

OECD Health Statistics 2019

Definitions, Sources and Methods

Total hospital beds

Total hospital beds (HP.1) are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. They are the sum of the following four categories: i) **Curative (acute) care beds**; ii) **Rehabilitative care beds**; iii) **Long-term care beds**; and iv) **Other hospital beds**.

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.

Sources and Methods

Australia

Source of data:

2013 onwards:

- **Australian Institute of Health and Welfare**. Hospital resources: Australian hospital statistics. Canberra: AIHW (also at www.aihw.gov.au).

- **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: 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.

Austria

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

Reference period: 31st December.

Coverage: Included are all hospital beds in inpatient institutions as defined by the Austrian Hospital Act (KAKuG) and classified as HP.1 according to the System of Health Accounts (OECD)._-: 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.

Belgium

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

Reference period: 31th of December for the list of hospitals.

Coverage:

- 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.

- In 2018, the whole time series on hospital beds were revised since 1988 to better match the definition.

Break in time-series:

- 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.

- Calculations have been refreshed since year 2000 to take into account the average number of beds.

Estimate:

-The year 2018 is an estimate because it is possible that minor changes will be reported.

Canada

Source of data:

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

- **Canadian Institute for Health Information**, Canadian MIS Database, 1995/96- 2017/18. 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 2010/11-2017/18.

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, curative, psychiatric and rehabilitation care beds in Quebec hospitals were taken as published in *Eco-Santé Québec*. Long-term care beds in Quebec hospitals 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*.

- Provisional estimate for 2018.

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).

- 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 (Servicio 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) since 2012.
 - 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.
- 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.

Czech Republic

Source of data: **Institute of Health Information and Statistics of the Czech Republic.** 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 balneologic institutes, institutes for long-term patients and Hospices).
- Beds: All available beds excluding newborns' cots. Since 2010 number of contracted beds excluding newborns' cots.

Break in time series: 2000, 2010.

- 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 Authority.**

Reference period:

- From 2013: public hospitals: 30 June; private hospitals: 31 December.
- For 2011 and previous years, the reference period is 31/12 each year.

Coverage: Complete.

- There is no data for 2012.

Break in time series:

- 2011 for public hospitals.
- From 2014, data are not available for psychiatric care 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 (monthly statistical report "Hospital beds and hospitalisation").

Reference period: 31st of December.

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

Notes:

- 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.
- Up to 1999, the data by function don't add up to total hospital beds, as this includes psychiatric care beds which are not allocated to any sub-category.

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 restructuring 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.

Finland

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

Estimation method: Since 1994, calculated bed-days/365 or 366.

Break in time series: 2000. The series was recalculated from 2000 onwards to correspond to the SHA 2011 definitions.

France

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

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

Reference period: 31st December.

Coverage:

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

Germany

Source of data: **Federal Statistical Office**, Hospital statistics 2017 (basic data of hospitals and prevention or rehabilitation facilities); Statistisches Bundesamt 2018, *Fachserie 12, Reihe 6.1.1*, table 1.1 and *ibid, Fachserie 12, Reihe 6.1.2*, table 1.1; <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.

Greece

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

Reference period: Annual average.

Hungary

Source of data:

- Until 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian) www.oep.hu.

- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian) www.oep.hu.

Reference period: 31st December.

Coverage: Includes the number of 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 hospitals under contract with Hungarian National Health Insurance Fund (OEP). Number of hospital beds of Justice hospitals are included.

Break in time series:

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

Iceland

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

Reference period: Annual average.

Coverage:

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

Ireland

Source of data:

- “Curative care beds” and “Other hospital beds” sources:

- for 2006 onwards, source is **Health Service Executive** (and **Department of Health’s Survey of Private Hospitals** for beds in private acute hospitals from 2015);

- for years prior to 2006, source is **Department of Health and Children**, Integrated Management Returns.

- “Psychiatric care beds” source is **Mental Health Commission Annual Report**.

- “Long-term care beds” source is **Health Service Executive**.

Coverage:

- Total hospital beds is the sum of curative care, psychiatric care, long-term care and rehabilitative care beds.

- See metadata for each bed type for details on coverage and details of break in series in 2009 and 2015.

- Data from 2009 have been revised in 2015 and 2016 due to ongoing developmental work on the System of Health Accounts, in particular the statistical categorisation of hospitals into the SHA HP classifications. This has had the effect of reducing the total number of hospital beds reported.

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 acute care, mental health and specialty hospitals. All hospital beds are divided by type (curative care beds, rehabilitative care beds and LTC beds). Data exclude nursing and residential care 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:

- All public, not for-profit and private hospitals are registered.
- Since 2000, data refer to all hospitals, public and private, including private hospitals not accredited by the National Health Service except military hospitals.
- Before 2000, data refer to all hospitals, public and private, excluding private hospitals not accredited by the National Health Service and military hospitals.

Japan

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

Coverage: All beds in hospitals and medical clinics.

- From 1993 to 1999, there is a difference between the total number of hospital beds and the sum of the bed categories by function of care. The unreported data include long-term care beds as well as tuberculosis and leprosy treatment beds (abolished in 1995).

Korea

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

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.

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.

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

Note: Reductions in years 2009 and 2010 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 <http://www.hi.lt/health-statistic-of-lithuania.html>.

Reference period: 31st December.

Coverage: The number of hospital beds excludes nursing beds.

Luxembourg

Source of data: **National Health Insurance (CNS)** - Directorate of Health, Division of curative medicine and health quality : data included in the budget.

Reference period: Annual average.

Coverage: It includes the total number of beds in general hospitals, mental health hospitals and specialised hospitals (HP. 1.1 HP. 1.2 and HP. 1.3 of the ICHA-HP terminology) and is only available from 2004.

Estimation method: It is currently difficult to distinguish the in-patient beds from beds for same-day care. Models for differentiating them are currently being studied. Their application should clarify the situation.

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 2017 : 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).
- Total beds includes inpatient, outpatient and psychiatric beds.

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

Break in series in 2011: An adjustment was made in the series of hospital beds. From 2011 onwards, it is possible to separate all the information from beds in hospitals, since previously it was added together with those in ambulatory care units.

Netherlands

Source of data:

- 1990-2000: Annual survey **Statistics Netherlands**.
- 2001-2005: **Prismant**, annual survey.
- 2006 onwards: Annual reports social account which the hospitals are required to deliver, plus data from the **NZA** (Dutch Health Authority).
- 2010-2011: The digital submission of data and information contained in the compulsory Annual report social accountability, including non-public information to be used by Statistics Netherlands (DigiMV).
- 2012-2014: Data regarding hospital beds is mainly based on three different register sources:

Part I The digital submission of data and information contained in the compulsory Annual report social accountability, including non-public information to be used by Statistics Netherlands (DigiMV).

Part II Diagnosis Treatment Combinations Mental Health Care register (DTC-MHC)

Part III Diagnosis Treatment Combinations Somatic Specialist Care register (DTC-SSC)

All types of data: administrative.

Additional sources:

- Reports by Trimbos Institute: Beds in departments for mental health care within university and general hospitals
- CIZ (Centre for assessing the Indication for long-term care); type of data: administrative
- CAK (the organisation that manages the long-term care insurance fund and is the centre for financial operations of the long-term care insurance)); type of data: administrative
- 2015 onwards: Annual report social account (DigiMV)

Reference period:

- 1990-2000: Annual average.
- 2001-2009: 1st January.
- 2010-: 31 December.

Coverage: Beds in general, university and specialised hospitals, as well as in mental hospitals; includes beds for same-day care. Beds in a few hospices for terminal care and in nursing homes are not included. Beds in long-term care mental healthcare institutions included. Beds in psychiatric wards in general and university hospitals are included (969 beds)

- Until 2001: Excludes cots for healthy infants.
- From 2002: Includes cots for healthy infants.

Deviation from the definition:

- 1990-1993: Average number of licensed beds. (1990-1994 for psychiatric care beds).

- 1994-2005: Actual number of beds (average) (1995-2005 for psychiatric care beds).
 - 2006 onwards: Licensed beds.
 - 2010 onwards: Actual beds reported by the hospitals.
 - 2012 onwards: data about psychiatric care beds and other hospital beds is available again. Estimates based on production data.
 - Beds in private clinics that perform procedures that are fully paid for by out-of-pocket expenditure are not included, like beds in the military hospital.
 - Includes beds for same day care and cots for healthy infants.
- Break in time series: 1994, 1995, 2001, 2006, 2010 and 2012 due to changes in the data source, coverage and estimation method (see subsections on types of beds).

New Zealand

Source of data: **Ministry of Health, Provider Regulation and Monitoring System Reporting Database.**
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 and 5 February 2019.

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).

Norway

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

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

Reference period: Annual average.

Coverage: HP1.

Break in time series: 2002. The hospitals were transferred from the municipalities to the central government in 2001.

Poland

Source of data: **The Ministry of Health, the Ministry of Interior, the Ministry of National Defence (until 2011) and the Central Statistical Office. From 2012 onwards the Ministry of justice.**

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.

Break in time series:

- 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.

Deviation from the definition:

- Cots for healthy infants are included since 2008.
- Before 2010, the psychiatric care beds are included in total hospital beds but not in beds by function; hence the sum of beds by function does not add up to total hospital beds until 2009.

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 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.

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.

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.

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

Slovenia

Source of data: **National Institute of Public Health, Slovenia**, National Hospital Health Care Statistics Database.

Reference period: Annual average.

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

Spain

Source of data:

- Before 1996: **National Statistics Institute** and **Ministry of Health and Consumer Affairs**. 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, Social Services and Equity** from **Statistics on Health Establishments Providing Inpatient Care** (ESCRI).

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

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

Reference period: Annual average.

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

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 do not include all private hospital beds. Only some private beds are included.
- The figures from 1960 to 1991 include both public and private beds. After 1992, the figures do not include private beds which are privately financed. Only some private beds are included. There are about 8000 private beds which are not included after 1992. The private beds from 1973-1991 are reported under the category “Other hospital beds”, but it is not possible to know in which department they were used.
- 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 definition: Data not available for rehabilitative beds.

Break in time series: 1992, 2001 and 2012.

Switzerland

Source of data: **FSO Federal Statistical Office**, Neuchâtel, hospital statistics; yearly census.

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

Coverage: Data include curative care beds, rehabilitative care beds and long-term care beds.

Turkey

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

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.

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** - ISD Scotland, NHS National Service Scotland; [http://www.isdscotland.org/Health-Topics/Finance/Costs/Files/ISD\(S\)1_Manual.pdf](http://www.isdscotland.org/Health-Topics/Finance/Costs/Files/ISD(S)1_Manual.pdf).

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:

9992	Accident & Emergency (Out-Patient only)
9993	High Dependency Care
9995	Intensive Therapy Units For Babies
9996	Special Care Baby Unit
9997	Bone Marrow Unit
9998	Intensive Care

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.

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, 2018 Edition*, by permission, Copyright 2018, by Health Forum, Inc.

Coverage: AHA-registered hospitals in the United States. U.S. hospitals located outside the United States are excluded.

- Includes all the AHA registered hospital beds for all types of hospitals.

- Estimates are for all AHA registered hospitals.

- AHA-registered hospitals include facilities such as short-term general, psychiatric hospitals, wards, rehabilitation institutes, maternity homes, tuberculosis hospitals, leprosariums and alcoholic treatment institutions.

- Estimates exclude U.S. associated areas such as Puerto Rico and AHA non-registered hospitals.

Deviation from the definition: Data match the OECD definition.

Estimation method: Survey.

Break in time series: No breaks in time series.

NON-OECD ECONOMIES

Brazil

Sources:

From 2005: **Ministério da Saúde/SAS - Cadastro Nacional de Estabelecimentos de Saúde (CNES)**.

1993-2003: **Ministério da Saúde/SAS - Sistema de Informações Hospitalares do SUS (SIH/SUS)**.

Methodology:

From 2005: The situation of December 2005 was considered whereas for the other years the average from January to December was considered.


- Number of hospital beds calculated from the annual average of existing beds in the health care system, each month, in each county (not only SUS hospital beds).

2004: No data available due to the deployment of the CNES.

1993-2003: Number of hospital beds calculated from the annual average of existing SUS hospital beds in the health care system each month in each county.

- In 2002, the Ministry of Health excluded from the SIH/SUS hospital register, those hospitals that did not represent AIH at a certain period of time or that did appear to decrease the number of available beds.

2003 data reflects the situation from January to July, for the National Register of Health Institutions (CNES), implemented in August 2003, using different criteria for classification and registration, causing a break in time series.

 **Break in time series:** Break in 2005 due to the deployment of the CNES and change in hospitals beds classification.

Further information: <http://tabnet.datasus.gov.br/cgi/deftohtm.exe?idb2012/e03a.def> and

<http://tabnet.datasus.gov.br/cgi/deftohtm.exe?idb2012/e03b.def>.

China

Source: Ministry of Health. China Health Statistics Yearbook, various years.

Public Health and Social Services > 22-6 Number of Beds in Health Care Institutions.

Methodology: Only hospital beds in health institutions are considered.

Further information: <http://www.stats.gov.cn/tjsj/ndsj/2018/indexeh.htm>.

Colombia

Source: 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.

Costa Rica

Source: Caja Costarricense de Seguro Social, Área de Estadística en Salud.

India

Source:

2005-2017: Ministry of Health and Family Welfare, Directorate General of Health Services, Central Bureau of Health Intelligence. *National Health Profile 2018* (and previous editions) - Table 6.2.2 State/UT wise Number of Govt. Hospitals & Beds in rural & Urban Areas (Including CHCs) in India (Provisional).


1982-2002: Ministry of Health and Family Welfare, Directorate General of Health Services, Central Bureau of Health Intelligence. Health Information of India 2002.

Methodology:

1982-2002:

- Data refer to beds in allopathic establishments: hospitals, dispensaries, CHCs, PHCs and Sub Centres, Sanatorium and TB Clinics and other health establishments.

- Total hospitals and hospital beds reduced (from 2000) due to heavy decrease in Madhya Pradesh figures and non-reporting by newly formed states.

 **Break in time series in 2005:** From 2005: Data refer only to beds in governments hospitals.

Further information: <http://www.indiaenvironmentportal.org.in/files/file/NHP%202018.pdf>.

Indonesia


Source: Ministry of Health, *Indonesia Health Profile 2017* (and previous editions). Annex 2.11 - Number of General Hospitals and Beds by Managing Institution in 2014-2017.

Further information: <http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/indonesia-health-profile-2017.pdf>.

Russian Federation

Source: Federal State Statistics Service (ROSSTAT), Forms of Federal Statistical Survey № 1-zdrav “Specialisation of hospital beds fund” (1.4.2.).

Coverage: Data include hospital beds in all health care institutions, belonging to different administrative entities (state, ministries and large private companies) and nonmedical institutions with medical units.

 **Break in time series in 2014:** Since 2014, the Russian Federation includes Krimea Federal Okrug (Crimea).

Note: This document, as well as any data and any map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

South Africa

Source: District Health Information System Database (DHIS), National Department of Health.

Methodology: Data refer to beds in the public and private sectors.

Further information: <http://indicators.hst.org.za/healthstats/112/data>.