds were covered by the Wet Maatschappelijke Ondersteuning (WMO; Social Support Act) which is not included in the data. Currently, they are covered by the Wet Langdurige Zorg (WLZ; Long-term Care Act), which is included in the data. Therefore, there is a sharp increase in long-term care beds and beds for psychiatric care.

Other hospital beds

Coverage: Zero by definition.

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.

Reference period: Number as at 31st December 2009, 2010, 2011, 2012, 9 December 2013, 16 January 2015, 15 January 2016, 5 January 2017, 23 January 2018, 5 February 2019, 14 January 2020, 29 January 2021, 2 February 2022, 14 February 2023, 25 January 2024 and 30 January 2025.

Coverage:

- Providers certified under the Health and Disability Services (Safety) Act 2001 (the Act).
- Premises certified for at least one hospital service as defined under the Act, excluding certificates with a primary service type of Aged Care or Residential Disability.
- Bed numbers are collected at time of application for initial certification or re-certification (usually once every 3 years).

Notes for hospital beds:

- Increase of beds in 2021 due to changes at Auckland DHB, Counties Manukau DHB, Midcentral DHB and Waitemata DHB.
- In June 2022 the Pae Ora (Healthy Futures) Act 2022 came into effect, and all District Health Boards have transferred and now exist as Health New Zealand (Te Whatu Ora).

All psychiatric care beds

Coverage:

- Psychiatric care beds are the sum of beds for hospitals only providing Mental Health Services under the Act or mental health beds reported by hospitals recertified in the last three years.
- Some hospitals not recertified in the last three years do provide Mental Health Services, but the beds are not recorded separately from the total yet.

Break in the series:

- 2014. The data for 2014 is taken as at 16 January 2015. Data was transitioned to a new IT system in December 2013. The new IT system means that some further information can be given for mental health beds. However, it will take another year for the identification of these beds to be complete as bed data is updated on application for certification or recertification (usually once every 3 years).
- Data for 2014, 2015 and 2016 reflect the increased accuracy of psychiatric care beds identification as a result of the implementation of the new IT system – data for each DHB is updated once every three years and as such by 2016 data for all DHB's should reflect the change.

Curative (acute) care beds

Coverage:

- All beds not identified as psychiatric care beds or long-term care beds are assumed to be somatic curative care beds.

Rehabilitative care beds

Data not available.

Long-term care beds

Coverage:

- Long term care beds are the sum of identified rest home beds, rest home / hospital dual service beds, dementia care beds and residential disability care beds.
- Other beds in hospitals may be used as long-term care beds, but it is not possible to separate these in the data.
- The drop in 2016 is partly due to the closure of two premises.
- The decrease of 6 long-term care beds in 2021 is due to changes at the Northland DHB premise Whangarei Hospital (PRMS_Premises_000021140007).

Other hospital beds

Data not available.

Norway

Source of data: **Statistics Norway**. Specialist Health Services. Annual data collection.

- See http://www.ssb.no/speshelse_en/.

Reference period: Annual average. Source of data:

Coverage: HP1.

- **Somatic care beds:** HP.1.1 and HP1.3, of which somatic curative (acute) care beds: HP1.1. and other somatic care beds: HP.1.3.
- **Psychiatric care beds:** HP.1.2.
- **Rehabilitative care beds:** not available.
- **LTC beds:** not relevant as long-term-care is not performed in hospitals (beds for long-term care are in nursing and residential care facilities).

Deviation from the definition:

Estimation method:

Break in time series:

Poland

Source of data:

- **The Ministry of Health, the Ministry of Interior and Administration, the Ministry of National Defence** (until 2011) and **Statistics Poland**. From 2012 onwards **the Ministry of Justice**.

- Information on breakdown of beds (somatic/psychiatric) in HP.1.2. mental health hospitals is obtained from the Institute of Psychiatry and Neurology.

Reference period: 31st December.

Coverage:

- Beds in all public and private hospitals.
- Beds in general and specialised hospitals, psychiatric hospitals, health resort hospitals, health resort sanatorium and inpatient rehabilitation facilities.
- Beds in long-term nursing care facilities (nursing homes) are excluded.
- Beds in prison hospitals are excluded until 2011 and included since 2012.
- Cots for healthy infants are included since 2008.

Note: In 2023 there were 245 day-care hospitals with 465 beds which are not included in hospital beds data.

Deviation from the definition:

Estimation method:

Break in time series: 2008, 2012, 2019.

- From 2008 onwards, due to the change in methodology of counting beds in general hospitals introduced by the Ministry of Health, beds and incubators for newborns (neonatology wards) are included in total number of beds of general hospitals.
- From 2012, beds in prison hospitals are included.
- In 2019, hospitals were restructured with a simultaneous change of the internal structure.

Psychiatric care beds

Coverage:

- Beds in psychiatric hospitals as well as psychiatric wards in general and specialized hospitals.
- From 2012 onwards, psychiatric beds in prison hospitals are included.

Curative (acute) care beds

Coverage:

- From 2010 onwards: beds in general and specialised hospitals as well as psychiatric hospitals excluding wards for chronically ill (also psychiatric chronically ill) as well as rehabilitation wards (also psychiatric) and “other wards”.
- From 2010 onwards, somatic and psychiatric curative care beds are included.
- From 2012 onwards the beds in prison hospitals are included in this category and curative care beds met the requirements of new definitions except cots of healthy infant which are still included.
- In 2019, hospitals were restructured with a simultaneous change of the internal structure.

Rehabilitative care beds

Coverage:

- From 2010 onwards: rehabilitation wards in general and specialised hospitals, rehabilitative psychiatric beds in psychiatric hospitals and all beds in health resort treatment (health resort hospitals and health resort sanatoria) and inpatient rehabilitation facilities.
- From 2012 onwards, beds in prison hospitals are included in this category.

Long-term care beds

Coverage:

- From 2010 onwards: wards for chronically ill in general, specialised and psychiatric hospitals.
- From 2012 onwards, beds in prison hospitals are included in this category.
- From 2012 onwards, the decrease in the number of long-term hospital beds is due to structural changes in hospitals. Wards for chronically ill and palliative wards are disappearing from hospitals and they are established as independent facilities which are incorporated into HP.2.

Other hospital beds

- All data have been allocated to other specific categories.

Portugal

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

Reference period: Average between the quarters.

Coverage:

- The Hospital Survey began in 1985. This survey covers the whole range of hospitals acting in Portugal: hospitals managed by the National Health Service (public hospitals with universal access), non-public state hospitals (military and prison) and private hospitals.

- From 1985 to 1998: Practiced allotment (beds in the general inpatient ward) plus intensive care beds (for this period, the intensive care beds were not considered as included in the practiced allotment). Emergency beds are included.

- 1999 onwards: Practiced allotment (including beds of infirmaries, beds of particular and semi-private rooms, intensive care beds, as well as neonatal special/intensive care beds, intermediate care beds, blasted unit beds, and beds of other hospital units). Emergency beds are excluded.

- In both series (1985-1998 and 1999-) there are some hospital beds not included because they never were included in the practiced allotment (other beds, like emergency services beds, operation retrieval beds, day hospital beds, beds for newborn babies, beds for dialysis). Beds of particular rooms were not included in the practiced allotment neither in total hospital beds from 1985 to 1998.

Deviation from the definition:

Estimation method:

Break in time series: 1999. The decrease in hospital beds in 1999 is due to a break in series associated with the exclusion of emergency beds from then on.

Curative (acute) care beds

Coverage:

- Data include beds of infirmaries, particular and semi-private rooms, intensive care units, special care units, intermediate care units and blasted units from all hospitals, except hospitals specialized in alcohol recovery, rehabilitation of physically impaired or rehabilitation of drug addicts.

- **Somatic curative care beds:** Curative care beds of general hospitals (excluding infirmary beds allocated to Psychiatry) and of specialised hospitals other than Psychiatry, alcohol recovery, rehabilitation of physically impaired and rehabilitation of drug addicts (excluding infirmary beds allocated to Psychiatry).

- **Psychiatric curative care beds:** Curative care beds of hospitals specialized in Psychiatry, beds allocated to Psychiatry in general hospitals and beds allocated to Psychiatry in specialised hospitals other than Psychiatry, alcohol recovery, rehabilitation of physically impaired and rehabilitation of drug addicts.

Psychiatric care beds

Coverage:

- 1994 onwards: Data include beds of hospitals specialized in Psychiatry, beds of general hospitals allocated to Psychiatry and beds of specialized hospitals other than Psychiatry allocated to Psychiatry.

Rehabilitative care beds

Coverage:

- Data includes beds of hospitals specialized in alcohol recovery, rehabilitation of physically impaired or rehabilitation of drug addicts.

- **Somatic rehabilitative care beds:** Rehabilitative care beds not allocated to Psychiatry.

- **Psychiatric rehabilitative care beds:** Rehabilitative care beds allocated to Psychiatry.

Long-term care beds

Data not available.

Other hospital beds

Coverage:

- Data includes beds of other hospital wards (other than infirmaries, particular and semi-private rooms, intensive care units, special care units, intermediate care units and blasted units) in all hospitals, excluding beds of hospitals specialized in alcohol recovery, rehabilitation of physically impaired or rehabilitation of drug addicts.

- **Other somatic care beds:** Other hospital beds of general hospitals and hospitals not specialized in Psychiatry.

- **Other psychiatric care beds:** Other hospital beds of hospitals specialized in Psychiatry.

Note: The increase from 257 other hospital beds in 2014 to 819 in 2015 is explained by the increase in the number of hospitals which have reported other hospital beds. In 2014, there were 18 hospitals with other hospital beds, while in 2015 that number rose to 46. From 2015 onwards, the number of hospitals with other hospital beds has remained fairly stable.

Slovak Republic

Source of data: **National Health Information Center**, Annual report on bed fund in health care facilities for data since 1996.

Reference period: 31st December, for data until 2017; annual average number, for data since 2018.

Coverage:

Beds in all hospital facilities excluding independent hospice, residential long-term care facilities, new-born beds and dialysis points. New-born departments are included.

Deviation from the definition:

Estimation method:

Break in time series: 2018.

- For the years 1996-2017, data refer to number of available beds as of 31 December.

- Since 2018, the data refer to average number of available beds over the year according to the definition.

Psychiatric care beds

Coverage: Number of beds in psychiatric hospitals and beds in psychiatric long-term nursing care beds and beds in psychiatric and geropsychiatry departments of general or specialised hospitals as well as beds in hospital departments for drug addiction treatment and centres for drug addictions treatment.

Curative (acute) care beds

Coverage: Data reflect the definition, including beds for somatic and psychiatric curative care.

Break in time series: In 2005, there is a break due to change of types of facilities resulting from legal changes in accordance with Act No 578/2004 on health care providers.

In 2022 the increase is due to two facts:

- In 2021, rehabilitation beds were used for patients with COVID-19 at the time of the pandemic; in 2022, the reprofiling of these beds was cancelled.

- the creation of new rehabilitation wards

Rehabilitative care beds

Coverage: Number of beds in specialised units including rehabilitative care, balneology, and psychiatric. Beds for psychiatric rehabilitative care do not exist in Slovakia.

Long-term care beds

Coverage: Number of beds in special health institutes, beds in hospital departments for long-term treatment, post-care beds and beds in institutes of complex post-care and rehabilitation, beds in psychiatric long-term care, and long-term nursing care beds, including palliative care.

Break in time series: In 2005, there is a break due to change of types of facilities resulting from legal changes in accordance with Act No 578/2004 on health care providers.

Other hospital beds

Coverage: All hospital beds have been allocated to one of the categories “curative care beds”, “rehabilitative care beds” and “long-term care beds”. Therefore, the number of “other hospital beds” is 0.

Slovenia

Source of data: **National Institute of Public Health, Slovenia**, Treating Institution Report (Form 3-21-60).

Reference period: 31st December.

Coverage: all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2), and other specialized hospitals (HP.1.3).

Deviation from the definition:

Estimation method:

Break in time series:

Somatic care beds

Coverage: Beds in general and specialized hospitals. Beds in mental health hospitals and beds in psychiatric departments of general hospitals and specialised hospitals (other than mental health hospitals) are excluded.

Psychiatric care beds

Coverage: All beds in mental health hospitals and beds in psychiatric departments of general hospitals and specialised hospitals (other than mental health hospitals).

- Psychiatric care beds cannot be broken down by functional category (curative care, rehabilitative care, LTC).

Curative (acute) care beds

Coverage: Beds in general and specialized hospitals. Data available for somatic curative care beds only.

Deviation from the definition: In some hospitals, beds for palliative care are not excluded.

Rehabilitative care beds

Coverage: Beds in specialized hospital. Data available for somatic rehabilitative care beds only, from year 2000.

Long-term care beds

Coverage: Beds in general and specialized hospitals. Data available for somatic LTC beds only.

Deviation from the definition: In some hospitals, beds for palliative care are not included.

Other hospital beds not elsewhere classified

Coverage: general and specialized hospitals. Data available for other somatic care beds only.

Deviation from definition: Includes Rehabilitative care beds until 1999.

Break in time series: 2000. Rehabilitative care beds are included in other hospital beds before 2000.

Spain

Source of data:

- Before 1996: **National Statistics Institute** and **Ministry of Health**. Statistics on Health Establishments Providing Inpatient Care.

<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t15/p123&file=inebase&L=0>.

- From 1996 to 2009: **Ministry of Health** from Statistics on Health Establishments Providing Inpatient Care (ESCRI).

- Since 2010: **Ministry of Health** from **Specialised Care Information System** (Sistema de Información de Atención Especializada - SIAE).

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

Reference period: Annual average.

Coverage: All public and private hospitals in Spain are included.

Estimation method:

Break in time series: 2010. Change in data source.

Somatic care beds

Estimation method: Somatic care beds have been calculated as the difference between Total hospital beds and Psychiatric care beds.

Psychiatric care beds

Coverage:

- Data refer to occupied beds in mental health hospitals (HP.1.2) and in psychiatric departments of general hospitals (HP.1.1) and of specialty hospitals (other than mental health and substance abuse) (HP.1.3). Substance abuse is treated in mental health hospitals and curative care hospitals.

Curative (acute) care beds

Coverage: Data include beds for somatic and psychiatric curative care.

Rehabilitative care beds

Coverage: Data include beds for rehabilitation.

- **Psychiatric rehabilitative care beds:** There is no such category for providers in Spain.

Long-term care beds

Coverage:

- Data refer to occupied beds in long-term care departments of general hospitals and beds for long-term care in specialty hospitals.
- Data include beds for somatic and psychiatric long-term care.

Other hospital beds

- All data have been allocated to specific categories.

Sweden

Source of data:

- Before 2001: **Federation of Swedish County Councils** and **The National Board of Health and Welfare**, Basic Year Statistics and Statistical Yearbook for County Council (several issues).
- From 2001: **Swedish Association of Local Authorities and Regions**, SALAR (previously The Federation of Swedish County Councils). Statistics on health and regional development and public activity and economy in county councils and regions (several issues).

Reference period:

- Before 2001: 31st December.
- From 2001: Annual average. As per 2001, the term “average disposable beds” is used.
- From 2012: A new definition of the term “average disposable beds” is used.

Coverage:

- The data include most, but possibly not all private hospital beds.
- The total hospital bed numbers from 1960 to 1991 include both public and private beds. After 1992, the figures do not include private beds which are privately financed.
- In Sweden, there was a reform in 1992 called the Ädelreform where about 31000 beds in hospitals for long-term care were transferred from the health-care sector to the social sector in the municipalities and are now referred to as beds in nursing and residential care facilities. In 1994, additional care beds have been taken over by the municipalities.

Palliative care is part of the statistics for somatic care and for other hospital beds.

Deviation from the definition:

Estimation method:

Break in time series: 1992, 2001 and 2012 (see above).

All psychiatric care beds

Coverage: Specialized psychiatry, child and adolescent psychiatry and forensic psychiatry. All psychiatric care beds are included, irrespective of their organizational status as separate hospitals or as units within a larger, mainly somatic care hospital.

Curative (acute) care beds

Coverage:

- Curative care beds: Until 2000 short-term care. As per 2001, specialised somatic care, except geriatric care beds, are included. As per 2001, some private hospital beds financed by the county/regional councils is included. Data from 2001 are not comparable with earlier years. In recent years, most private hospital beds are included.
- Until 2000: Note that even when an entire ward is closed for a long period of time these beds are counted.
- Curative (acute) care beds: As per 1998, there are new definitions of beds in admission departments and intensive care wards. That means that beds in these departments are about 900 less than the year before. This influences the figures for total in-patient care beds and acute care beds.

Rehabilitative care beds

Coverage:

- There is no formal classification for rehabilitative care beds in Sweden, when located in acute care hospital setting. The reported number of rehabilitative care beds is therefore lower than the actual number of such beds. The actual number is unknown. Geriatric care beds are reported under rehabilitative beds.

Long-term care beds

- There are no long-term care beds in hospitals in Sweden, except for palliative care. Long term care beds are considered as being part of the social care system, financed by the municipalities.

Deviation from the definition: Palliative care is part of the statistics for somatic care and for other hospital beds.

Other hospital beds

Coverage:

- Other hospital beds are beds in primary care in and can also include general palliative care.

Switzerland

Source of data: **Federal Statistical Office (FSO)**, Neuchâtel, Hospital Statistics; yearly census.

Reference period: Annual average.

Coverage: Full coverage (full survey).

Deviation from definition:

Estimation method: Until 2002 (included), extrapolation to correct for partial coverage of hospitals.

The number of beds are computed as the number of operating bed days divided by the number of days in a year (365 or 366 for bissextile years).

Break in time series:

Somatic care beds

Coverage: Full coverage (full survey).

Estimation method:

- In the case of acute curative care and rehabilitative care, somatic care beds are identified as all beds not allocated to a psychiatric activity (whether the beds belong to a psychiatric hospital or not). All beds in psychiatric hospitals are excluded.

- In the case of long-term care beds, the hospital typology is used to attribute beds between somatic and psychiatric cares. The information is not available at the within-hospital level.

Psychiatric care beds

Coverage: Full coverage (full survey).

Estimation method:

- In the case of acute curative care and rehabilitative care, psychiatric care beds are identified as all beds within a psychiatric hospital, as well as all beds in other types of hospitals which are allocated to a psychiatric activity (whether the beds belong to a psychiatric hospital or not).

- In the case of long-term care beds, the hospital typology is used to attribute beds between somatic and psychiatric cares. The information is not available at the within-hospital level.

Curative (acute) care beds

Coverage: Full coverage (full survey).

Estimation method:

- Until 2009, beds from curative care and psychiatric care providers; since 2010, psychiatric care beds from curative care providers included as well as curative care beds from psychiatric care providers.
- Beds allocated to a rehabilitative activity, and beds within rehabilitative hospitals are excluded, independent of the type of activity associated with the bed.
- The number of beds for long-term care has been estimated and excluded from curative care beds.

Break in time series: In 2010, introduction of a mixed provider-function approach to attribute psychiatric care beds.

Rehabilitative care beds

Coverage: Full coverage (full survey).

Estimation method:

- Rehabilitative care beds are identified as all beds, independent of hospital type, allocated to a rehabilitative/geriatric activity. All beds within rehabilitative hospitals are also included, independent of the type of activity associated with the bed.
- Until 2009, psychiatric care beds excluded; since 2010, psychiatric care beds from rehabilitative care providers included as well as rehabilitative care beds from psychiatric care providers.
- The number of beds for long-term care has been estimated and excluded from rehabilitative care beds.

Break in time series: In 2010, introduction of a mixed provider-function approach to attribute psychiatric care beds.

Long-term care beds

Coverage: Full coverage (full survey).

Estimation method:

- Somatic LTC beds are identified as LTC beds in all types of hospitals, except psychiatric hospitals.
- Psychiatric LTC beds are identified as LTC beds in psychiatric hospitals only.

Estimation method: The number of long-term care beds is an estimate based on the number of long-term care bed-days. It is computed as the ratio of bed-days on the number of days in a given year (365 or 366).

Other hospital beds

Note: All hospital beds have been classified into specific categories.

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 beds in the MoH, universities, private and other sector (other public establishments, local administrations and since 2002 MoND-affiliated facilities) are included.

Deviation from the definition:

Estimation method:

Break in time series: Before 2000 the figures represent all of the beds that may not be active. Since 2000 the figures represent only active beds. Hospital beds in the MoND-affiliated facilities are included since 2002.

All somatic care beds

Coverage: All hospital beds except beds in mental health hospitals.

All psychiatric care beds

Coverage:

- Psychiatric care beds are all beds in mental health hospitals.
- Psychiatric care beds in general hospitals are not included.
- The decrease in the number of psychiatric care beds in 2007 is due to the temporary closure of beds for renovation in three psychiatric hospitals.

- The total number of psychiatric care beds (i.e., all beds in mental health hospitals) cannot be broken down by functional category.

Curative (acute) care beds

Coverage:

- Curative care beds are beds in hospitals in the MoH, universities, private and other sector (other public establishments, local administrations and since 2002 MoND-affiliated facilities).
- Somatic curative care beds include all types of beds in hospitals (including long-term care beds), except beds in mental health hospitals, and beds in physical treatment and rehabilitation hospitals.

Deviation from the definition: Curative care beds include long-term care beds.

Rehabilitative care beds

Coverage:

- Number of somatic rehabilitative care beds includes total number of beds in physical treatment and rehabilitation hospitals in the MoH, universities, private and other sector (other public establishments, local administrations and since 2002 MoND-affiliated facilities).

Long-term care beds

Data not available.

Other hospital beds

- All somatic care beds have been allocated to the other categories; hence there are no other somatic care beds.

United Kingdom

Source of data:

- **England** - Department of Health, from KH03, England;
- **Northern Ireland** - Hospital Activity Statistics from the Department of Health, Korner Return Kh03a;
- **Wales** - Health Statistics Wales,
<http://wales.gov.uk/topics/statistics/headlines/health2010/0114/?lang=en>;
- **Scotland** - Public Health Scotland.

Reference period: Annual average.

Coverage:

- Does not include private sector.
- Data are for financial years (1st April to 31st March). E.g. data for financial year 1st April 2008 - 31st March 2009 are presented as 2008.
- **Wales:** The activity for the below codes are not included in the above figures:

Deviation from the definition: Cots for healthy infants cannot be excluded from Northern Ireland figures.

Break in time series:

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

Psychiatric care beds

- **Wales:** Based on the following psychiatric specialties:

- **Scotland:** Beds in Psychiatric Rehabilitation Units (PRUs) are only identifiable from 2013 onwards.

Breakdown of hospital beds by function of health care

- Data not available. (In **England**, it is not possible to separate long-term care beds, rehabilitation beds and other hospital beds from curative care beds.)

United States

Source of data: **American Hospital Association** (AHA)/Annual Survey of Hospitals, Hospital Statistics (several issues)/Health Forum LLC, an affiliate of the American Hospital Association. <http://www.aha.org/>. Reprinted from *AHA Hospital Statistics, 2021 Edition*, by permission, Copyright 2021, by Health Forum, Inc. Unpublished data.

American Hospital Association (AHA)/Annual Survey of Hospitals database unpublished data for 2020 and later.

Coverage:

- Until 2016, estimates are for all AHA-registered hospitals in the United States. Estimates exclude U.S. hospitals located outside the United States, U.S. associated areas such as Puerto Rico and AHA non-registered hospitals.
- Since 2017, estimates are for all AHA-reported hospitals within the US. Estimates exclude hospitals located outside the United States and U.S. associated areas such as Puerto Rico.
- Data include all hospital beds for all types of hospitals (facilities such as short-term general, psychiatric hospitals, wards, rehabilitation institutes, maternity homes, tuberculosis hospitals, leprosariums and alcoholic treatment institutions).

Deviation from the definition: Data match the OECD definition.

Estimation method: Survey.

Break in time series: 2017. Beginning with 2017, AHA Hospital Statistics began reporting for all hospitals rather than only AHA-registered hospitals.

Note: The allocation of beds by function is based on how each hospital has reported the types of services available and the beds available for that service.

All somatic care beds

Coverage: Includes all AHA-reported somatic care hospital beds for all types of hospitals.

All psychiatric care beds

Coverage: Includes all AHA-reported psychiatric care hospital beds for all types of hospitals.

Curative (acute) care beds

Coverage: Includes all AHA-reported curative (acute) care beds as well as somatic and psychiatric curative care beds broken out separately.

- Curative (acute) care beds are hospital beds that are available for curative care (e.g. general medical-surgical care, obstetrics, medical surgical intensive care, psychiatric) within short-term general and other special hospitals.

Rehabilitative care beds

Coverage: Includes all AHA-reported rehabilitative care beds for all types of hospitals as well as somatic and psychiatric rehabilitative care beds broken out separately.

Long-term care beds

Coverage: Includes all AHA-reported long-term care beds for all types of hospitals as well as somatic and psychiatric long-term care beds broken out separately.

Other hospital beds

Coverage: Includes all AHA-reported other hospital beds for all types of hospitals as well as somatic and psychiatric other hospital beds broken out separately.

Break in time series: 2020. Beginning with 2020, “other hospital beds” were not reported due to a change in methodology. Beds that were not included in rehabilitative care beds and long-term care beds were now reported under curative care beds.

NON-OECD ECONOMIES

Bulgaria

Source of data: **National Statistical Institute, National Centre for Public Health and Analyses at the Ministry of Health.**

Reference period: 31st of December.

Coverage: All disclosed beds in all types of hospitals are included. Dispensaries with beds are also included. Dispensaries are medical establishments in which doctors with the assistance of other personnel actively find, diagnose, treat, and periodically observe patients with psychiatric, lung, dermato-venereological and oncological diseases. Patients are admitted to dispensaries for a longer period. Since 2010 the pulmonary dispensaries are transformed into specialized hospitals, dermato-venereological dispensaries – into Dermato-venereological centres, oncological dispensaries – into Complex oncological centres, psychiatric dispensaries – into Mental health centres. The activities and functions of the centres and dispensaries are same.

Deviation from the definition:

Estimation method:

Break in time series:

From 2005 onwards beds for long term psychiatric care at Mental health hospitals (HP 1.2) and beds for physiotherapy and rehabilitation at Mental health hospitals (HP 1.2) are included in Psychiatric care beds. From 2016 onwards according to the amendments of the national legislation (2016) in all inpatient health establishments there are hospital beds and "Places for short stay". Depending on the type of medical activities performed the beds are curative care beds, long-term care beds, rehabilitative care beds, and psychiatric care beds.

All beds for long-term care, incl. beds for palliative care are covered.

There are no other hospital beds not elsewhere classified.

Remark: In connection to the update of the National Health Map, data on the beds type ratio (acute – for rehabilitation – for long-term care) showed a disproportion, strongly expressed in the small number of long-term care beds. This is the reason for the decision to increase the beds for long-term care.

2023 - The reduction in the number of long-term care beds is a result of their restructuring.

Curative (acute) care beds

Coverage:

All hospital beds that are available for curative care are included.

- Somatic curative care beds: All hospital beds (excl. psychiatric beds) that are available for curative care are included.

- Psychiatric curative care beds: Psychiatric beds that are available for curative care are included.

Rehabilitative care beds

Coverage:

Beds accommodating patients for rehabilitative care and physiotherapy are included.

- Somatic rehabilitative care beds: All hospital beds (excl. psychiatric beds) that are available for rehabilitative care and physiotherapy are included.

- Psychiatric rehabilitative care beds: Psychiatric beds that are available for rehabilitative care and physiotherapy are included.

Long-term care beds

Coverage:

All beds for long-term care that are available for further treatment and continuous treatment are included.

- Somatic long-term care beds: All beds for long term care (excl. psychiatric beds) are included.

- Psychiatric long-term care beds: All beds for long term psychiatric care are included.

Other hospital beds

Coverage: From 2016 there are no beds not elsewhere classified.

Croatia

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

Reference period: Status on December 31st.

Coverage: Prison hospital not included.

Deviation from the definition:

Estimation method:

Break in time series: Starting from 2009 data do not include community care centres providing both in-patient and out-patient services primarily engaged in out-patient services.

Curative (acute) care beds

Coverage:

Prison hospital not included.

Rehabilitative care beds

Coverage:

Hospital beds that are available for rehabilitative care are included. We cannot make a distinction between beds for somatic rehabilitative care and beds for psychiatric rehabilitative care.

- Somatic rehabilitative care beds: All hospital beds that are available for rehabilitative care are included in beds for somatic rehabilitative care.

- Psychiatric rehabilitative care beds: not available.

Long-term care beds

Coverage:

Beds in long-term care departments.

- Somatic long-term care beds: Beds for somatic long-term care and beds for palliative care.

- Psychiatric long-term care beds: Beds for psychiatric long-term care.

Other hospital beds

Coverage:

All beds are included in previous classifications.

Cyprus

Source of data: **Statistical Service of Cyprus**, Public sector administrative sources and Private Clinics Inspectors for the Private Sector.

Validity of the source: For the years 1985, 1987, 1995 and 2000 figures were obtained from the Census of Doctors, Dentists and Clinics.

Reference period: 31st December.

Coverage:

- ☐ Data refer to General Hospitals, Rural Hospitals and one Special Hospital (psychiatric) of the public sector as well as the total number of beds of the private sector.
- ☐ For years 1994, 1996-1999, 2001-2004, the total number of hospital beds could not be calculated, since the number of beds in “for-profit privately owned hospitals” was not available.
- ☐ The number of beds corresponding to the health centres of the public sector are not included, since they do not refer to in-patients.
- ☐ The number of beds corresponding to Saint Charalambos Home are not included either.

Curative (acute) care beds

Coverage:

Deviation: In Cyprus there are no specific beds used for rehabilitative and long-term care. Therefore, rehabilitative and long-term care beds are included, since it is not feasible to distinguish between the various types of beds. The curative care beds are used for other types of care if needed.

Rehabilitative care beds

Coverage: Not applicable.

Long-term care beds

Coverage: Not applicable.

Other hospital beds

Coverage: Not applicable.

Romania

Source of data: **National Institute of Statistics**, The activity of the sanitary and health care network – annual survey performed by NIS.

Reference period:

Coverage: Data cover beds from public and private hospitals. Data includes only beds for inpatients and excludes day hospitalisation beds. The allocation of beds by curative, rehabilitative and long-term care beds was made according with the MoH distribution of long-term care beds and curative beds according to: the average length of stay registered by the sanitary units and according to Order no.1782/2006 of the Ministry of Health and the National Health Insurance House and the operating approval of the sanitary units or the notice regarding length of stay from the Methodological Norms for the implementation of the Framework Contract on the conditions for granting medical assistance in the social health insurance system. The average length of stay is calculated, for each ward in every hospital based on the total number of hospitalisation days divided by the total number of in-patients per year in a ward. Yearly, for each hospital, the Ministry of Health issues operating approvals which specifies the total number of beds per hospital and per each specialisation. Also, for each specialisation the number of beds approved for use for long term care is established.

Psychiatric care beds include beds in psychiatric hospitals and beds for psychiatric care in other types of hospitals (general or specialised).

Deviation from the definition:

Estimation method: exhaustive survey.

Break in time series: since 1999 – including the private sector, since 2009 –psychiatric beds were allocated by type of care (curative, rehabilitative, long-term).

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