OECD Health Statistics 2025
Definitions, Sources and Methods

Total hospital beds and breakdown by sector

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) Beds in publicly owned hospitals; b) Beds in not-for-profit privately owned hospitals; and c) Beds in for-profit privately owned hospitals.

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) Beds in publicly owned hospitals

Beds in hospitals that are owned or controlled by a government unit or another public corporation (where control is defined as the ability to determine the general corporate policy).

b) Beds in not-for-profit privately owned hospitals

Beds in hospitals that are legal or social entities created for the purpose of producing goods and services, whose status does not permit them to be a source of income, profit, or other financial gain for the unit(s) that establish, control or finance them.

c) Beds in for-profit privately owned hospitals

Beds in hospitals that are legal entities set up for the purpose of producing goods and services and are capable of generating a profit or other financial gain for their owners.

Sources and Methods

Australia

Source of data:
Public hospitals
- *Since 2017*: Data not available.

- *2013-2016*: **Australian Institute of Health and Welfare**. Hospital resources: Australian hospital statistics. Canberra: AIHW (and previous issues). Also at www.aihw.gov.au.
- *Prior to 2013*: **Australian Institute of Health and Welfare**. Australian hospital statistics. Canberra: AIHW (and previous issues).

Private hospitals
- *Since 2017*: Data not available.
- *2016 and earlier*: **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).
Coverage:
- **Public hospitals**: Data 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. For more information on same day beds, see http://meteor.aihw.gov.au/content/index.phtml/itemId/373966.
- **Private hospitals**: The number of beds reported are 'licensed beds' which is the maximum number of beds specified in the hospital's registration process. For private free-standing day hospital facilities, they include chairs, trolleys, recliners and cots.

Austria

Source of data: **Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection**, Hospital Statistics.
Reference period: 31st December.
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:
- Includes both inpatient and same-day beds.

Beds in publicly owned hospitals
Included are beds in hospitals that are owned or controlled by a government unit or another public corporation (where control is defined as the ability to determine the general corporate policy):
- State government
- Local authorities
- Federal government
- Accident/pension insurance companies
- Health insurance companies

Beds in not-for-profit privately owned hospitals
Included are beds in all private hospitals that are not-for-profit organisations as defined in Section 16 of the Hospital Act (KAKuG) and are owned by
- religious orders and communities,
- private persons and companies or
- associations and trusts.

Beds in for-profit privately owned hospitals
Included are beds in all private hospitals that are for-profit organisations as defined in Section 16 of the Hospital Act (KAKuG) and are owned by

- religious orders and communities,
- private persons and companies or
- associations and trusts.

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.
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.
- Since 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:
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.

Beds in for-profit privately owned hospitals
Data not available.

Canada

Source of data:
- **Canadian Institute for Health Information**, Canadian MIS Database, 1995/96-2022/23.
- Data for Quebec were unavailable from the Canadian MIS Database starting in 2005/06. **Éco-Santé Québec** was used for the Quebec data starting in 2005/06 until 2009/10. Thereafter, the Quebec data are from **Ministère de la Santé et des Services sociaux**, Fichier des établissements de santé et de services sociaux du Québec.

Beds in publicly owned hospitals
Coverage: Includes beds in hospitals with federal, municipal, provincial and regional/district ownerships as defined in The Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards).

Beds in not-for-profit privately owned hospitals
Not applicable.
Note: Hospitals with voluntary ownership as defined in The Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards) are included under publicly owned hospitals as they are controlled by government units. Applies to a hospital owned by a non-government organisation, or a religious group or by a lay voluntary group.

Beds in for-profit privately owned hospitals
Coverage: Includes beds in hospitals with proprietary ownership as defined in The Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards) – Applies to a hospital owned by an individual or by a private organisation and operated for profit.

Chile

Beds in publicly owned hospitals

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).
- Data up to 2009: Statistical Compendium 2011 (and previous reports), INE. Health Statistics, at: http://www.ine.cl/canales/menu/publicaciones/compendio_estadistico/compendio_estadistico2011.php.
- 2010-2014 data are taken directly from the Health Statistical System called REM (Monthly Statistical Summary).
- 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.
- Annual periodicity.
Coverage: Nationwide.
- Only public sector. Data include beds of the National System of Health Services, Army hospitals and Police's hospitals.
- The 2012 figure covers public hospitals (high, medium and low complexity), field hospitals and military field hospitals from the National System of Health Services, as well as institutional hospitals from Armed Forces, Public Universities, Police and Gendarmerie.
- 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.

Beds in not-for-profit privately owned hospitals
- Data not available separately. (Data are included in "Beds in for-profit privately owned hospitals").

Beds in for-profit privately owned hospitals
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).
- 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 REMSAS system (private sector statistical information system).
- From 2012 to 2020, data come from the Association of Private Hospitals of Chile (Asociación de Clínicas de Chile A.G.). See at: http://www.clinicasdechile.cl/site/estudios-y-analisis.html.
- 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.
- Annual periodicity.
Coverage: Nationwide.
- Data include only the private sector for the following facilities: Private Hospitals, Mutual Hospitals, Psychiatric Hospitals, Private Geriatric Hospitals, Rehabilitation Facilities and others.
- Data include beds in not-for profit and for-profit privately owned hospitals.
- In 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.).
Break in time series: 2012, 2021.
- Break in 2012 due to a change in the data source and methodology. From 2012, the beds data for private sector refer only to establishments with 10 or more beds.
- The break in 2021 is due to a change in the data source.

Colombia

Source of data: **Special Register of Health Services Providers (REPS), Ministry of Health and Social Protection**.
Coverage: National.
Note: There is some difference between the total number of hospital beds and the sum of beds in public, not-for-profit and for-profit private hospitals because some private providers are not identified as for-profit or not-for-profit entities.

Costa Rica

Source of data:
- **Public hospitals**: Sistema Contable de Bienes Muebles de la **Caja Costarricense de Seguro Social** (Accounting System of Personal Property of the Costa Rican Social Security Fund).
- **Private hospitals** (from 2020): **Ministry of Health**.
Coverage: Data on beds in private hospitals are available from 2020.
- Provisional data for 2023: Only includes data for public hospitals.

Break in time series: 2020. Data cover public and private hospitals as of 2020. Before 2020, data cover public hospitals only. 2023 Only includes data for public hospitals.
Deviation from the definition: 2023: Only includes data for public hospitals.

Czechia

Source of data: **Institute of Health Information and Statistics of the Czech Republic**.
- 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:
- Providers: All available beds, since 2010 number of contracted beds, in hospitals and specialised therapeutic institutes (excluding balneological institutes, institutes for long-term patients and hospices).
- Beds: Newborns' cots are excluded.
- Type of institutions:
  * **Beds in publicly owned hospitals**: Public corporations and general government institutional sectors.
  * **Beds in not-for-profit privately owned hospitals**: Non-profit institutions serving households institutional sector.
  * **Beds in for-profit privately owned hospitals**: National private or foreign controlled corporations and household institutional sectors.
- Data on hospital beds are not available by sector till 2007.
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.

Denmark

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

Reference period:
Coverage:
In the "hospital beds function" tab, some beds are excluded, as we were informed that "Long-term care beds" and "Rehabilitative care beds" should not be included in "hospital beds function," since they are not located in hospitals but rather in rehabilitation centers, hospices, etc.
However, these are included in the "hospital beds sector" tab, as, for example, several hospices fall under "non-profit," and other private hospitals fall under "profit".
Deviation from the definition:
Estimation method:
Break in time series:
- For public hospitals, there is a break in 2011.
- There is no data for 2012.

- Data are not available for psychiatric care beds in 2014 and 2015.

Beds in for-profit privately owned hospitals
Break in time series: 2002. The reason for the break is that the privately owned hospitals in 2002 were forced by the state to provide data in order to receive financial support, which made the numbers grow very fast.
- In 2009, a new law gave the right to citizens to be treated in a privately owned hospital if the waiting time in public hospitals exceeded one month. Hence, this has led to the creation of new privately owned hospitals, and therefore the increase in the number of hospital beds.

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") and data from Ministry of Financial Affairs.
Reference period: 31st December, up to 2012. Since 2013, average number of beds.
Coverage:
- All hospitals HP.1 are included.
- Hospitals are considered as **public hospital** when more than 50% is owned by the government or local municipalities.
- **Not-for-profit privately owned hospitals**: Legal form: foundations. Data before 2003 are not available.
- Hospitals are considered as **for-profit privately owned hospitals** when more than 50% is owned by the Estonian or foreign person in private law.
- Cots for neonates, day beds, provisional and temporary beds, and beds in storerooms are also excluded from the hospital beds.
- Beds in welfare institutions are excluded.
- Statistics on hospital beds by sector for 1999-2001 are missing. Due to the reform that took place in health care sector and had an influence on the definition of ownership, the data for 1999-2001 are currently not valid.
- 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.
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.

Finland

Total and breakdown between the following categories:

- Publicly owned hospitals, Not-for-profit privately owned hospitals; For-profit privately owned hospitals.

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.
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.

Private hospitals
Note: Private hospitals cannot be split into not-for-profit and for-profit hospitals. Therefore all private hospitals are reported under 'for-profit privately owned hospitals'.

France

Source of data: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques** (DREES), Sous-Direction de l'Observation de la Santé et de l'Assurance maladie, Bureau des Établissements de santé. Data are from the "**Statistique Annuelle des Établissements de santé (SAE)**".
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).
Deviation from the definition:
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.

Germany

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 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:
Comparable data by sector are not available before 2002.
Deviation from the definition:
Estimation method:
Break in time series:

Beds in publicly owned hospitals
Coverage:
- Beds in publicly owned hospitals comprise beds in all hospitals (HP.1.1, 1.2 and 1.3) in the public sector.
- Public hospitals are defined as facilities which are maintained by municipal institutions, independent of their type of undertaking. For example, other public institutions are the federal government, a federal state, a higher community organisation or a foundation of the public law.
- Beds in public general hospitals, mental health hospitals and prevention and rehabilitation facilities are included.

Beds in not-for-profit privately owned hospitals
Coverage:
- Beds in not-for-profit owned hospitals comprise beds in all hospitals (HP.1.1, 1.2 and 1.3) in the not-for-profit sector.
- Not-for-profit hospitals are defined as facilities which are maintained by not-for-profit institutions. Not-for-profit institutions are institutions of free social welfare including religious communities covered by the public law.
- Beds in not-for-profit general hospitals, mental health hospitals and prevention and rehabilitation facilities are included.

Beds in for-profit privately owned hospitals
Coverage:
- Beds in for-profit privately owned hospitals comprise beds in all hospitals (HP.1.1, 1.2 and 1.3) in the private sector.
- Private hospitals are defined as facilities which are maintained by private commercial institutions. They require a concession as a business enterprise according to §30 Trade Regulation Act ("Gewerbeordnung").
- Beds in private general hospitals, mental health hospitals and prevention and rehabilitation facilities are included.

Greece

Source of data: **Hellenic Statistical Authority (EL.STAT.)**, Annual **Hospital Census**.
Reference period: Annual average.
Coverage:
Deviation from the definition:
Estimation method:
Break in time series: 2010. 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.

Hungary

Source of data:
- From 2003: **Hungarian National Health Insurance Fund** (OEP in Hungarian), www.oep.hu.
Reference period: 31st December.
Coverage: The breakdown of hospital beds by sector is not available from 2012 onwards.
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 from total hospital beds.

Beds in publicly owned hospitals
Coverage: Number of hospital beds in university hospitals, public and local government hospitals, Hungarian National Railway hospitals, Ministries of Defence hospitals, Interior and Justice hospitals, and hospitals under contract with the National Health Insurance Fund.
Break in time series: Since 2007, the number of hospital beds in justice hospitals is included.

Beds in not-for-profit privately owned hospitals
Coverage: Number of hospital beds in church and foundation hospitals under contract with the Hungarian National Health Insurance Fund.

Beds in for-profit privately owned hospitals
Coverage: Number of hospital beds in private hospitals under contract with Hungarian National Health Insurance Fund (OEP).

Iceland

Total and breakdown between the following categories:

- Publicly owned hospitals, Not-for-profit privately owned hospitals; For-profit privately owned hospitals.

Source of data: **The Ministry of Health**.
- There are no for-profit privately owned hospitals in Iceland.
Reference period:
Coverage:
Deviation from the definition:
Estimation method:
Break in time series:

Ireland

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: Breakdown by sector is available from 2020 onwards.
Deviation from the definition:
Estimation method:
Break in time series:
- From 2015, data includes private acute hospitals.

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 the year.
Coverage:
- Data exclude all beds in nursing and residential care facilities.
- **Beds in publicly owned hospitals**: Includes all licensed beds in acute care, mental health and specialty hospitals that are owned by the government or by the HMOs.
- **Beds in not-for-profit privately owned hospitals**: Includes beds in acute care, mental health and specialty hospitals that are owned by public agencies (excluding hospitals owned by the government or by the HMOs).
- **Beds in for-profit privately owned hospitals**: Includes all licensed beds in acute care, mental health and specialty hospitals that are owned by private agencies.
- 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.
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: 2020. In particular, as regards private hospitals, the information collected does not allow to distinguish correctly between “Not-for-profit privately owned hospitals” and “For-profit privately owned hospitals”. Therefore, all private hospitals are classified as “For-profit privately owned hospitals” on the basis of a prevalence criterion. The new criteria have been applied to the "Hospitals" and "Hospital beds by sector" data from the year 2020.

Japan

Public hospitals
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.

Private hospitals
Breakdown between not-for-profit and for-profit hospitals not available.

Korea

Source of data: **Ministry of Health and Welfare**, Division of Public Healthcare. Unpublished data.

Latvia

Source of data: **Centre for Disease Prevention and Control**; Database of hospital beds' utilisation.
Reference period: from 2000: mid-year.
Coverage: Data cover the entire country - both the public and private sectors.
- The decrease in number of beds in **publicly owned hospitals** which occurred during the time of health care reforms could be caused by reorganisations in the public health care institutions (especially in 2009 when many hospitals were closed).
- **Not-for-profit privately owned hospitals** do not exist in Latvia.
- There were 2 private for-profit hospitals with tuberculosis and psychiatric beds in 2008. During 2009 and 2010, these hospitals were closed. In 2011, new hospitals were opened, including rehabilitation hospital with 220 beds. This is the reason for temporal decrease in the number of beds in **for-profit hospitals** in years 2009 and 2010, and increase in year 2011.
Deviation from the definition:
Estimation method:
Break in time series: 2000: Change in the reference period.

Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Available on Official Statistics Portal of Statistics Lithuania http://osp.stat.gov.lt/en.
Reference period: 31st December.
Coverage:
Deviation from the definition:
Estimation method:
Break in time series:

Beds in private hospitals

Coverage: Data for private hospitals are not complete due to underreporting of private institutions. Private institutions are not very stable: some of them are working few years and then they are closed (bankrupt) or not functioning. For private hospitals sometimes it is complicated to make difference between hospital and day surgery centre. Therefore, the number of beds in private hospitals is not stable.

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.

Breakdown of hospital beds by sector
- Not applicable: Hospital infrastructure, medical equipment and running costs of hospitals are funded by public funds in the same way for all types of hospitals.

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 onwards*:
  - **Public hospitals**: data are taken from the National Health Information System (SINAIS).
  - **Private hospitals**: the data source for private providers is **National Institute of Statistics and Geography** (INEGI). National Survey on Medical units with Inpatient Hospital Services.

Coverage:
- **Public hospitals**: Information is reported from 1990 onwards, including only public establishments.
- **Private hospitals**: Information is reported from 1990 onwards, including only private establishments. (Data for the private sector reflect only resources in for-profit privately owned hospitals).
- In 2020, the time series of public 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.

Netherlands

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

- 1980-1989: Statistics of inpatient care, Statistics Netherlands.
Reference period:
- 2006 onwards: 31 December.
- 2001-2005: 1st January.
- 1980-2000: Annual average.
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 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. Therefore, this variable cannot be reported.
- 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).

Beds in publicly owned hospitals
Data not available (applies only to prison and military hospitals).

Beds in for-profit privately owned hospitals
Data not available.

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).
- **Publicly owned hospitals** are those where the legal entity type is equal to Crown Entity.
- **Not-for-profit privately owned hospitals** are those where the legal entity type is equal to Charitable Trust, Incorporated Society, or other Organisation (such as institutes set up under an Act of Parliament).
- All other providers not included as publicly owned or not-for-profit privately owned are assumed to be **for-profit privately owned hospitals**.

Norway

Source of data: **Statistics Norway**. Specialist Health Services. Annual data collection.
- See http://www.ssb.no/speshelse_en/.
Reference period: Annual average.
Coverage:
- Beds in **public hospitals**: The figures cover all beds in hospitals (HP.1) owned by Government.
- Beds in **private hospitals**: Data not available.
Deviation from the definition:
Estimation method:
Break in time series:

Poland

Source of data: **The Ministry of Health, the Ministry of National Defence, the Ministry of Interior and Administration and Statistics Poland**. From 2012 onwards **the Ministry of Justice**.
Reference period: 31st December.
Coverage:
- For period 2007-2011, general hospitals, health resort hospitals and psychiatric hospitals. Prison hospitals are excluded.
- From 2017 onwards, general hospitals, health resort hospitals, sanatoriums as well as inpatient rehabilitation facilities and psychiatric hospitals are included. Prison hospitals are included.
- For period 2007-2011, division of public and non-public hospitals is made due to the body establishing the healthcare facility. This breakdown was established by the Law on Health Care Facilities, dated 30 VIII 1991 (uniform text, Journal of Laws 2007 No.14, item 89, with later amendments).
- **Public hospitals**: A public health care facility is a facility established by: a minister or a central body of the government administration, a voivode or local self-government entity, public institution of higher medical education, a public higher education institution, which conducts didactic and research activity in the field of medical sciences, and since 2006 — the Medical Centre for Postgraduate Education. Since 2017, general hospitals, health resort hospitals, sanatoriums as well as inpatient rehabilitation facilities and psychiatric hospitals are included.
- **Not-for-profit private hospitals**: For period 2007-2011, not-for-profit privately owned hospitals do not exist in Poland. From 2017 onwards, not-for-profit privately owned facilities (hospitals, health resort hospitals and sanatoriums) are distinguished on the basis of the Register of Entities Performing Medical Activities (RPWDL).

- **For-profit private hospitals**: A non-public health care facility is a facility established by a church or religious association, employer, foundation, trade union, professional self-government, association or other domestic or foreign legal or natural person or by company without legal personality. Since 2017, general hospitals and health resort hospitals, sanatoriums as well as inpatient rehabilitation facilities (including companies with State Treasury participation) are included.
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, 2017, 2019.
- Cots for healthy infants are included since 2008.
- From 2012, beds in prison hospitals are included.
- For period 2012-2016, data on number of hospital beds by ownership are not available.
- From 2017 onwards, health resort sanatoriums and rehabilitation facilities are included to achieve comparability (coverage) with data on public and private hospitals. The division of hospitals into public and private ones is made on the basis of the information on the form of ownership of the medicinal entity in the Database of Statistical Units (BJS).
- In 2019, hospitals were restructured with a simultaneous change of the internal structure.

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.
- **Publicly owned hospitals**: Data include total official public hospital beds.
- **Not-for-profit private hospitals**: Data include total beds in not-for-profit private hospitals.
- **For-profit private hospitals**: Data include total beds in for-profit private hospitals.
Deviation from the definition:
Estimation method:
Break in time series: 1999. Emergency beds are excluded since 1999.

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.

Breakdown of hospital beds by sector
- Data not available.

Slovenia

Source of data: **National Institute of Public Health, Slovenia**, Treating Institution Report (Form 3-21-60).
Reference period: 31st December.
Coverage:
Deviation from the definition:
Estimation method:

Break in time series:

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:
- **Publicly owned hospitals** are those owned or managed by central, county, or city council government.
- Since 2010, beds in publicly owned hospitals also include beds in hospitals dedicated to attention of work-related accident and occupational illnesses (Mutuas de Accidentes de Trabajo y Enfermedades Profesionales). Before 2010, these beds are included under beds in not-for-profit privately owned hospitals.
Estimation method:
Break in time series: 2010.
- Some hospitals which were previously counted as private had to be included since 2010 in the publicly financed category following a new classification system (ECS 1995) introduced as framework for the new national hospital statistics in order to harmonize it with SHA financing scheme. According to those criteria, as NHS hospitals (public) are considered all publicly administered hospitals plus all hospitals with more than 80% of its activity publicly financed and also hospitals financed by the social security funds: network of hospitals dedicated to attention of work-related accident and occupational illnesses (nonprofit private hospitals previously included as private).

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 until 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.
Deviation from the definition:
Estimation method:
Break in time series: 1992, 2001 and 2012 (see above).

Breakdown of hospital beds by sector
Data not available.

Switzerland

Source of data: **Federal Statistical Office (FSO)**, Neuchâtel, Hospital Statistics; yearly census.
Reference period: Annual average.
Coverage: Full coverage (full-survey).
Deviation from the definition:
- Breakdown by sector not available.
- Differentiation according to ownership and profit is not relevant in Swiss health system.
Estimation method:
Break in time series:

Türkiye

Total and breakdown between the following categories:

- Publicly owned hospitals, Not-for-profit privately owned hospitals; For-profit privately owned hospitals.

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:
- ***Publicly owned hospitals*:** includes the total number of beds in all publically owned hospitals in the MoH, public universities, private and other sector (other public establishments, local administrations and since 2002 MoND-affiliated facilities).
- ***Not-for-profit privately owned hospitals:*** there are no beds corresponding to the description in Türkiye.
- ***For-profit privately owned hospitals:*** includes the total number of beds in all for-profit privately owned hospitals (including hospitals owned by private universities).
Deviation from the definition:
Estimation method:
Break in time series:

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:
- 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.
- Does not include private sector. (Data on private hospitals are not available.)
Deviation from the definition:
- **Northern Ireland:** Cots for healthy infants cannot be excluded from figures.
Break in time series:
- **England**: The data from 2010 is lower because the methodology changed. From Quarter 1 2010/2011 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.

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, AHA-registered hospitals in the United States.
- Since 2017, includes all AHA reported hospitals.
- U.S. hospitals located outside the United States are excluded.
- Estimates include both short term and long term care facilities.
- United States estimates do not include day-care beds. United States estimates refer to beds maintained (i.e. open and ready-to-receive patients).
- Beds in **publicly owned hospitals** include all AHA registered facility beds in the following types of facilities:
  - Government, non federal: State, county, city, city-county, hospital district or authority;
  - Government, federal: Air force, army, navy, public health service, veterans affairs, federal, other, public health service, Indian service and Department of Justice.
- Beds in **not-for-profit privately owned hospitals** include all AHA registered facility beds in the following types of facilities:
  - Non-government non-profit hospitals: Church operated;
  - Non-government non-profit: Catholic controlled;
  - Other.
- Beds in **for-profit privately owned hospitals** include all AHA registered facility beds in the following types of investor-owned facilities: Investor-owned for profit, individual, partnership and corporation.
Deviation from the definition: Data match the OECD definition.
- Through 2016, includes all hospital beds for all AHA-registered hospitals.
- Since 2017 includes all hospital beds for all AHA-reported hospitals.
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.

NON-OECD ECONOMIES

Bulgaria

Source of data: **National Statistical Institute.**
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:

Beds in publicly owned hospitals
Source of data: **National Statistical Institute**, Exhaustive annual survey.
Coverage: All disclosed beds in all types of publically owned hospitals and dispensaries (HP.1 Hospitals).

Beds in not-for-profit privately owned hospitals

This category doesn't exist.

Beds in for-profit privately owned hospitals
Source of data: **National Statistical Institute**, Exhaustive annual survey.
Coverage: All disclosed beds in for-profit privately owned hospitals (HP.1 Hospitals).

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.

Beds in publicly owned hospitals
Source of data: Croatian Institute of Public Health, Hospital structure and function database.
Coverage*:* Prison hospital not included.

Beds in not-for-profit privately owned hospitals
Source of data: Croatian Institute of Public Health, Hospital structure and function database.

Beds in for-profit privately owned hospitals
Source of data: Croatian Institute of Public Health, Hospital structure and function database.

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.

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

Beds in publicly owned hospitals
Source of data: **Statistical Service of Cyprus**, Health and Hospital Statistics.
Coverage: Up to 2016, all the beds of the publicly owned hospitals as defined above, except from the beds of the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics. In 2017 a break occurs, since the beds referring to the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics are included in the publicly owned hospitals.
From 2022 onwards, the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics are considered as not-for-profit privately owned hospitals and the same applies for their beds.
Break in time series: 2017, see Coverage above.

Beds in not-for-profit privately owned hospitals

Up to 2021, this category was not applicable for the case of Cyprus. As already mentioned above, no not-for-profit privately owned hospitals exist in Cyprus (the 2 institutions that are not-for-profit and privately owned are not considered as hospitals, since they offer only palliative care, i.e., Arodafnousa and Center for people with special needs).
From 2022 onwards, under this category included are the beds of the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics which are considered as not-for-profit privately owned hospitals.

Beds in for-profit privately owned hospitals
Source of data: **Statistical Service of Cyprus**, Health and Hospital Statistics; from 2006 onwards: Health and Hospital Statistics and Private Clinics Inspectors for the Private Sector. No data exist for years 1994, 1996-1999, 2001-2004.
Up to 2016, the beds of the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics have been included. In 2017 a break occurs, since the beds referring to the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics have been excluded and included in the publicly owned hospitals.
Break in time series: 2017, see Coverage above.

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.
Deviation from the definition:
Estimation method: Exhaustive survey.
Break in time series: 1999.

Beds in publicly owned hospitals
Source of data: **National Institute of Statistics**.
Reference period: data as of 31st December.
Coverage:
The major differences in the number of beds are due to multiple changes in the sanitary network from Romania and the aim to have a more efficient sanitary activity.

Beds in not-for-profit privately owned hospitals
Source of data: **National Institute of Statistics**, The activity of the sanitary and health care network – annual survey performed by NIS.
Reference period: data as of 31st December.
Coverage: Data cover private sector.

Beds in for-profit privately owned hospitals
Source of data: **National Institute of Statistics**.
Reference period: data as of 31st December.
Coverage: Data cover private sector.
The major differences appearing in the number of beds are due to multiple changes in the sanitary network in Romania and to the aim to have a more efficient sanitary activity.