

# **OECD Health Statistics 2023**

## **Definitions, Sources and Methods**

### **Hospitals (total; breakdown by sector; general hospitals)**

**Hospitals** (HP .1) comprise licensed establishments primarily engaged in providing medical, diagnostic and treatment services that include physician, nursing, and other health services to inpatients and the specialised accommodation services required by inpatients. Hospitals provide inpatient health services, many of which can be delivered only by using specialised facilities and professional knowledge as well as advanced medical technology and equipment, which form a significant and integral part of the provision process. Although the principal activity is the provision of inpatient medical care they may also provide day care, outpatient and home healthcare services as secondary activities. The tasks of hospitals may vary by country and are usually defined by legal requirements. In some countries, healthcare facilities need in addition a minimum size (such as number of beds and medical staff to guarantee 24-hour access) in order to be registered as a hospital (see *A System of Health Accounts*, 2011 Edition).

#### **Inclusion**

- General hospitals (HP .1.1)
- Mental health hospitals (HP .1.2)
- Specialised hospitals (other than mental health hospitals).(HP .1.3)

The total number of **hospitals** (see definition above) is the sum of the following categories:

- a) **Publicly owned hospitals**; b) **Not-for-profit privately owned hospitals**; and c) **For-profit privately owned hospitals**.

#### **a) Publicly owned hospitals**

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

#### **b) Not-for-profit privately owned hospitals**

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

#### **c) For-profit privately owned hospitals**

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

### **General hospitals**

**General hospitals** (HP.1.1) comprise licensed establishments primarily engaged in providing general diagnostic and medical treatment (both surgical and non-surgical) to inpatients with a wide variety of medical conditions. These establishments may provide other services, such as

outpatient services, anatomical pathology services, diagnostic X-ray services, clinical laboratory services or operating room services for a variety of procedures, and/or pharmacy services, that are usually used by internal patients (intermediate outputs within the hospital treatment) but also by outside patients (see *A System of Health Accounts*, 2011 Edition).

### Inclusion

- General acute care hospitals
- Community, county, and regional hospitals (other than specialised hospitals)
- Army, veterans, prison and police hospitals if settled in a separate establishment (other than specialised hospitals, e.g. forensic hospitals)
- Teaching hospitals, university hospitals (other than specialised hospitals)
- General hospitals run by private companies if set up as a separate independent establishment
- General hospitals of private non-profit-organisations (e.g. Red Cross or Red Crescent) (other than specialised hospitals)
- Integrated Community healthcare centers primarily engaged in inpatient service.

## Sources and Methods

### Australia

#### Hospitals (total and breakdown by sector)

##### Source of data:

2018 onwards: **Australian Institute of Health and Welfare**. *Hospital resources data tables* (available at <https://www.aihw.gov.au/reports-data/myhospitals>) (for public hospitals) and **Department of Health**, analysis of Declared hospitals list (unpublished data) (for private hospitals).

2017: **Australian Institute of Health and Welfare**. Hospital resources: Australian hospital statistics. Canberra: AIHW (also at [www.aihw.gov.au](http://www.aihw.gov.au)) (for public hospitals) and **Department of Health**, analysis of Declared hospitals list (unpublished data) (for private hospitals).

2013 to 2016: **Australian Institute of Health and Welfare**. Hospital resources: Australian hospital statistics. Canberra: AIHW (also at [www.aihw.gov.au](http://www.aihw.gov.au)) (for public hospitals). **Australian Bureau of Statistics**. Private hospitals, Australia. Cat. No. 4390.0. Canberra: ABS (for private hospitals).

##### Prior to 2013:

- **Australian Bureau of Statistics**. Private hospitals, Australia. ABS Cat. No. 4390.0. Canberra; ABS.
- 2011-2012: **Australian Institute of Health and Welfare**. Australian hospital statistics. Canberra: AIHW, Table 2.1 (also at [www.aihw.gov.au](http://www.aihw.gov.au)) (for public hospitals); **Australian Bureau of Statistics**. Private hospitals, Australia. Cat. No. 4390.0. Canberra: ABS (for private hospitals).
- 1997-2010: **Australian Institute of Health and Welfare**. Australian hospital statistics. Canberra: AIHW, Table 2.1 (also at [www.aihw.gov.au](http://www.aihw.gov.au)).

##### Method:

2018: Hospitals are the sum of data from *Hospital resources data tables* (for public hospitals) and *Declared hospitals list* (for private hospitals).

2017: Hospitals are the sum of data from *Hospital resources: Australian hospital statistics* (for public hospitals) and *Declared hospitals list* (for private hospitals).

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

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

##### Coverage:

2017 onwards: Data for public hospitals refer to a hospital controlled by a state or territory health authority and were operational at any stage during the financial year. Data for private hospitals refer to declared hospitals that predominately treat private patients and were operational at any stage during the financial year.

2016 and earlier: Data include public and private (private acute, private psychiatric and private free-standing day) hospitals.

Break in time series: Data for private hospitals from 2017 are from a different source and not comparable to previous years.

Note: The decrease between 2013–14 and 2014–15 in the data for total and public hospitals is mostly due to the reclassification of 46 very small hospitals in Queensland as non-hospital facilities.

### Publicly owned hospitals

Source of data: **Australian Institute of Health and Welfare.** Hospital resources data tables (available at <https://www.aihw.gov.au/reports-data/myhospitals>).

Note: Between 2013–14 and 2014–15, the number of public hospitals decreased from 747 to 698, mostly due to the reclassification of 46 very small hospitals in Queensland as non-hospital facilities.

### Privately owned hospitals

Source of data:

*2017 onwards:* Breakdown between for-profit and not-for-profit privately owned hospitals not available.

*2016 and earlier:* Australian Bureau of Statistics. Private hospitals, Australia. Cat. No. 4390.0. Canberra: ABS.

Coverage:

- The data refer to private acute and psychiatric hospitals only.
- Private hospitals are categorised as Private acute, Private psychiatric and Private free-standing day hospitals. The Private acute and Private psychiatric are further categorised as being for-profit or not-for-profit. There were 302 Private free-standing day hospitals in 2009–2010. These facilities are not categorised by sector (for-profit or not-for-profit), however they have been included in the number of hospitals classified as **for-profit** as it is estimated that most, if not all private free-standing day hospitals are for-profit.
- **Not-for-profit hospitals** are those which qualify as a non-profit organisation with either the Australian Taxation Office (ATO) or the Australian Securities and Investment Commission.

### General hospitals

Source of data:

*2017 onwards:* Data not available.

*2013 to 2016:*

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

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

*Prior to 2013:*

- **Australian Institute of Health and Welfare.** Australian hospital statistics. Canberra: AIHW, Table 2.1 (also at [www.aihw.gov.au](http://www.aihw.gov.au)).

- **Australian Bureau of Statistics.** Private hospitals. Cat. No 4390.0 (also at <http://www.abs.gov.au>).

Reference period: Years reported are financial years 1<sup>st</sup> July to 31<sup>st</sup> June (e.g. 2016–2017 is reported as 2016).

Coverage:

- 2010 and 2011: Includes public acute and private acute hospitals. Excludes private free-standing day hospital facilities where primary type is ‘General surgery’, as they cannot be counted separately from specialist, endoscopy and ophthalmic, plastic/cosmetic hospitals, and fertility and sleep disorder clinics.
- 2009 and earlier: Includes public acute and private acute hospitals, and private free-standing day hospital facilities where primary type is ‘General surgery’. Data exclude specialist, endoscopy and ophthalmic, plastic/cosmetic hospitals, and fertility and sleep disorder clinics.

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

Break in time series: 2010. Data exclude private free-standing day hospital facilities where primary type is ‘General surgery’ as of 2010.

Note: The decrease between 2013–14 and 2014–15 in the numbers of general hospitals is mostly due to the reclassification of 46 very small hospitals in Queensland as non-hospital facilities.

### Austria

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

Reference period: 1<sup>st</sup> January to 31<sup>st</sup> December.

Coverage: Included are all inpatient institutions as defined by the Austrian Hospital Act (KAKuG) which are classified as HP.1 according to the System of Health Accounts (OECD) and open in the year under review.

### ***Publicly owned hospitals***

#### Coverage:

- Included are hospitals that are owned or controlled by the national or a regional government unit, a municipality or an association of municipalities, and by social security institutions.

### ***Not-for-profit privately owned hospitals and For-profit privately owned hospitals***

#### Coverage:

- Included are hospitals that are owned or controlled by religious orders and congregations, private persons, companies and associations.

### ***General hospitals (HP1.1)***

#### Coverage:

- Excluded are army, police and prison hospitals (these are included in HP.1.3).

## **Belgium**

Source of data: **Federal Service of Public Health, Food Chain Safety and Environment, DGGS.**

Coverage: All institutions recognized as hospitals are covered.

Break in time series: 2019.

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

### ***Publicly owned hospitals and Not-for-profit privately owned hospitals***

Source of data: **Federal Public Service Health, Food Chain Safety and Environment.**

Coverage: Data exclude specialty hospitals, army, veterans, prison and police hospitals and substance abuse hospitals.

Break in time series: 2019.

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

### ***For-profit privately owned hospitals***

Data not applicable. For-profit privately institutions exist in Belgium but to be recognised as a 'hospital', a not-for-profit ownership form is required.

### ***General hospitals (HP1.1)***

Source of data: **Federal Public Service Health, Food Chain Safety and Environment.**

Coverage: Data exclude army, veterans, prison and police hospitals which are not available in the database.

Break in time series: 2019.

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

## **Canada**

Source of data:

- **Canadian Institute for Health Information**, Canadian MIS Database, 1995/1996-2021/2022.

- Data for Quebec were unavailable from the Canadian MIS Database starting in 2005/06. **Éco-Santé Québec** was used for the Quebec data starting in 2005/2006 until 2009/2010. Thereafter, the Quebec data are from **Ministère de la Santé et des Services sociaux**, Fichier des établissements de santé et de services sociaux du Québec.

Coverage: In the Canadian MIS Database, hospitals are defined as institutions where patients are accommodated on the basis of medical need and are provided with continuing medical care and supporting diagnostic and therapeutic services. Hospitals are licensed or approved as hospitals by a provincial/territorial government or are operated by the government of Canada and include those providing acute care, extended and chronic care, rehabilitation and convalescent care, and psychiatric care.

### **Publicly owned hospitals**

#### Coverage:

- Includes hospitals with federal, municipal, provincial and regional/district ownerships as defined in The Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards).
- **Hospital Ownership - Federal:** Applies to a hospital owned by a department or an agency of the Government of Canada and operated on a non-profit basis. Operation will generally be one of the following agencies: Veterans' Affairs, Health Canada, National Defense and Solicitor General Canada.
- **Hospital Ownership - Municipal:** Applies to a hospital owned by a city, county, municipality, or other municipal government. Municipal ownership would be indicated if the members of the governing body of the hospital are appointed, elected or otherwise controlled by the municipal body or electorate.
- **Hospital Ownership - Provincial:** Applies to a health service organisation owned by a branch, division, agency or department of a provincial or a territorial government.
- **Hospital Ownership - Regional/District:** A hospital owned by regional or district authority.
- Also includes hospitals with voluntary ownership as defined in The Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards) - Applies to a hospital owned by a non-government organisation, or a religious group or by a lay voluntary group. These hospitals are controlled by government units.

#### **Not-for-profit privately owned hospitals**

Not applicable.

Note: Hospitals with voluntary ownership as defined in The Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards) are included under publicly owned hospitals as they are controlled by government units. Applies to a hospital owned by a non-government organisation, or a religious group or by a lay voluntary group.

#### **For-profit privately owned hospitals**

##### Coverage:

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

#### **General hospitals**

##### Coverage:

- In all provinces and territories except Quebec, includes general hospitals (profile code 1) as defined in The Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards). A general hospital provides primarily for the diagnosis and short-term treatment of inpatients and clients with a wide range of diseases or injuries. The services of a general hospital are not restricted to a specific age group or sex. Also includes hospitals that primarily provide general services but may also provide other types of services such as extended care (e.g., MIS profile code 18).
- In Quebec, includes general and specialty hospitals (centres hospitaliers de soins généraux et spécialisés).
- Following a major restructuring of the Quebec health and social services network that resulted in a decrease in the number of public institutions from 182 to 34, the number of general and specialty hospitals in 2015 was not readily available for Quebec. An estimate was made for Quebec in applying the same number of hospitals in 2015 as in 2014.

##### Break in time series:

- In Alberta, a reclassification of auxiliary hospitals resulted in a decrease of general hospitals in the fiscal year 2018-2019.

## **Chile**

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

- Data up to 2009: *Statistical Compendium 2011* (and previous reports), INE. Health Statistics.

[http://www.ine.cl/canales/menu/publicaciones/compendio\\_estadistico/compendio\\_estadistico2011.php](http://www.ine.cl/canales/menu/publicaciones/compendio_estadistico/compendio_estadistico2011.php).

- 2010 data are taken directly from the *DEIS's Health Statistical System* called REM.

- From 2011 to 2020, data are taken from the *DEIS's Health Statistical System* called REM for **Public Hospitals**. For

**Private Hospitals**, the data are taken from the *Association of Private Hospitals of Chile* (Clínicas de Chile A.G). The information can be found at: <http://www.clinicasdechile.cl/site/estudios-y-analisis.html>.

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

- Annual periodicity.

### **Total hospitals**

Coverage: Nationwide.

- Data include Hospitals from the Private Sector and Public Hospitals from the National System of Health Services (SNSS).

- The following establishments are considered: hospitals and private clinics, hospitals mutual workplace safety, psychiatric clinics, geriatrics, rehabilitation centers, among others.

Break in time series: 2011, 2021 (see below).

### **Publicly owned hospitals**

Coverage: Nationwide.

- Data include Hospitals from the National System of Health Services (SNSS).

- Public institutions include Hospitals of High, Medium and Low complexity, Field Hospitals, Hospitals Delegates, Military Field Hospital, Institutional Hospitals of the Armed Forces, University of Chile, National Company Copper (Codelco) and Prison Hospital (Gendarmerie).

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

Note: In 2010, a strong earthquake occurred in Chile, which affected several public hospitals. This explains the decrease in the number of public hospitals between 2010 and 2011.

### **Not-for-profit privately owned hospitals**

Data not available separately. (Data are included in “For-profit privately owned hospitals”).

### **For-profit privately owned hospitals**

Coverage: Nationwide.

- Data include both “Not-for-profit” and “For-profit” privately owned hospitals.

- The data from 2011 include only facilities with more than 10 beds for Private Hospitals. The following establishments are considered: private hospitals and clinics, occupational injury services (*mutuales*), psychiatric clinics, geriatric services and recovery facilities (CONNIN, TELETON, dialysis services among others).

- The number of private hospitals decreased from 2013 to 2014. This decrease is explained because occupational injury services bought services in private clinics and they no longer have independent hospitals by their own.

Break in time series: 2011, 2021.

- The break in 2011 is due to a change in the data source and methodology for private hospitals. As of 2011, only private hospitals and clinics which report more than 10 beds are included in the data.

- The break in 2021 is due to a change in the data source, which does not provide information for all private hospitals (not belonging to the SNSS).

### **General hospitals**

Coverage: Nationwide.

- Data include “Hospitals from the Private Sector” and “Hospitals from the National System of Health Services” (SNSS). Also include Army Hospitals (Hospitales de las Fuerzas Armadas y de Orden), Chile’s Police Hospitals (Gendarmería de Chile, Hospital DIPRECA and Rehabilitation Center CAPREDENA) and the Hospital Universidad de Chile.

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

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



- The number of private hospitals decreased from 2013 to 2014. This decrease is explained because occupational injury services bought services in private clinics and they no longer have independent hospitals by their own.
- Data exclude geriatrics homes, etc.

Note: In 2010, a strong earthquake occurred in Chile, which explains partly the decrease in the number of general hospitals between 2010 and 2011.

Break in time series: 2011, 2021.

- The break in 2011 is due to a change in the data source and methodology for private hospitals. As of 2011, only private hospitals and clinics which report more than 10 beds are included in the data.
- The break in 2021 is due to a change in the data source, which does not provide information for all private hospitals (not belonging to the SNSS).

## Colombia

Source of data: **Special Registry of Health Service Providers** - REPS database, **Ministry of Health and Social Protection**.

Reference period: end of each of the years reported.

Note: There is a small difference between the total number of hospitals and the sum of public, not-for-profit and for-profit private hospitals because some private providers are not identified as for-profit or not-for-profit entities.

## Costa Rica

Source of data: **Ministry of Health through reports given by public and private hospitals.**

Coverage: Data cover public and private hospitals.

## Czech Republic

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

Reference period: 31<sup>st</sup> December.

Coverage: Hospitals and specialised therapeutic institutes (excluding balneologic institutes, institutes for long-term patients and hospices).

Break in time series: 2014. Convalescent homes for children are excluded until 2013, and included since 2014.

### *Publicly owned hospitals*

Reference period: End of the year.

Coverage: Public corporations and general government institutional sectors.

Break in time series: 2014. Convalescent homes for children are excluded until 2013, and included since 2014.

### *Not-for-profit privately owned hospitals*

Reference period: End of the year.

Coverage: Non-profit institutions serving the household institutional sector.

### *For-profit privately owned hospitals*

Reference period: End of the year.

Coverage: National private or foreign controlled corporations and household institutional sectors.

### *General hospitals*

Reference period: 31<sup>st</sup> December.

Coverage: University hospitals and acute care hospitals.

Estimation method: Data before 2020 were adjusted using a new method for classification of hospitals, which enabled more accurate distinction between general and specialized hospitals.

## Denmark

Data not available.

## Estonia

### Source of data:

- Since 1<sup>st</sup> January 2008 **National Institute for Health Development**, Department of Health Statistics. [www.tai.ee](http://www.tai.ee).
- Data from routinely collected healthcare statistics submitted by healthcare providers (until 2018 monthly statistical report "Hospital beds and hospitalisation", since 2019 yearly statistical report "Hospital") and from the **Registry of Health Board** (in-patient care licences).

Reference period: 31<sup>st</sup> of December.

### Coverage:

- All hospitals HP.1 (public and private sector) are included.

### Notes:

- The decrease in the number of hospitals after 1991 was the result of the first reorganisation wave of the healthcare system of the independent country. The concentration of the changes in terms of the number of healthcare providers is most well-observed when comparing figures from 1994 and 1995.
- In 2002 the Government of Estonia introduced the Hospital Master Plan that anticipates an optimum number of hospitals and hospital beds necessary to provide acute healthcare services taking into account the number of the population of Estonia and the population forecasts. Therefore, existing hospitals were reorganised, some became out-patient care providers, and some were closed or consolidated. This change can be called the second wave of the reorganisation of the Estonian healthcare system.

### Break in time series: 2013.

- In Estonia, hospitals that provided only in-patient long-term care services (long-term care hospitals) were reorganised to the nursing care hospitals. This restructuration came into force according to the Health Services Organisation Act at the beginning of 2013 (<https://www.riigiteataja.ee/en/eli/ee/Riigikogu/act/521012015003/consolide>). Previous long-term care hospitals (HP.1) were classified amongst long-term nursing care facilities HP.2 according to the SHA2011 in 2013. Therefore, the total number of hospitals decreased in 2013 as well as all other statistics provided for in-patient care (beds, discharges by hospital beds).

## ***Publicly owned hospitals***

### Source of data:

- Since 1<sup>st</sup> January 2008 **National Institute for Health Development**, Department of Health Statistics.
- Data from routinely collected healthcare statistics, submitted by healthcare providers (until 2018 monthly statistical report "Hospital beds and hospitalisation", since 2019 yearly statistical report "Hospital") and from the **Registry of Health Board** (in-patient care licences).

Reference period: 31<sup>st</sup> of December.

### Coverage:

- All publicly owned hospitals are included. Publicly owned hospitals are hospitals where the capital share of the state and/or local government is 50% or more.

### Notes:

- The decrease in the number of hospitals after 1991 was the result of the first reorganisation wave of the healthcare system of the independent country. The concentration of the changes in terms of the number of healthcare providers is most well-observed when comparing figures from 1994 and 1995.

From 1992 to 1998 ownership was not always correctly categorised, and the number of private hospitals could be a little overestimated.

- In 2002, the Government of Estonia introduced the Hospital Master Plan that anticipates an optimum number of hospitals and hospital beds necessary to provide acute healthcare services taking into account the number of the population of Estonia and the population forecasts. Therefore, existing hospitals were reorganised, some became out-patient care providers, and some were closed or consolidated. This change can be called the second wave of the reorganisation of the Estonian healthcare system.

### Break in time series: 2013.

- In Estonia, hospitals that provided only in-patient long-term care services (long-term care hospitals) were reorganised to the nursing care hospitals. This restructuration came into force according to the Health Services Organisation Act at the beginning of 2013 (<https://www.riigiteataja.ee/en/eli/ee/Riigikogu/act/521012015003/consolide>). Previous long-term care hospitals (HP.1) were classified amongst long-term nursing care facilities HP.2 according to the SHA2011 in 2013. Therefore,



the total number of hospitals decreased in 2013 as well as all other statistics provided for in-patient care (beds, discharges by hospital beds).

### ***Not-for-profit privately owned hospitals***

#### Source of data:

- Since 1<sup>st</sup> January 2008 **National Institute for Health Development**, Department of Health Statistics.
- Data from routinely collected healthcare statistics, submitted by healthcare providers (until 2018 monthly statistical report "Hospital beds and hospitalisation", since 2019 yearly statistical report "Hospital") and from the **Registry of Health Board** (in-patient care licences).

Reference period: 31<sup>st</sup> of December.

#### Coverage:

- All not-for-profit privately owned hospitals are included. Not-for-profit privately owned hospitals are foundations where the capital share of an Estonian private body and/or foreign private body is 50% or more.

#### Notes:

- The decrease in the number of hospitals after 1991 was the result of the first reorganisation wave of the healthcare system of the independent country. The concentration of the changes in terms of the number of healthcare providers is most well-observed when comparing figures from 1994 and 1995.
- From 1992 to 1998 ownership was not always correctly categorised, and the number of private hospitals could be a little overestimated. Privately owned hospitals are not divided into not-for-profit and for profit privately owned hospitals from 1992 to 2001. In 2002, a new Health Care Organisation Act came into force and specified the provider status options. Since then the distribution is available.
- In 2002, the Government of Estonia introduced the Hospital Master Plan that anticipates an optimum number of hospitals and hospital beds necessary to provide acute healthcare services taking into account the number of the population of Estonia and the population forecasts. Therefore, existing hospitals were reorganised, some became out-patient care providers, and some were closed or consolidated. This change can be called the second wave of the reorganisation of the Estonian healthcare system.

#### Break in time series: 2013.

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

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

### ***For-profit privately owned hospitals***

#### Source of data:

- Since 1<sup>st</sup> January 2008 **National Institute for Health Development**, Department of Health Statistics.
- Data from routinely collected healthcare statistics, submitted by healthcare providers (until 2018 monthly statistical report "Hospital beds and hospitalisation", since 2019 yearly statistical report "Hospital") and from the **Registry of Health Board** (in-patient care licences).

Reference period: 31<sup>st</sup> of December.

#### Coverage:

- All for-profit privately owned hospitals are included. For-profit privately owned hospitals are public limited companies where the capital share of an Estonian private body and/or foreign private body is 50% or more. Not-for-profit hospitals are hospitals with legal form foundations.

#### Notes:

- The decrease in the number of hospitals after 1991 was the result of the first reorganisation wave of the healthcare system of the independent country. The concentration of the changes in terms of the number of healthcare providers is most well-observed when comparing figures from 1994 and 1995.
- During the nineties state owned hospitals were reorganised to private entities operating under private law (companies, foundations and non-profit associations). From 1992 to 1998 ownership was not always correctly categorised, and the number of private hospitals could be a little overestimated. Privately owned hospitals are not divided into not-for-profit and for profit privately owned hospitals from 1992 to 2001. In 2002, a new Health Care Organisation Act came into force and specified the provider status options. Since then, the distribution is available.
- In 2002, the Government of Estonia introduced the Hospital Master Plan that anticipates an optimum number of

hospitals and hospital beds necessary to provide acute healthcare services taking into account the number of the population of Estonia and the population forecasts. Therefore, existing hospitals were reorganised, some became out-patient care providers, and some were closed or consolidated. This change can be called the second wave of the reorganisation of the Estonian healthcare system.

Break in time series: 2013.

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

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

### ***General hospitals***

Source of data:

- Since 1<sup>st</sup> January 2008 **National Institute for Health Development**, Department of Health Statistics.

- Data from routinely collected healthcare statistics, submitted by healthcare providers (until 2018 monthly statistical report "Hospital beds and hospitalisation", since 2019 yearly statistical report "Hospital") and from the **Registry of Health Board** (in-patient care licences).

Reference period: 31<sup>st</sup> of December.

Coverage:

- All hospitals HP.1.1 (public and private sector) are included.

- 1980 and 1985-1989 include only data from the former system of the Ministry of Health. Hospitals providing only psychiatric, tuberculosis and long-term care are excluded. For 1981-1984 the number is estimated on the basis of non-general hospitals in 1985.

Notes:

- The decrease in the number of hospitals after 1991 was the result of the first reorganisation wave of the healthcare system of the independent country. The concentration of the changes in terms of the number of healthcare providers is most well-observed when comparing figures from 1994 and 1995.

- In 2002, the Government of Estonia introduced the Hospital Master Plan that anticipates an optimum number of hospitals and hospital beds necessary to provide acute healthcare services taking into account the number of the population of Estonia and the population forecasts. Therefore, existing hospitals were reorganised, some became out-patient care providers, and some were closed or consolidated. This change can be called the second wave of the reorganisation of the Estonian healthcare system.

## **Finland**

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

Coverage: All hospitals.

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

### ***Publicly owned hospitals***

Coverage: All public hospitals.

### ***Not-for-profit privately owned hospitals***

Data not available. These data are included with 'for-profit privately owned hospitals' as private hospitals cannot be split into not-for-profit and for-profit hospitals.

### ***For-profit privately owned hospitals***

Coverage: All private hospitals (private hospitals cannot be split into not-for-profit and for-profit hospitals).

### ***General hospitals***

Coverage: All hospitals.

## **France**

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

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

Reference period: 31<sup>st</sup> December.

Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- Data from 2000 include only hospitals with capacities for complete or partial hospitalisation.
- Data exclude dialysis centers. Data also exclude hospitals providing home healthcare services as unique activity (which are in majority not-for-profit privately owned hospitals).

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

### ***Publicly owned hospitals***

Coverage:

- Data from 2000 include only hospitals with capacities for complete or partial hospitalisation (which differs from conventions used in the previous years). Data from 2002 include the army hospitals. For the public sector until 2012, it is the legal entities that are taken into account (there can be several geographical establishments).
- Data from 2013 account the number of geographical establishments for all sectors (public and private). That is why there is a break in series in the number of total hospitals, public hospitals and general hospitals.

### ***Privately owned hospitals***

Coverage:

- For the private sector, data account the number of geographical establishments since 2000.

### ***General hospitals***

Coverage:

- For the public sector, only legal entities (not geographical establishments) are counted from 2000 to 2012 (there can be several geographical establishments in one legal entity); for the private sector, geographical establishments are counted from 2000 to 2012.
- Data from 2013 account the number of geographical establishments for all sectors (public and private). That is why there is a break in series in the number of total hospitals, public hospitals and general hospitals.

## **Germany**

Source of data: **Federal Statistical Office**, Hospital statistics 2021 (basic data of hospitals and prevention or rehabilitation facilities); Statistisches Bundesamt 2022, *Fachserie 12, Reihe 6.1.1*, table 1.1 and internal tables; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: 31<sup>st</sup> December.

Coverage:

- Hospitals comprise all types of hospitals (HP.1.1, 1.2 and 1.3) in all sectors (public, not-for-profit and private).
- Included are general hospitals, mental health hospitals and prevention and rehabilitation facilities.
- Long-term nursing care facilities are excluded.

### ***Publicly owned hospitals***

Source of data: **Federal Statistical Office**, Hospital statistics 2021 (basic data of hospitals and prevention or rehabilitation facilities); Statistisches Bundesamt 2022, *Fachserie 12, Reihe 6.1.1*, table 1.4 and internal tables; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: 31<sup>st</sup> December.

Coverage:

- Publicly owned hospitals comprise all types of hospitals (HP.1.1, 1.2 and 1.3) in the public sector.
- Public hospitals are defined as facilities which are maintained by municipal institutions, independent of their type

of undertaking. Other public institutions are for example the federal government, a federal state, a higher community organisation or a foundation of the public law.

- Included are public general hospitals, mental health hospitals and prevention and rehabilitation facilities.
- Long-term nursing care facilities are excluded.

#### ***Not-for-profit privately owned hospitals***

Source of data: **Federal Statistical Office**, Hospital statistics 2021 (basic data of hospitals and prevention or rehabilitation facilities); Statistisches Bundesamt 2022, *Fachserie 12, Reihe 6.1.1*, table 1.4 and internal tables; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: 31<sup>st</sup> December.

Coverage:

- Not-for-profit privately owned hospitals comprise all types of hospitals (HP.1.1, 1.2 and 1.3) in the not-for-profit sector.
- Not-for-profit hospitals mean facilities, which are maintained by not-for-profit institutions. Not-for-profit institutions are institutions of free social welfare including religious communities covered by the public law.
- Included are not-for-profit general hospitals, mental health hospitals and prevention and rehabilitation facilities.
- Long-term nursing care facilities are excluded.

#### ***For-profit privately owned hospitals***

Source of data: **Federal Statistical Office**, Hospital statistics 2021 (basic data of hospitals and prevention or rehabilitation facilities); Statistisches Bundesamt 2022, *Fachserie 12, Reihe 6.1.1*, table 1.4 and internal tables; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: 31<sup>st</sup> December.

Coverage:

- For-profit privately owned hospitals comprise all types of hospitals (HP.1.1, 1.2 and 1.3) in the private sector.
- Private hospitals are defined as facilities which are maintained by private commercial institutions. They require a concession as a business enterprise according to §30 Trade Regulation Act (“Gewerbeordnung”).
- Included are private general hospitals, mental health hospitals and prevention and rehabilitation facilities.
- Long-term nursing care facilities are excluded.

#### ***General hospitals***

Source of data: **Federal Statistical Office**, Hospital statistics 2021 (basic data of hospitals); Statistisches Bundesamt 2022, *Fachserie 12, Reihe 6.1.1*, table 2.2.1; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: 31<sup>st</sup> December.

Coverage:

- The number of general hospitals (HP.1.1) comprises general hospitals in all sectors (public, not-for-profit and private).
- Mental health hospitals, prevention and rehabilitation facilities and long-term nursing care facilities are excluded.

### **Greece**

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

Reference period: 31<sup>st</sup> December.

Coverage: Publicly owned hospitals, Not-for-profit privately owned hospitals, For-profit privately owned hospitals.

#### ***General hospitals***

Coverage: All general hospitals (military hospitals are excluded).

### **Hungary**

Source of data:

- From 1994 to 2016: **Hungarian National Health Insurance Fund** (OEP in Hungarian), [www.oep.hu](http://www.oep.hu).
- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), [www.oep.hu](http://www.oep.hu).

Reference period: 31<sup>st</sup> December.

Coverage: Number of hospitals at the end of the year (including public, not-for-profit and for-profit hospitals) under contract with Hungarian National Health Insurance Fund (OEP), as well as 2 prison infirmaries run by the Ministry

of Justice. Does not include hospitals not under contract with OEP. The number of these hospitals is negligible.

#### ***Publicly owned hospitals***

Source of data:

- **Hungarian National Health Insurance Fund** (OEP in Hungarian), [www.oep.hu](http://www.oep.hu).

Reference period: 31<sup>st</sup> December.

Coverage: University, public and local government, Hungarian National Railway, Ministries of Defence, Interior and Justice hospitals under contract with the National Health Insurance Fund.

#### ***Not-for-profit privately owned hospitals***

Source of data: **Hungarian National Health Insurance Fund** (OEP in Hungarian), [www.oep.hu](http://www.oep.hu).

Reference period: 31<sup>st</sup> December.

Coverage: Church and foundation hospitals under contract with the National Health Insurance Fund.

#### ***For-profit privately owned hospitals***

Source of data: **Hungarian National Health Insurance Fund** (OEP in Hungarian), [www.oep.hu](http://www.oep.hu).

Reference period: 31<sup>st</sup> December.

Coverage: Private hospitals under contract with the National Health Insurance Fund. Does not include for-profit hospitals not under contract with Hungarian National Health Insurance Fund (OEP), but the number thereof is negligible.

#### ***General hospitals***

Source of data:

- From 1994: **Hungarian National Health Insurance Fund** (OEP in Hungarian), [www.oep.hu](http://www.oep.hu).

Reference period: 31<sup>st</sup> December.

Coverage: Hospitals under contract with the National Health Insurance Fund, except for psychiatric hospitals, alcohol and drug detoxification hospitals (HP.1.2) and specialist hospitals (HP.1.3).

### **Iceland**

Source of data:

- Up to 2006: **The Directorate of Health.**

- From 2007: **The Ministry of Welfare.**

Coverage:

- Up to 2006, the number of hospitals includes specialized and general hospitals, rehabilitation institutions and a treatment centre for alcohol and drug abusers. All nursing homes and retirement homes are excluded.

- From 2007, Hospitals refer to healthcare facilities with 24-hour access to a hospital physician.

Break in time series: 2007.

#### ***Publicly owned hospitals***

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

#### ***Not-for-profit privately owned hospitals***

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

#### ***For-profit privately owned hospitals***

There are no for-profit privately-owned hospitals.

#### ***General hospitals***

Source of data:

- Up to 2006: **The Directorate of Health.**

- From 2007: **The Ministry of Welfare.**

Coverage:

- Up to 2006, all hospitals with an average length of stay of 30 days or less. Rehabilitation institutions (2) and an alcoholic treatment centre are excluded.

- From 2007: Hospitals refer to healthcare facilities with 24-hour access to a hospital physician.

Break in time series: 2007.

## **Ireland**

Source of data:

- 1987-2012: **Department of Health and Children** and the **Mental Health Commission** (<https://www.mhcirl.ie/>).
- 2016 onwards: **Health Service Executive** (<https://www.hse.ie/eng/>) and the Private Hospital Survey conducted by the **Department of Health** (<https://www.gov.ie/en/organisation/department-of-health/>).

Reference period: Figures refer to as at end of December.

Coverage:

- Since 2009, figures refer to HP1 hospitals, both public and private. Data are comprised of general (acute) hospitals, approved psychiatric centres and specialty hospitals.

Break in time series:

- Up to 2008, figures refer to publicly funded acute hospitals, district/community hospitals, geriatric hospitals and psychiatric hospitals. Private short-stay hospitals were not included.
- Information is not available for years 2013-2015.

### ***Publicly owned hospitals***

Source of data:

- 1987-2012: **Department of Health and Children** and the **Mental Health Commission** (<https://www.mhcirl.ie/>).
- 2016 onwards: **Health Service Executive** (<https://www.hse.ie/eng/>) and the Private Hospital Survey conducted by the **Department of Health** (<https://www.gov.ie/en/organisation/department-of-health/>).

Reference period: Figures refer to as at end of December.

Coverage:

- The two categories proposed (i.e. publicly owned hospitals and privately owned not-for-profit hospitals) do not satisfactorily represent the nature of the Irish acute public hospital system, particularly regarding public voluntary hospitals.
- There are 67 acute public hospitals in Ireland (as at 2022, source: **Department of Health**). These hospitals comprise of a range of statutory and non-statutory hospitals. These include statutory hospitals such as those run by the Health Service Executive and Joint Board Hospitals.

### ***Not-for-profit privately owned hospitals***

- Refer to coverage notes under “Publicly owned hospitals” section.

### ***For-profit privately owned hospitals***

Source of data:

- 2016 onwards: Private Hospital Survey conducted by the **Department of Health** (<https://www.gov.ie/en/organisation/department-of-health/>).
- 2009-2012: **Independent Hospitals Association of Ireland** (<http://www.independenthospitals.ie/>) and the **Mental Health Commission** (<https://www.mhcirl.ie/>).

Reference period: Figures refer to as at end of December.

Coverage: All for-profit private hospitals in the country.

### ***General hospitals***

Source of data:

- 1980-2012: **Department of Health and Children**.
- 2016 onwards: **Health Service Executive** (<https://www.hse.ie/eng/>).

Reference period: Figures refer to as at end of December.

Coverage: Since 2009, figures refer to HP1.1 hospitals, both public and private. Data is comprised of general (acute) hospitals only and exclude specialty hospitals such as paediatric, maternity and orthopaedic hospitals.

Break in time series:

- Up to and including 1996, figures refer to publicly funded acute hospitals where the average length of stay is 18 days or less.
- From 1997 on figures refer to Health Service Executive network hospitals only.
- Private hospitals are not included in the years preceding 2009.



## Israel

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

Reference period: End of the year.

Coverage:

- Includes all acute care, mental health and specialty hospitals. It excludes nursing and residential care facilities.
- In Israel, hospitals often include nursing home beds. The definition of "hospital" versus "nursing home" is based on the majority of its activity (hospital bed-days).

### **Publicly owned hospitals**

Coverage: Includes all acute care, mental health and specialty hospitals that are owned by the government or by the HMO's.

### **Not-for-profit privately owned hospitals**

Coverage: Includes all acute care, mental health and specialty hospitals that are owned by public agencies; excludes hospitals that are owned by the government or by the HMO's.

### **For-profit privately owned hospitals**

Coverage: Includes all acute care, mental health and specialty hospitals that are owned by private agencies.

- In 2021, the whole time series has been adjusted due to a change in the classification of some privately owned mental health facilities from hospitals to residential long-term care facility.

### **General hospitals**

Coverage: Includes all acute care hospitals.

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

## Italy

Source of data: **Ministry of Health** – General Directorate of digitalisation, health information system and statistics - **Office of Statistics**. [www.salute.gov.it/statistiche](http://www.salute.gov.it/statistiche).

Reference period: 31<sup>st</sup> December.

Coverage:

- “Total hospitals” included, until the end of 2003, all the public hospitals and private accredited hospitals (where “accredited” means recognized by our National Health Service). Starting from 2004 “total hospitals” includes all the public hospitals and all the private ones (both recognized and not recognized by our National Health Service). In any case military hospitals have never been included in “Total hospitals”.

Deviation from the definition: None

Estimation method: None

Break in time series: 2004.

### **Publicly owned hospitals**

Source of data: **Ministry of Health** – General Directorate of digitalisation, health information system and statistics - **Office of Statistics**. [www.salute.gov.it/statistiche](http://www.salute.gov.it/statistiche).

Coverage: Data refer to public hospitals.

### **Not-for-profit privately owned hospitals**

Source of data: **Ministry of Health** - General Directorate of digitalisation, health information system and statistics - **Office of Statistics**. [www.salute.gov.it/statistiche](http://www.salute.gov.it/statistiche).

Coverage: Data include private hospitals, including those not accredited by the National Health Service.

Break in time series: 2020. In particular, as regards private hospitals, the information collected does not allow to distinguish correctly between “Not-for-profit privately owned hospitals” and “For-profit privately owned hospitals”. Therefore, all private hospitals are classified as “For-profit privately owned hospitals” on the basis of a prevalence

criterion. The new criteria have been applied to the "Hospitals" and "Hospital beds by sector" data starting from 2020.

#### ***For-profit privately owned hospitals***

Source of data: **Ministry of Health** - General Directorate of digitalisation, health information system and statistics - **Office of Statistics**. [www.salute.gov.it/statistiche](http://www.salute.gov.it/statistiche).

Coverage: Data include private hospitals, including those not accredited by the National Health Service.

Break in time series: 2020. In particular, as regards private hospitals, the information collected does not allow to distinguish correctly between "Not-for-profit privately owned hospitals" and "For-profit privately owned hospitals". Therefore, all private hospitals are classified as "For-profit privately owned hospitals" on the basis of a prevalence criterion. The new criteria have been applied to the "Hospitals" and "Hospital beds by sector" data starting from 2020.

#### ***General hospitals***

Source of data: **Ministry of Health** - General Directorate of digitalisation, health information system and statistics - **Office of Statistics**. [www.salute.gov.it/statistiche](http://www.salute.gov.it/statistiche).

Coverage:

- Since 2004 data refer to public and private hospitals, including private hospitals not accredited by the National Health Service.

- Since 2008, data do not include hospitals exclusively dedicated to rehabilitative care.

Break in time series: 2004, 2008.

### **Japan**

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

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

#### **Total hospitals**

Coverage: Medical institutions where medical doctors or dentists provide healthcare and dental care, with inpatient facilities for 20 or more patients.

#### **Publicly owned hospitals**

Coverage: Data consist of hospitals and clinics established by the national government or public organisations.

#### **Privately owned hospitals**

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

#### **General hospitals**

Coverage: Hospitals excluding psychiatric hospitals and tuberculosis sanatoriums (also excluding infectious disease hospitals until 1998).

### **Korea**

#### **Total hospitals**

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

Coverage: Medical institutions equipped with at least 30 beds.

#### **Breakdown between public and private hospitals**

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

- In Korea, hospitals are classified as upper-level general hospital, general hospital, or hospital. All private hospitals are sanctioned as not-for profit hospitals in Korea.

#### **General hospitals**

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

Coverage:

- Inclusion: Hospitals and general hospitals.

- Exclusion: Dental hospitals, oriental medicine hospitals, long-term care hospitals, psychiatric hospitals (i.e. medical institutions called “mental nursing hospitals” which are one subcategory of nursing hospitals – special types of institutions in Korea), tuberculosis hospitals and leprosy hospitals.

- In Korea, ‘general hospitals’ refer to hospitals which are equipped with wards of more than 100 beds and include specialized medical departments with specialist medical practitioners in those departments.

Break in time series: 2021. According to the revision of the medical law in 2021, some general hospitals that operated mental beds were reclassified as psychiatric hospitals. As a result, there is a time series break in the number of general hospitals from 2021.

## Latvia

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

Reference period: 31<sup>st</sup> December.

Coverage:

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

- In 2012, the data series number of hospitals was redefined according to the concept of separate hospital establishments. For example, a hospital centre with three different establishment counts now as three hospitals.

### *Publicly owned hospitals, Not-for-profit privately owned hospitals, For-profit privately owned hospitals*

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

Reference period: 31<sup>st</sup> December.

### *General hospitals*

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

Reference period: 31<sup>st</sup> December.

Coverage:

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

## Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report “Health Statistics of Lithuania”, available from <http://www.hi.lt/health-statistic-of-lithuania.html>.

Reference period: 31<sup>st</sup> December.

Coverage: The numbers of hospitals excludes nursing hospitals.

Break in time series: 1997, 2020.

- In 1997-1998, part of the small rural hospitals was closed, biggest part was reorganised into nursing hospitals. Nursing hospitals are providing long-term nursing care and belong to nursing and residential care facilities.

- Since 2020, data refer to the number of legal entities.

### *Publicly owned hospitals*

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report “Health Statistics of Lithuania”, available from <http://www.hi.lt/health-statistic-of-lithuania.html>.

Reference period: 31<sup>st</sup> December.

Coverage: The numbers of publicly owned hospitals excludes nursing hospitals.

Break in time series: 1997, 2020.

- In 1997-1998, part of the small rural hospitals was closed, biggest part was reorganised into nursing hospitals. Nursing hospitals are providing long-term nursing care and belong to nursing and residential care facilities.

- Since 2020, data refer to the number of legal entities.

### *Not-for-profit privately owned hospitals*

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report “Health Statistics of Lithuania”, available from <http://www.hi.lt/health-statistic-of-lithuania.html>.

Reference period: 31<sup>st</sup> December.

Coverage: The numbers of not-for-profit privately owned hospitals excludes nursing hospitals.

#### ***For-profit privately owned hospitals***

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report “Health Statistics of Lithuania”, available from <http://www.hi.lt/health-statistic-of-lithuania.html>.

Reference period: 31<sup>st</sup> December.

Coverage: The numbers of for-profit privately owned hospitals excludes nursing hospitals.

- Most of for-profit privately owned hospitals are very small few beds hospitals. Sometimes it is not clear if they really are hospitals. Often they are changing their activities (from inpatient to day surgery or outpatient surgery). Therefore the number of private hospitals is not stable. In 2014 part of such hospitals was moved to category of day surgery center.

#### ***General hospitals***

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report “Health Statistics of Lithuania”, available from <http://www.hi.lt/health-statistic-of-lithuania.html>.

Reference period: 31<sup>st</sup> December.

Coverage: All hospitals excluding tuberculosis, rehabilitation, psychiatric and substance abuse, nursing hospitals. Infection diseases and oncology hospitals are included in general hospitals.

Break in time series: 1997, 2020.

- In 1997-1998 part of the small rural hospitals was closed, biggest part was reorganised into nursing hospitals.

Nursing hospitals are providing long-term nursing care and belong to nursing and residential care facilities.

- Since 2020, data refer to the number of legal entities.

## **Luxembourg**

Source of data: **National Health Observatory.**

Reference period: data as of December 31.

#### ***Breakdown between publicly, not-for-profit privately and for-profit privately owned hospitals***

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

## **Mexico**

### **Hospitals**

Source of data:

#### **Public hospitals:**

- Until 2006, **Ministry of Health**. Bulletin of Health Information and Statistics. National Health System, Vol. 1.

- From 2007 onwards, **Ministry of Health**. Data are taken from the unique catalogue of health establishments (Clave Única de Establecimientos de Salud, CLUES) for public institutions.

#### **Not-for-profit private hospitals:**

- From 2007 onwards, **Ministry of Health**. Data are taken from the unique catalogue of health establishments (Clave Única de Establecimientos de Salud, CLUES) for Not-for-profit privately owned hospitals institutions (Red Cross).

#### **For-profit private hospitals:**

- Until 2006: **Ministry of Health**. Bulletin of Health Information and Statistics. National Health System, Vol. 1.

- From 2007 to 2014, data are taken from the **National Institute of Statistics and Geography (INEGI)**, National Survey on Medical units with Inpatient Hospital Services.

- From 2015 onwards, data are taken from the unique catalogue of health establishments (Clave Única de Establecimientos de Salud, CLUES).

Coverage:

- The information includes general and specialist hospitals.
- The data presented include public and private for-profit and non-profit hospitals.

**General hospitals**

Data not available.

**Netherlands**

Source of data: **Statistics Netherlands** and **Dutch Health Authority (NZA)**.

- 2016 onwards: Annual reports social account (DigiMV) and **Dutch Health Authority (NZA)**.
- 2009 onwards: Annual reports social account (DigiMV) plus health inspectorate reports.
- 2006 onwards: Annual reports social account.
- 2002-2005: **Prismant** survey.
- 1987-2002: Survey.

Coverage: Refers to organisations, not locations, with the exception of for-profit private hospitals.

Break in time series: Break in 2009 due to inclusion of for-profit privately owned hospitals.

***Publicly owned hospitals***

Source of data: **Statistics Netherlands**.

***Not-for-profit privately owned hospitals***

Source of data: **Annual reports social accounts** which licensed hospitals have to deliver to the CIBG agency of the Ministry of Health. These hospitals are in the WtZI register of the CIBG which includes all organisations that are allowed to give medical specialist care covered by the health insurance.

Coverage: Refers to organisations, not locations.

***For-profit privately owned hospitals***

Source of data:

- 2016 onwards: **Dutch Health Authority (NZA)**.
- Before 2016: **Health inspectorate**.

Coverage:

- Included are: For-profit private hospitals, which were required to register with the Zorgregister of the CIBG by 29 May 2010 (before that date, it was voluntary). As of 2014, the requirement is no longer existent. They do not have a license for health insurance coverage.
- Included are also the number of independent treatment centres, which offer treatment (medical specialist care) that is covered by the compulsory health insurance.
- The number refers to the number of locations.

***General hospitals***

Source of data: **Statistics Netherlands**.

- 2006 onwards: Annual reports social account (DigiMV).
- 2002-2005: Prismant survey.
- 1987-2002: Statistics Netherlands npoSurvey.

Coverage: Refers to organisations, not locations.

**New Zealand**

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

HealthCERT is the team within the Ministry of Health that is responsible for regulating healthcare providers as required under the Health and Disability Services (Safety) Act 2001 (the Act). The Act defines the types of healthcare services required to be certified.

Providers are required to apply to HealthCERT for certification. On this application, premise details, bed numbers and capacity relating to the service type is provided. This application is made to the Provider Regulation Monitoring System (PRMS) database.

The providers certification application is the primary source of the premise information. It is important to note that certification is rolling based on certification period and the start date (i.e. every 3 – 4 years).

The OECD data relating to the number of hospitals and bed numbers, and total beds for aged care is extracted from the PRMS database, which is supplied by the provider on their certification application.

In addition to premise information supplied at the time of the providers certification application, the provider can notify of increase/decrease in capacity at any stage. This information is updated in the PRMS database based on the provider's notification.

Reference period: Number of hospitals as at 31<sup>st</sup> December 2009, 2010, 2011, 2012, 9 December 2013, 16 January 2015, 15 January 2016, 5 January 2017, 23 January 2018, 5 February 2019, 14 January 2020, 29 January 2021, 2 February 2022 and 14 February 2023.

Coverage:

- Providers certified under the Health and Disability Services (Safety) Act 2001 (the Act).
- Premises certified for at least one hospital service as defined under the Act, excluding certificates with a primary service type of Aged Care or Residential Disability.
- **Publicly owned hospitals** are those where the legal entity type is equal to Crown Entity.
- **Not-for-profit privately owned hospitals** are those where the legal entity type is equal to Charitable Trust, Incorporated Society, or other Organisation (such as institutes set up under an Act of Parliament).
- All other providers, not included above, are assumed to be **For-profit privately owned hospitals**.
- **General Hospital** is defined as those certified for at least Medical Services AND Surgical Services under the Act.

Note: For public hospitals (under Health New Zealand - Te Whatu Ora): In June 2022 the Pae Ora (Healthy Futures) Act 2022 came into effect, and all District Health Boards have transferred and now exist as Health New Zealand (Te Whatu Ora).

## Norway

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

Data not available.

### *General hospitals*

Source of data: **Statistics Norway**. Business register/Statistics on Specialist Health Services.

## Poland

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

Reference period: 31<sup>st</sup> December.

Coverage:

- The number of hospitals comprises general hospitals (supervised by the Ministry of Health, the Ministry of National Defence and the Ministry of Interior and Administration) and psychiatric hospitals.
- 2004-2006: Health resort hospitals and health resort sanatoria are excluded because of complex structure of the Health Resort Treatment.
- From 2007 onwards, health resort hospitals are included.
- Up to 2011 prison hospitals are excluded.
- From 2017 onwards, health resort sanatoriums and rehabilitation facilities are included in order to sustain consistent methodology with methodology of calculation of total hospital beds.

Break in time series: 2004, 2007, 2012, 2017, 2019.

- Since 2004: Hospitals of the Ministry of National Defence and the Ministry of the Interior and Administration are included.
- Since 2007: Health resort hospitals are included.
- From 2012 prison hospitals are included.
- From 2017, health resort sanatoriums and inpatient rehabilitation facilities are included.
- In 2019, for the first time, hospitals were classified into day and in-patient hospitals according to the institution's declaration. Healthcare entities determined themselves whether they were a day care hospital or an inpatient hospital. In accordance with this method, 40 hospitals listed in 2018 as inpatient facilities were classified as day care hospitals in 2019. Moreover hospitals were restructured (fusion) with a simultaneous change of the internal structure. In 2020, there were 208 day care hospitals, which are not included in total number of hospitals.



### ***Publicly owned hospitals***

Source of data: **The Ministry of Health, the Ministry of National Defence and the Ministry of Interior and Administration, and Statistics Poland.** From 2012 onwards **the Ministry of Justice.**

Reference period: 31<sup>st</sup> December.

Coverage:

- For period 2007-2011, general hospitals, health resort hospitals and psychiatric hospitals. Prison hospitals are excluded.
- For period 2007-2011, division on public and non-public is made due to the body establishing the healthcare facility. This breakdown was established by the Law on Health Care Facilities, dated 30 VIII 1991 (uniform text, Journal of Laws 2007 No.14, item 89, with later amendments), A public healthcare facility is a facility established by: a minister or a central body of the government administration, a voivode or local self-government entity, public institution of higher medical education, a public higher education institution, which conducts didactic and research activity in the field of medical sciences. and since 2006 — the Medical Centre for Postgraduate Education.
- From 2017 onwards, general hospitals, health resort hospitals, sanatoriums as well as inpatient rehabilitation facilities and psychiatric hospitals are included. Prison hospitals are included.

Break in time series: 2017.

- For period 2012-2016 data on number of hospitals by ownership are not available.
- From 2017 onwards, health resort sanatoriums and inpatient rehabilitation facilities are included in order to achieve comparability (coverage) with public hospital beds. The division of hospitals into public and private ones is made on the basis of the information on the form of ownership of the medicinal entity in the Database of Statistical Units (BJS).

### ***Not-for-profit privately owned hospitals***

Source of data: **The Ministry of Health, and Statistics Poland.**

Reference period: 31<sup>st</sup> December.

Coverage:

- For period 2007-2011, not-for-profit privately owned hospitals do not exist in Poland.
- For period 2012-2016, data on number of hospitals by ownership are not available.
- From 2017 onwards, not-for-profit privately owned facilities (hospitals, health resort hospitals and sanatoriums) are distinguished on the basis of the Register of Entities Performing Medical Activities (RPWDL).

### ***For-profit privately owned hospitals***

Source of data: **The Ministry of Health and Statistics Poland.**

Reference period: 31<sup>st</sup> December.

Coverage:

- For period 2007-2011, general hospitals and health resort hospitals (including companies with State Treasury participation).
- For period 2007-2011, division on public and non-public is made due to the body establishing the healthcare facility. This breakdown was established by the Law on Health Care Facilities, dated 30 VIII 1991 (uniform text, Journal of Laws 2007 No.14, item 89, with later amendments), A non-public healthcare facility is a facility established by a church or religious association, employer, foundation, trade union, professional self-government, association or other domestic or foreign legal or natural person or by company without legal personality.
- From 2017 onwards, general hospitals and health resort hospitals, sanatoriums as well as inpatient rehabilitation facilities (including companies with State Treasury participation).

Break in time series: 2017, 2019.

- For period 2012-2016, data on number of hospitals by ownership are not available.
- From 2017 onwards, health resort sanatoriums and inpatient rehabilitation facilities are included in order to achieve comparability (coverage) with for profit privately owned hospital beds. The division of hospitals into public ownership and private ones is made on the basis of the information on the form of ownership of the medicinal entity in the Database of Statistical Units (BJS).
- In 2019, for the first time, hospitals were classified into day and in-patient hospitals according to the institution's declaration. Healthcare entities determined themselves whether they were a day care hospital or an inpatient hospital. Moreover hospitals were restructured (fusion) with a simultaneous change of the internal structure. In 2020, there were 208 day care hospitals, which are not included in the number of hospitals.

### ***General hospitals***

Source of data: **The Ministry of Health, the Ministry of National Defence** (until 2011) and **the Ministry of Interior and Administration**. From 2012 onwards **the Ministry of Justice. Statistics Poland** gathers data from ministries and publishes.

Reference period: 31<sup>st</sup> December.

Coverage:

- All general hospitals (supervised by the Ministry of Health, the Ministry of National Defence and the Ministry of Interior and Administration). In Poland the category of general hospitals comprises regional hospitals (i.e. *voivod* hospitals and *poviats* hospitals) and also specialised hospitals.
- Psychiatric hospitals and health resort hospitals are excluded.

Break in time series: 2012, 2019.

- From 2012 prison hospitals are included.
- In 2019, for the first time, hospitals were classified into day and in-patient hospitals according to the institution's declaration. Healthcare entities determined themselves whether they were a day care hospital or an inpatient hospital. In accordance with this method, 40 hospitals listed in 2018 as inpatient facilities were classified as day care hospitals in 2019. Moreover hospitals were restructured (fusion) with a simultaneous change of the internal structure. In 2020, there were 208 day care hospitals, which are not included in total number of hospitals.

## **Portugal**

### **Slovak Republic**

Source of data: **National Health Information Center.**

- "Annual report S (MZ SR) 1 – 01 on network of healthcare providers" for data up to 2008.
- "Report on network of healthcare providers" since 2009.

Reference period: 31<sup>st</sup> December.

Coverage:

- Hospitals are counted according to the recommendations and definitions following the SHA version 1.0.
- Hospitals in the territory of the Slovak Republic (general hospitals, specialty hospitals, sanatoriums - i.e. hospitals providing long-term care for the chronically ill and hospitals providing rehabilitation and related services to physically challenged or disabled people).

Break in time series:

- 2005. Break in 2005 due to change in a statistical finding in accordance with Act No 578/2004 on healthcare providers. Time series revised in accordance with final agreement on classification in the Slovak Republic.
- Break in 2009 due to change in data source as described above.

### ***Publicly owned hospitals***

Data not available.

### ***Not-for-profit privately owned hospitals***

Data not available.

### ***For-profit privately owned hospitals***

Data not available.

### ***General Hospitals (HP1.1)***

Coverage:

- Hospitals are counted according to the recommendations and definitions following the SHA version 1.0.
- Hospitals in the Slovak Republic (general hospitals in territory of Slovak Republic).

## **Slovenia**

Source of data: **National Institute of Public Health, Slovenia.**

Reference period: 31<sup>st</sup> December.

Coverage: Total – all hospitals on territory of Slovenia.

## Spain

### Source of data:

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

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

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

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

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

### Coverage:

- All public and private hospitals in Spain are included.

### Break in time series: 2010.

- 'Health Consortia' included since 2010. Health consortia is an organizational model consisting of more than one hospital, but for the purpose of providing data in the questionnaire (and operating issues) they are accounted for as a single hospital. Very few hospitals are involved.

## Sweden

Source of data: **Federation of County Councils** (data for 1980-2003). From 2001: **Swedish Association of Local Authorities and Regions/SALAR**.

- From 2004 there is no information on how many hospitals there are in Sweden. There is no consistent definition of what a hospital is.

Coverage: There is no distinction made in Sweden between hospitals and acute care (short-stay) hospitals.

### *Breakdown of hospitals by sector*

Data not available.

### *General Hospitals (HP1.1)*

- Data available from 1980 to 2003.

## Switzerland

### Source of data:

- Since 1997: **Federal Statistical Office (FSO)**, Neuchâtel, Hospital Statistics; yearly census.

- Until 1996: Data from the **Hospital Association (H+)**, Bern.

Reference period: Data as of January 1<sup>st</sup>.

### Coverage:

- Full coverage (full-survey).

Deviation from the definition: Differentiation according to ownership and profit is not relevant in Swiss health system, data do not exist.

### Break in time series:

- 1997: change in data source.

- 2010: Hospital Statistics have been revised (data year 2010); new delimitation of hospital entities and elimination of artificial double counting for some hospitals (e.g. because of multiple activity).

### *Publicly owned hospitals, Not-for-profit privately owned hospitals, For-profit privately owned hospitals*

Data do not exist.

### *General hospitals*

### Source of data:

- Since 1997: **Federal Statistical Office (FSO)**, Neuchâtel, Hospital Statistics; yearly census.

- Until 1996: Data from the **Hospital Association (H+)**, Bern.

### Break in time series:

- 1997: change in data source.

- 2010: Hospital Statistics have been revised (data year 2010); new delimitation of hospital entities and elimination of artificial double counting for some hospitals (e.g. because of multiple activity).

## Türkiye

### Source of data:

- From 2000 onwards: **General Directorate for Health Services, Ministry of Health.**
- Up to 1999: **Health Statistics Yearbook - Ministry of Health.**

Reference period: It is the number of institutions serving during the year. If the institution closed during the year, the data belongs to the date of closing. If not, the data dated 31 December is used.

### Coverage:

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

### ***Publicly owned hospitals:***

#### Coverage:

- Public hospitals include the Ministry of Health-affiliated hospitals, public university hospitals and other publicly-owned hospitals. MoND-affiliated hospitals are included since 2002.
- In 2017, data have been updated from 2000 onwards because of the reallocation of private university hospitals from "publicly owned hospitals" into "for-profit privately owned hospitals".

### ***Not-for-profit privately owned hospitals:***

Coverage: This type of healthcare facility does not exist in Türkiye.

### ***For-profit privately owned hospitals:***

#### Coverage:

- Private hospitals include hospitals owned by private sector organisations and private universities.
- In 2017, data have been updated from 2000 onwards because of the reallocation of private university hospitals from "publicly owned hospitals" into "for-profit privately owned hospitals".

### ***General Hospitals (HPI.1):***

Coverage: Total number of general hospitals in the MoH, universities, private and other sector (other public establishments, local administrations and MoND-affiliated facilities).

- MoND-affiliated facilities are included since 2002.

## United Kingdom

### **(Publicly owned) Hospitals**

#### Source of data:

- **England:** NHS Digital, Hospital Estates and Facilities Statistics, Estates Return Information Collection (ERIC), England <http://hefs.hscic.gov.uk/Eric.asp>.
- **Scotland:** Public Health Scotland.
- **Wales:** Welsh Reference Data.

#### Reference Period:

- **England:** Position at end of financial year (March 31<sup>st</sup>).
- **Wales:** End of calendar year (31<sup>st</sup> of December).

#### Coverage:

##### **England:**

- Does not include private sector, does not include sites with fewer than ten beds. Data are for financial years, i.e. position at March 31<sup>st</sup>, 2016 used for 2015 data.
- Possible data issues - There are a large number of unreported sites for each trust. These are excluded from any counts as it could include support facilities and non-inpatient services, with no way to differentiate between them. The data prior to 2015-16 is reported differently, which could cause potential disruption to any time series. The main issue with these earlier collections is the lack of specific mental health site data, which is included in the total count of hospitals but excluded from the general count. This has been approximated by summing general acute, short term

non-acute and community hospitals, which gives broadly similar figures, particularly when you take into account the general downward trend observed over recent years. Earlier collections also include independent sector providers and (going back further) primary care trusts, but these have been excluded so the count of hospitals is limited to trusts, foundation trusts and care trusts.

**Wales:**

- NHS Hospitals and Private Hospitals. It sums Acute Hospitals, Community (Geriatric) Hospitals, Community Hospitals, Major Acute Hospitals, Psychiatric Hospitals, Psychiatric Hospitals: Learning Disability, Psychiatric Hospitals: Mental Illness/Learning Disability, Specialist Acute Hospitals, Independent Hospitals.

- Possible data issues – If the hospital was active from 01/04/2001 and closed on the 31/07/2005, it will be still counted for 2005 calendar year.

- In 2018, data were revised to include a change to the definition supplied by Wales. The new definition is an improvement that removes duplicates for hospitals and also adds inclusions of other sites for the general hospitals count.

Estimation method: the data have been estimated at the UK level, based on a pro-rata increase using UK population data.

Break in time series:

- **England:** There's a big increase in the total number of hospitals in 2015-16 compared to earlier years, but this may reflect changes in the guidance. It appears that prior to 2015-16, sites under 199m<sup>2</sup> were excluded from the return but these are now included provided that there are ten or more beds.

**Not-for-profit and For-profit privately owned hospitals**

Data not available.

**General hospitals**

See above for general information on hospitals.

Coverage:

- **Wales:** NHS Hospitals only. Includes Acute Hospitals, Community Hospitals, Major Acute Hospitals, Specialist Acute Hospitals.

- **Scotland:** General hospitals include: Teaching hospitals (major teaching hospitals covering a full range of services and with special units); Large general hospitals (general hospitals with some teaching units, usually over 250 average staffed beds); General hospitals (mixed specialist hospitals - may have maternity units. Consultant type surgery undertaken, usually 250 and under average staffed beds); Sick children's hospitals (large teaching hospitals for children covering a range of medicine and surgery).

- **England:** NHS Hospitals only. General hospitals include sites that provide a range of inpatient medical care and other related services for surgery, acute medical conditions or injuries (usually for a short-term illness or condition). This should include all relevant sites irrespective of size.

**United States**

Source of data: **American Hospital Association (AHA)**/Annual Survey of Hospitals, Hospital Statistics (several issues)/Health Forum LLC, an affiliate of the American Hospital Association. <http://www.aha.org/>. Reprinted from *AHA Hospital Statistics, 2021 Edition*, by permission, Copyright 2021, by Health Forum, Inc., and unpublished data. **American Hospital Association (AHA)**/Annual Survey of Hospitals database unpublished data for 2020 and later.

Coverage:

- Through 2016, estimates are for all AHA-registered hospitals in the United States. U.S. hospitals located outside the United States are excluded.

- Beginning in 2017, data includes all AHA-reported hospitals in the United States, rather than only AHA-registered hospitals.

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

- Estimates exclude U.S. associated areas such as Puerto Rico and prior to 2017, AHA non-registered hospitals.

Deviation from the definition: Data match the OECD definition.

Estimation method: Survey.

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

### **Publicly owned hospitals**

#### Coverage:

- Government, non federal: State, county, city, city-county, hospital district or authority.
- Government, federal: Air force, army, navy, public health service, veterans affairs, federal, other, public health service, Indian service and Department of Justice.

### **Not-for-profit privately owned hospitals**

#### Coverage:

- Non-government non-profit hospitals: Church operated.
- Non-government non-profit: Catholic controlled.
- Other.

### **For-profit privately owned hospitals**

#### Coverage:

- Includes the following types of investor-owned facilities: Investor-owned for profit, individual, partnership and corporation.

### **General hospitals**

#### Coverage:

- Short-term general hospitals.

## **NON-OECD ECONOMIES**

### **Bulgaria**

Source of data: **National Statistical Institute**, Exhaustive annual survey.

Reference period: 31<sup>st</sup> December.

Coverage: All types of hospitals are included. Dispensaries with beds are also included. Dispensaries are medical establishments in which doctors with the assistance of other personnel actively find, diagnose, treat and periodically observe patients with psychiatric, lung, dermato-venereological and oncological diseases.

Since 2010, the pulmonary dispensaries are transformed into specialized hospitals, dermato-venereological dispensaries – into Dermato-venereological centres, oncological dispensaries – into Complex oncological centres, psychiatric dispensaries – into Mental health centres. The activities and functions of the centres and dispensaries are same.

### ***Publicly owned hospitals***

Coverage: All types of publically owned hospitals and centres with beds (former dispensaries) (HP.1 Hospitals) are included.

### ***Not-for-profit privately owned hospitals***

This category doesn't exist.

### ***For-profit privately owned hospitals***

Coverage: All types of for-profit privately owned hospitals (HP.1 Hospitals) are included.

### ***General hospitals (HP1.1)***

Coverage: All general hospitals (HP.1.1) are included.

## **Croatia**

### ***Hospitals***

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

Reference period: Status on December 31<sup>st</sup>.

#### Coverage:

- Prison hospital not included.



- Reorganization process of Croatian health system resulted in significant changes in number of health institutions - some were closed or reorganized which caused significant decrease in number of hospitals and general hospitals in 1994.  
- Starting from 2009 data do not include community care centres providing both in-patient and out-patient services primarily engaged in out-patient services.  
Break in time series: 2009.

#### ***Publicly owned hospitals***

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

#### ***Not-for-profit privately owned hospitals***

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

#### ***For-profit privately owned hospitals***

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

#### ***General hospitals***

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

##### Coverage:

- Prison hospital not included.  
- Reorganization process of Croatian health system resulted in significant changes in number of health institutions - some were closed or reorganized which caused significant decrease in number of hospitals and general hospitals in 1994.  
- Starting from 2009 data do not include community care centres providing both in-patient and out-patient services primarily engaged in out-patient services.  
Break in time series: 2009.

## **Romania**

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

Reference period: data as of 31<sup>st</sup> December.

##### Coverage:

- From 1970 to 1998, data refer only to the public sector. Since 1999, data cover public and private (including not for profit) sectors.  
- General hospitals were classified according to Law No. 95/2006 on Health Reform regulates the entire health system. According to the law, the general hospital is the hospital that has usually organized in its structure two of the four basic specialties, namely internal medicine, paediatrics, obstetrics-gynecology, general surgery.  
- Since 1999 data includes healthcare centres with beds, tuberculosis and balneary sanatoria and preventoria which, according to national legislation are assimilated to hospitals.

Break in time series: 1999, 2017.

- In 2009, 14 new private hospitals were established. Also, two public hospitals were reorganized, after this reorganisation being formed smaller public hospitals (in order to improve their activity).  
- Since 2017: Data doesn't include medical centres that provide predominately out-patient services, but provide also day-care services for some specialisations as it doesn't comply with the SHA definition for hospitals.

#### ***Publicly owned hospitals***

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

Reference period: data as of 31<sup>st</sup> December.

Coverage: Data cover public sector (central and local administrations).

- Data doesn't include medical centres that provide predominately out-patient services, but provide also day-care services for some specialisations as it doesn't comply with the SHA definition for hospitals.

#### ***Not-for-profit privately owned hospitals***

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

Reference period: data as of 31<sup>st</sup> December.

Coverage: Data cover private sector.

#### ***For-profit privately owned hospitals***

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

Reference period: data as of 31<sup>st</sup> December.

Coverage: Data cover private sector.

- Data doesn't include medical centres that provide predominately out-patient services, but provide also day-care services for some specialisations as it doesn't comply with the SHA definition for hospitals.

#### ***General hospitals***

Source of data:

- 2008 – 2012: **Ministry of Public Health**.

- Since 2013: **National Institute of Statistics**, The activity of the sanitary and healthcare network – annual survey performed by NIS.

Reference period: data as of 31<sup>st</sup> December.

Coverage: General hospitals were classified according to **Law No. 95/2006 on Health Reform** regulates the entire health system. According to the law, the general hospital is the hospital that has usually organized in its structure two of the four basic specialties, namely internal medicine, paediatrics, obstetrics-gynecology, general surgery.

Data doesn't include medical centres that provide predominately out-patient services, but provide also day-care services for some specialisations as it doesn't comply with the SHA definition for hospitals.