OECD Health Statistics 2019
Definitions, Sources and Methods

Hospital aggregates: Inpatient care

a) Inpatient care discharges (all hospitals)

An inpatient discharge is the release of a patient who was formally admitted into a hospital for treatment and/or care and who stayed for a minimum of one night (see definition for hospital inpatient discharges below). Only the total number of inpatient discharges in all hospitals is requested (no breakdown by diagnostic categories).

b) Inpatient care average length of stay (ALOS) (all hospitals)

Average length of stay (ALOS) is calculated by dividing the number of bed-days by the number of discharges during the year (see definition for hospital ALOS below). Only the overall average length of stay in all hospitals is requested (no breakdown by diagnostic categories).

Sources and Methods

Australia

Source of data:
- Data quality statement for AIHW National Hospital Morbidity Database: http://meteor.aihw.gov.au/content/index.phtml/itemId/529483.

Coverage:
- The National Hospital Morbidity database collects information about care provided to admitted patients in Australian hospitals. In 2015-16, the data supplied were based on the Admitted Patient Care National Minimum Data Set (NMDS), the Admitted Patient Mental Health Care NMDS and the Admitted Patient Palliative Care NMDS.
- The scope of the Admitted patient care NMDS is episodes of care for admitted patients in all public and private acute and psychiatric hospitals, free standing day hospital facilities and alcohol and drug treatment centres in Australia. Hospitals operated by the Australian Defence Force, corrections authorities and in Australia's off-shore territories may also be included. Hospitals specialising in dental, ophthalmic aids and other specialised acute medical or surgical care are included.
- ALOS: Data represent the number of bed-days divided by number of separations.
- All inpatient data exclude same-day separations.
- Inpatient care covers non same-day separations for public acute care, public psychiatric care, private acute care and private psychiatric care.

Austria

Source of data: Statistics Austria. Hospital discharge statistics.
Reference period: 1st to 31st December.
Coverage:
- Included are discharges from hospitals classified as HP.1 according to SHA/OECD.
- Day cases are excluded. Day cases are defined by the same admission and discharge dates (before midnight).
- Inpatient discharges include discharges to home, other inpatient-institutions and deaths in hospitals.
- Included are residents and non-residents.
- Included are long-term inpatients.
- Healthy newborns are not documented as treatment cases.
- Documented are treatment episodes. Multi-episode cases cannot be combined into one discharge record because a personal ID of the single episode is not available.

Break in time series:
- DRG-based hospital funding, effective since 1997, might have changed coding performance relative to the years before.

**Belgium**

**Source of data:** Service Public Fédéral Santé Publique, Sécurité de la chaîne alimentaire et Environnement, Direction générale de l'Organisation des établissements de soins (Federal Public Service of Health, Food Chain Safety and Environment), Résumé Clinique Minimum (RCM) (Minimal Clinical Data).

**Coverage:**
- Inpatient care: All hospital stays (in acute and chronic institutions). It includes all stays with a minimum of one night and all deaths, including all those who died immediately after hospitalisation.
- These data exclude the not factured newborns, and the small number of people not registered as man or woman. The first part of the long term stays is kept. (Data on hospital discharges and ALOS by diagnostic categories refer to inpatients with a LOS <= 90 days and all sex - man, woman, changed, unknown).
- Certain general hospitals register newborns as a stay.
- Since 1/7/1996, stays in the psychiatric departments of general hospitals are not included in the RCM database.

**Break in time series:** The break in 2008 is related to the implementation of new coding rules (some existing rules have also been re-explained so that the rules are better applied).

**Canada**

Data not available.

**Chile**

**Discharges**

**Source of data:** Ministry of Health, Department of Statistics and Health Information.

http://deis.minsal.cl/index.asp.

**Coverage:**
- Data coverage is nationwide.
- Data are collected for both public and private sectors, through a system validated and published by the Department of Statistics and Health Information (DEIS).
- Hospital discharges are submitted for each establishment on a daily form. The data are collected and validated by the DEIS.
- The discharges consider public and private sectors. Data include all hospital discharges of patients who died, who were transferred to other health facilities and those who were discharged to home.

**ALOS**

**Source of data:** Ministry of Health (MINSAL), Department of Health Statistics and Information (DEIS).


**Coverage:**
- Data coverage is nationwide.
- Data are automatically collected monthly from the health establishments’ information systems and validated and published by the Department of Health Statistics and Information (DEIS).
- Data correspond to the average length of stay in the public health system and the private sector. They include deaths, same-day separations and transfers to others institutions in all kinds of hospitals (including long-term care institutions).

Deviation from the definition: Data include same-day separations.

**Czech Republic**

**Discharges**
Source of data:
- Since 2007: **Institute of Health Information and Statistics of the Czech Republic.** National Registry of Hospitalised Patients.
- Until 2006: **Institute of Health Information and Statistics of the Czech Republic, National Health Information System** (survey on bed resources of health establishments and their utilisation).

**Coverage:**
- Data refer to number of hospitalisations in general hospitals and specialised therapeutic institutes (excluding balneologic institutes and convalescence homes for children).

**Deviation from the definition:**
- Until 2006: Hospitalised newborns are excluded.
- Until 2006: Transfers from one department to another one at the same hospital are considered as two hospitalisations. Day cases of patients treated in bed care departments are not excluded.

**Break in time series:** 2007.
- Until 1999 data cover only establishments of the Health Sector. From 2000 data cover also health establishments of other central organs.

**ALOS**

Source of data:
- Since 2007: **Institute of Health Information and Statistics of the Czech Republic.** National Registry of Hospitalised Patients.
- Until 2006: **Institute of Health Information and Statistics of the Czech Republic, National Health Information System** (survey on bed resources of health establishments and their utilisation).

**Coverage:**
- Data on inpatient care relate to general hospitals and specialised therapeutic institutes (excluding balneologic institutes and homes for children).

**Deviation from the definition:**
- Until 2006: Same-day separations are included in the data.

**Break in time series:** 2007.

Note: Until 2006: Discharges and ALOS for **inpatient care** are different from discharges and ALOS for **all causes** (reported in the hospital discharge and ALOS data by diagnostic categories) due to the use of different sources and methodologies.

**Denmark**

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

**Discharges**

**Coverage:**
- Data includes both somatic and psychiatric hospitals.
  
**Break in time series:** 2000, 2005.
- The data prior to 2005 includes all admissions. The data from 2005 onwards use the 24-hour stay definition, which explains the lower data values.
- From 2000 onwards, the data no longer include transfer from one department to another department within the same hospitals.

**ALOS**

**Coverage:**
- Psychiatric and somatic hospital departments.
- Nursing homes and private hospitals are not included.

- ALOS: From 1995, psychiatric hospitals are included.
- From 2001, the calculation of ALOS does not include day cases.

**Estonia**

Source of data: **National Institute for Health Development, Department of Health Statistics; [www.tai.ee](http://www.tai.ee)**

Monthly statistical report “Hospital beds and hospitalisation.”

Coverage:
- All institutions providing in-patient care.
- In Estonia, due to the restructuration of health care services, the hospitals that provided only in-patient long-term care services (long-term care hospitals) were reorganised to the nursing care hospitals. This change came into force in the beginning of 2013. According to the SHA2011, these nursing care hospitals do not belong to H.P.1 and previous long-term care hospitals are classified as long-term nursing care facilities (H.P.2 in SHA2011). Therefore, the number of hospitals (H.P.1 coded on the basis of SHA2011) decreased in 2013 as well as all other statistics provided for in-patient care (all hospital beds, all discharges by hospital beds). This change does not have an impact on statistics about curative care.
- Day cases are not included.
- All beds are included.
- ALOS is calculated as the number of stayed days divided by the number of discharges.

Deviation from the definition:
- Data for 1980 and for 1985-2002 represent the figures for hospital admissions.
- Data for 2003-2011 have been changed, i.e. figures of the discharges are presented. (Data for the years before 2003 were not available for recalculation).

Notes:
The data for inpatient discharges and ALOS (aggregated data) and the data for hospital discharges/bed-days/ALOS by diagnostic categories (disaggregated data) differentiate in the case of Estonia.
The data for discharges by diagnoses and the data for hospital aggregates are based on two separate statistical reports. These are aggregated reports and there are some methodological differences concerning cases which are included or excluded from the report. (See below.)

HOSPITAL AGGREGATES DATA in Estonia:
Include:
- discharges (incl. ill newborns who have been transferred to another department from maternity ward)
- deceased
- transferred to another hospital
- patients with diagnosis Z03 (medical observation and evaluation for suspected diseases and conditions)

Exclude:
- healthy newborns
- ill newborns staying within maternity ward

Included are bed-days of all admitted patients during the calendar year.

DISCHARGES BY DIAGNOSTIC CATEGORIES:
Include:
- discharges
- deceased
- all ill newborns (irrespective of ward or department)

Exclude:
- transferred to another hospital
- healthy newborns
- patients with diagnosis Z03 (medical observation and evaluation for suspected diseases and conditions)

Included are all bed-days of discharged patients irrespective of the admission year.

This means discharges and bed-days do not match precisely. In hospital aggregates data bed-days of the patients who will be discharged only next year are included and excluded are bed-days of the discharged patients from previous calendar year.

Finland

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

Break in time series: The data follows SHA 2011 manual since 2000. Before 2000, inpatient care discharges included transfers to other units within the same hospitals.

France

Source of data:
- SAE file (Statistique annuelle des établissements de santé/Annual statistics of health institutions) managed by
**Germany**

**2003-2017:**

Source of data: Federal Statistical Office. Hospital statistics 2017 (diagnostic data of the hospital patients and patients of prevention or rehabilitation facilities); Statistisches Bundesamt 2018, Fachserie 12, Reihe 6.2.1 and ibid, Fachserie 12, Reihe 6.2.2 and special calculations by the Federal Statistical Office.

See [http://www.destatis.de](http://www.destatis.de) or [http://www.gbe-bund.de](http://www.gbe-bund.de).

Reference period: During the year.

Coverage:

- **Inpatient care discharges**: total number of admissions in all services (short-term, rehabilitation care, psychiatric care and long-term care) in all hospitals.

- **Inpatient care ALOS**: total number of days carried out in all services (short-term, rehabilitation care, psychiatric care and long-term care) in all hospitals, applied to the total number of admissions in all hospitals for the year considered.

Deviation from the definition: Healthy newborns are not included.

Break in time series:


**1970-2002:**

Source of data: Federal Statistical Office. Hospital statistics (basic data of hospitals & prevention or rehabilitation facilities); Statistisches Bundesamt, Fachserie 12, Reihe 6.1, table 1.1.

See [http://www.destatis.de](http://www.destatis.de) or [http://www.gbe-bund.de](http://www.gbe-bund.de).

Coverage:

- The number of cases is equal to the sum of admissions plus the discharges including deaths divided by 2.

- **ALOS** is calculated by dividing the bed-days by the number of cases.

- **Coverage by hospital type**: Data include cases in all types of hospitals (HP.1.1, 1.2 and 1.3) in all sectors (public, not-for-profit and private). Included are cases in general hospitals, mental health hospitals and prevention and rehabilitation facilities. Long-term nursing care facilities are excluded.
- Data not reported for year 2002 (the number of cases in 2002 would include additionally day cases – patients admitted for a medical procedure or surgery in the morning and released before the evening – and would not be comparable with other years).

Additional information:
- In German health statistics publications, the number of cases includes the number of inpatient cases as well as the number of day cases. Therefore the total number of cases in these publications is higher.
- Furthermore, for each day case one bed-day is calculated. Since the average length of stay (ALOS) is the quotient of bed-days and cases, the ALOS in these publications is lower than when calculated on the basis of only inpatients and bed-days for inpatients.

Break in time series: 2003 (change in source and method).

**Greece**

Source of data: Hellenic Statistical Authority, Division of Social Welfare and Health Statistics.
Coverage: Public and private hospitals of Greece. From 2013 ICD-10 is used.
Break in time series: 2013. There is a break in time series from 2013 and onwards due to technical improvements. More specifically, until 2012 the criterion of minimum one night of stay was not strictly covered and day cases of surgical procedures were also included. The data process was sampled until 2012 due to the large amount of data and limited resources. Moreover, from 2013 has changed from sampling to census and the day cases were identified and excluded.
- ALOS: Average length of stay for inpatient care is estimated by dividing the total number of days stayed by the total number of discharges (in public and private hospitals), including deaths.
- Same-day separations are excluded.
- Patients suffering from schizophrenia with an average length of stay > 365 days are excluded.

**Hungary**

Source of data:
- Until 1993: Ministry of Health.
- From 2004 onwards: National Healthcare Services Center (ÁEEK in Hungarian) [www.aeek.hu](http://www.aeek.hu).
Coverage:
- Until 2003:
  - Discharge data are the case number of department discharges.
  - ALOS: Average length of stay at department.
- From 2004 onwards:
  - Discharges: Data are the case number of hospital discharges, rather than the case number of department discharges. Same day discharges are excluded.
  - ALOS: Average length of stay at hospitals.

Break in time series:
- From 2004 onwards, the data provider institute (ÁEEK) processes the itemised data of the inpatient care finance report submitted by the health insurance fund. Data are calculated by case number for hospital discharge, not case number for department.
- 2007. The decrease in hospital care in 2007 was related to the introduction of co-payment in the course of the healthcare reform that started at the end of 2006, and finished at the middle of 2008.

**Iceland**

Source of data: The Directorate of Health / The Ministry of Health and Social Security.
Coverage: Data from 1999 and onwards has been revised according to the definition below:
- Data cover the whole country.
- Data cover the public sector (all hospitals in Iceland are publically financed).
- Data from 1999-2006 cover health care facilities with at least one bed available for curative care.
Break in series as of 2007: Data have been updated back to 2007 so that the data now more accurately match the definition of hospitals given in the joint questionnaire (facilities where there is not a 24 hour physician presence are excluded).

Included:
All discharges with LOS less than 90 days.
- Discharges where diagnosis is missing or ICD10 code is invalid.
- Newborns.
- Only hospitals with a 24 hour physician presence (from 2007 and onwards).
- Transfers to other specialty areas (“þjónustuflokkar”) within hospitals are included.
- Day care cases were included to some extent from 1985-1988.

Ireland

Source of data:
- From 2016: The data presented are derived from the HIPE (Hospital In-Patient Enquiry) data set, which records data on discharges from all publicly funded acute hospitals. HIPE is operated by the Healthcare Pricing Office (www.hpo.ie), HSE and Health Research Board.
- From 2006: Health Service Executive and Health Research Board.
- Up to 2005: Department of Health & Children.

Coverage:
- Discharges: Figures refer to the number of inpatients, excluding day cases, who were discharged from or died in publicly funded acute and psychiatric (public and private) hospitals.
- ALOS: The number of bed-days used divided by the number of inpatients discharged (including deaths, excluding day cases). The inpatient ALOS refers to all specialties, regardless of length of stay, in HSE Network acute public hospitals, public and private psychiatric hospitals. Beds in private acute hospitals are not included.

Breaks in time series:
- Since 2004: Public and private psychiatric hospitals are included.
- Since 2009: Public acute hospitals and public and private psychiatric hospitals only (ie HP.1 - Hospitals) are included. Up to 2008, district and community hospitals (which may be defined as HP.2 facilities) were also included.

Deviation from Definition: a small number of discharges from psychiatric hospitals/units which do not strictly meet the definition of a HP1 hospital are included in the data.

Israel

Source of data: Health Information Division, Ministry of Health. The data are based on the following databases:
(a) The National Hospital Discharge Database, maintained by Health Information Division in the Ministry of Health. It includes most acute care hospitals as well as some special hospitals.
(b) The Inpatient Mental Health Database, maintained by the Department of Mental Health in the Ministry of Health. It includes all inpatient hospitalisations in mental health departments in all hospitals.
(c) Summary Hospitalisation Database, with information that is collected routinely by the Health Information Division in the Ministry of Health. It includes all admissions to all inpatient institutions, hospitals (HP.1) and nursing care (HP.2) by wards, year and month, but does not include data on diagnoses, procedures, age, gender or admissions and discharges dates.

Coverage: The data include all acute care hospitals, mental health hospitals and special hospitals. Patients who were admitted and discharged on the same date from hospitalisation wards were defined as day cases and excluded. Healthy newborns were included. Geriatrics nursing care, Mentally frail and Complex nursing care departments in hospitals were included.
- In 2001, two psychiatric care hospitals were closed and that caused a decrease in inpatient ALOS.
- In 2006, a number of mental health beds were cancelled, and many mental health patients (who usually tend to have long length of stay) were “discharged” towards other facilities. This led to an artificial spike in ALOS in 2006.

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:
Scheda di Dimissione Ospedaliera (SDO) is the full original title of the National Hospital Discharge Data Base (NHDDB). More information about SDO can be found at http://www.salute.gov.it/portale/temi/p2_4.jsp?lingua=italiano&tema=Assistenza,%20ospedale%20e%20territorio&area=ricoveriOspedalieri
- Until 1995: a sample survey was run by ISTAT (National Institute of Statistics).
  Coverage:
  - The NHDDB (SDO) covers the entire Country, both public and private hospitals (HP.1.1 and HP.1.3 excluding army hospitals). The NHDBD has gradually improved in quality and completeness during the first five years, starting from 1995-1996.
  - Inpatient care discharges include all patients admitted in hospital for treatment and/or care and who stayed in hospital at least for one night. Hospital treatment and care include curative care, rehabilitative and long-term care post illness or injury.
  - Average length of stay (ALOS) is calculated by dividing the number of bed-days by the number of discharges during the year.
  Break in time series: 1996.
  - There is a break in the time series due to the different sources: firstly the sample survey run by Istat and then the total survey (SDO) run on the total Hospitals.

Japan

Coverage:
- The data were collected from medical institutions with inpatient facilities for 20 or more patients, which are called hospitals in Japan, and do not include medical clinics with no inpatient facilities or with inpatient facilities for 19 or fewer patients.
- Average length of stay: Annual total number of inpatients divided by [(the number of newly admitted patients that year plus the number of discharged patients that year) multiplied by 1/2].
- Due to the Great East Japan Earthquake, the report of March 2011 for the following 11 hospitals tabulated only the number of patients they reported: 1 institution of Kesen medical area of Iwate Prefecture, 1 institution of Miyako medical area of Iwate Prefecture, 2 institutions of Ishinomaki medical area of Miyagi Prefecture, 2 institutions of Kesennuma medical area of Miyagi Prefecture, and 5 institutions of Soma medical area of Fukushima Prefecture.
Deviation from definition:
- The data include same-day separations.

Korea

Source of data:
Coverage:
- From 2014: Administrative data cover consultation fees, including national health insurance, medical care, Patriots-Veterans benefits, industrial accident insurance benefit, and automobile insurance.
- Until 2013: The Patient Survey was conducted every 3 years until 2005. It was changed to annual survey in 2008.

Latvia

Source of data: Centre for Disease Prevention and Control.
Coverage: Hospital discharges including patients who returned home, were transferred to another hospital or died.

Lithuania

Source of data:
- Up to 2000: LHIC, data of annual report of health care institutions.

Coverage:
- From 2001: Discharge data excluding nursing patients, day cases and healthy newborns. Data coverage is 96-98%, as some budget financed and some private hospitals do not report discharge data for Compulsory Health Insurance Database.
- Up to 2000: discharge data excluded healthy newborns, including day cases.

**Luxembourg**

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

Coverage:
**Discharges and ALOS**
- All budgeted hospitals have been taken into account to calculate rates (including mid-term and long-term psychiatric rehabilitation centres, functional rehabilitation centres and a specialised establishment for palliative care existing since 2011).
- Data refer to the resident population covered by the statutory health insurance scheme.
- Admissions from the subchapters V, W, X and Y from ICD-10 are excluded.
- Healthy new-born babies are not registered as patients by hospitals. Therefore, no diagnostic for discharge is provided.
- Data for 2017 are preliminary.

**Mexico**

Source of data:


Coverage:
- Data include information from public institutions: Ministry of Health (SS), Social Security Institute (IMSS), Labor Social Security Institute (ISSSTE), Ministry of Navy (SEMAR), Ministry of War (SEDENA) (until 2004) and Mexican Petroleum (PEMEX). Data do not include information of private hospitals, state (local) hospitals, university hospitals and Red Cross.
- Includes all types of hospital care.

**Netherlands**

**Discharges**

Source of data:
- From 2016: Annual report social account (DigiMV)
- From 2006 and later: annual reports, Social Accounting and National Medical Registration.

Coverage:
- 2016: Admissions for 24-hour care in general, university, specialized hospitals and independent treatment centres. Mental hospitals and psychiatric wards in general and university hospitals are excluded.
- The data cover all admissions for 24-hour care in general, university and short-stay specialized hospitals. Excluded are all babies born in hospitals.
- Break in time series: 2002 and later includes healthy new born infants, if mother was an inpatient.

**Bed-days**

Source of data: Annual report social account (DigiMV)

Coverage: General, university and specialized hospitals with the exception of mental hospitals and psychiatric wards in general and university hospitals.

**ALOS**

Source of data:
- 2016: Annual report social account (DigiMV)

- Up until 2006: **Statistics of Intramural Health Care; National Medical Registration**.
  **Coverage**:
  - General, university and specialized hospitals with the exception of mental hospitals and psychiatric wards in general and university hospitals.
  - General and university hospitals (excluding specialised hospitals and rehabilitation hospitals).
  - Same-day separations are excluded in the calculation.
  - Bed-days of newborns are excluded in the calculation up to 2006 and included from 2007 onward.

**Break in time series:** 2011. In 2017, the ALOS data have been revised since 2011.

**Occupancy rate**

**Source of data:**
- 2016: Annual report social account (DigiMV)

- Up to 2006: **Intramurale Gezondheidszorg**, table 3 (several issues). Vademecum gezondheidsstatistiek Nederland, ch. 10 (several issues).

**Coverage:** General, university and specialized hospitals with the exception of mental hospitals and psychiatric wards in general and university hospitals.

**Break in time series:** 2007. Until 2006, beds refer to actual beds. In 2007, beds refer to beds approved by the Dutch Health Authority.

**New Zealand**

**Source of data:** Data extracted from the **National Minimum Data Set** (NMDS), maintained by the **Ministry of Health** (National Collections & Reporting - NCR).

**Coverage:**
- The data currently exclude same-day separations.
- The hospital aggregates data exclude Short Stay ED. (Short Stay ED events are defined as discharges with an emergency department health specialty code and a length of stay equal to 0-days or 1-day. These are typically excluded for analysis and reporting purposes because they have been inconsistently reported over time).
- Publicly-funded hospital discharges with a Length of Stay > 0. No further filters were applied.
- Private hospital stays that were publicly funded are included; excluded otherwise.
- There is a time lag with reporting some of the data to the National Minimum Data Set (NMDS) which will lead to revised data.

**Break in time series:** 2000. In 2016, the data have been revised back to 2000 to better fit the definition.

**Norway**

- Administrative register: The Norwegian Patient Register administered by **The Norwegian Directorate of Health**.

The Norwegian Patient Register includes all data on the hospital activities.

**Coverage:**
- Day separations are included and counted as one bed-day.
- ALOS: Number of bed-days divided by number of discharges, including deceased.
- Private rehabilitation institutions included in the statistics for the first time in 2000.

**Break in time series:** 2009, 2015.
- All hospitals included from 2009.
- Bed-days and discharges in 2015 do not include healthy new-borns in hospitals. The number therefore cannot be compared directly with previous years, when healthy new-borns where included.

**Poland**

**Discharges**

**Source of data:**
- Up to 2004: **Ministry of Health** collected aggregated information about inpatients in the hospitals.
- From 2005 onwards:
  - **National Institute of Public Health-National Institute of Hygiene** (NIPH-NIH), General Hospital Morbidity Study (GHMS), for discharges from general (i.e. non-psychiatric) hospitals.
  - **Institute of Psychiatry and Neurology**, Psychiatric Inpatient Morbidity Study (PIMS), for discharges from psychiatric hospitals and psychiatric departments of general hospitals.

**ALOS**

**Source of data:**
- **National Institute of Public Health-National Institute of Hygiene** (NIPH-NIH), General Hospital Morbidity Study (GHMS), for discharges from general (i.e. non-psychiatric) hospitals.
- **Institute of Psychiatry and Neurology**, Psychiatric Inpatient Morbidity Study (PIMS), for discharges from psychiatric hospitals and psychiatric departments of general hospitals.

**Coverage:**
- Day cases are excluded.
- Hospital departments coded as >=5000 are excluded.
- The inpatient average length of stay is calculated by dividing number of beddays by inpatients in all general and specialised hospitals (public and private hospitals, army hospitals, psychiatric hospitals and health resort (sanatorium) hospitals).

**Portugal**

**Source of data:** **Statistics Portugal**, annual questionnaire, to all hospitals (public and private hospitals).

**Coverage:**
- All hospitals (public and private sector) are covered.
- **ALOS**: Number of bed-days divided by number of discharges including deaths.

**Break in time series:** 1999. The Hospital Survey was revised in 1999. Although questions regarding inpatient care discharges and bed-days remained largely unchanged, data providers were asked to give more detailed numbers (namely inpatient care discharges and bed-days disaggregated by chirurgical and medical specialty).

**Slovak Republic**

**Source of data:** **National Health Information Center (NHIC)**.
- Data up to 2008: Annual report L (MZ SR) 1 - 01 on bed fund of health facility.
- Data from 2012: Report on admission to inpatient care Z (MZ SR) 1 – 12.

**Coverage:**
- Data are gathered from all health establishments (HP1), including public and private hospitals, military hospitals, prison hospital.
- 2013 data are not available.

**Deviation from the definition:**
- Up to 2011, day cases are included.

**Break in time series:** 2012.

- From 2012, day cases are excluded. Furthermore, U codes diagnoses are excluded since 2012.

**Slovenia**
Source of data:
- From 2011: **National Institute of Public Health, Slovenia.** National Hospital Health Care Statistics Database.

Coverage:
Up to 2010
- ALOS: Number of beddays divided by the number of admissions.
- Admissions (remaining from the previous year and new admissions) in general hospitals, clinics and special hospitals (public and private) are included.
- From 2011:
  - ALOS: Average length of stay is calculated by dividing the total number of in-patient days by the number of discharges. Number of days equals date of discharge minus date of admission.
  - Discharges in general and university, psychiatric and specialty hospitals (public and private) are included.

Breaks in time series:
- 2011 due to change in the source.
- From 2013: joint in-patient data capture.

**Spain**

- Up to 2009: data are issued from Estadística de Establecimientos Sanitarios con Régimen de Internado (Statistics on Health Establishments Providing Inpatient Care).
- From 2010: data are issued from Estadística de Centros de Atención Especializada (National Statistics on Specialised Centres).

Coverage:
- All private and public hospitals are included.
- Data are calculated from national hospital statistics where hospitals are classified with the following categories:
  - General hospital (1.1)
  - Specialised hospital (1.2)
  - Mental Health hospital (1.3)
  - Long term care hospital (1.4)

Data include all types of hospital.

**Sweden**


Coverage:
- National Patient Register (NPR). The National Patient Register started in 1964. Since 1987, the register has covered public in-patient care. During the years 1987–1996, the Swedish version of WHO’s International Classification of Diseases (9th revision) was used. ICD10 was introduced in 1997. The number of dropouts in the register reporting is estimated to be between one and two percent.
- In 2014, the data series has been revised from 1998 onwards. It now contains only patients who stay overnight in hospital care.
- In 2017 the data in the worksheets HospitalAggregates for the years 1998–2015 have been updated to better conform to the Eurostat definitions of health service providers (HP.1-HP.3) and health care functions (HC.1-HC.3).


**Switzerland**

Source of data:
- Data prior to 1997: **Association des Hôpitaux** (H+).

Coverage:
- Full coverage of hospitals.
- Day cases are excluded.

Break in time series:
- 2009: Until 2008, healthy newborns were excluded.
- 2010: New concept for the Hospital Statistics.
- 2015: Inpatient discharges and ALOS taken from the Medical Statistics of Hospitals (administrative patient data).

**Turkey**

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

**Coverage:**
- MoH hospitals, university hospitals, private hospitals and others included.
- Hospitals affiliated with the Ministry of National Defence have been included since 2012.
- **Discharges:** Newborns are included. V, W, X and Y codes have been excluded from the grand total since 2011. Before 2011 V, W, X and Y codes cannot be distinguished.

**Break in time series:** From 2011 onwards, data are provided from the DRG database. They refer to inpatient cases only and include healthy new-born babies.

**Note:** In 1999, an earthquake occurred with the magnitude 7.4, causing many deaths and injuries. This explains the high ALOS in 1999.

**United Kingdom**

**Discharges**

**Source of data:**
- **England:** NHS Digital.
- **Scotland:** NHS National Services Scotland, Information Services Division (ISD).
- **Wales:** NHS Wales Informatics Service (NWIS), Patient Episode Database (PEDW).
- **Northern Ireland:** Department of Health, KH03.

**Coverage:**
- Data relates to NHS discharges or NHS commissioned activity in the independent sector. Data may not be complete as further submissions may be received at a later date. Figures are based on completed hospital spells & diagnosis at discharge, with the exception of Scottish maternity data which is episode based.
- **Wales** - Data is based on the criteria where patient stayed at least one night in the hospital (admission date < discharge date – inpatients only). Data is based on financial discharge year. The numbers are based on discharges (max episode in spell). Data is based on Welsh providers only. Welsh data now includes all discharges, regardless of whether a discharge has a diagnosis.
- **Scotland** - Data was changed in 2016 to be restated from 2001 to 2013. Data changed to financial year to match England and Wales.
- **England** data for Hospital Aggregates have been restated in 2014 since 2000. Previously a small number of records were being double counted in the number of discharges and therefore being used in the denominator for length of stay, which has resulted in a change in the figures.

**Break in time series:** Data from 2000 onwards is not comparable with data from prior to this. This is due to work conducted to improve compliance with definitions and consistency of methodologies across the four parts of the UK.

**ALOS**

**Source of data:** Calculated by NHS Digital for the UK using data from:
- **England:** NHS Digital (http://content.digital.nhs.uk/) - Hospital Episode Statistics (HES).
- **Scotland:** NHS National Services Scotland, Information Services Division (ISD) (http://www.isdscotland.org/Health-Topics/Hospital-Care/Data_Sources_and_Clinical_Coding.doc) - Scottish Morbidity Record Schemes SMR01, which records all inpatient and day-case discharges from non-obstetric and non-psychiatric specialties in NHS hospitals in Scotland; Geriatric Long Stay Records SMR01E are included also; SMR02, which records all obstetric discharges; and SMR04, Psychiatric Hospital Records. For obstetric data, numbers and length of stay recorded on SMR02 have been combined with records on SMR01.

**Coverage:**
- Data cover the UK National Health Service (NHS) only.
- **England** data for Hospital Aggregates have been restated in 2014 since 2000. Previously a small number of records were being double counted in the number of discharges and therefore being used in the denominator for length of stay, which has resulted in a change in the figures.
- Discharge data may not be complete, as submissions may be received at a later date.
- Data exclude day cases.
- In **Wales**, based on Welsh providers, only inpatients are included, day cases are excluded.
- In **Northern Ireland**, length of stay is calculated by subtracting admission date from discharge date (in days). Day cases are those admissions where length of stay is equal to 0. Regular night admissions are therefore not classified as day cases and are included.
- Data for **England, Wales and Scotland** are by financial year. Data for **Northern Ireland** are by calendar year.
- In **Scotland** there is an additional change in the number of continuous inpatient stays for all years due a refinement in the way episodes are identified as being part of the same stay within the SMR04 mental health data.

**United States**

**Average length of stay**


*Coverage:*
- Defined as total facility inpatient days divided by the total facility number of admissions.
- Deviation from the definition: Data match the OECD definition.
- AHA-registered hospitals in the United States. U.S. hospitals located outside the United States are excluded.

*Estimation method:*
- US estimates come from short-term general hospitals.
- Short-term general hospitals, as defined by the AHA, are hospitals that may provide either non-specialised or specialised care, with the majority of their patients staying for fewer than 30 days.

*Break in time series:* No breaks in time series.

**NON-OECD ECONOMIES**

**Brazil**

*a) Inpatient care discharges (all hospitals)*


*Methodology:* The number of admissions does not include admissions only during the day.


*b) Inpatient care average length of stay (ALOS) (all hospitals)*

Data not available.

*c) Curative (acute) care average length of stay (ALOS)*

Data not available.

**China**

*a) Inpatient care discharges (all hospitals)*


*Public Health and Social Services > 22-11 Hospitalization Services in Health Institutions by Region.*


*b) Inpatient care average length of stay (ALOS) (all hospitals)*
Public Health and Social Services > 22-05 Number of Visits and Inpatients in Medical Institutions and Utilization of Beds.

c) Curative (acute) care average length of stay (ALOS)

Data not available.

**Colombia**

a) Inpatient care discharges (all hospitals)

Source: Individual Register of Service Providers (RIPS), Ministry of health and social protection.
Coverage: National.
- The collection of the RIPS data started in 2009. Therefore, there is no information available before 2009.

b) Inpatient care average length of stay (ALOS) (all hospitals)

Source: Individual Register of Service Providers (RIPS), Ministry of health and social protection.
Coverage: National.
- The recollection of the RIPS data started in 2009. Therefore, there is no information available before 2009.

c) Curative (acute) care average length of stay (ALOS)

Data not available.

**Costa Rica**

a) Inpatient care discharges (all hospitals)

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

b) Inpatient care average length of stay (ALOS) (all hospitals)

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

c) Curative (acute) care average length of stay (ALOS)

Source: Caja Costarricense de Seguro Social. Área de Estadística en Salud.
Coverage: Data do not include Ambulatory Surgery from 1995 onwards.

**India**

a) Inpatient care discharges (all hospitals)

Data not available.

b) Inpatient care average length of stay (ALOS) (all hospitals)

Data not available.

c) Curative (acute) care average length of stay (ALOS)
Indonesia

a) Inpatient care discharges (all hospitals)

Data not available.

b) Inpatient care average length of stay (ALOS) (all hospitals)

Data not available.

c) Curative (acute) care average length of stay (ALOS)

Data not available.

Russian Federation

a) Inpatient care discharges (all hospitals)

Sources:
2012 onwards: Federal State Statistics Service (ROSSTAT), Form of Federal Statistical Survey № 1-zdrav (1.4.4.) “Information on organisations providing health services to population”.

Coverage:
2012 onwards: Data include all health care institutions, belonging to different administrative entities (state, ministries and large private companies), excluding small health companies (with less than 15 working persons).
1990-2012: Data only include health care facilities of the Ministry of Health.


b) Inpatient care average length of stay (ALOS) (all hospitals)

Sources:

Coverage: Data only include health care facilities of the Ministry of Health.


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.

c) Curative (acute) care average length of stay (ALOS)

Sources:
2016-2018: Federal Statistical Survey, Form No 47 “Information about the network and activities of medical organizations”.

Coverage: Data only include health care facilities of the Ministry of Health.

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

a) Inpatient care discharges (all hospitals)

Data not available.

b) Inpatient care average length of stay (ALOS) (all hospitals)

Source: District Health Information System Database (DHIS), National Department of Health.
Methodology:
- Data refer to average duration of patient stay in health facility.
- Numerator: Inpatient days + 1/2 Day patients
- Denominator: Inpatient separations (currently defined as: Discharges + Deaths + Transfers out)
- Data may be given for financial years rather than calendar years. Data for 2014 is for the 2014/15 financial year

c) Curative (acute) care average length of stay (ALOS)

Data not available.

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