OECD Health Statistics 2025
Definitions, Sources and Methods

Hospital discharges by diagnostic categories

A hospital discharge is the formal release of a patient from a hospital.

Inclusion
- Discharges from all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2), and other specialised hospitals (HP.1.3)
- Deaths in hospital
- Transfers to another hospital
- Discharges of healthy newborns

Exclusion
- Transfers to other care units within the same hospital

Notes:
- Same day separations of inpatient cases (e.g. inpatients who die or are transferred to another hospital on the day of their admission) should be included in the number of discharges. The corresponding number of bed-days should be set to 1 day.
- The list of diagnostic categories is based on the International Shortlist for Hospital Morbidity Tabulation (ISHMT). Click here to see the complete shortlist with ICD-10 and ICD-9 codes.

a) Inpatient cases

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*.

Inclusion
- Emergency cases and urgent admissions when they resulted in an overnight stay and formal admission
- Patients admitted as day-care patients but who have been retained overnight due to complication

Exclusion
- Day cases
- Outpatient cases (including emergency department visits)"

b) Day cases *(not reported in OECD Health Statistics)*

A day-care discharge is the release of a patient who was *formally admitted* in a hospital for receiving *planned* medical and paramedical services, and who was *discharged on the same day*.

Inclusion
- Non-admitted patients who were subsequently admitted for day-care

Exclusion
- Inpatient cases

- Outpatient cases (including emergency department visits)
- Patients admitted as day-care patients but who have been retained overnight due to complication

Note: Data reported in *OECD Health Statistics* refer to inpatient discharges.

Hospital (inpatient) bed-days by diagnostic categories *(not reported in OECD Health Statistics)*

A bed-day (or inpatient day) is a day during which a person admitted as an inpatient is confined to a bed and in which the patient *stays overnight* in a hospital.

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

Exclusion
- Day cases

Notes
- The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).
- Same day separations of inpatient cases (e.g. inpatients who die or are transferred to another hospital on the day of their admission) should be included in the number of discharges. The corresponding number of bed-days should be set to 1 day.
- The list of diagnostic categories is based on the International Shortlist for Hospital Morbidity Tabulation (ISHMT). Click here to see the complete shortlist with ICD-10 and ICD-9 codes.

Hospital average length of stay by diagnostic categories

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

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

Exclusion
- Day cases

Notes
- The length of stay of a patient should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).
- Same day separations of inpatient cases (e.g. inpatients who die or are transferred to another hospital on the day of their admission) should be included in the number of discharges. The corresponding number of bed-days should be set to 1 day.

- The list of diagnostic categories is based on the International Shortlist for Hospital Morbidity Tabulation (ISHMT). Click here to see the complete shortlist with ICD-10 and ICD-9 codes.

Sources and Methods

Australia

Source of data: **Australian Institute of Health and Welfare Hospital Morbidity Database**. AIHW analysis of the AIHW National Hospital Morbidity Database.
Reference period: Years reported are financial years 1st July to 30th June. For each reference year, these data are based on hospital separations from 1 July to 30 June (e.g. the 2019–20 data are reported in year 2019).
Coverage:
- Data are derived using AIHW analysis of the AIHW National Hospital Morbidity Database (NHMD). Please see http://meteor.aihw.gov.au for the data quality statements for the Admitted Patient Care National Minimum Data Set.
- Data are for principal diagnosis, recorded using the ICD-9-CM from 1993-94 to 1997-98, and recording using the ICD-10-AM (Australian modification) from 1998-99. For 2014-15, principal diagnoses were recorded using the ICD-10-AM 8th edition. For 2015-16 and 2016-17, principal diagnoses were recorded using the ICD-10-AM 9th edition. Data for 2017-18 and 2018–19 principal diagnoses were recorded using the ICD-10-AM 10th edition. Data for 2019–20 to 2021-22 principal diagnoses were recorded using the ICD-10-AM 11th edition.
- 2011-12 ALOS value for category 'Unknown and unspecified causes of morbidity' has been adjusted to exclude outlier records with unusually long recorded length of stay.
- Data exclude separations with a care type of newborn (without unqualified days) and records for hospital boarders and posthumous organ procurement.
- Data for the ISHMT category 2013 "Healthy new born babies" (ICD-10 Z38) are not included.
Changes affecting ICD-10-AM classification and diagnosis coding:
- For definitions, methods and data quality matters, please refer to: https://www.aihw.gov.au/reports-data/myhospitals/content/about-the-data.
Break in time series:
- From 2012 onwards, same-day separations where the mode of separation included death, or a discharge/transfer to to an(other) acute hospital, residential aged care service (unless this is a usual place of residence), an(other) psychiatric hospital or other health care accommodation (including mothercraft hospitals) were included in the count of inpatient discharges and allocated a bed day of 1; in previous years, these separations were not included.
- 2008, 2010, 2015, 2017 for some specific diagnostic categories.
- From 1 July 2017, significant revisions to the classification and standardisation of obstetrics were undertaken. Forty-two codes were deleted from chapter 15 Pregnancy, childbirth and the puerperium (O00–O99). The deleted codes were complications of interventions that were not complications of pregnancy, childbirth and the puerperium (such as complications of anaesthesia). In addition, some conditions previously reported as obstetric conditions only will now require the coding of additional diagnosis information. For example, gestational diabetes will be accompanied by a diabetes code, and sepsis of pregnancy will be accompanied by the type of infectious agent.
- In 2017, a noticeable increase in acute upper respiratory infections and influenza is due mostly to the low level of effectiveness of the 2017 seasonal influenza vaccine against the most common strain of the virus.
- For 'Mental disorders', 2015 and 2016: The care type 'Mental health' was introduced from 1 July 2015. Between 1 July 2015 and 30 June 2017, some jurisdictions 'statistically discharged' long stay mental health patients to record the change in care type - and then 'statistically admitted' the patients. This will affect counts of separations and ALOS for conditions where mental health care is commonly provided (increase in ALOS for these patients during this period).
- From 2015–16, changes to the Australian coding Standards led to principal diagnoses in the ICD-10-AM chapter Z00-Z99 Factors influencing health status and contact with health services being re-distributed to

other ICD-10-AM chapters. Data presented by principal diagnosis for 2015–16 to 2017–18 are not comparable with data for previous reporting periods.
- From 1 July 2015, the ICD-10-AM diagnoses codes *Z50 – Care involving the use of rehabilitation procedures* were flagged as 'unacceptable principal diagnosis codes'. This change means that, from 2015-16, the principal diagnosis reported for rehabilitation care will now identify the 'reason' for rehabilitation (which was previously recorded as the first additional diagnosis). This will affect counts of separations for conditions where rehabilitation is commonly provided. Therefore, between 2014–15 and 2015–16, the numbers of separations (and ALOS) with a principal diagnosis in the ICD-10-AM chapter Z00–Z99 *Factors influencing health status and contact with health services* decreased markedly, accompanied by corresponding increases in other ICD-10-AM chapters—most notably for S00–T98 *Injury, poisoning and certain other consequences of external causes*, and M00–M99 *Diseases of the musculoskeletal system and connective tissue*.
- In 2008-09, there is a noticeable increase in the number of separations for "Diarrhoea and gastroenteritis of presumed infectious origin" (ISHMT group 0102) and a decrease in the number of separations for "Other non-infective gastroenteritis and colitis" (ISHMT group 1110). This arises from a change in the Australian Coding Standards that came into effect with ICD-10-AM 6th edition.
- ICD-10-AM 7th edition used from 2010-11 to 2012-13, explaining some breaks in 2010-11 (e.g. for anaemias, Diabetes mellitus and obstetric principal diagnosis).
- ICD-10-AM 8th edition used for 2013-14 and 2014-15.
- ICD-10-AM 9th edition used for 2015-16 and 2016–17. There was a noticeable increase in septicaemia-related separations. This may be due to changes between the 8th and 9th editions of the ICD-10-AM regarding use of T81.42 code. In the 9th edition, T81.42 *Sepsis following a procedure* (a code specific to Australia) was coded to two codes: T81.4 *Wound infection following a procedure, not elsewhere classified* + A41.9 *Sepsis, unspecified.*
- ICD-10-AM 10th edition used for 2017-18 and 2018-19.
- ICD-10-AM 11th edition used for 2019-20, 2020-21 and 2021-22.

Notes:
- The small difference between discharges for '*Hospital aggregates: Inpatient care*' and the sum of all causes for '*Hospital discharges by diagnostic categories*' is due to '*Hospital aggregates: Inpatient care*' including the following:
  - separations with a missing principal diagnosis
  - (at least some) separations with a principal diagnosis of Z38 (ICD-10-AM)
  - Separations with a principal diagnosis of U00-U49 *provisional assignment of new diseases of uncertain aetiology or emergency use* as coding rules in Australia on use of ICD-10-AM specify these should be used as additional diagnoses, except in rare cases.
  - Impact of COVID on the health system: During the COVID-19 pandemic, there were restrictions placed on movement and activities, some health services were suspended or access restricted, some services changed, people who work in health services had additional burden and extra demands were put on hospitals when COVID-19 admissions were higher. These changes also impacted the number of people seeking hospital care, including to emergency departments. This should be taken into account when interpreting changes over time in the data.
- Prior to 1 July 2022, the ICD-10-AM coding rules precluded using COVID-19 specific codes as a "principal diagnosis", rather it is reported as an "additional diagnosis". This results in very few hospital discharges for ISHMT categories under "Provisional assignment of new diseases of uncertain etiology or emergency use" so no data was provided for these years.
- From 1 July 2022, the ICD-10-AM coding rules changed (Australian Coding Standard ACS 0113 *Coronavirus Disease 2019 (COVID-19))* to allow for coding of COVID-19 specific codes as a Principal diagnosis, therefore data are reported from 2022 (1 July 2022-30 June 2023) onwards.
- Where the count of hospital discharges are 4 or less, data have been supressed using secondary suppression of another category to avoid reidentification. These are counted in the total so the total will not be equal to the sum of all groups.

Austria

Source of data:
Statistics Austria, Hospital Discharge Statistics.
Reference period:
1st January to 31st December.
Coverage:
Hospitals: Included are all inpatient institutions as defined by the Austrian Hospital Act (KAKuG) which are classified as HP.1 (HP.1. to HP.1.3) according to the System of Health Accounts (OECD, 2011 Edition) and open in the year under review with at least one bed actually in service.

Do the HDD reported cover HP.1 facilities completely?	Yes *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
(…)	
(…)	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully	Inpatient discharges are reported without day cases or zero-night stays. Only inpatient discharges (stays with at least one overnight stay) from acute hospitals are reported (exception: zero-day stays with discharge type 'deceased' are always counted as inpatient stays with a length of stay of one day).
Bed-days	Fully	Bed-days are reported for inpatient cases (day cases or zero-night stays are excluded; exception: zero-day stays with discharge type 'deceased' are always counted as inpatient stays with a length of stay of one day).
Day-cases	Fully	Day cases or zero-night stays are defined by the same admission and discharge dates (before midnight) with discharge-type "discharged". Patients admitted and deceased on the same calendar day are not subsumed in the number of day cases; they are counted as inpatient stays with one bed-day.
Comments:	Included are inpatient discharges and day cases separately (inpatient discharges exclude day cases).	

How are multi-episode cases counted?	*Hospital discharge statistics are case-based, not person-based. Each formal inpatient admission and discharge is recorded and counted separately, regardless of whether the stay is part of a multi-episode treatment. Because hospital discharge statistics do not include personal identifiers, it is not possible to identify multiple inpatient treatments of the same person.*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	Yes
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	Yes

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	Yes (for the most part) Exactly one main diagnosis is given for each inpatient hospital stay. The main diagnosis is a definite diagnosis describing the health problem which, after all examinations have been carried out, is finally found to be the main reason for the inpatient hospital stay. If a definitive clarification is not possible, then the main symptom, the most serious abnormal finding or the most serious health disorder is reported as the main diagnosis (this does not necessarily have to be the condition responsible for the greatest consumption of resources). Accordingly, the principal diagnosis may not be the admission diagnosis, may not always be the diagnosis with which the patient is discharged for further treatment (or with which the patient suffers after discharge), and may not necessarily have to be the diagnosis typical of the discharging department. A new disease or complication acquired during hospitalisation cannot be a main diagnosis. In the case of deaths, it should be noted that the main diagnosis may not always be the cause of death.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	Yes
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes Day cases or zero-night stays are defined by the same admission and discharge date. There is no information on whether a day care treatment or examination was planned; in practice, the number of unplanned zero-night-stays is negligible. Healthy newborns are excluded.
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.*	Yes

The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).	

Estimation method:

Break in time series:

- 1993: From 1989 to 1992, the classification of "HIV disease" (ISHMT-code 0105) was grouped under "Endocrine, nutritional and metabolic diseases" (ISHMT-code 0400). Starting from 1993, "HIV disease" has been reclassified and included under "Certain infectious and parasitic diseases" (ISHMT-code 0100).
- 1997: In 1997, the introduction of DRG-based hospital financing brought about significant changes in coding practices within hospitals. As a result, there are instances where breaks in the time series occur in the aggregated data due to these changes.
- 2001: ICD-9 code was used from 1989 to 2000, ICD-10 from 2001 on. The change of ICD-9 to ICD-10 in 2001 may cause breaks in time series for several diagnoses.
- 2001: In the HDD files up to and including 2000, all zero-night stays were categorised as day cases, irrespective of their discharge type (including cases where patients passed away on the day of admission). Cases of patients admitted and deceased on the same calendar day were considered as cases with zero bed days. These classifications aligned with the national definitions. However, since 2021, the Commission Regulation (EU) 2022/2294 on HCnE statistics introduced international definitions that differ from the national definitions. These new definitions specified in the 'Coverage' section are applied retroactively (up to and including 2001).

Belgium

Source of data:

The Federal Public Service of Health, Food Chain Safety and Environment, Directorate 1 - Minimal Clinical Data. The website for the Minimal Hospital Data is http://www.health.belgium.be/eportal/Healthcare/Healthcarefacilities/Registrationsystems/index.htm.
Data from the yearly survey held by the directorate - website: http://www.health.belgium.be/eportal/Healthcare/Healthcarefacilities/Registrationsystems/Hospitalstatistics/index.htm.

Reference period: During the year.

Coverage:

Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(No) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
(…)*All HP.1 except military hospitals, except subacute hospitals, except specialized and geriatric hospitals*	
(…)➔ then we report all the HP.1 we have in our database	
(…)	
…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients		- Data refer to inpatients with a LOS <= 90 days and all sex (man, woman, changed, unknown).
Bed-days	Partially	- Hospital days for inpatients concern only acute admissions in acute hospitals (with at least 1 overnight stay in the hospital). - Patient data in psychiatric hospitals are <u>not</u> included. - Long lasting stays are excluded (more than 6 months or 184 days).
Day-cases		All stays where the patient leaves the hospital on the day of admission.
Comments:	- The Federal Public Service of Health, DGGS "Healthcare" is responsible for the registration of the Minimal Hospital Data. - Deceased patients are included. The duplicates for chemotherapy and radiotherapy in the main diagnosis were removed out	

How are multi-episode cases counted?	*only the stays are counted - once*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the <u>patient?</u>	(Yes/) *Please explain when relevant*
Are data on inpatient/bed-days/day cases of <u>non-resident patients</u> provided by <u>country of residence</u> of the non-resident patient?	(Yes/) *Please explain when relevant*

<u>Coverage</u>: See point "***Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':***"

<u>Deviation from the definition</u>:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(Yes/) *Please explain when relevant*

Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes/) *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes/) *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes/) *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes/) *Please explain when relevant*

Estimation method:

From 2022:

- Discharges and bed-days are only from general hospitals (HP.1.1). No discharge from mental health hospitals (HP.1.2), or other specialised hospitals (HP.1.3) as the previous years
- The duplicates for chemotherapy and radiotherapy in the main diagnosis were removed out as previous years
- Data refer to inpatients with a LOS <= 90 days as previous years
- Long lasting stays are excluded as previous years

-Following the problem of "small cells: obs_value <5" present for the 2022 data, adaptation of certain combinations, age group and region to reduce the number of "small cell" data that internal policy prohibits from being transmitted.

Therfore, some (few) data are removed.

Break in time series:

- Diseases of the nervous system, ISHMT codes 0600 and 0605: the ICD-9-CM 327, 338 and 339 did not exist in the 2005 codebook. These codes do exist in the 2009 codebook which was used for the years from 2009. This explains the data change between 2008 and 2009.
- Symptoms, signs and abnormal clinical and laboratory findings, ISHMT codes 1800 and 1804: as of 2009 (when the ICD-9-Code 327 has been included and used), the code 780.5 is no longer used. This explains the data change between 2008 and 2009.

- Liveborn infants according to place of birth ("healthy newborn babies") (V30-V39 codes in acute admissions), ISHMT code 2103: Admissions in Maternity and Neonatal Intensive Care are excluded in our selection. This explains the small figures in inpatient cases and hospital days for inpatients until 2007.

- The 2007 total of newborns in all hospital divisions (not only acute) is 120276 newborn babies (inpatients), 577 newborn babies (day cases) & 665193 hospital days for newborn babies.
- The 2006 total of newborns in all hospital divisions (not only acute) is 122769 newborn babies (inpatients), 613 newborn babies (day cases) & 696259 hospital days for newborn babies.
- The 2005 total of newborns in all hospital divisions (not only acute) is 119506 newborn babies (inpatients), 633 newborn babies (day cases) & 688464 hospital days for newborn babies.
- The 2004 total of newborns in all hospital divisions (not only acute) is 117189 newborn babies (inpatients), 575 newborn babies (day cases) & 673842 hospital days for newborn babies.
- The 2003 total of newborns in all hospital divisions (not only acute) is 113809 newborn babies (inpatients), 515 newborn babies (day cases) & 673700 hospital days for newborn babies.

- The 2002 total of newborns in all hospital divisions (not only acute) is 112802 newborn babies (inpatients), 366 newborn babies (day cases) & 679198 hospital days for newborn babies.
- The 2001 total of newborns in all hospital divisions (not only acute) is 114804 newborn babies (inpatients), 355 newborn babies (day cases) & 695248 hospital days for newborn babies.
- The 2000 total of newborns in all hospital divisions (not only acute) is 110316 newborn babies (inpatients), 280 newborn babies (day cases) & 671248 hospital days for newborn babies.

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

Canada

Source of data:
- **Statistics Canada**, *Hospital Morbidity Database*, 1980/81 to 1993/94.
- **Canadian Institute for Health Information**, *Discharge Abstract Database* and *Hospital Morbidity Database* starting in 1994/95 (the Hospital Morbidity Database was transferred from Statistics Canada to the Canadian Institute for Health Information in 1994/95), *Ontario Mental Health Reporting System* starting in 2006/07 until 2012/13, and *Hospital Mental Health Database* starting from 2013/14 to 2019/2020, and *Hospital Mental Health and Substance Use* data asset starting in 2020/21.

Links to CIHI's web pages on metadata:
- Discharge Abstract Database (DAD): https://www.cihi.ca/en/discharge-abstract-database-metadata.
- Hospital Morbidity Database (HMDB): https://www.cihi.ca/en/hospital-morbidity-database-hmdb-metadata
- Ontario Mental Health Reporting System (OMHRS): https://www.cihi.ca/en/ontario-mental-health-reporting-system-metadata.
- Hospital Mental Health Database (HMHDB): https://www.cihi.ca/en/hospital-mental-health-database-metadata-hmhdb.
- Hospital Mental Health and Substance Use (HMHSU): *Hospital Mental Health and Substance Use*

Reference period: Data are calculated on a fiscal year basis (April 1st to March 31st).

Coverage:
- In 1994/95, one territory is included while from 1995/96 onwards all territories are included, except in 2002/03 when the territory of Nunavut is excluded.
- Separations in Canada include discharges both alive and dead for the condition most responsible for the length of stay.
- Consistent with hospital morbidity series published in Canada, newborns (healthy and unhealthy babies born at the hospital) are not reported in category 2103 (Healthy newborn babies) and are excluded from category 2100 (Factors influencing health status and contact with health services). The inclusion of healthy newborns would considerably reduce the average length of stay for 2100 (Factors influencing health status and contact with health services). However, the inclusion of unhealthy newborns would only have minor effects on the average length of stay for most categories of the ISHMT due to the low number of unhealthy newborns relative to adult and child discharges. The inclusion of newborns would reduce by 0.5 or 0.6 day (e.g. from 8.1 days to 7.5 days in 2016/17) the average length of stay for 0000 (All causes).
- Data are for acute care hospitals only, except for the data on mental and behavioural disorders which include psychiatric hospitals starting in 2013/14. Alternate level of care (ALC) patients in acute care hospitals are included. An ALC patient is a patient who is occupying a bed in a facility and does not require the intensity of resources/services provided in that care setting.
- Includes rare instances of same-day separations. Excludes surgical day cases.

- External causes of injury and poisoning are not reported separately but they are included in categories for injuries and poisonings for Canada.
- Records with invalid/unknown length of stay were included in discharges, but excluded from ALOS. Records with invalid/unknown gender and/or age were included.
- The data are reported as per ICD-9 until 2000/01. In 2001/02, five provinces and one territory provided their data for the first time, according to ICD-10-CA; in 2002/03 two more provinces and two more territories reported according to ICD-10-CA. In 2003/04, only Manitoba and Quebec did not submit their data according to ICD-10-CA. In 2004/05, Manitoba adopted the ICD-10-CA and Quebec did the same in 2006/07.
- The total count of separations in provinces that still reported according to ICD-9, for each diagnostic category was added to the count for the provinces and territories that reported according to ICD-10-CA. In general, the Canadian Institute for Health Information (CIHI) does not recommend adding ICD-9 and ICD-10-CA data due to comparability issues related to changes in code definitions and coding directives. However, the diagnostic categories were deemed broad enough by CIHI classification specialists for their addition to result in fairly accurate national totals.
- Following OECD's recommendation, 39 separations with a SARS diagnosis in 2002/03 and 417 separations in 2003/04 were included under 1803 (Unknown and unspecified causes of morbidity including those without a diagnosis).
- Data from Statistics Canada are provided for all 149 groups of the ISHMT with the exception of OECD categories 1301 (Coxarthrosis), 1302 (Gonarthrosis), 1304 (Other arthropathies) and 1310 (Other disorders of the musculoskeletal system and connective tissue). Data from the Canadian Institute for Health Information are provided for all 149 groups of the ISHMT, with the exception of OECD categories 1301 (Coxarthrosis) and 1302 (Gonarthrosis) until 2005/06. Separate reporting of 1301 and 1302 by Canadian hospitals is not mandatory in ICD-9. Discrete data for the two categories are available starting in 2006/07 when all provinces and territories had implemented ICD-10-CA. Since 1301 and 1302 could not be reported as separate categories before 2006/07, data from the Canadian Institute for Health information for 1304 include counts that would have fallen under 1301 and 1302. While not shown separately, data from Statistics Canada for categories 1301, 1302, 1304 and 1310 are, however, included in the total for chapter 1300 (Diseases of the musculoskeletal system and connective tissue).
- Starting in 2001/02, some provinces reported as per ICD-10-CA, and national data could not be provided anymore for the OECD category 1506 (Other delivery) with ICD-10 codes 081-084. The concepts captured by these codes do not exist in ICD-10-CA. Rather, in ICD-10-CA, the conditions precipitating the mode of delivery are coded with the interventions used for delivery.
- The discrepancy, starting in 2001, between the category "Factors influencing health status and contact with health services" (ISHMT category 2100) and the sum of sub-categories 2101-2105 is due to the inclusion in category 2100 (but not in its sub-categories) of new born babies that were born outside the hospital from which they were discharged. For example, if an expectant mother had a delivery on her way to the hospital and the newborn was admitted through the emergency department, the newborn would have been included in category 2100, but not in any of its sub-categories.

Break in time series:

- The substantial decrease in average length of stay for some diagnostic categories in 1994/95 may reflect the more restrictive definition of acute care hospitals used by the Canadian Institute for Health Information, as opposed to the definition used previously by Statistics Canada.
- Due to changes from ICD-9 classification to ICD-10-CA, there are breaks in 2001/02 and 2002/03 for OECD categories 0902 and 0904. Unstable angina has been included in 0902 starting with the implementation of ICD-10-CA, while it was included in 0904 before.
- The decrease in discharges for category 0501 (Dementia) in 2006/07, the year Quebec adopted the ICD-10-CA, may be explained by the more precise codes that allow for the more accurate allocation of counts in the Dementia category, resulting in an increase in category 0601 (Alzheimer's disease).
- Starting in 2006/07, data for the category Mental and Behavioural Disorders (0500) and its sub-categories include the data from the Ontario Mental Health Reporting System (OMHRS). With the creation of the OMHRS, information on acute care facilities with designated adult mental health beds in Ontario was no longer submitted to CIHI's Discharge Abstract Database. From 2006/07 to 2009/10, the number of discharges for category 0500 is higher than the sum of its sub-categories as precise diagnostic information

is missing for many of the discharges in the OMHRS. Some discharges with imprecise diagnostic information were allocated to category 0506 although they may in fact belong to categories 0501, 0502, 0503, 0504 and 0505. Therefore, the discharges for these three categories might be understated. In the OMHRS, it is not mandatory to report diagnostic information for short-stay assessments, discharges that are unplanned or discharges for stays less than seven days. This resulted in an increase in the average length of stay for all the sub-categories of Mental and Behavioural Disorders (0500), in 2006/07.
- From 2013/14 to 2019/20 data for the category Mental and Behavioural Disorders (0500) and its sub-categories are from the Hospital Mental Health Database (HMHDB). As of 2020/21 HMHDB was replaced by the Hospital Mental Health and Substance Use (HMHSU) data asset, a pan-Canadian data assest containing information on discharges involving mental illness or addiction from Canadian psychiatric and general hospitals. The HMHSU contains data from CIHI's Discharge Abstract Database (DAD)/Hospital Morbidity Database (HMDB) and Ontario Mental Health Reporting System (OMHRS). Coverage of institutions in HMHSU depends on coverage in the source databases. Data submitted from two psychiatric hospitals via the Hospital Mental Health Survey are not included in the results. Due to the small number of records submitted through the HMHS, and the definition of Mental and Behavioural Disorders (0500) and its sub-categories, differences as a result of excluding these records are considered minimal.
- Due to the adoption of the 2009 version of the ICD-10-CA classification (replacing the 2006 version that was used until 2008), "Diarrhea NOS" which was previously captured as ICD-10 code K52.9 (ISHMT category 1110 "Other noninfective gastroenteritis and colitis") is now classified as ICD-10 code A09 (ISHMT category 0102 "Diarrhea and gastroenteritis of presumed infections origin"). This resulted in LOS change. Another possible reason for the change in length of stay can be explained by mild cases with shorter stay being shifted to the 0102 category. As a result, the LOS for 1110 increased and the LOS for 0102 decreased.

Chile

Source of data: **Ministry of Health (MINSAL)**, Department of Health Statistics and Information (DEIS). Administrative registry from public and private health sectors.
- Hospital discharges from 2001 available at http://www.deis.cl/?page_id=3487.
Coverage:
- Data coverage is nationwide. Data include both public and private sectors.
- Data include same-day separations and deaths.
- Annual periodicity. Data are automatically collected monthly from the health establishments' information systems and validated and published by the Department of Health Statistics and Information (DEIS).
Deviation from definition:
- Data include same-day separations.
Notes:
- In 2010, a strong earthquake occurred in Chile. This complicated the data collection regarding hospital discharges.
- The high ALOS for "*Dementia*" (ISHMT code 0501) and "*Schizophrenia, schizotypal and delusional disorders*" (0504) in 2010 is due to the discharge of a number of patients who spent an exceptionally long time in hospital.
- The increase in the number of discharges for "*Coxarthrosis*" (ISHMT category 1301) in 2011 reflects a priority health policy in this topic.
Break in time series:
- Since 2013, the ALOS for Alzheimer is significatively lower and the reason is that there has been a change in the registration of the discharges for Alzheimer. Until 2012 when a patient who was in an establishment of long stay for Alzheimer was transferred to an establishment for acute care, it was not recorded as a hospital discharge.
Note:

Colombia

Data not available.

Costa Rica

Source of data: Área de Estadística en Salud, **Caja Costarricense de Seguro Social** (Health Statistics Unit, National Social Insurance Fund).
Coverage: It includes data coming only from public facilities belonging to the Social Insurance.
- It only contains information on public hospitals owned by the National Social Insurance Fund, which covers 95% of population, but there is a part of the population that uses private services even if they are covered by the social insurance.
- The data cover all public hospitals owned by the Social Insurance.
- Treatment episodes (consultant episodes, department discharges), multi-episode cases have not been combined into one discharge record.
- Patients who were transferred to other facilities are not included.
- Day cases are not included.
- The main diagnosis is defined as individual diagnosis stated in each patient record using the ICD classification.
Note: In 2022, the increase in ALOS for some diagnostic categories (e.g. Other diseases of the nervous system - ISHMT category 0605, Cataract - ISHMT category 0701, Diseases of the ear and mastoid process - ISHMT category 0900, Coxarthrosis - ISHMT category 1301) is due to the discharge of some inpatient cases with extreme length of stay.

Czechia

Source of data:
- From 2007: **Institute of Health Information and Statistics of the Czech Republic**. National Registry of Hospitalised Patients.
Reference period: Discharges during the year.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(Yes/**No**) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
Data are from hospitals and specialised therapeutic institutes.	
(…)*All HP.1 except military hospitals*	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully covered, possible underreporting of data.	termination of one patient's stay in a hospital, including discharge to home, transfer to another institution or death.

Bed-days	Fully covered, possible underreporting of data.	Number of bed-days for day cases is not included.
Day-cases	Fully covered, possible underreporting of data.	cases with the same date of admission and discharge, excluding deaths or same-day transfers to another bed care health establishment. However, only patients registered as hospitalised patients are included, that is patients admitted to and discharged from a bed care department of a health care establishment.
Comments:		

How are multi-episode cases counted?	*Please explain* Multi-episode cases treated in one health care establishment have been combined into one discharge record. We count them within one healthcare facility. Some medical facilities may charge a selected one-day procedure as multi-day, however, as part of the implementation of the standardization of procedure coding, efforts leading to uniform reporting of care and the adoption of uniform standardized clinical procedures across all health care providers are moving towards a uniform reporting procedure even for one-day care.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	**(Yes/**No) *Please explain when relevant* Hospitalised foreigners are included. Regional data use the region of the provision of health care services. We have data broken down at the residence level.
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	**(Yes/**No) *Please explain when relevant In some cases, accurate data was not available.*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(**Yes/**No) *Please explain when relevant* Main diagnosis is defined as the main condition diagnosed at the end of the episode of health care, primarily responsible for the patient's need of treatment or examination.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	**(Yes/**No) *Please explain when relevant*

Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	**(Yes**/No) *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	**(Yes**/No) *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded. The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	**(Yes**/No) *Please explain when relevant*

Estimation method:
- Since 2010: The methodology was changed and follows the methodology of data transmitted to the WHO.
- 2009 and previous years: Data follow the previous OECD data collection.

Break in time series:
Discharges:
- Since 2019, a new method of compiling the data was applied (the compilation of individual hospitalization cases and the selection of the main diagnosis) with possible impact on results.

Bed-days:
- Since 2010, bed-days which are longer than 700 days have been cut. This concerns mainly hospitalisations in psychiatric sanatoriums and explains in particular the decrease in ALOS for mental and behavioural disorders and Alzheimer's disease in 2010.
- 2021 (exclusion of institutes for long-term patients and hospices).

Denmark

Source of data:
Discharges: The National Patient Register, **The Danish Health Data Authority.**
Bed-days: **The Danish Health Data Authority**, The National Patient Register.
Reference period: 2023
Coverage:
Hospitals: Publicly owned hospitals, Not-for-profit privately owned hospitals; For-profit privately owned hospitals.

Do the HDD reported cover HP.1 facilities completely?	(Yes) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
- The register contains information about all public and private hospitals.	
(…)	
(…)	
(…)	
(…)	

Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully	Both inpatients and day cases have to be formally admitted. Inpatients are defined as contacts that last more than 12 hours.
Bed-days	Fully	
Day-cases	Fully	Day cases have been defined as those contacts starting and ending the same day. Whether such duration was intended remains unknown. Day-cases are defined as contacts that last less than 12 hours.
Comments:		

How are multi-episode cases counted?	*Please explain* The data is based on the National Patient Register, which contains all contacts with the Danish hospital sector. The data is limited to hospital admissions, defined as hospital stays of 12 hours or more. A hospital stay is defined as a sequence of physical contacts at the hospital with no more than 4 hours between them. Therefore, multiple episodes with a maximum interval of 4 hours between them are excluded from the statement.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes) *Please explain when relevant* All activities in hospitals are covered, regardless of insurance and citizenship.
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(No) *Please explain when relevant* The country of origin of non-resident patients is not known. They will be reported under the 'Unknown (_U)' category.

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main*	(Yes) *Please explain when relevant* The diagnosis at the discharge is used. Denmark applies an adapted version of ICD-10, which includes codes that are not accepted in your system. Discharges reported with these diagnosis codes have been excluded in the data

diagnosis.	file. The total number of discharges excluded is 10.434.
***Inpatient discharges** means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes) *Please explain when relevant*
***Inpatient zero-night stays** are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(/No) *Please explain when relevant* *If a patient has been admitted for more than 12 hours he/she is reported as an inpatient*
***Day cases** means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(No) *Please explain when relevant* *If a patient has been admitted for less than 12 hours it is reported as a day case.*
***Hospital inpatient bed-days** means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes) *Please explain when relevant*

Estonia

Source of data:
- Up to 2008: **Ministry of Social Affairs**, Department of Health Information and Analysis, routinely collected aggregate hospital statistics.
- Since 2008: **National Institute for Health Development**, Department of Health Statistics, www.tai.ee, routinely collected aggregate hospital statistics.
- Since 2022: Estonian Health Insurance Fund database (EHIF). Data of one major private hospital without EHIF contract from e-health.

Reference period:
- Before 2022: discharges by calendar year.
- Since 2022: discharges by financial year.

Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(Yes/**No**) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
Up to 2022: All hospitals (HP.1), public and private, are covered.	
- *Coverage by hospital type*: Since 2022: Most hospitals (HP.1), public and private have contract with EHIF and are covered.	
- *Coverage by service type:* Acute -, rehabilitation - and nursing care in HP1 hospitals is included. Nursing care in HP2 hospitals is excluded. Haemodialysis is included in day care. Up to 2005 day care in hospitals` policlinics is not included.	

(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients		Up to 2022: Estonia collects aggregated data on hospital discharges and day cases. Therefore, the data cannot be presented in such detailed level -diagnoses, sexes and age groups - as requested. Transfers to other hospital - only last hospital is included, Z03 is excluded. Z38- healthy newborns are excluded. Non-residents are included. Since 2022: All inpatients` cases paid by EHIF and cases 1 hospital without EHIF contract (bariatric surgery) are included. Approximately 3% inpatient bed days and 5% day- care cases were less than in aggregated statistical report in 2022. Uninsured, non-residents are included when received urgent hospital care. Z38 are excluded. Newborns with milder condition are excluded.
Bed-days		A day during which a person admitted as an in-patient is confined to a bed and in which the patient stays overnight in a hospital. The number of bed-days does not include bed-days of the deceased until 2005.
Day-cases		Up to 2022: Patients admitted to hospital for day care in the morning and leaving during the same day. Estonia collects aggregated data on day cases. Therefore, the data cannot be presented in such detailed level -diagnoses, sexes and age groups - as requested. Since 2022: Insured persons admitted for planned day care, who stay in treatment requiring active monitoring for more than 4 hours a day (surgery 1 hour) and leave on the same day.
Comments:	- *Missing records*: -. . - Up to 2022 - The data for hospital discharges/bed-days/ALOS by diagnostic categories (disaggregated data) and the data for inpatient discharges and ALOS (aggregated data) differentiate in the case of Estonia, as the data for discharges by diagnoses and the data for hospital aggregates are based on two separate statistical reports. The differences proceed from some methodological differences concerning cases which are included or excluded from the report. - COVID-19 patients are included under other ICD-10 chapters (mainly under respiratory diseases-pneumonia) because U07 is used as secondary diagnosis in Estonia.	

How are multi-episode cases counted?	*Please explain* Up to 2022 – acute care and rehabilitation is one case in one hospital, nursing care is a new case. From 2022 – One case in one hospital over profiles. If new case starts in the day of previous discharge and arrival is by ambulance, new case is counted.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(**Yes**/No) *Please explain when relevant* Since 2022: Foreigners are included if EHIF paid for case.
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(**Yes**/No) *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(**Yes**/No) *Please explain when relevant* Up to 2022: Discharges by diagnostic categories from hospital do not include cases transferred to another hospital or considered healthy (Z03), neither healthy newborn (Z38). Multi-episode cases are combined into one discharge record, except for transfers to the nursing bed profile in HP.1 hospital – then a new case is registered. - COVID-19 patients are included under other ICD-10 chapters (mainly under respiratory diseases-pneumonia) U07 is used as secondary diagnosis in Estonia. Since 2022: the choice of principal diagnosis in EHIF database compared to aggregated statistical reports differs, for example Z codes as haemodialysis or radiation therapy are more used.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(**Yes**/No) *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(**Yes**/No) *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(**Yes**/No) *Please explain when relevant*

Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(**Yes**/No) *Please explain when relevant*

Finland

Source of data: **THL Finnish Institute for Health and Welfare**; Hospital Discharge Register.
Reference period: During the year.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(Yes/No) **YES** *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
(…)	
(…)	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully	Cases where admission day differs from that of discharge day. - Data exclude transfers to another department within the same institution.
Bed-days	Fully	
Day-cases	Partially	Patients admitted and discharged during the same day.
Comments:	*Day-cases are not fully covered. This is because not all service providers have reported information on a variable that is used to separate day cases from outpatient visits (concerns cases with procedures). Day-cases without any procedures are not included now (e.g. day care in psychiatric units).*	

How are multi-episode cases counted?	*Possible muti-episodes (department discharges) are combined into one hospital discharges.*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(**Yes**/No) **YES** *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(**Yes**/No) **YES** *Please explain when relevant* ***Yes, if the information concerning country of residence is reported.***

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(Yes/No) **YES** *Please explain when relevant*
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes/No) **YES** *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes/No) **YES** *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes/No) **YES** *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes/No) **YES** *Please explain when relevant*

Estimation method:
Break in time series:

France

Source of data: National discharges databases from the "programme de médicalisation des systèmes d'information (PMSI)" managed by the national agency called « ATIH ». Calculations were performed by the French **Ministère des Solidarités et de la Santé**, **DREES** (Direction de la recherche, des études, de l'évaluation et des statistiques).

https://sante.gouv.fr/professionnels/gerer-un-etablissement-de-sante-medico-social/financement/financement-des-etablissements-de-sante-10795/financement-des-etablissements-de-sante-glossaire/article/programme-de-medicalisation-des-systemes-d-information-pmsi
https://www.atih.sante.fr/bases-de-donnees/descriptif-du-contenu-des-bases-de-donnees-pmsi
Reference period: Calendar year.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(Yes/No) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
- French data cover **residents** of Metropolitan France and overseas départements (Guadeloupe, Martinique, French Guyana, Réunion Island and from 2015 Mayotte) and collectivities, who were hospitalised in the public and private hospitals of metropolitan France and overseas French departements. They refer to hospitalisations (and not to patients) in the units delivering acute care (in medicine, surgery, gynecology and obstetrics: MCO) and, from 2016, post-acute/rehabilitative care and psychiatric care. The national database contains all inpatient hospitalisations, including healthy newborn babies and day cases, except long term care and iterative care such as haemodialysis, chemotherapy and radiotherapy.	
Data cover all acute care hospitals (public and private). Excluded hospitals are long term care hospitals and nursing facilities during the whole period; psychiatric hospitals and post-acute or rehabilitation hospitals have been excluded until 2015 and army hospitals until 2008. The data from military hospitals are added since 2009 and data from psychiatric hospitals and rehabilitative or post-acute care hospitals, since 2016.	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients		Data refer to the stays with full hospitalisation (i.e., at least one night). Same-day separations are excluded except cases of death or transfer in another hospital (inpatient cases include patients discharged as dead or transferred, whatever the length of stay). Planned day cases are excluded.
Bed-days		
Day-cases		Day cases are identified by a special index flagging planned day cases. Patients dead or transferred in another hospital on the admission day are excluded. In post-acute/rehabilitative care and in psychiatric care, an administrative day-care stay can imply several days of attendance (without night), unlike in acute care where one day-care discharge= one day (without night). Thus, for post-acute/rehabilitative and psychiatric care, the numbers

		of attendance days are reported (which is different from the numbers of administrative discharge).
Comments:	- *Missing records*: Completeness is 100% since 1997. - *Other notes related to recording and diagnostic practices*: Pooling the hospital stays strictly follows the ISHMT Short List. When the ICM10 permits to code either manifestation (*) or etiology (†) of the pathology, the manifestation code was used. Since 2002 only suicide attempts have been recorded out of all External Causes. Since 2006, additional ICD10 codes have been allocated to J09 (Proved avian flu): Group 1001; O94 (Complications after-effects of pregnancy, delivery and/or puerperium): Group 1508; U04 (Severe Acute Respiratory Syndrome - SARS): Group 1804. Since 2010, the number 0 for "Other delivery" (ISHMT code 1506) is related to changes in coding guidelines introduced by the version 11 of the "classification des groupes homogènes de malades" (GHM). The figure previously counted in this category is now included in "Complications of pregnancy and labor DURING delivery". For the "sequelae of injuries, poisoning and external causes" (ISHMT code 1910), the methodological guide indicates that in case of sequelae, the code chosen for "main condition" must be the one that designates the nature of sequels themselves, to which can be added codes "Sequelae of ...". This is probably what explains the significant decrease since 1997 and the number zero since 2010. From 2014, Haemorrhoids ICD10 code has been changed by WHO (category K64 instead of I84) with, consequently, change in allocation of ISHMT short list code: 1113 instead of 0911. From 2020, Covid-19 ICD10 code has been added.	

How are multi-episode cases counted?	*Please explain* Even if the patient has been in several medical units during their stay without leaving the hospital this constitutes a single stay.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes/No) *Please explain when relevant* - In 1997, stays are linked to the region of the patient's hospitalisation. Since 1998, they are linked to the region of the patient's place of residence.
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(Yes/No) *Please explain when relevant* - Non-resident patients are excluded.

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the*	(Yes/No) *Please explain when relevant*

patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.	Until 2008, the main diagnosis is the one that uses most of the medical effort in the course of the stay (i.e. uses most resources). Since 2009, determined at the end of the stay, the main diagnosis is the health condition responsible for the hospitalisation.
***Inpatient discharges** means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant*
***Inpatient zero-night stays** are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes/No) *Please explain when relevant*
***Day cases** means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant*
***Hospital inpatient bed-days** means the days that an inpatient spends in a hospital. Healthy newborns should be excluded. The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes/No) *Please explain when relevant* Palliative cares are included in hospital stays as they cannot be individualized.

Estimation method:

Break in time series:

- As of 2009, army hospitals have been included, and the definition of primary diagnosis has changed. The primary diagnosis is now "the health problem which motivated the admission of the patient, determined at the end of the stay" (see the methodological guide from ATIH at http://www.atih.sante.fr/openfile.php?id=2741).
- Hospital of French overseas department "Mayotte" is included in French data from 2015.
- Data from psychiatric and rehabilitative or post-acute care hospitals have been included from 2016. This inclusion mostly affects the following ISHMT categories: 0500, 0501, 0502, 0503, 0504, 0506, 1800, 1803, 2100, 2104, 2105 and 0000 (all causes).
- In 2016, there is also a break for the ISHMT categories 0902 and 0903, due to the reallocation of myocardial infarctions without ST-elevation (NSTEMI), previously included in ISHMT category 0902 and moved to 0903 as of 2016.
- From 2023, the coding method for the main reason for admission in aftercare and rehabilitation care facilities (SSR) underwent a major change. Previously, the main diagnosis reflected the primary objective of care. It is now replaced by the main morbid manifestation, defined as the condition or disorder that required the greatest share of medical attention. This change introduces a break in the time series and significantly affects data comparability, particularly for certain categories of care that show a sharp decline in 2023 compared to previous years. In addition to the expected decrease in COVID-19 cases (ISHMT 2201, -118%), the most impacted categories include: 2104 – other medical care, (ICD-10 Z51): -49% ; 2105 – other factors influencing health status (ICD-10 Z00–Z99): -34%.

For further details, refer to: notice_technique_atih-ssr-psy-nomenclatures_2023_231122-hh.pdf.

Germany

Source of data: **Federal Statistical Office**, Hospital statistics 2022 (diagnostic data of the hospital patients and patients of prevention or rehabilitation facilities); Special calculations by the Federal Statistical Office. See http://www.destatis.de or http://www.gbe-bund.de.
Reference period: During the year.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(No) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
Data include discharges during a given calendar year from all types of hospitals (HP.1.1, 1.2 and 1.3) in all sectors (public, non-profit and private). Up to and including reporting year 2002, data only include discharges from general hospitals and mental health hospitals. As of reporting year 2003, data additionally include discharges from prevention and rehabilitation facilities; however, discharges of these institutions with 100 or less than 100 beds/bed-days are not included.	
Long-term nursing care facilities are excluded.	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully	- An inpatient discharge is the release of a patient who was formally admitted into a hospital for treatment and who stayed for a minimum of one night. The number of discharges includes deaths in hospitals, but excludes same-day separations and transfers to other care units within the same institutions. Day cases are excluded.
Bed-days	Fully	- The number of bed-days refers to the sum of all inpatients at midnight. The day of admission counts as one bed-day so that day cases (patients admitted for a medical procedure or surgery in the morning and released before the evening) are normally also included. As one day case constitutes one bed-day it is possible to adjust the number of bed-days so that day cases are excluded. - In German health statistics publications, the number of bed-days includes the number of inpatient cases as well as the number of day cases. Therefore, the total number of bed-days in these publications is higher. - Since the average length of stay (ALOS) is the quotient of bed-days and discharges, the ALOS in these publications is lower than when calculated on the basis of only inpatients and bed-days for inpatients.

Day-cases	Fully	- Day cases are patients that are admitted with the intention of discharging on the same day. They were identified by the same admission and discharge dates.
Comments:	□ Only information on the main diagnosis is collected in the hospital statistics. □ Patients with unknown diagnosis are included. Patients with unknown age and/or sex are included. □ From reporting year 2004 until reporting year 2021, live-born infants according to place of birth coded with ICD-10 Z38 (ISHMT code 2103) are included. □ From reporting year 2004, patients coded with ICD-10 D90 "Immunocompromisation after radiation, chemotherapy and other immunosuppressive measures" (ISHMT codes 0300, 0302) are included. □ From reporting year 2005, patients coded with ICD-10 U00-U99 "Codes for special purposes" are included. □ The ISHMT code 2201 cannot be filled in because the diagnoses U07.1 and U07.2 are not permitted main diagnoses. These cases only exist as concomitant diagnoses in the DRG-statistics. A special evaluation of the case-based hospital statistics (DRG statistics) by the Federal Statistical Office shows that in German hospitals in reporting year 2020 172,106 cases (without day cases), in reporting year 2021 378,818 cases (without day cases) and in reporting year 2022 799,231 cases (without day cases) were billed for which U07.1 were specified as an accompanying diagnosis. □ As of reporting year 2000, discharges have been collected according to the International Classification of Diseases, 10th revision. In 2000, ICD-9-coded cases are included (about 2%).	

How are multi-episode cases counted?	*Please explain*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes) *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(No) *For data protection reasons, only a distinction between resident and non-resident is possible.*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was*	(Yes/No) *Please explain when relevant* The main diagnosis is defined as the condition diagnosed at the end of the hospitalization period, primarily responsible for the patient's need for treatment or examination at the hospital. - *Other notes related to recording and diagnostic practices*: The implementation of the German

made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.	DRG-System led to wide changes in the coding practice of the physicians especially concerning the diagnoses “complications during labour and delivery” (ISHMT code 1504), “single deliveries” (ISHMT code 1505) and “other delivery” (ISHMT code 1506).
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes/No) *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes/No) *Please explain when relevant*

Estimation method:
Break in time series:
- From reporting year 2022, live-born infants according to place of birth coded with ICD-10 Z38 (ISHMT code 2103) are excluded.
- Up to and including reporting year 2002, data only include bed-days in general hospitals and mental health hospitals. As of reporting year 2003, data additionally include bed-days in prevention and rehabilitation facilities; however, bed-days of these institutions with 100 or less than 100 beds are not included. The years before 2003 are therefore not comparable to the following years.
- *Inpatient and day cases:* The strong increase in the number of discharges for “Single spontaneous delivery” (ISHMT code 1505) in 2014 is due to a change in encoding guidelines. The encoding guideline concerning "Spontaneous vaginal delivery of a singleton" has been completely deleted from 2014. Therefore, the specified restrictions on the use of ICD-10 code O80 have also been omitted. For example, the restriction, that in a spontaneous delivery with perineal rupture the code O80 was not allowed to be indicated, has been cancelled.

Greece

Source of data: **Hellenic Statistical Authority (EL.STAT), Division of Sectoral Statistics.**
Reference period: Full calendar year; Annual total.
Coverage: The coverage is complete at regional level.
- ***Hospitals:*** Both public and private sector hospitals are included. ICD-10 is used.

Do the HDD reported cover HP.1 facilities completely?	No *If the answer is ‘No’ please provide details below.*

When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
Military hospitals are partially covered.	
(…)	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully	.
Bed-days	Fully	
Day-cases	Fully	
Comments:	*There is a break in the time series from 2013 onwards, due to methodological improvements:* *1) Prior to 2013, the criterion requiring a minimum of one overnight stay was not strictly applied, and same-day surgical cases were included in Inpatients data.* *2) Due to the substantial volume of data and resource constraints, data was based on sampled sources until the year 2012. Starting from year 2013, the data collection approach transitioned from a sampling methodology to a full census.*	

How are multi-episode cases counted?	*Only the main cause of morbidity was recorded. If a patient is discharged from a specific department (e.g. ICU) and charged to a another is considered as a separate case.*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	Yes *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	Yes *Please explain when relevant*

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the*	Yes/No Surgical day cases were included until 2012.

hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.	
***Inpatient discharges** means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes/No
***Inpatient zero-night stays** are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	Yes
***Day cases** means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes/No
***Hospital inpatient bed-days** means the days that an inpatient spends in a hospital. Healthy newborns should be excluded. The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	Yes

Deviation from the definition:

- From year 2013, ICD-10 is used for coding main cause of hospitalisation. However, up to year 2012, ICD-9 was used (1975 version) and the Hellenic Statistical Authority (EL.STAT) has grouped the discharges , as noted in the following table:

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

Break in time series: 2013. There is a break in time series of hospital inpatient discharges from 2013 and onwards due to technical improvements. More specifically, until 2012 the criterion of minimum one night of stay was not strictly covered and day cases of surgical procedures were also included. The data process was sampled until 2012 due to the large amount of data and limited resources. Moreover, from 2013 has changed from sampling to census and the day cases were identified and excluded.

Hungary

Source of data:
- From 2004 onwards: **National Healthcare Service Center** (ÁEEK in Hungarian), based on itemized 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. www.aeek.hu.
- From 2019, **National Directorate General for Hospitals** (OKFŐ in Hungarian), based on itemized 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. www.okfo.gov.hu.

Reference period:
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	No *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
(…) private hospitals	
(…)	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	fully covered	Hospital case where the date of admission is older than the date of discharge. One-day ambulatory cases are not included.
Bed-days	fully covered	
Day-cases	fully covered	Hospital case where the date of admission and the date of discharge are identical, and where the medical intervention performed during the stay appears on the list of allowed day case interventions.
Comments:	- Data are based on ICD-10. - The data are calculated from the itemised data of the inpatient care finance report submitted by the health insurance fund.	

How are multi-episode cases counted?	The case number for hospital discharge is provided, rather than the case number for department. If the hospital case involved care in several departments, then the hospital case is assigned to the major diagnosis of the department case whose DRG classification had the highest weight number.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	Yes
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	Yes

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	Yes
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	Yes
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded. The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	Yes

Estimation method:

Break in time series:

- 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.
- 2020. In 2020, at the beginning of the Covid-19 epidemic, individual hospital wards were reclassified as Covid-19 wards. Those patients who could were discharged to their homes. Deferrable hospital admissions have been postponed. Due to the Covid-19 epidemic, the population also avoided hospitalization.
- 2021. The Covid-19 wave peaked in Hungary in the first half of 2021. Deferrable hospital admissions continued to be postponed. Due to the Covid-19 epidemic, the population continued to avoid hospitalization.
- 2019: In 2025, due to a technical transition the data have been revised since 2019. The data do not include the number of healthy newborns from 2019 onwards.
Data are classified according to discharge times.
Data are provided on the basis of BNO instead of the previous ISHMT breakdown.

Iceland

Source of data: **Directorate of Health in Iceland**. Hospital Discharge Register.
Reference period: Data as of 31 December.
Coverage: National coverage.
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	Yes *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
- Data cover whole country. - Data from 1999-2006 cover health care facilities with at least one bed available for curative care. *Included:* - All hospitals in the country (data cover the public sector (all hospitals in Iceland are publicly financed).	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients		*Included:* - Inpatient cases only. - Only hospitals with a 24 hour physician presence (from 2007 and onwards). - All discharges with a length of stay (LOS) of less than 90 days. - Based on principal/main diagnosis. *Excluded:* - Specialised institutions such as rehabilitation centers, nursing homes or residential care facilities. - Transfers to other specialty areas ("þjónustuflokkar") within hospitals. - Liveborn infants according to place of birth (ICD-10 code Z38) - Discharges with main diagnosis from ICD-10 chapter P Certain conditions originating in the perinatal period.

Bed-days		Inpatient bed-days are stays in inpatient wards which last for at least 24 hours.
Day-cases		Outpatients are defined as patients receiving ambulatory care in an outpatient unit, a day care unit or other outpatient units within a hospital. Outpatients (including day cases) are not admitted to an inpatient ward.
Comments:		

How are multi-episode cases counted?	*Each visit is counted.*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes/No) *Iceland does not submit NUTS2 level data. Data which is available in databases at the Directorate of Health can be processed either by residence of the patient or by the location of the health care facility which provided the care.*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	Yes *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	Yes *Please explain when relevant*
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes *Complies with definition.*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes/No) *Explanations will be provided later.*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted*	Yes *Please explain when relevant*

in a hospital for receiving planned medical and paramedical *services, and who was discharged on the same day. Healthy newborns should be excluded.*	
***Hospital inpatient bed-days** means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	Yes *Complies with definition.*

Estimation method:
- Data compiled using ICD-10 codes and Eurostat age groups.

Break in time series: In 2010 a new registration system was implemented in hospitals nationwide. Changes were also made to the national registration standards. Data on diagnoses and procedures are not complete in all cases for the year 2010. The 2010 data are therefore omitted.
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).

Ireland

Source of data: The data is sourced from the HIPE (Hospital In-Patient Enquiry) data set, which records data on discharges from all publicly funded acute hospitals. HIPE is operated by the **Healthcare Pricing Office** (www.hpo.ie).
Reference period: Data is based on the calendar year of discharge.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	Yes *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
- HIPE data covers all inpatients and day cases receiving curative and rehabilitative care in publicly funded acute hospitals in the State. - For historical reasons, a small number of non-acute hospitals are included in HIPE. This activity represents less than 0.5% of total activity in HIPE.	
- HIPE does not include private hospitals. Detailed activity data for private hospitals is not available. However, based on the Health Ireland Survey 2017, it is estimated that approximately 25% of all hospital inpatient activity in Ireland is undertaken in private hospitals. It should be emphasized that this is an estimate only and so should be interpreted with caution.	
- Data for Psychiatric inpatients and day cases receiving curative and rehabilitative care in specialist psychiatric hospitals (HP.1.2) have not been included. It is maintained on a separate database which uses ICD-10 for coding diagnosis and also includes long-stay patients. This activity accounts for approximately 2% of all Irish hospital activity. Psychiatric patients in acute general hospitals are recorded in HIPE.	
Comments:	*N/A*

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Partially	- An inpatient case is defined as a patient who is formally admitted without any scheduled/pre-determined discharge date, and usually having a minimum of one overnight stay in hospital. Patients who are admitted or discharged as emergencies on the same day are considered inpatients. - Age of patient is calculated at time of discharge. - The Irish Coding Standards direct that Healthy New-born Babies are not coded in HIPE. Therefore, there are no inpatients or day cases in category 2103 [Liveborn infants according to place of birth]. It is estimated that this activity would result in an increase of approximately 10% in the total number of inpatients if it was included. For further information on the numbers of births annually see the National Perinatal Reporting System (NPRS) annual reports at http://www.hpo.ie/. - Does not include data from private hospitals, only hospitals in the public sector.
Bed-days	Partially	- A bed day is defined as an overnight stay spent by an inpatient patient at the hospital from the date of admission up to the date of discharge. - Number of bed days spent is therefore a summation of all overnight stays by inpatients falling within the respective category. - A patient admitted as an inpatient and being discharged on the same day (i.e. did not spend an overnight) is coded as spending 1 bed day. - Does not include data from private hospitals, only hospitals in the public sector.
Day-cases	Partially	- A day case is defined as a patient who is formally admitted with the intention of discharging the patient on the same day, and where the patient is in fact discharged as scheduled (i.e., excluding deaths and emergency transfers) on the same day. Patients who are admitted or discharged as emergencies on the same day are considered inpatients. - Age of patient is calculated at time of discharge. - From 2006 the HIPE system includes data on day case patients admitted for dialysis in dedicated dialysis units. These episodes were previously excluded from HIPE. This has resulted in a substantial increase in the number of day cases in ISHMT category 2105 [Other factors influencing health status and contact with health services]. - In 2006, batch coding was introduced to facilitate more complete coding of radiotherapy. This has resulted in an increase in the number of day cases in category 2104 [Other medical care (including radiotherapy and chemotherapy sessions)]. - Does not include data from private hospitals, only hospitals in the public sector.
Comments:	*Coverage of COVID-19 related diagnosis:*	

	For data from 2020 onwards, under the ICD-10 diagnosis coding system, the codes B97.2 and U07.1 relate to a COVID-19 diagnosis. These codes are in turn mapped to their ISHMT categories of 106 and 2105 respectively in the Hospital discharge data by diagnostic categories. Please note that, as under the ICD-10 coding system, COVID-19 can only be registered as an additional diagnosis (i.e., not as the principal diagnosis). *Notes related to recording and diagnostic practices* - Data for 1995 to 2004 were classified using ICD-9-CM. All HIPE discharges from 2005 are now coded using ICD-10-AM (The Australian Modification of ICD-10 incorporating the Australian Classification of Health Interventions). - Although the ISHMT is used for categorising diagnoses, there are still some minor changes in the classification of diagnoses. The HMT shortlist is based on ICD-9 and ICD-10 codes, but the classification used for diagnoses in HIPE was changed from ICD-9-CM to ICD-10-AM including the Australian Coding Standards. This means that for certain categories comparison with previous years is difficult. - Note that in Ireland, codes from ISHMT category 1501 (Medical Abortions) include patients admitted to hospital with a complication following a legal abortion in another state.

How are multi-episode cases counted?	- Data used captures episodes of care, regardless of whether the patient is a recurring one. This also facilitates data capture of same patient visiting multiple hospitals. <u>For example:</u> i. A patient being admitted as an inpatient at the same hospital for three times during the reference year will generate three episodes of care, each with the same demographic details and respective diagnosis and length of stay. ii. A patient having both an inpatient episode and a separate day case episode are treated as different episodes of care, under the respective category of care. iii. A patient having been admitted as an inpatient in two different hospitals in two distinct instances is recorded as two episodes of care with the same demographic details and respective diagnosis and length of stay.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the <u>patient?</u>	Yes *Please explain when relevant* - Regional data up to 2021 is based on the NUTS2 region of the hospital of discharge. From 2022 onwards, the regional data is based on the NUTS2 region of the patients' usual residence. - From 2022, any patient resident in Ireland whose NUTS2 region of residence is unknown is coded as "IE". Similarly, for non-resident patients whose country of residence is not known are coded as "_U".
Are data on inpatient/bed-days/day cases of <u>non-resident patients</u> provided by <u>country of residence</u> of the non-resident patient?	Yes *Please explain when relevant* - From 2022 onwards, country of non-resident patients are based on the provided documentation at registration at the hospitals for the relevant episode of care. Therefore, a non-resident patient with dual/multiple citizenships has the country of the registering documentation recorded.

	- From 2022, non-resident patients whose country of residence is not known are coded as "_U". - Pre-2022 data refers to the region of the hospital where episode of care occurred.

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	Yes *Please explain when relevant* - The principal diagnosis is defined as the diagnosis established after study to be chiefly responsible for occasioning the episode of admitted patient care. For more information see the HIPE data dictionary for the relevant reference year at https://www.hpo.ie/HIPE_Data_Dictionary.htm.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes *Please explain when relevant* - An inpatient case is defined as a patient who is formally admitted without any scheduled/pre-determined discharge date, and usually having a minimum of one overnight stay in hospital. Patients who are admitted or discharged as emergencies on the same day are considered inpatients. - The Irish Coding Standards direct that Healthy New-born Babies are not coded in HIPE. Therefore, there are no inpatients or day cases in category 2103 [Liveborn infants according to place of birth]. It is estimated that this activity would result in an increase of approximately 10% in the total number of inpatients if it was included. For further information on the numbers of births annually see the National Perinatal Reporting System (NPRS) annual reports at http://www.hpo.ie/.
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	Yes *Please explain when relevant* - A patient admitted as an inpatient and being discharged on the same day (i.e. no overnight stay) is coded as spending 1 day.
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes *Please explain when relevant* - A day case is defined as a patient who is formally admitted with the intention of discharging the patient on the same day, and where the patient is in fact discharged as scheduled (i.e., excluding deaths and emergency transfers) on the same day. Patients who are admitted or discharged as emergencies on the same day are considered inpatients.

	- The Irish Coding Standards direct that Healthy New-born Babies are not coded in HIPE. Therefore, there are no inpatients or day cases in category 2103 [Liveborn infants according to place of birth]. It is estimated that this activity would result in an increase of approximately 10% in the total number of inpatients if it was included. For further information on the numbers of births annually see the National Perinatal Reporting System (NPRS) annual reports at http://www.hpo.ie/.
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	Yes *Please explain when relevant* - A bed day is defined as an overnight stay spent by an inpatient patient at the hospital from the date of admission up to the date of discharge. - Number of bed days spent is therefore a summation of all overnight stays by inpatients falling within the respective category. - The Irish Coding Standards direct that Healthy New-born Babies are not coded in HIPE. Therefore, there are no inpatients or day cases in category 2103 [Liveborn infants according to place of birth]. It is estimated that this activity would result in an increase of approximately 10% in the total number of inpatients if it was included. For further information on the numbers of births annually see the National Perinatal Reporting System (NPRS) annual reports at http://www.hpo.ie/. - Data is based on the calendar year of discharge.

Estimation method:
No estimation is applied.
Break in time series:
- Break in time series from 2022 onwards due to coding of region based on patient's residence.
- Break in the time series between 2004 and 2005 due to the change in classification systems from ICD-9-CM to ICD-10-AM in 2005.

Israel

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

(a) The **National Hospital Discharge Database,** maintained by **Health Information Division in the Ministry of Health.** It includes most acute care hospitals as well as some special hospitals. The diagnoses and procedures are coded according to the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). The diagnoses reported are the first listed diagnosis at discharge from the hospitals. Patients who were admitted and discharged on the same date were defined as day cases.

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

(a) **Summary Hospitalisation Database**, with information collected routinely by the **Health Information Division in the Ministry of Health.** It includes all admissions to all inpatient institutions, hospitals (HP.1) and nursing care (HP.2) by wards, year and month, but does not include data by diagnoses, procedures, age, gender or admissions and discharges dates.

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

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

Italy

Source of data:
- Ministry of Health - General Directorate of Health Planning. National Hospital Discharge Data Base (NHDDB) (https://www.salute.gov.it/portale/temi/p2_4.jsp?lingua=italiano&area=ricoveriOspedalieri).

Publication: "Rapporto annuale sull'attività di ricovero ospedaliero – Dati SDO", containing a lot of information about the hospital admissions. All these publications are available on the Ministry website, at the following address:
http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=1237&area=ricoveriOspedalieri&menu=vuoto.

Reference period: Year.

Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(Yes/No) No *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
The national hospital discharge database (NHDDB) covers the following hospital institutions, which are classifiable as HP.1.1: Hospital Agencies, General hospitals, University hospitals and HP.1.3 Specialty hospitals (like neurological, cancer, orthopaedic, paediatric hospitals). Military hospitals are not included (it is not possible to estimate their total capacity). Psychiatric hospitals and Substance abuse hospitals do not exist in Italy. At hospital level the psychiatric curative care is treated in wards of general hospitals (HP.1.1), such as psychiatric wards and infantile neuropsychiatric wards. Besides there are other residential institutions for psychiatric patients and substance abuse, but this kind of institutions are not included in the hospital discharge data.	
(…)	
(…)	
(…)	

(…)	
Comments:	*Missing records*: The NHDDB includes all inpatients and day cases in public and private hospitals. Outpatient cases are not included in the NHDDB.

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully covered	The sharp decrease in the number of hospital discharges and bed-days for the year 2020 reflects the impact of the **COVID-19 pandemic**. The lockdown measures adopted at the central level to limit infections, have limited access to hospitals and the admissions have been limited to urgent cases.
Bed-days	Fully covered	The sharp decrease in the number of hospital discharges and bed-days for the year 2020 reflects the impact of the **COVID-19 pandemic**. The lockdown measures adopted at the central level to limit infections, have limited access to hospitals and the admissions have been limited to urgent cases.
Day-cases	Fully covered	The HDD files include day cases: these cases do not stay overnight in hospital. A special index flag identifies all the day-cases. The National Hospital Discharges Data Base (NHDDB) include multi-episode cases, combined into one discharge record. These are "day cases" for cycle of treatments that needs more days: treatments of radiotherapy or chemotherapy for example. This kind of treatments does not require an overnight stay and the number of admissions in hospital is recorded in the NHDDB. The sharp decrease in the number of hospital discharges and bed-days for the year 2020 reflects the impact of the **COVID-19 pandemic**. The lockdown measures adopted at the central level to limit infections, have limited access to hospitals and the admissions have been limited to urgent cases.
Comments:	In the HDD file are excluded some discharge records lacking some important information (e.g. the ward and the type of hospitalization - ordinary for inpatient or day case) and if the length of stay is longer than 365/366 days. The number of lacking records is decreasing along the years: 478 records related to the year 2021; 154 records related to the year 2022; 150 records related to the year 2023. The HDD file does not contain the healthy new born babies, identified by the DRG code (vers. 24) 391, therefore they are excluded also their relative bed-days in hospital.	

How are multi-episode cases counted?	*Please explain*

	The NHDDB includes multi-episode cases, combined into one discharge record in several day case discharges: treatments for day cases may last either only one day or more days in case of a cycle of treatments, such as radiotherapy or chemotherapy. The number of presence days for day case discharges is recorded in the NHDDB. For acute day case discharges, the average number of admissions to hospital is 2.7; for day case rehabilitation, the average number of admissions is 16.7.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes/No) *Please explain when relevant* *Yes.* *For each hospital discharge the NHDDB collects some patient personal data, such as region of residence.*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(Yes/No) *Please explain when relevant* Yes. For each hospital discharge non-resident in Italy, the NHDDB collects the country of residence.

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(Yes/No) Yes *Please explain when relevant* The main diagnosis is identified at the hospital discharge, and it must be the main reason for the hospital treatment and care. If there were several main diagnoses, the one requiring more resources must be reported as the main diagnosis. Neoplasia must be indicated as main diagnosis, unless the hospital episode is finalized for radio or chemotherapy. - *Other notes related to recording and diagnostic practices*: The classification system used for the NHDDB is ICD-9-CM. Starting from the year 2010, other information are collected for each hospital discharge, such as level of education, election admission date, priority class and external cause in case of traumatism. For this last information the "E" codes of the ICD-9-CM classification were introduced. External cause codes are not included in the HDD files. The "E" codes are collected in a specific field of the discharge record.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant* Yes

	The HDD file does not contain the healthy new born babies. They are identified in the NHDDB by the DRG code (version 24) 391, therefore their relative bed-days are excluded too. Discharges with ICD-9-CM main diagnosis codes included in [V30-V39] "Liveborn infants according to type of birth", with age > 0 and discharges with ICD-9-CM main diagnosis codes included in [760-779] "Certain conditions originating in the perinatal period", with age > 4 have been processed for the HDD file and they are included into the ISHMT code "1803" "Unknown and unspecified causes of morbidity (incl. those without a diagnosis)".
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as* *inpatients of 1 day.*	(Yes/No) *Please explain when relevant* Yes In the NHDDB there are not inpatient zero-night stays.
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical* *services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant* No In the NHDDB there are some day cases who was not discharged on the same day, but they need more admission to hospital for a cycle of treatments. At the end of the treatments the patient is formally discharged. In the HDD files these cases are counted as they were discharged the same day. For acute day case discharges, the average number of admissions to hospital is 2.7; for day case rehabilitation, the average number of admissions is 16.7.
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes/No) *Please explain when relevant* Yes

Estimation method:

Break in time series:
- The ISHMT version 2008-01-19 is applied from 2003 to 2005. The ISHMT version 2008-11-10 is applied since 2006. The ISHMT version 2021-12-13 is applied from 2020. From reference year 2021 inpatient discharges and day case discharges have been aggregated by region of the residence of the discharged patient (country of residence for non-residents), according to the "Draft Eurostat Manual HCNE_JQNMHCS_January_2023_TC". For the previous years, data have been aggregated by region of hospital discharge.

Additional Information
To ensure homogeneity in the coding criteria of SARS-CoV-2 (COVID-19) disease and related diseases, the Ministry of Health has issued specific Guidelines (20 March 2020), about how to use the existing codes in the ICD-9 (version 2007), in the main diagnosis and secondary diagnoses.

In the HDD files the main diagnosis is exclusively considered.

Afterwards the Ministerial Decree of 28 October 2020, provided for an integration of the classification system adopted for the coding of clinical information contained in the NHDDB. The new codes introduced for the coding of cases affected by SARS-CoV-2 have been proposed in collaboration with the WHO Collaborating Centre in Italy. The new codes are consistent with the indications given by WHO classification.

With reference to 2020 and 2021 data the 22nd Chapter of the ISHMT (**Provisional assignment of new diseases of uncertain etiology or emergency use**) contains the following ICD-9 codes, from the Guidelines (March 2020) and the Ministerial Decree (October 2020), indicated as main diagnosis in the NHDDB:

Code ISHMT	ICD-9 Code	
2201	043.11*	COVID-19 conclamata, virus identificato
	043.12*	COVID-19 conclamata, virus non identificato
	043.21*	COVID-19 paucisintomatica, virus identificato
	043.22*	COVID-19 paucisintomatica, virus non identificato
	043.31*	COVID-19 asintomatica, virus identificato
	043.32*	COVID-19 asintomatica, virus non identificato
	480.41*	Polmonite in COVID-19, virus identificato
	480.42*	Polmonite in COVID-19, virus non identificato
	518.91*	Sindrome da distress respiratorio (ARDS) in COVID-19, virus identificato
	518.92*	Sindrome da distress respiratorio (ARDS) in COVID-19, virus non identificato
	519.71*	Altra infezione delle vie respiratorie in COVID-19, virus identificato
	519.72*	Altra infezione delle vie respiratorie in COVID-19, virus non identificato
2202	V12.04*	Anamnesi personale di malattia da SARS-CoV-2 (COVID-19)
2203	484.8	Polmonite in altre malattie infettive classificate altrove
	466.0	Bronchite acuta
	490	Bronchite, non specificata se acuta o cronica
	519.8	Altre malattie dell'apparato respiratorio, non classificate altrove
	518.82	Altre insufficienze polmonari, non classificate altrove
	078.89	Altre malattie da virus, specificate
2205	V01.85*	Esposizione a SARS-CoV-2
	V07.00*	Necessità di isolamento per rischio collegato a infezione da SARS-CoV-2
	V07.08*	Altre necessità di isolamento

	V71.84*	Osservazione e valutazione per sospetta esposizione a SARS-CoV-2

(*) New ICD-9 Code.

On March 31, 2022, the end of the state of emergency from COVID-19 was decreed, therefore with reference to the 2022 data, the 22nd Chapter of the ISHMT contains only the new ICD-9 codes (Ministerial Decree by October 2020), indicated as main diagnosis in the NHDDB. The ICD-9 codes from the Guidelines (March 2020) have been relocated in the ISHMT group.

Box 1: Recommended content of metadata related to the sources and methods of hospital discharges data (HDD)

1) List the type, name, location and owner or operator of the national hospital patient registers or discharge database(s) (NHDDB), which were used to produce the HDD file.

Italian Ministry of Health
General Directorate of Health Planning Viale Giorgio Ribotta, 5
00144 Roma

2) Does the NHDDB cover all inpatient institutions in the country, which are classifiable as HP.1 providers according to the "System of Health Accounts"? List types of hospitals, which are covered and not covered, e.g. private hospitals, military, or prison hospitals, etc., and, if possible, estimate their total capacity as compared to those that are covered by the NHDDB.

The NHDDB covers the following inpatient institutions, public and private, which are classifiable as HP.1.1 and HP.1.3 in the "System of Health Accounts":
1) Hospital Agencies
2) General hospitals
3) University hospitals
4) Specialty hospitals, like neurological, cancer, orthopaedic, paediatric hospitals

The NHDDB does not include:
1) Military hospitals (it is not possible to estimate their total capacity)
2) Psychiatric hospitals
3) Substance abuse hospitals
These last two kinds of hospitals do not exist in Italy. At hospital level the psychiatric curative care is treated in wards of general hospitals (HP.1.1), such as psychiatric wards and infantile neuropsychiatric wards. Besides there are other residential institutions for psychiatric patients and substance abuse.

3) Does the NHDDB include all inpatient discharges and day cases in covered hospitals? List cases, which may not be included in the NHDDB (e.g. uninsured patients, non-residents, military staff, etc). If possible, estimate the proportion of missing discharge records.

The NHDDB includes all in-patients and day cases in covered hospitals. There are no categories of people who cannot access the care of public hospitals.
Outpatient cases are not included in the NHDDB (it is not possible to estimate their total capacity).

4) If the discharge records were based on treatment episodes (consultant episodes, department discharges), have such multi-episode cases been combined into one discharge record? If possible, estimate the proportion of multi-episode inpatient cases.

The NHDDB includes multi-episode cases, combined into one discharge record in several day case discharges: treatments for day cases may last either only one day or more days in case of a cycle of treatments, such as radiotherapy or chemotherapy.

For these cases the number of presence days is recorded in the NHDDB, but not in the HDD file.

5) If the HDD file includes day cases, how were they defined? Was there a special index flagging planned day cases in the NHDDB or were they identified by the same admission and discharge dates?

The HDD data file includes two types of hospital admission: inpatient or day case. A variable of the NHDDB indicates the type of hospital admission: inpatient case (with overnight stay) or day case (without overnight stay).

6) Describe any other known or suspected peculiarities in the coverage of the data.

The classification system used for coding diagnoses and procedures is ICD-9-CM version (2007).
NHDDB collects a lot of information related to the hospital episode. About clinical information the NHDDB collects the main diagnosis and five secondary diagnoses. The main diagnosis is identified at the end of the hospitalization and it represents the main reason for the hospital treatment and care. The HDD file has been produced by ISHMT code.
Records lacking in important information such as type of admission in hospital (inpatient or day case), hospital ward and cases with length of stay longer than 365/366 days, have not been processed for the HDD file:
1.456 records related to the year 2013;
1.614 records related to the year 2014;
573 records related to the year 2015;
688 records related to the year 2016;
2.111 records related to the year 2017;
3.120 records related to the year 2018;
5.898 records related to the year 2019;
5.237 records related to the year 2020;
478 records related to the year 2021;
154 records related to the year 2022;
150 records related to the year 2023.

Discharges with ICD-9-CM main diagnosis codes included in [V30-V39] *Liveborn infants according to type of birth*, with age > 0 and discharges with ICD-9-CM main diagnosis codes included in [760-779] *Certain conditions originating in the perinatal period*, with age > 4 have been processed for the HDD file and they are included into the ISHMT code "1803" *Unknown and unspecified causes of morbidity (incl. those without a diagnosis)*:
968 records related to the year 2013;
817 records related to the year 2014;
695 records related to the year 2015;
871 records related to the year 2016;
2.295 records related to the year 2017;
1.751 records related to the year 2018;
8.263 records related to the year 2019;
5.553 records related to the year 2020;
670 records related to the year 2021;
848 records related to the year 2022;
722 records related to the year 2023.

In the HDD file, the HMT code "1803" includes all cases without a main diagnosis, all the cases with the following ICD-9-CM codes: "7999" *Other unknown and unspecified cause*, and all cases with a main diagnosis not included in the ISHMT as well, such as: 649.xx ICD-9-CM codes *Other Conditions or status of the mother complicating pregnancy, childbirth, or the puerperium*; "V83.xx"-"V84.xx" *Genetics*; "V85.xx" *Body mass index*, "V86.x" *Estrogen receptor status.*

Until reference year 2020 inpatient and day case discharges are in the HDD file by hospital region. From reference year 2021 inpatient and day case discharges are by region of the residence of the discharged patient and by country of residence, if discharged patient is not resident in Italy (NUTS2021 and Code ISO 3166 alpha2 and for the 2022 data according to the “HDD_Code list” Region codes).

7) Explain principles involved in defining the main diagnosis (condition) in the hospital discharge record

The main diagnosis is identified at the hospital discharge, and it must be the main reason for that hospital treatment and care. If there were more main diagnoses, it must be indicated as the main that one requiring more resources. Neoplasia must be indicated as main diagnosis, unless the hospital episode is finalized for radio or chemotherapy.

The classification system used both for diagnoses and medical/surgical treatments is the ICD-9-CM:
it was used the ICD-9-CM 14th version (year 1997) until the 2005 hospital activity;
the ICD-9-CM 19th version (2002) was used for the hospital activity related to the years 2006-2008;
the ICD-9-CM the 24th version (2007) was used starting to the 2009 hospital activity.

National Guidelines about the usage of the ICD-9-CM aim to help the correct codification of diagnoses and procedures.

8) Describe any known or suspected peculiarities related to the national diagnostic and recording practices and to how the main condition is selected.

Starting from the year 2010, there are new information in the NHDDB, such as level of education, election admission date, priority class and external cause in case of traumatism. For the external causes were introduced the “E” codes of the ICD-9-CM classification.
Starting from the year 2017 there are new administrative and clinical information in the NHDDB, such as the diagnosis at the admission. Now the NHDDB collects one main diagnosis and up to five secondary diagnoses, one main surgical, diagnostic, or therapeutic procedure and up to ten secondary procedures.

To ensure homogeneity in the coding criteria of SARS-CoV-2 disease and related diseases, the Ministry of Health has issued specific Guidelines (20 March 2020) and the Ministerial Decree of 28 October 2020, providing for an integration of the classification system adopted for the coding of clinical information contained in the NHDDB. The new codes introduced for the coding of cases affected by SARS-CoV-2 have been proposed in collaboration with the WHO Collaborating Center in Italy.

With the Guidelines (20 March 2020) it has been indicated to use the following ICD-9-CM codes (2007 version):

1) "078.89" – “Other specified diseases due to viruses” including SARS-CoV-2 disease;
2) "484.8" – “Pneumonia in other infectious diseases classified elsewhere” including pneumonia in confirmed case of SARS-CoV-2 infection;
3) "466.0" – “Acute bronchitis” including acute bronchitis due to SARS-CoV-2;
4) "490" – “Bronchitis, not specified as acute or chronic” including bronchitis not otherwise specified due to SARS-CoV-2;
5) "519.8" – “Other diseases of respiratory system, not elsewhere classified” including respiratory tract infection due to SARS-CoV-2;
6) "518.82" – “Other pulmonary insufficiency, not elsewhere classified” including respiratory distress syndrome (ARDS) due to SARS-CoV-2.

According to the WHO indications, the ICD-9-CM coding system (2007 version) has been integrated by the Ministerial Decree of 28 October 2020 with the following codes:

"043" – “SARS-CoV-2 (COVID-19) disease”;

"043.1" – “Full-blown COVID-19 disease”;
"043.11" – “Full-blown COVID-19 disease, identified virus”;
"043.12" – “Full-blown COVID-19 disease, not identified virus”;

"043.2" – “Paucisymptomatic SARS-CoV-2 (COVID-19) disease”;
"043.21" – “Paucisymptomatic COVID-19 disease, identified virus”;
"043.22" – “Paucisymptomatic COVID-19 disease, not identified virus”;

"043.3" – “Asintomatic SARS-CoV-2 (COVID-19) disease”;
"043.31" – “Asintomatic COVID-19 disease, identified virus”;
"043.32" – “Asintomatic COVID-19 disease, not identified virus”;

"480.4" – “Pneumonia in SARS-CoV-2 (COVID-19)”;
"480.41" – “Pneumonia in (COVID-19), identified virus”;
"480.42" – “Pneumonia in (COVID-19), not identified virus”;

"518.9" – “Respiratory Distress Syndrome (ARDS) in COVID-19;
"518.91" – “Respiratory Distress Syndrome (ARDS) in COVID-19, identified virus;
"518.92" – “Respiratory Distress Syndrome (ARDS) in COVID-19, not identified virus;

"519.7" – “Other respiratory tract infection in COVID-19”;
"519.71" – “Other respiratory tract infection in COVID-19”, identified virus;
"519.72" – “Other respiratory tract infection in COVID-19”, not identified virus;

"V01.85" – “Exposure to SARS-CoV-2”, identified virus;
"V07.00" – “Need for isolation related to risk to infection in SARS-CoV-2”;
"V12.04" – “Personal history of infection in SARS-CoV-2 (COVID-19)”;
"V71.84" – “Observation and evaluation for suspected exposure to SARS-CoV-2 (COVID-19)”.

The new ICD-9-CM codes for SARS-CoV-2 (COVID-19) disease and its clinical manifestations are consistent with the indications given by WHO classification.

Japan

Source of data: **Ministry of Health, Labour and Welfare**, specially calculated based on Patient Survey.
Coverage:
- Until 1993: ICD-9; 1996-2005: ICD-10; from 2008-2014: ICD-10 2003 version; from 2017: ICD-10 2013 version.
- Until 2011, discharges from acute care beds (infectious disease beds or general beds). From 2014, discharges from all hospital beds, i.e. acute care beds (infectious disease beds, general beds and tuberculosis beds), long-term care beds and other hospital beds (psychiatric care beds).
- The data include deaths in hospitals and medical clinics but exclude transfers to other care units within the same institution and same-day separations.
- The survey is conducted every three years.
- Data for factors influencing health status and contact with health services [2100] cannot be broken down since ICD code “Z” is not used in this survey.
- Figures of 2011 exclude data of Ishinomaki medical area and Kesennuma medical area of Miyagi Prefecture, and Fukushima Prefecture.
Estimation method: Data do not add up due to rounding errors, especially from 2023. Since the results of Patient Survey are estimated value per month and are in units of 1,000 people, the rounded results are further processed by 12 times for annualization and 1,000 times for 1,000 people units. Previously, the results already multiplied by 12 were rounded, but the processing order was changed in 2023.
Break in time series:

- The decrease in “Benign neoplasm of colon, rectum and anus” [0211] and the increase in “Other diseases of intestine” [1114] in 2008 is primarily due to a change in the classification of polyp of colon in ICD-10.
- The increase in 2014 in the number of discharges for many diseases (especially for mental disorders and Alzheimer’s disease) is primarily due to a change in the coverage of hospital beds, from acute care beds to all hospital beds.
Note: ALOS data not available.

Korea

Source of data:
- From 2014: **Ministry of Health and Welfare**, **Health Insurance Review & Assessment Service**, Statistics of Health Care Utilization.
- Until 2013: **Ministry of Health and Welfare**, **Korea Institute for Health and Social Affairs**, The Patient Survey Report.
Coverage:
From 2014: Administrative data cover consultation fees, including national health insurance, medical care, Patriots-Veterans benefits, and automobile insurance.
Until 2013:
- The Patient Survey was conducted every 3 years until 2005. It was changed to annual survey in 2008.
- The data includes hospital discharges/ALOS only (hospital is defined as medical institutions equipped with 30 beds or more in Korea). Discharges which occurred in medical institutions other than hospitals (such as doctor’s offices and clinics) are excluded.
- Day cases and outpatient cases are not included in the data.
Break in time series:
- 2014. Change in data source.
- In 2016, the decrease in discharges for 'other diseases of the circulatory system' and the increase in discharges for 'other diseases of the digestive system' are due to changes in disease classification code (haemorrhoid, considered as a circulatory disease before 2016, is considered as a digestive disease since then). For the same reason, there was an increase in ALOS for 'other diseases of the circulatory system' and a decrease in ALOS for 'other diseases of the digestive system' in 2016.

Latvia

Source of data:
- Since 2021 **Centre for Disease Prevention and Control**; Statistical Report.
- 2020 and earlier: **National Health Service**.

Reference period: 1st January to 31st December.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(Yes) *If the answer is ‘No’ please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
2021: The data cover all H.P.1 providers of health care, both the public and private sectors. The status of residence of the day case patients is unknown.	
2020 and earlier: - The data cover all H.P.1 providers of health care, which have a contract with the National Health Service, and all activities of inpatient care financed by state. - The data file does not contain information regarding all discharged inpatients because some hospitals have not concluded an agreement with the National Health Service.	

Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	***Fully***	The care for patient provided in a hospital or other type of inpatient facility, where the person is admitted, and spend at least one night. The patient in the hospital is under constant and continuous care and supervision of medical personnel until a certain level of diagnosis or treatment is reached. - At the moment, the figures on new-borns are excluded.
Bed-days	***Fully***	
Day-cases	***Fully***	Patient care that does not require the care and supervision of medical personnel outside of the institution's working hours. Day care provides diagnostic and therapeutic assistance and a bed.
Comments:	Note: The changes in some trends which occur in 2014 or other years for several categories can be explained by: changes in coding, amount of state paid services, quota on health care services.	

How are multi-episode cases counted?	*All cases within month during the episode are counted together.*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes/No) Yes - Data on NUTS2 regions are provided for inpatient/bed-days. No - The status of residence of the day case patients is unknown.
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(No) *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the*	(Yes) *Please explain when relevant*

patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.	
***Inpatient discharges** means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes) *Please explain when relevant*
***Inpatient zero-night stays** are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes) *Please explain when relevant*
***Day cases** means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes) *Please explain when relevant*
***Hospital inpatient bed-days** means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes) *Please explain when relevant*

Estimation method: No

Break in time series: 2021: Change in data source.

Lithuania

Source of data:
Lithuanian Health Information Centre, since 2010: **Health Information Centre of Institute of Hygiene**, data from Compulsory Health Insurance Fund Information System (CHIF IS). The National Health Insurance Fund under the Ministry of Health is the owner of the CHIF IS. For statistical needs the Health Information Centre of Institute of Hygiene regularly receives a copy of this database. Available on Official Statistics Portal of Statistics Lithuania http://osp.stat.gov.lt/en.
Reference period: During the year.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(Yes/**No**) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
The CHIF IS covers all hospitals having contracts with the National Health Insurance Fund, including nursing hospitals (up to 120 days length of stay for a person). Database does not include data of few budgets financed and private hospitals. For official hospital statistics nursing patients in nursing and	

general hospitals were excluded. Discharges from sanatoriums were excluded (as sanatorium was not treated as a hospital).
- The CHIF IS covers about 99% of hospital discharges. If a hospital has a contract with the National Health Insurance Fund, all inpatients should be included in the database (day cases, uninsured persons, foreigners, military staff, etc.).
(…)
(…)
(…)

Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully	- Healthy newborns (code Z38) are excluded.
Bed-days	Fully	
Day-cases	Fully	- There is no clear national definition of day case. Therefore, day cases were calculated simply as alive persons admitted and discharged to home in the same day. In 2014 the number of day cases has decreased as more procedures (especially for neoplasms and diseases of skin and subcutaneous tissue) were performed outside hospitals (as outpatient cases).
Comments:		

How are multi-episode cases counted?	*During the stay in the hospital one inpatient could have few episodes (moving between types of treatment and/or departments), but this case is treated as one discharge (from the admission to discharge from hospital).*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(**Yes**/No) *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(**Yes**/No) *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the*	(**Yes**/No) *Please explain when relevant*

patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.	- Discharge record is based on the episode starting from admission to the hospital to discharge from the hospital (to home, to other hospital or death). - The main diagnosis in the hospital discharge record is the main clinical diagnosis (condition) for which the biggest part of resources and time was used. Up to 2011 only one main diagnosis was coded and stored in the database. Since June 2011 additionally all complications and co-morbidities is coded and stored in the database. Since June 2011 DRG payment system was introduced for curative (acute) care, what could influence to the choice of main diagnosis. The number of Pneumonia has almost doubled between 2020 and 2021 due to COVID-19 pandemic. According to definition the main diagnosis in the hospital discharge record is the main clinical diagnosis (condition) for which the biggest part of resources and time was used. For COVID-19 patients in the most of cases pneumonia was the main diagnosis of treatment.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(**Yes**/No) *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(**Yes**/No) *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(**Yes**/No) *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(**Yes**/No) *Please explain when relevant*

Estimation method:

Break in time series:

In 2023, the number of cataract inpatients significantly decreased because, after the COVID-19 pandemic, the number of cataract day cases and outpatient treatments increased considerably.

Luxembourg

Data up to 2016

Source of data: **Fichiers de la sécurité sociale**. Data prepared by **Inspection générale de la sécurité sociale**.
Reference period: during the year.
Coverage:
Coverage by hospital type
- All budgeted hospitals have been taken into account to calculate rates (including mid-term and long-term psychiatric rehabilitation centres, functional rehabilitation centres and a specialised establishment for palliative care existing since 2011).
Missing records
- Live-born infants according to place of birth (Z38) are not registered as patients by hospitals. Therefore, no diagnostic for discharge is provided.
- Cases with unknown diagnostic or unspecified cause are included in ICD-10 code R69.
Multi-episode cases
- Multi-episode cases are considered as separate discharge records.
Other notes related to coverage
- Data refer only to the resident population covered by the statutory health insurance scheme.
- Admissions from the subchapters V, W, X and Y from ICD-10 are excluded.
Definition of main diagnosis
- There are no conditions or regulations defining how the main diagnosis should be established for the record.
Other notes related to recording and diagnostic practices
- Classification ICD-10 used.
- Due to the introduction of a procedure classification system (ICD-10-PCS) from 2018 onwards, no data have been provided for 2017-2021.

Data from 2022 onwards

Source of data: **Fichiers de la Documentation et la Classification des séjours hospitaliers (DCSH)**. Data prepared by **Direction de la santé**.
https://santesecu.public.lu/fr/espace-professionnel/informations-donnees/dcsh.html/
Reference period: during the year 2022 and the year 2023. Started 2022.
data as of December 31
Coverage:
Hospitals: It includes the total number of hospital discharges (according to collection of mandatory DCSH data from some hospitals) in general budgeted hospitals and other acute budgeted specialised hospitals (HP.1.1 of the ICHA-HP terminology). The data cover the entire country. In Luxembourg, all hospitals are budgeted. There are four acute hospital centres and two acute specialised hospitals, such as an acute specialised hospital in antineoplastic radiotherapy treatment (only day-cases) and the second, an acute specialised hospital in cardiovascular medical and surgical care. The mid-term and long-term rehabilitation hospitals did not cover in this study.

Do the HDD reported cover HP.1 facilities completely?	**No**
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
Specialised establishments of mid- term and long-term - HP.1.3 of the ICHA-HP terminology, are not covered. These hospitals are the psychiatric rehabilitation centre, functional rehabilitation, physical rehabilitation, post-oncological rehabilitation centres and a specialised establishment for palliative care.	
Comments:	*These data are not available now.*

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Partially	Data refer to the resident and non-resident population covered by the statutory health insurance scheme and by another statutory health insurance scheme, in acute hospitals. Mid-term and long-term hospitals are excluded.
Bed-days	Partially	Data refer to the resident and non-resident population covered by the statutory health insurance scheme and by another statutory health insurance scheme, in acute hospitals. Mid-term and long-term hospitals are excluded.
Day-cases	Partially	Day cases were identified by the same admission and discharge dates. The scope of DCSH data collection for medical day hospitals is not clearly defined in acute hospitals. Mid-term hospitals do not collect day data.
Comments:	*Missing records* - Live-born infants according to place of birth (Z38) are registered as patients under the DCSH by hospitals. But these stays are excluded in this study. Healthy newborn babies are excluded. - Cases with unknown diagnostic or unspecified cause are included in ICD-10 code R69. - Some medical day cases as chemotherapy (code Z51).	

How are multi-episode cases counted?	*Please explain* - Multi-episode cases are considered as separate discharge records. - **For the count of hospital stays and bed-days in multi-episode cases, we used this methodology**: Given the particular hospital context of Luxembourg, we begin by subdividing the study population (the hospital stays) by type of hospital, as specified above: in the acute hospital centres, in the acute specialized hospital in antineoplastic radiotherapy treatment (only day-cases) and in the acute specialized hospital in cardiovascular medical and surgical care. Subsequently in acute hospital centres, inpatient stays passing through psychiatric and rehabilitation services are counted separately, since they give rise to a separate stay. **When there is a transfer **only for acute hospital centres**: If it is 2 consecutive stays, for the same diagnostic: -**In the same hospital**: --For Inpatients: Exclusion of the first stay, addition of the durations of stays --For Day cases: Exclusion of the first stay. --For Inpatients combined to Days cases: Exclusion of the day cases and addition of the durations of stays (+1 bed-day for Day case). -**In different hospitals**: Count different stays and different durations of stays. ****For the acute specialized hospitals:** the radiotherapy and the cardiovascular care --as well as **inpatient stays passing through psychiatric and rehabilitation services**, the stays and the beds- days are counted separately.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	**Not applicable** In Luxembourg, there is no subnational level of collecting, coding and transmitting data. NUTS 0 = NUTS 1 = NUTS 2
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	**Yes** - Data refer to the resident and non-resident population covered by the statutory health insurance scheme and by resident population covered by another health insurance scheme.

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	Yes, the definition of the main discharge diagnosis in the Luxembourg data is according to the definition of the HDD data collection.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes, Inpatient discharges mean a formal release of patient from hospital and Healthy newborns are excluded.
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	Yes, Inpatient zero-night stays are cases which are formally admitted but not staying one night and is count as inpatients of 1 day.
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes, Day cases mean the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns are excluded.
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	Yes, Hospital inpatient bed-days means the days that an inpatient spends in a hospital. Healthy newborns are excluded.

Break in time series:
- starting 2022: due to a change in the source of the data. Data of reference year 2022 in provided by DCSH, data collection registered by hospital under the aegis of the amended law of 08/03/2018 relating to hospital establishments.

Mexico

Source of data:
- **Ministry of Health**, Bulletin of Statistical Information, Vol. II, "Health Damages" 1995-2003.
- **Ministry of Health**, Hospital aggregates database 2004-2023.
Further information:
http://www.dgis.salud.gob.mx/contenidos/basesdedatos/bdc_egresoshosp_gobmx.html.
Coverage:
- The information includes only inpatient discharges, excluding urgent admissions, ambulatory services (same-day separations) and transfers to other care units.
- It includes information from public institutions: Ministry of Health (SS), Social Security Institute (IMSS), Labor Social Security Institute (ISSSTE), Ministry of Navy (SEMAR), IMSS-Bienestar, Ministry of National Army (SEDENA) (until 2004) and Mexican Petroleum (PEMEX). The 2022 data includes two university hospitals. It does not include information of private hospitals, state (local) hospitals, university hospitals and Red Cross.
- The decrease in ALOS in 2016 is due to an underreporting of the information.
Estimation method:
- The information is fully completed for ISHMT diagnostics categories, based on the structure of Mexico's Information System.
Break in time series: 2004, 2017.
- In 2021, data were revised from 2004 to 2019, due to a review in the source of data, because day cases and outpatient cases were identified in records, which is not consistent with the definition of discharges.
- As of 2017 there is a new registration system, which generated a decrease in the coverage of information.
- In 2022, data on hospital discharges were modified from 2017 onwards because ICD-10 codes beginning with "U" were taken into account. Furthermore, from 2018 to 2020, the number of expenses changed due to the addition of information from PEMEX.
Note: The decrease in hospital discharges in 2020 is due to COVID-19.
- In 2025, the information for the year 2022 was updated because PEMEX reported 48,053 hospital discharges, with a final increase of 18% of hospital discharges with respect to 2021.
- In 2023, the "0106" group increased by 114% compared to the previous year (2022), due to "Dengue A97", which agrees with the figures issued by epidemiological surveillance.

Netherlands

Source of data:
- The **Hospital Discharge Register** (HDR, the 'Landelijke Basisregistratie Ziekenhuiszorg' and its predecessor the 'Landelijke Medische Registratie' of Dutch Hospital Data) is the source of data on hospital discharges by age, sex, ISHMT diagnoses and NUTS2. It has been linked to the Social Statistical Database of Statistics Netherlands, in order to be able to produce the statistics with breakdowns to age, gender, region and residents/non-residents.
Reference period: All hospital discharges with a discharge date in the calendar year are included.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(No) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
- The HDR covers only short-stay hospitals. The hospitals included are all general and university hospitals, one specialized eye hospital and up to 2017 one cancer hospital. From 2018 onwards two cancer hospitals are included because cancer care for children was concentrated in a new hospital. Up to 2012 and from 2022 onwards one orthopaedics/rehabilitation clinic was also included.	

The register therefore does not cover all hospitals of the HP.1 category. The differences are: o Category HP.1.2 (mental health and substance abuse hospitals) is not included at all. o Category HP.1.3 (specialty hospitals other than hospitals for mental health and substance use): ▯ Excluded are epilepsy and asthma/lung clinics, rehabilitation centres and hemodialysis centres. From 2013 up to 2021 also one orthopaedics/rehabilitation hospital was excluded. ▯ Excluded are also semi-private hospitals (independent treatment centres); these hospitals mainly have outpatients and day cases. Excluded is the military hospital and private clinics. The number of inpatients and day cases are estimated to be relatively small in these clinics. - Some treatments in category HP.1. hospitals are excluded: ▯ Part-time psychiatric treatments in general or university hospitals with a psychiatric ward are not recorded in the HDR. ▯ Cases of rehabilitation day-treatment are not registered in the HDR. ▯ Non-inpatient admissions for normal deliveries (mother planned to be in hospital for less than 24 hours) are not registered in the HDR.
Comments:

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes/No) *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(Yes/No) *Please explain when relevant* - Discharges in Dutch hospitals of non-residents of the Netherlands are included in the figures. From 2013 onwards, the non-residents in the HDD-file (as well as the non-resident file) are identified as follows: 1. Patients not living in the Netherlands according to the HDR, who are o Linked to the population register, but did not have a registered address in the Netherlands in the year of discharge, or o Not linked to the population register. (From reference year 2022 onwards, for these non-resident groups the variable REGION in the HDD-file is filled with the country code registered in the HDR, or with '_U' if no country code was registered in the HDR) 1. Patients living in the Netherlands according to the HDR, who are linked to the population register but did not have a registered address in the Netherlands in the year of discharge. 1. (From reference year 2022 onwards, for this non-resident group the variable

	REGION in the HDD-file is filled with '_U', as the country of residence is not known)

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(Yes/No) *Please explain when relevant* - Age is calculated as age at the 31st of December of the reporting year (up to 2012 age was calculated as age at the admission date).
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant* - Definitions used for the (reference year) 2023 figures are the same as used for the (reference year) 2022 data delivered last year (excluding healthy newborns). - Discharges with the new case type 'long observations without overnight stay' (registered from 2014 onwards in the HDR) are excluded in the figures, as these are nor inpatients (no overnight stay) nor day cases (unplanned) according to the Eurostat definitions at that time.
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes/No) *Please explain when relevant* - Other recent changes described in the 2023 edition of the Eurostat Manual ('Healthcare non-expenditure statistics manual and guidelines for completing the Joint questionnaire on non-monetary healthcare, such as including zero-night inpatients without transfer to another hospital and no death, and assigning a bed-day to zero-night cases, have not yet been applied. These will be applied, together with other adaptations to comply with the Eurostat regulations, when the data request becomes mandatory.
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant* - Day cases that last longer than one day are counted as inpatient cases.
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for*	(Yes/No) *Please explain when relevant* - From 2013 onwards the following changes have been implemented, to comply with Eurostat

example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).	definitions at that time (these were not implemented in the figures up to 2012): - Inpatient stays of one day without overnight stay (date of discharge minus date of admission =0) are not counted as inpatient bed-day (as no overnight stay), nor as day case (as these inpatient stays of one day without an overnight stay are registered as inpatient case type, the majority of these cases are acute admissions, and the non-acute admissions may also be unplanned).

Estimation method:
- From 2005-2012 the HDR in the Netherlands suffered from a degree of non-response. The non-response (as a percentage of all discharges) increased from 1% in 2004 to 25% in 2012. The figures are corrected for the non-response by record imputation, based on known characteristics of the missing records. For the missing records only specialism, case type and region was known, all other information like diagnoses, age, sex, length of stay, etc. was imputed.
- Since 2013 all discharges have been registered in the HDR, but diagnosis information for some of the discharges has been missing. If information on diagnoses is missing, the available microdata on specialism, case type, age, sex, country of origin, mortality, length of stay, urgency of the admission and the type of hospital are used, to impute the diagnosis variables. In 2013, diagnoses were imputed for 16% of the inpatient discharges and 31% of the day cases. In 2015 the proportion of diagnoses imputed dropped to <1% and 14% respectively. From 2016 onwards all inpatient discharges were registered completely (so imputation was no longer necessary), but the percentage of day cases with imputed diagnoses increased to 34% in 2022. The fact that imputation of diagnoses is (still) needed, may affect the accuracy of this information.

Break in time series:
- From 2022 onwards healthy newborns (HMT group 2103; i.e., ICD-10 main diagnosis Z38) are excluded; in 2018-2021 this group was included; while up to 2017 the healthy newborns (then defined by discharges with ICD-10 main diagnoses Z38 or Z76.2) were excluded.
- From 2020 onwards only the discharges that comply with the financial regulations of the Dutch Healthcare Authority are included. This results in a decrease of about 0.7% of the inpatient discharges and a decrease of about 1% of the day cases. Excluded are e.g., day cases with a length of stay < 2 hours and day cases with a length of stay of 2 hours without a procedure code for day care. These are likely to be outpatient case types.
- From 2013 up to 2021 one orthopaedics/rehabilitation clinic was not included in the data.
- Up to 2012 diagnoses are registered according to the ICD-9-CM in the HDR, from 2013 onwards the ICD-10 is used.
- Up to 2005, the International Shortlist for Hospital Morbidity Tabulation (ISHMT) version of 24 November 2006 was used to classify ICD-codes. For the figures of 2006-2019, the ISHMT version of 10 November 2008 was used. From 2020 onwards, the version of 13 December 2021 has been used.

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:
- Data based on publicly funded hospital discharge events. Note that private hospital stays are included where they are publicly funded; they are otherwise excluded.
- Events with a length of stay of 0 are excluded.
- The hospital discharge and ALOS data by diagnostic categories include Short Stay ED. (Short Stay ED events are defined as discharges with an emergency department health specialty code and a length of stay equal to 0-days or 1-day.)

- New Zealand started coding hospital data using ICD-10 during 1999. The data supplied to the OECD for 1999 was mapped back to ICD-9. From 2000, the ICD-10 diagnosis codes were used for collation purposes.
- There is no truncation of length of stay used for ALOS by diagnostic category.
- Data include some long stay geriatric patients, which leads to increased average lengths of stay for some conditions (e.g. Dementia, Alzheimer's disease, etc.).
- Some of the variations in ALOS time series are linked with some particularly long stay events. Conditions with low numbers of cases are particularly susceptible to extreme long stay events.
- There is a time lag with reporting of data to the National Minimum Data Set (NMDS). The more slowly reported data are generally disability, rehabilitation and geriatric long stay. These events have much longer stays, and as they trickle in they have a major effect on the lengths of stay reported. This leads to very large jumps in ALOS for categories such as cerebrovascular disease due to the addition of extreme long stay events into the data. For example, in 2008 NCR advised that the last 15,000 geriatric long stays added into the NMDS had contributed around 1,000,000 bed days.

Break in time series:
- 2000. The data are revised every year back to 2000.
- 2008. For Discharges (0102) "Diarrhoea and gastroenteritis, presumed infectious origin", there was a coding change in 2008. This accounts for the decline in numbers from 2008.
- 2014-2015. For Discharges (0401) "Diabetes Mellitus", there was a coding change in 2014. July 2014 saw the introduction of the latest ICD-10-AM version (8th edition) and some changes to the Australian Coding Standards. This led to a drop in diabetes hospitalisations (due to code sequencing rules changing). There were other categories affected by the same coding change, such as Anaemias, Alzheimer's disease, Atherosclerosis, Pregnancy and childbirth. The coding change being implemented in July 2014, the new coding rules were used for only half volumes in 2014 (explaining that the data variation has continued in 2015, in particular for pregnancy and childbirth).
- 2019: In July 2019, there was a change in ICD-10-AM version (from 8th to 11th edition). This included changes to the Australian Coding Standards. In particular, there was a change in how rehabilitation hospitalisations are coded. Previously the primary diagnosis was the rehabilitation code (from Factors influencing health status and contact with health services), whereas now it is coded to the condition which necessitated the rehabilitation. For example, there is a sharp increase in the numbers of stroke hospitalisations after this change.

Data errors: The data do not add up to "All causes" (0000) in 2000-2007, because of a lack of primary diagnosis for mental health events held in the Mental Health Information National Collection (MHINC) during this time.

Note: there is some difference between "All causes" (0000) and "inpatient care" (in hospital aggregates table) because Short Stay ED events are included in the disaggregated data and excluded in the aggregates.

Norway

Source of data: **Norwegian Patient Register (NPR) in Norwegian Institute of Public Health (NIPH) (**www.fhi.no/he/npr/**)**.
Reference period: 2023
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	YES *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
- Cover all inpatient institutions which are classifiable as HP.1 which are governmental financed.	
- From 2011: Covers all governmental financed bed-days in general hospitals (HP.1.1), mental health hospitals (HP.1.2) and other specialised hospitals (HP.1.3). Private financed activity in private hospitals is not included. Day cases are not included.	

- Up to 2010: Only general hospitals are covered. Day cases are not included.
(…)
(…)
Comments:

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Partially	- Episodes where diagnose is not registered are excluded.
Bed-days	Partially	- Episodes where diagnose is not registered are excluded.
Day-cases	Partially	- Episodes where diagnose is not registered are excluded.
Comments:		

How are multi-episode cases counted?	*Please explain* In NPR, data reported from somatic hospitals can aggregate multiple episodes into hospital stays.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	YES *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	NO, ***country of residence of the non-resident patient is unknown*** *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	YES *Please explain when relevant*

Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	NO, healthy newborns are included. *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	YES *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	NO, healthy newborns are included. *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	NO, healthy newborns are included. *Please explain when relevant*

Estimation method: If age is missing/not valid, age is estimated as year – birthyear.
Break in time series: 2011.
- As of 2011, mental health hospitals are included.
- As of 2011, data for ICD-10 codes O80 (single spontaneous delivery) and O81-O84 (other delivery) are not available. The information is provided for ICD-10 codes Z37.0 to Z37.9 (outcome of delivery) which are included in ISHMT category 2105 ("other factors influencing health status and contact with health services").

Poland

Source of data:
- **National Institute of Public Health NIH – National Research Institute (NIPH NIH - NRI),** General Hospital Morbidity Study (GHMS), for discharges from general (i.e. non-psychiatric) hospitals. https://statystyka.pzh.gov.pl/.
- **Institute of Psychiatry and Neurology**, Psychiatric Inpatient Morbidity Study (PIMS), for discharges from psychiatric hospitals and psychiatric departments of general hospitals. Data provided from 2005 to 2021.

Reference period: Annual aggregates.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(/No) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except –prisons hospitals	
All HP.1 institutions (public and private) are included, except Ministry of -Justice hospitals and from 2022, psychiatric hospitals.	
(…)	
(…)	
(…)	

(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully	
Bed-days	Fully	
Day-cases	Fully	
Comments:	- *Missing records*: Data for General (non-psychiatric) Hospital Morbidity Study were provided by 93,5% of all hospitals in 2023.,	

How are multi-episode cases counted?	*Please explain*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes/) *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(Yes/) *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(Yes/) *Please explain when relevant* In general (non-psychiatric) hospitals it is first department main diagnosis; in psychiatric hospitals it is main diagnosis decided at discharge (end of hospitalisation).
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes/) *Please explain when relevant*

Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes/) *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(/No) Day-cases are defined for patients with the same date of admission and discharge excluding deceased, transferred to other hospitals, discharged on own request
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes/) *Please explain when relevant*

Break in time series: 2022.
- From 2022, data from psychiatric hospitals not included, unlike in previous years.
- Data from psychiatric hospitals and psychiatric departments of general hospitals are included from 2005 to 2021.

Portugal

Source of data: **Ministry of Health**. Central Administration of the Health System (ACSS).

Reference period:

Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(~~Yes~~/No) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
- Data include all public hospitals in the mainland and some public hospitals in Região Autónoma dos Açores and in Região Autónoma da Madeira until 2015. Since 2018, data include all public hospitals in the mainland and all public hospitals in Região Autónoma dos Açores and in Região Autónoma da Madeira.	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***

Inpatients	Fully covered	
Bed-days	Fully covered	
Day-cases	Fully covered	
Comments:	2016-17 data are not available due to the transitional period from ICD-9-CM to ICD-10-CM.	

How are multi-episode cases counted?	*Please explain* There are no cases with several episodes, since an episode goes from admission to discharge and is counted as such.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes/~~No~~) *Please explain when relevant* Yes, from 2023 onwards and if information is available.
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(Yes/~~No~~) *Please explain when relevant* Yes, from 2023 onwards and if the information is available.

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(Yes/~~No~~) *Please explain when relevant*
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes/~~No~~) *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes/~~No~~) *Please explain when relevant*

Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes/~~No~~) *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes/~~No~~) *Please explain when relevant*

Break in time series: 2008, 2018.
- The increase in discharges for mental disorders in 2008 is due to the fact that two psychiatric hospitals started reporting data in 2008.
- As of the reference year of 2018, only ICD-10-CM is used. This explains at least partly the variations observed for some categories between 2015 and 2018.

Slovak Republic

Source of data: **Institute of Health Information and Statistics**,
Report on admission to inpatient care.
Reference period:
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	Yes *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
All health establishments (HP1), including public and private hospitals, military hospitals, prison hospital.	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients		- up to 2011 inpatient cases include day cases. - from 2012 day cases are excluded from inpatient cases. - day cases are identified by the same admission and discharge dates. - deaths on admission day are excluded from day cases.

		- from 2021 Discharges of healthy newborns 'Live-born infants according to place of birth' (ICD-10 code Z38) were excluded in accordance with Draft Eurostat Manual HCNE_JQNMHCS_ January_2023_TC.pdf - from 2022 are included only diagnoses based on HDD_Code list (sheet Diagnosis)
Bed-days		
Day-cases		
Comments:	*Missing records*: All discharges are included, including discharges of patients with permanent address outside the Slovak Republic and homeless patients and patients with unknown address.	

How are multi-episode cases counted?	*Please explain* Transfers to other care units within the same hospital are excluded, but transfers of patients who are transferred with new main diagnosis to other care units within the same hospital are included, and the average proportion of such cases for years 2018 – 2023 is 4%. (In 2002-03, transfers between departments of the same facility may be included).

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	Yes *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	Yes *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was*	(Yes/No) *Please explain when relevant* the main diagnosis is based on the main condition, disease or accident which was the cause of the hospitalisation. *Other notes related to recording and diagnostic practices*:

made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.	In 2021, 376 records with length of stay exceeding 180 days (max allowed 700 days) i.e. patients with psychiatric diagnosis in long-term care. Since 2014, there are a few inpatient cases with ICD-10 code O09 that are included in the main category "Pregnancy, childbirth and the puerperium", but not in any of the subcategories (e.g. 626 and 687 inpatient discharges in 2017 and 2018 respectively). The code O09 is an additional code, not corresponding to a main diagnosis.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes Transfers to other care units within the same hospital are excluded, but transfers of patients who are transferred with new main diagnosis to other care units within the same hospital are included, and the average proportion of such cases for years 2018 – 2023 is 4%. (In 2002-03, transfers between departments of the same facility may be included).
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	Yes *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	Yes *Please explain when relevant*

Break in time series:
- *Inpatient discharges and bed-days:* 2012. Day cases are excluded from inpatient discharges as of 2012, explaining the decrease in the number of discharges for several categories (e.g. cataract, medical abortion) in 2012. Furthermore, U codes diagnoses are excluded since 2012.
- *Inpatient and day cases discharges* 2017. In 2017, the transition to the classification system of hospitalization cases DRG (Diagnoses Related Groups) was carried out in institutional health care, and this transition also caused some changes in the coding of diagnoses among healthcare providers. This causes breaks for some diagnostic categories (e.g. Alzheimer's disease (ISHMT code 0601), Cataract (ISHMT code 0701), Complications of pregnancy during labour and delivery (ISHMT code 1504), Single spontaneous delivery (ISHMT code 1505), Sequelae of injuries, poisoning and external causes (ISHMT code 1910).
- *Inpatient discharges and bed-days:* 2020. U codes have been included in All causes (ISHMT code 0000) as of 2020.

- From 2021 Discharges of healthy newborns 'Live-born infants according to place of birth' (ICD-10 code Z38) were excluded in accordance with Draft Eurostat Manual HCNE_JQNMHCS_ January_2023_TC.pdf

Slovenia

Source of data: **National Institute of Public Health, Slovenia**; National Hospital Health Care Statistics Database.
Reference period: During the year.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	Yes *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
Data include all private and public hospitals, all types (general and university - HP.1.1, psychiatric - HP.1.2, and specialty hospitals - HP.1.3).	
(…)	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully	Data *include*: - Inpatient discharges, - Day-cases discharges, - All patients (including uninsured, foreigners), - Long duration stays in hospitals, - Palliative care in hospitals, . *Data exclude*: - Rehabilitative care in specialised centres (Institute for Rehabilitation, in spas - these rehabilitative stays are registered in a separated registration system), - Outpatient care in hospitals. - Healthy newborn babies (since 2022).
Bed-days	Fully	
Day-cases	Fully	According to OECD – SHA definition day care patients are formally admitted for diagnosis, treatment or other types of health care with the intention of discharging on the same day. The NHDDB has a special sign for such sort of care (»day-care«). - Some patients need day-care service in the hospital more than once – we use the special term for such sort of care:

		"long-continued day-care" - LCDC – and all day-care episodes of such treatment are counted as one case of "LCDC treatment". - The number of presence days for day case discharges is recorded in the NHDDB. The proportion of multi-episode day-cases among all day-cases in 2023 is 6,9 %.
Comments:	*Missing records*: In 2007 there were 13 in-patient cases and 23 hospital days for in-patient cases where gender was unknown or indefinable. In 2009 there were 11 in-patient cases and 313 hospital days for in-patient cases where gender was unknown or indefinable. In 2010 there were 24 in-patient cases and 56 hospital days for in-patient cases where gender was unknown or indefinable. - In 2013, there were 7 in-patient cases where gender was unknown or indefinable. - In 2014, there were 3 in-patient cases where gender was unknown or indefinable. - In 2015, there were 7 in-patient cases where gender was unknown or indefinable.	

How are multi-episode cases counted?	*Please explain* The hospital discharge records are based on treatment episodes (each in one department). If the patient has been in several departments during his stay without leaving the hospital, all these episodes have been combined with special computer programme (in IPHRS) into one discharge record (by population identification number and admission date). The proportion of multi-episode in-patient cases in 2023 is 5,2 %.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	Yes *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	Yes *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	No *Please explain when relevant* the main diagnosis is defined as that which was responsible for the patient's admission at the hospital, which best reflects the main reason for admission, or that which is the main reason for treatment. If there is a multiple-episode case the main diagnosis is taken from the first episode. *Other notes related to recording and diagnostic practices*: Diagnoses U07.1 and U07.2 are not used as principal (primary) diagnoses in the hospital databases.

	Patients discharged due to COVID-19 have a diagnosis of B34.2, which can be either principal or secondary, if the diagnosis is confirmed as a result of a positive SARS-CoV-2 test and a progress of illness without lower respiratory tract infection (pneumonia). When the causative agent of pneumonia is an isolated SARS-CoV-2 virus, a diagnosis of J12.8 is recorded as the principal or additional diagnosis and a diagnosis of B97.2 as a co-existing diagnosis. However, when the causative agent of interstitial pneumonia is an isolated SARS-CoV-2 virus, a diagnosis of J84.8 is recorded as the principal or secondary diagnosis and a diagnosis of B97.2 is recorded as a co-existing diagnosis. Diagnoses U07.1 and U07.2 are recorded as the last of the additional diagnoses or as admission diagnoses of hospital treatment.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	Yes *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	Yes *Please explain when relevant*

Break in time series:
- Since 2009, more cataract surgeries were carried out in outpatient system.
- Data provided to the OECD from 1997 to 2003 exclude psychiatric hospitals and departments of psychiatry in other hospitals, as well as long term care and disabled youth care.
- In 2013, there were some changes in the methodology for collecting data.
- From 2022: healthy new-born babies are excluded and change in NUTS2 region is considered, as in HDD.

Spain

Source of data:
- *Inpatient cases*: **Instituto Nacional de Estadística** - INE (National Statistics Institute), Encuesta de Morbilidad Hospitalaria (Hospital Morbidity Survey).
https://www.ine.es/dyngs/INEbase/operacion.htm?c=Estadistica_C&cid=1254736176778&menu=ultiDatos&idp=1254735573175
- *Day cases:* **Ministerio de Sanidad**, Registro de Actividad de Atención Sanitaria Especializada RAE-CMBD (**Ministry of Health,** Registry of Specialised Care Activity – RAE-CMBD).
https://www.sanidad.gob.es/estadEstudios/estadisticas/cmbdhome.htm
https://pestadistico.inteligenciadegestion.sanidad.gob.es/publicoSNS/N/rae-cmbd/rae-cmbd
Reference period:
- *inpatient cases*, data as of December 31.
- *day cases*, data as of December 31.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	No *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
inpatient cases: full coverage (100%) from all hospitals (public, private and military).	
day cases: NHDDB cover all HP1.1/2 (acute care hospitals) of the public sector and 90% for the private hospital discharges - psychiatric and long-term care hospitals are not included except if they are forming a hospital complex. Coverage has increased over the years: There were 3.7 million cases in 2016, 5.4 million in 2022 and 6.2 million in 2023 (4.7 million in the public sector and 1.5 million in the private sector).	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Full	A hospital discharge includes one night stay or longer in a hospital.
Bed-days	Full	
Day-cases	Partially	The data collection started in 2004 (partial coverage gradually increasing from 85% in 2004). In 2011 100% of major ambulatory surgeries in public hospitals are covered and data from acute care private hospitals have been included. The coverage of private hospitals has been increasing last five years (2019-2023): 221, 266, 271, 287 and 326 respectively. The number of day cases by diagnostic categories and the number of day cases by age groups may be different due to errors/missing information (e.g., gender not coded) in records.

		- *Content*: Some medical cases of the Day Cases are not included. - *Criteria*: All cases are based on treatment episodes (hospital admissions, day case contact). - *Day cases*: Day cases are previously defined as the formally admitted for surgical or medical planed treatment. - Medical day cases are partially covered.
Comments:	- Data for ICD-9-CM codes V30-V39 (group 2103) are not available as they are not considered main diagnoses by the National Health System in Spain. - ISHMT version 24/11/06 has been used for 2004-2006; ISHMT version 19/01/2008 has been used for 2007 (changes in groups 0300, 0302, 0900, 0902, 0904, 0911, 1001, 1306, 1307, 1410, 1507, 1508, 1800, 1804 and 2101 between this version and the previous one). ISHMT version 10/11/2008 has been used since 2008. - From 2004, data are available at ICD-9-CM 4-digit level. For previous years, diagnostic categories included in ISHMT groups at 4-digit level have been estimated.	

How are multi-episode cases counted?	*Inpatients: The main diagnosis is defined as that which was responsible for the patient's admission at the hospital. If there is a multiple-episode case the main diagnosis is taken from the first episode. Even if the patient has been in several medical units during their stay without leaving the hospital this constitutes a single stay.* *Day cases: They are not counted. One case is equivalent to one episode.*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	**Yes**
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	*Inpatient: Yes, but the percentage of those with Unknown country of residence is high.* *Day cases: yes*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	No *Inpatients:* - *Definition of main diagnosis*: Main diagnosis is defined as the condition that caused admission into hospital, according to the criteria held by the clinical department or doctor who treated the patient, even though significant complications and even independent conditions arose during his/her stay. - *Other notes related to recording and diagnostic practices*: The classification system used in Spain is ICD-9-CM until 2015. From 2016, the classification system used in Spain is ICD-10ES-CM, seven-digit level.

	Day cases: - *Definition of main diagnosis*: Main diagnosis is the condition determined as principal cause of the episode of hospitalisation. - *Other notes related to recording and diagnostic practices*: Coding is performed by both doctors, nurses or technical personnel specially trained.
***Inpatient discharges** means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes
***Inpatient zero-night stays** are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	They are day cases.
***Day cases** means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes
***Hospital inpatient bed-days** means the days that an inpatient spends in a hospital. Healthy newborns should be excluded. The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	Yes

Break in time series:
- In 2020 there is a general decrease in inpatient cases and day cases, possibly as a result of the COVID pandemic.
- In 2020 there has been the inclusion of a new category of diagnoses, the U07 (COVID) category.
- In 2018, the strong increase for “Hypertensive diseases” and, in parallel, the strong decrease for “Heart failure” can be explained by a transfer of cases due to an improvement in the classification process in 2018. The “Heart failure” code usually reflects lack of information or accuracy in the classification of the diagnosis.
- Break in 2017: The same classification as in 2016 (ICD-10ES-CM) is used but the data have been submitted grouped in four-digit level instead of ISHMT groups.
- Break in 2016: the variations in data between 2015 and 2016 are mainly due to the change of classification (from ICD-9-CM to ICD-10ES-CM) as well as the reorganizing of hospital' management process and modification of editing and imputation systems carried out as a result of this change of classification.
- Since 2016, there are some data in group 2103 (the code Z38 is available if considered by hospital. This code is considered as main diagnosis by the National Health System in Spain since the launch of the new classification system in 2016).
- From 2005, there is a break in group 1304 (inclusion of ICD-9-CM codes 727.1, 728.4) and in group 1309.
- From 2001, there is a break in the category 1803 (Unknown causes) due to codification changes (inclusion of ICD-9-CM codes 726, 727.0, 727.2-727.9) and the group 1310 (ICD-9 codes 726-727 removed).

Notes:
- In 2013-15, the differences between the total number of discharges and the sum of main diagnostic groups are rounding errors, due to the use of a big sample and weight factors.

Sweden

Source of data: **National Board of Health and Welfare**, National Patient Register (NPR).
Reference period:
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	Yes *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
(…)	
(…)	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully covered	- National Patient Register (NPR). The National Patient Register started in 1964. Since 1987, the register has covered public inpatient care. During the years 1987–1996, the Swedish version of WHO's International Classification of Diseases (9th revision) was used. ICD10 was introduced in 1997. The number of dropouts in the register reporting is estimated to be between one and two percent. - The 2017 number of bed-days for "healthy newborn babies" (ISHMT group 2103) is missing.
Bed-days		
Day-cases	Fully covered	Is a patient who receives planned medical and paramedical services delivered in a healthcare facility and who is formally admitted for diagnoses, treatment or other types of healthcare and is discharged on the same day.
Comments:	- National Patient Register (NPR). The National Patient Register started in 1964. Since 1987, the register has covered public inpatient care. During the years 1987–1996, the Swedish version of WHO's International Classification of Diseases (9th revision) was used. ICD10 was introduced in 1997. The number of dropouts in the register reporting is estimated to be between one and two percent. - The 2017 number of discharges for "healthy newborn babies" (ISHMT group 2103), which was missing, has been estimated by the OECD Secretariat (average of 2016 and 2018 figures).	

How are multi-episode cases counted?	*Each new episode is counted as a new observation (if the patient is discharged)*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	Yes *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	No, only entered as unknown region *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	Yes *Please explain when relevant*
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	Yes *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes *Please explain when relevant*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes/No) *Please explain when relevant*

Break in time series: 2022. Healthy newborns are included until 2021 and excluded from 2022 onwards.

Switzerland

Source of data: **Federal Statistical Office (FSO)**, Neuchâtel. Medical Statistics of Hospitals, 2002 and following years.

Reference period: Annual census.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(Yes) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
The data cover all inpatient institutions (public and private hospitals) which are classifiable as HP.1 providers. However, military and prison hospitals are not included.	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	1429710	- All inpatient cases and day-cases are covered. The coverage is considered sufficient since 2003. In 2003, the coverage was 93%; in 2008, 99% of all expected inpatient cases are being medically documented in the national hospital discharge database. - Since 2009 (included), due to a modification of the legislation, day-cases are not reported anymore.
Bed-days	11990833	
Day-cases	32187	
Comments:	Only discharges occurring between January 1st and December 31st of the statistical period are accounted for. The Medical Statistics of Hospitals was started in its present form in 1998. The reliability of the data in terms of coverage and quality is considered as sufficient since 2003. The coding quality is increasing, the best results being reached in acute care hospitals where patient classification systems are used for financing. In 2020 and 2021, a large proportion of COVID discharges are associated with a principal diagnosis of pneumonia (although not necessarily). A COVID-19 diagnosis cannot be declared as principal diagnosis in Switzerland.	

How are multi-episode cases counted?	*Please explain* The record structure for inpatient cases is based on cases by hospitals; there is no combination of cases involving two or more distinct hospitals and no combination of multi-episode inpatient cases.

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(YES) Please note that in this delivery, we used patients' NUTS2, whereas last year, hospital NUTS2 was used.

Are data on inpatient/bed-days/day cases of <u>non-resident patients</u> provided by <u>country of residence</u> of the non-resident patient?	(NO) *Non-resident patients are identified by REGION=9999. However, we do not report the country of residence.* Please note that in this delivery, we used patients' NUTS2, whereas last year, hospital NUTS2 was used.

<u>Deviation from the definition</u>:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(Yes) *Please explain when relevant* The main diagnosis is defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital.
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes) *Please explain when relevant*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	(Yes) *Please explain when relevant*
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes) *Please explain when relevant* The definition and delimitation of day cases is subject to local heterogeneity; figures should be treated with caution (some patients with multiple episodes of day-cases are recorded only once, leading to an underestimation of actual day-cases).
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes) *Please explain when relevant*

<u>Break in time series</u>:

- There is a high number (20%) of invalid ICD-codes for day-cases in 2005.
- The gradual change of diagnosis classification since 2008 from ICD-10 WHO to ICD-10 GM (German modification) may lead to breaks for some categories.
- Since 2009 (included), day-cases are not reported anymore due to a modification of the legislation.
- Some breaks in 2010 are due to the gradual migration from ICD-10 WHO to ICD-10 GM.
- The decrease in discharges for Sequelae of injuries, of poisoning and of other external causes (ISHMT group 1910) in 2012 is due to a change in classification system: up until 2011, the classification system was ISHMT. From 2012 on, the system used is CIM-10.

- The decrease in discharges for Septicaemia (ISHMT code 0104) in 2014 is due to changes in coding instructions (since 2014, the ICD-10 codes A40-A41 are found more often as supplementary diagnoses than main diagnoses).
- Some variations in 2015 may also be linked to changes in coding instructions (e.g. for Other diseases of the digestive system – ISHMT code 1120).
- Until 2016, observations with missing ICD code were included in the total ("all causes") but not in any sub-category. From 2017, these observations have been attributed to the ICD-10 code R69 (ISHMT category 1803). The small difference remaining between "All causes" and the sum of ISHMT categories is due to ICD-10 codes D90 and U not listed in ISHMT, so only included in the total (ICD-10 codes U00-U49 added to ISHMT as of 2020).

Türkiye

Source of data: **General Directorate for Health Services, Ministry of Health**.
Reference period: Annual.
Coverage:

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

Deviation from the definition: none
Break in time series: none

United Kingdom

Source of data:
Data have been aggregated by the NHS Digital from the following sources:
- *England*: Hospital Episode Statistics (HES); Inpatients, **NHS Digital**, England. http://content.digital.nhs.uk/.
- *Wales*: Admitted Patient Care dataset (APC). Digital Health and Care Wales (DHCW).
- *Scotland*: **Public Health Scotland** https://publichealthscotland.scot/publications/ Scottish Morbidity Record 01 (SMR01) acute inpatients, Scottish Morbidity Record 02 (SMR02) maternity inpatients, Scottish Morbidity Record 04 (SMR04).
- *Northern Ireland*: Hospital Inpatient System (HIS), The **Department of Health,** (DoH). https://www.health-ni.gov.uk/topics/doh-statistics-and-research.

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

Coverage:
- *Coverage by hospital type*:
  - *England*: Inpatient data cover activity in English NHS Hospitals and English NHS commissioned activity in the independent sector.
  - *Scotland*: Data collected on discharges from NHSScotland hospitals and NHSScotland commissioned activity in private hospitals
  - *Wales*: All NHS commissioned data carried out in private sector hospitals is included.
  - *Northern Ireland*: Inpatient data cover activity in Northern Ireland HSC hospitals including independent sector activity carried out in HSC hospitals.
- *Missing records*:
  - *England*: Data include the count of discharge episodes with a primary diagnosis as defined by i) Ordinary (Non-Daycase – Length of stay > 0) ii) sum of Length of Stay for all ordinary episodes iii) Daycase episodes (Length of stay = 0).
  - *Scotland*: Data include all patients treated as inpatients or day cases.

- *Wales*: Data include all patients discharged from Welsh hospitals (including those NHS patients treated in private hospitals).
- *Northern Ireland*: Data include all patients treated in HSC hospitals.

- *Multi-episode cases*:
  - *England*: A discharge episode is the last episode during a hospital stay (a spell), where the patient is discharged from the hospital (this includes transfer to another hospital). Discharges in the year have been used, that is, spells that end during the data year irrespective of when they began. Discharge episodes may be double-counted in a table, if they appear in more than one row of the micro-cube, e.g. against two different diagnoses. Restricted to ordinary admissions, day cases and mothers/babies using delivery facilities (classpat = 1, 2 or 5). Regular day and night attenders not included.
  - *Scotland*: Inpatient discharges are based on a Continuous Spell of Treatment (CIS) in hospital. Probability matching methods have been used to link together individual SMR01 hospitals episodes for each patient, thereby creating "linked" patient histories. Within these patient histories, SMR01 episodes are grouped according to whether they form part of a continuous spell of treatment (whether or not this involves transfer between hospitals or even Health Boards). A similar treatment is used to link together individual SMR04 psychiatric inpatient episodes. Episodes from different datasets (SMR01, SMR02, SMR04) are not linked together in this way.
  - *Wales*: Discharge episode is the last episode during the hospital spell. Where a patient has received more than one treatment within a range of codes it has only been counted once.
  - *Northern Ireland*: A discharge episode is the last episode during a hospital stay (a spell), where the patient is discharged from the hospital (this includes transfer to another hospital). Discharges in the year have been used, that is, spells that end during the data year irrespective of when they began.
- *Day-cases*:
  - *England & Northern Ireland*: Day cases are defined as admissions with a spell duration of zero (spell duration = 0). Ordinary admissions are where spell duration is greater than 0. Where spell durations are not known they are excluded.
  - *Wales*: A day case is defined by admission date = discharge date.
- *Other notes related to coverage*:
  - *Scotland*: External Causes data were not available as these codes cannot be recorded as a main diagnosis on data returns. They can only be recorded in a secondary diagnosis position.
  - *Northern Ireland*: Episodes where Primary diagnosis is not coded have been excluded.
- *Definition of main diagnosis*:
  - *England*: The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital. A primary diagnosis is recorded for each episode in a spell. The primary diagnosis in the discharge episode of the spell has been used for these data.
  - The external causes (V00-Y98) have been supplied, where a cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects. Only the first external cause code which is coded within the episode is counted in HES.
  - *Scotland*: Each SMR01 record allows up to six diagnosis (one principal diagnosis and up to five other diagnoses) to be recorded. The principal diagnostic position has been used for these data.
  - The external causes (V00-Y98) have been supplied, where a cause code is a supplementary code that indicates the nature of any external cause of injury, poisoning or other adverse effects. Only the first external cause code which is coded within the episode has been used.
  - *Wales:* Primary diagnosis in the discharge episode (as England above).
  - *Northern Ireland*: The primary diagnosis is the first of up to seven diagnosis fields in the Hospital Inpatient System. Primary diagnosis provides the main reason why the patient was

admitted to hospital. A primary diagnosis is recorded for each episode within an admission. Only the primary diagnosis in the discharge episode of the admission has been used for these data.

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

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

Break in time series: 2012.

- "Diarrhoea & gastroenteritis, presumed infectious origin" (ICD-10 code A09) and "Other non-infective gastroenteritis and colitis" (ICD-10 code K52): New coding guidance was issued between 2011-12 and 2012-13 clarifying the presumption of infection. Previously, unless there was confirmed documentation of the infectious nature of the condition it would be coded as K52. From 2012-13 onwards this code is only used if there is documented evidence that the condition is not infectious, otherwise A09 will be used.
- "Hypertensive diseases" (ICD-10 codes I10-I15): There was a link between 'Renal failure' and 'Hypertensive Disease'. From 2012-13 onwards this link is only coded if there is documented confirmation of both conditions from the consultant in charge.

United States

Source of data: **Centers for Disease Control and Prevention/National Center for Health Statistics/National Hospital Discharge Survey Annual Summary, Advance Data from Vital and Health Statistics Summary** (published annually). Vital and Health Statistics, Series 13, completed by unpublished tables. http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm.

Coverage:

- Nationally representative sample of the U.S. civilian non-institutionalised population.
- Data are from the National Hospital Discharge Survey (NHDS), a survey of discharges from non-federal hospitals in which the ALOS is less than 30 days. Newborn infants are not included.
- The National Hospital Discharge Survey (NHDS) defines a hospital discharge as the formal release of an inpatient by a hospital, terminating of the period of hospitalisation (including stays of 0 nights) by death or by disposition to the place of residence, nursing home, or another hospital.
- The National Hospital Discharge Survey (NHDS) is a continuing nationwide sample survey of short-stay hospitals in the United States. The scope of NHDS encompasses patients discharged from non-institutional hospitals located in the 50 States and the District of Columbia, excluding military and Department of Veteran's Affairs hospitals.
- All U.S. discharges were coded to the International Classification of Diseases, Ninth Revision (ICD-9).
- A hospital discharge is the completion of any continuous period of stay in a hospital as an inpatient.
- In the NHDS, the average length of stay is computed by dividing the total number of days of care, counting the date of admission but not the date of the discharge. These estimates include deaths. The number of patients discharged divides the total number of patient days accumulated at the time of discharge for patients discharged during a calendar year.

Deviation from the definition:

- Data include same-day separations.
- Due to NCHS confidentiality policy and lack of reliability, estimates that show small unweighted numbers (< 30 cases) are excluded. They are not shown and they are not included in total/subtotals. The only exclusion to this protocol is for "Pregnancy, childbirth and puererium" for which data are consistent with the estimates found in NCHS vital statistics publications. The rest of discharges and ALOS estimates are based on a tailor OECD data request protocol, which is incompatible with NCHS publication.

Estimation method:

- Percent estimates were weighted to represent the U.S. civilian non-institutionalised population for each respective year.
- On the design of NHDS and the magnitude of sampling errors associated with NHDS estimates, see:
  - Popovic, JR. (1999). National Hospital Discharge Summary: Annual summary with detailed diagnosis and procedure data. National Center for Health Statistics. Vital Health Stat 13(151). 2001.
  - Dennison, C. Pokras R. Design and operation of the National Hospital Discharge Survey: 1988 redesign. National Center for Health Statistics. Vital Health Stat 1 (39). 2000.

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

NON-OECD ECONOMIES

Bulgaria

Source of data: National Center for Public Health and Analysis at the **Ministry of Health.**
Reference period: calendar year.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	**(No)** *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
All HP.1 except prison hospitals	
(…)	
(…)	
(…)	
(…)	
Comments:	

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***
Inpatients	Fully	Number of in-patient cases includes discharged, deceased and transferred to other hospitals patients. Healthy newborns are excluded. In 2016, with amendments of the national legislation, "Places for short stay" are introduced. "Places for short stay" are places for carrying out certain medical diagnostic and treatment activities requiring a stay of the patient not longer than 12 hours. These places are used mainly for activities in the field of medical oncology, radiotherapy psychiatry, dialysis treatment and etc. The persons who had undergone such treatment on places for short stay are excluded from the Inpatient discharges.

		The data on inpatient discharges and bed days are broken down by NUTS2 region of a patient. .
Bed-days	Fully	The number of bed-days is counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 27th is counted as 2 day). Healthy newborns are excluded.
Day-cases		A patient with a stay of less than 24 hours is reported as a day case, regardless of whether he or she has overnight at the hospital. For example, when a patient was admitted at 8.00 pm and is discharged at 8.00am of the next day, he or she will be reported as a day case (most common case in emergency department).
Comments:		

How are multi-episode cases counted?	*Each episode is counted as a separate case.*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes/No) Yes *Please explain when relevant*
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(Yes/No) Yes *Please explain when relevant*

Deviation from the definition:

Definition	***Do you report data according to the definition. If not, please explain.***
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(Yes/No) *Please explain when relevant* Yes
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant Yes*
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	No *Please explain when relevant* *There is no inpatient zero-night stays.* *Inpatient patients who are officially admitted to hospital but stay less than 24 hours are reported as day cases.*

Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	(Yes/No) *Please explain when relevant* *No* A patient with a stay of less than 24 hours is reported as a day case, regardless of whether he or she has overnight at the hospital. For example, when a patient was admitted at 8.00 pm and is discharged at 8.00am of the next day, he or she will be reported as a day case (most common case in emergency department).
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	(Yes/No) *Please explain when relevant* ***Yes***

Estimation method: Not applicable.
Break in time series: 2023

Croatia

Source of data: Croatian Institute of Public Health, Croatian Annual Hospitalisations Database.
Reference period: Calendar year.
Coverage:
Hospitals:

Do the HDD reported cover HP.1 facilities completely?	(Yes/No) *If the answer is 'No' please provide details below.*
When HP.1 facilities are not covered completely in the reported data, please list below the categories of HP.1 or the specific hospitals (HP.1) that are not covered:	
e.g. All HP.1 except military hospitals	
Croatian HDDB covers all in-patient institutions in the country (including private hospitals), except prison hospital.	
(…)	
(…)	
(…)	
(…)	
Comments:	Data on people hospitalized for treatment in health service's hospital-type health facilities (hospitals): institution, ward, patient's first and last name, sex, age, population identification number, place of residence address, settlement of residence code, foreign country (for foreign nationals), employment status, occupation, branch of industry, length of treatment, main diagnosis at discharge from institution (by 4-digit ICD-10 code), external cause of injury, additional diagnoses – comorbidity (since 2017), mode of discharge, medical history number, code of all surgical operations and procedures during this hospitalization;

Please provide details below on the coverage of 'Inpatients', 'Bed-days' and 'Day-cases':

	Please complete (Fully/partially/not covered)	***When partially please mention the categories which are not included (e.g. uninsured patients, non-residents, military staff, etc.)***

Inpatients		NHDDB includes all inpatient discharges (also for uninsured patients, foreigners). Since 2002 discharges for rehabilitation, birth and abortion are included. Healthy newborns are included until 2016. When patients are transferred among departments in the same hospital, transfers are not recorded as a new admission/discharge; only transfers to another hospital are recorded as a new admission/discharge. COVID-19 discharges are registered in hospitals in Croatia as principal diagnosis, but in most cases they are registered as secondary diagnosis. Haemodialysis cases and inpatient treatment episodes in HP.2 and HP.3 institutions are not included.
Bed-days		NHDDB includes bed-days for all inpatient (also for uninsured patients, foreigners). Since 2002 discharges and bed-days for rehabilitation, birth and abortion are included. Healthy newborns and bed-days are included until 2016. COVID-19 discharges and bed-days are registered in hospitals in Croatia as principal diagnosis, but in most cases they are registered as secondary diagnosis. Haemodialysis cases and inpatient treatment episodes in HP.2 and HP.3 institutions are not included.
Day-cases		HDD data file includes day-cases in all public and private hospitals in Croatia, except prison hospital. In year 2007 and earlier they were identified by the same admission and discharge dates. Since 2008 hospital discharge records include the special identification of day cases, which was not available earlier. During one episode of day hospital treatment, each patient's arrival at the day hospital is recorded.
Comments:		

How are multi-episode cases counted?	*Inpatient discharges: When patients are transferred among departments in the same hospital, transfers are not recorded as a new admission/discharge; only transfers to another hospital are recorded as a new admission/discharge.* *Day-cases: During one episode of day hospital treatment, each patient's arrival at the day hospital due to same case is recorded.*

Region of residence of patient:

For countries with NUTS2 regions, are data on inpatient/bed-days/day cases provided by NUTS2 region of residence of the patient?	(Yes/No) *Please explain when relevant* From reference year 2017 NUTS2 region of the residence of the patient are included.
Are data on inpatient/bed-days/day cases of non-resident patients provided by country of residence of the non-resident patient?	(Yes/No) *Please explain* From reference year 2017 country of residence of the non-resident patient are included.

Deviation from the definition:

Definition	*Do you report data according to the definition. If not, please explain.*
The main discharge diagnosis *should be defined as the condition diagnosed at the end of the hospitalisation period, primarily responsible for the patient's need for treatment or examination at the hospital. If there is more than one such condition, the one held responsible for the greatest use of resources should be selected. If no diagnosis was made, the main symptom, abnormal finding or problem should be selected as the main diagnosis.*	(Yes/No) *Please explain when relevant* **Yes**
Inpatient discharges *means the discharge (formal release) of an inpatient from a hospital. Healthy newborns should be excluded.*	Yes From reference year 2017 healthy newborns are excluded.
Inpatient zero-night stays *are cases which are formally admitted but not staying one night and should count as inpatients of 1 day.*	Yes
Day cases *means the discharge of a day case. It is the release of a patient who was formally admitted in a hospital for receiving planned medical and paramedical services, and who was discharged on the same day. Healthy newborns should be excluded.*	Yes. *Patient was formally admitted in a hospital for receiving planned medical services, and was discharged on the same day.* *One patient may have several admissions to the day hospital for the same case (e.g. oncology day cases, psychiatric day cases). During one episode of day hospital treatment, each patient's arrival at the day hospital and discharge on the same day is recorded.* *From reference year 2017 healthy newborns are excluded.*
Hospital inpatient bed-days *means the days that an inpatient spends in a hospital. Healthy newborns should be excluded.* *The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).*	Yes *From reference year 2017 healthy newborns are excluded.*

Estimation method:
Break in time series:
- Until 1st July 2008, data on day cases were not officially collected as such in hospital discharge database – some hospitals sent records with same admission and discharge date, but they were not officially required to register day cases for hospital discharge database. On 1st July 2008 official collection of data on day cases started, however the first six months (1st July -31 December 2008) were considered as pilot phase as only very limited number of hospitals was able to provide day-case data as requested. In 2009, full-size data collection on day cases began. This explains the large increase in number of day cases in year 2009. However, even in 2009 several hospitals did not provide data on day cases.

Romania

Source of data:
Ministry of Health - National Centre of Statistics and Informatics in Public Health for the period 2000 – 2008.

The National Institute for Health Services Management (NIHSM) (former National School of Public Health and Health Management**)** - Bucharest since 2009.
Reference period: January – December.
Coverage:
- The data concerning discharges cover only the hospitals from the Ministry of Public Health network (public sector) for the period 2000 – 2008.
- Since 2009, the data concerning discharges cover all the hospitals (public and private (including not for profit) sector) that have concluded a contract with the National House for Health Insurances (CNAS).
- Primary diagnosis codes at discharge were used, according to ICD AM required in the ISHMT short list.
- No microdata available.

Inpatient cases and bed-days:

These inpatient cases are recordings validated by the NIHSM throughout each year (January - December), invalidated cases being excluded from the analysis.

Day cases:

The day cases are recordings validated by the NIHSM throughout each year (January - December)

Break in time series: 2022. Healthy newborn babies are included until 2021, and excluded from 2022 onwards.