

Hospital aggregates

Definitions

Updated: September 2021

<u>Hospital aggregates: Inpatient care</u>	
Inpatient care discharges (all hospitals)	An inpatient discharge is the release of a patient who was formally admitted into a hospital for treatment and/or care and who stayed for a <i>minimum of one night</i> (see definition for hospital inpatient discharges below). Only the total number of inpatient discharges in all hospitals is requested (no breakdown by diagnostic categories).
Inpatient care average length of stay (ALOS) (all hospitals)	Average length of stay (ALOS) is calculated by dividing the number of bed-days by the number of discharges during the year (see definition for hospital ALOS below). Only the overall average length of stay in all hospitals is requested (no breakdown by diagnostic categories).
<u>Hospital aggregates: Curative (acute) care</u>	
Curative (acute) care	<p>Curative care comprises health care contacts during which the principal intent is to relieve symptoms of illness or injury, to reduce the severity of an illness or injury, or to protect against exacerbation and/or complication of an illness or injury that could threaten life or normal function (HC.1 in the SHA classification).</p> <p><u>Inclusion</u></p> <ul style="list-style-type: none"> - All components of curative care of illness (including both physical and mental/psychiatric illnesses) or treatment of injury - Diagnostic, therapeutic and surgical procedures - Obstetric services <p><u>Exclusion</u></p> <ul style="list-style-type: none"> - Other functions of care (such as rehabilitative care, long-term care and palliative care)
Curative (acute) care discharges	<p>A hospital discharge is the formal release of a patient from a hospital.</p> <p><u>Inclusion</u></p> <ul style="list-style-type: none"> - Discharges from all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2), and other specialised hospitals (HP.1.3) - Deaths in hospital - Transfers to another hospital - Discharges of healthy newborns <p><u>Exclusion</u></p> <ul style="list-style-type: none"> - Transfers to other care units within the same hospital
Curative (acute) care bed-days	<p>A bed-day (or inpatient day) is a day during which a person admitted as an inpatient is confined to a bed and in which the patient <i>stays overnight</i> in a hospital.</p> <p><u>Inclusion</u></p> <ul style="list-style-type: none"> - Bed-days in all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2), and other specialised hospitals (HP.1.3)

	<p>- Bed-days of healthy newborns</p> <p>Exclusion</p> <p>- Day cases</p> <p>Notes</p> <p>- The number of bed-days should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).</p>
Curative (acute) care average length of stay (ALOS)	<p>Average length of stay (ALOS) is calculated by dividing the number of bed-days by the number of discharges during the year (see definitions for bed-days and discharges).</p> <p>Inclusion</p> <p>- ALOS in all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2), and other specialised hospitals (HP.1.3)</p> <p>- ALOS for healthy newborns</p> <p>Exclusion</p> <p>- Day cases</p> <p>Notes</p> <p>- The length of stay of a patient should be counted as the date of discharge minus the date of admission (for example, a patient admitted on the 25th and discharged on the 26th should be counted as 1 day).</p>
Curative (acute) care occupancy rates	<p>The occupancy rate is calculated as the number of beds effectively occupied (bed-days) for curative care (HC.1 in SHA classification) divided by the number of beds available for curative care multiplied by 365 days, with the ratio multiplied by 100.</p> <p>Occupancy rate = Total number of bed-days during the year / (Number of beds available * 365 days) * 100</p>

Country specific notes

[Belgium](#), [Bulgaria](#), [Czechia](#), [Denmark](#), [Germany](#), [Estonia](#), [Ireland](#), [Greece](#), [Spain](#), [France](#), [Croatia](#), [Italy](#), [Cyprus](#), [Latvia](#), [Lithuania](#), [Luxembourg](#), [Hungary](#), [Malta](#), [Netherlands](#), [Austria](#), [Poland](#), [Portugal](#), [Romania](#), [Slovenia](#), [Slovakia](#), [Finland](#), [Sweden](#), [Iceland](#), [Liechtenstein](#), [Norway](#), [Switzerland](#), [Montenegro](#), [North Macedonia](#), [Albania](#), [Serbia](#), [Turkey](#), [United Kingdom](#)

Belgium

Hospital aggregates: Inpatient care

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

Coverage:

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

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

Hospital aggregates: Curative (acute) care

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

Coverage:

- 'Acute' hospital stay includes all the stays with a minimum of one night and all deaths, including all those who died immediately after hospitalisation.
- It excludes stays in psychiatric institutions, nursing homes, houses for the elderly, long stays and hospitalisations of one day in general hospitals.
- Acute care: Hospital stays with a length of stay shorter than 90 days. The following data are to be used with caution:
- Certain general hospitals register newborns as a stay.
- Since 1/7/1996, stays in the psychiatric departments of general hospitals have not been included in the RCM database.

PILOT_Hospital aggregates

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

Coverage :

- Psychiatric curative care: stays with a "psychiatric" principal diagnose within de curative care discharges

Bulgaria

Hospital aggregates: Inpatient care

Source of data: National Centre for Public Health and Analyses at the **Ministry of Health**

Coverage: Up to 2013 - number of in-patient cases includes discharged and deceased patients from hospitals and hospices.

2014 – 2015 - number of in-patient cases includes discharged and deceased patients from hospitals (HP1)

2016 – 2019: In 2016, with amendments of the national legislation, "Places for short stay" are introduced.

"Places for short stay" are places for carrying out certain medical diagnostic and treatment activities requiring a stay of the patient not longer than 12 hours."

This places are used mainly for activities in the field of medical oncology, radiotherapy psychiatry, dialysis treatment and etc.

The persons who had undergone such treatment on places for short stay are excluded from the Inpatient discharges.

Deviation from the definition up to 2013: Hospices are included too.

Hospital aggregates: Curative (acute) care

Source of data: National Centre for Public Health and Analyses at the Ministry of Health, Exhaustive annual survey

Coverage: From 2018. Number of Curative (acute) care discharges includes discharged and deceased patients who were admitted into a hospital on beds for curative (acute) care. The number of curative care discharges is included in the total Inpatient care discharges.

The information on curative bed-days is available from 2019.

Czechia

Hospital aggregates: Inpatient care

Discharges

Source of data:

- Since 2007: **Institute of Health Information and Statistics of the Czech Republic**. National Registry of Hospitalised Patients.

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

Coverage:

- Until 1999 data cover only establishments of the Health Sector. From 2000 data cover also health establishments of other central organs.

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

Deviation from the definition:

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

Break in time series: 2007 (change of data source).

ALOS

Source of data:

- Since 2007: **Institute of Health Information and Statistics of the Czech Republic**. National Registry of Hospitalised Patients.

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

Coverage:

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

Deviation from the definition:

- Until 2006: Hospitalised newborns are excluded. Transfers from one department to another one at the same hospital are considered as two hospitalisations. Same-day separations are included in the data.

Break in time series: 2007 (change of data source).

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

Hospital aggregates: Curative (acute) care

Discharges

Source of data:

- Since 2007: **Institute of Health Information and Statistics of the Czech Republic**. National Registry of Hospitalised Patients.

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

Coverage:

- Until 1999 data cover only establishments of the Health Sector. From 2000 data cover also health establishments of other central organs.

- Data refer to number of hospitalisations in university hospitals and acute care hospitals.

Deviation from the definition:

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

Break in time series: 2007 (change of data source).

ALOS and occupancy rates and bed-days

Source of data:

- Since 2007: **Institute of Health Information and Statistics of the Czech Republic**. National Registry of Hospitalised Patients and National Register of Reimbursed Health Services (beds).

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

Coverage:

- Data on acute care relate to all inpatient care provided in university hospitals and acute care hospitals.

Deviation from the definition:

- Until 2006: Same-day separations are included in the data. Transfers from one department to another one at the same hospital are considered as two hospitalisations. Newborns are excluded.

Break in time series: 2007 (change of data source).

Denmark

Hospital aggregates: Inpatient care

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

Discharges

Coverage:

- Data includes both somatic and psychiatric hospitals.

Break in time series: 2000, 2005, 2018.

- The data prior to 2005 includes all admissions. The data from 2005 onwards use the 24-hour stay definition, which explains the lower data values.
- From 2000 onwards, the data no longer include transfer from one department to another department within the same hospitals.
- From 2018 onwards, an inpatient discharge is defined as a discharge with a minimum stay of 12 hours.
- 2018, 2019 and 2020 data are provisional due to ongoing development with the data sources.

ALOS

Coverage:

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

Break in time series: 1995, 2001.

- ALOS: From 1995, psychiatric hospitals are included.
- From 2001, the calculation of ALOS does not include day cases.
- From 2018, the calculation of ALOS include day cases.
- 2018, 2019 and 2020 data are provisional due to ongoing development with the data sources.

Hospital aggregates: Curative (acute) care

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

Coverage:

Discharges

- Data includes both somatic and psychiatric hospitals.

- From 2000 onwards, the data no longer include transfer from one department to another department within the same hospitals.

ALOS

- From 1980: ALOS in somatic departments with an ALOS \leq 18 days.
- Before 1980: ALOS in somatic departments with an ALOS \leq 30 days.
- Private hospitals are not included.
- These data are not updated anymore.

Occupancy rate

- Occupancy rates in acute care institutions.

- From 1990: Occupancy rates in somatic and psychiatric hospital departments with an ALOS \leq 18 days.
- Before 1990: Occupancy rates in somatic and psychiatric hospital departments with an ALOS \leq 30 days.
- These data are not updated anymore.

Germany

Hospital aggregates: Inpatient care

2003-2018:

Source of data: **Federal Statistical Office**, Hospital statistics 2018 (diagnostic data of the hospital patients and patients of prevention or rehabilitation facilities); Special calculations by the Federal Statistical Office.

See <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: During the year.

Coverage:

- An **inpatient discharge** is the release of a patient who was formally admitted into a hospital for treatment and who stayed for a minimum of one night. The number of discharges includes deaths in hospital, but excludes same-day separations and transfers to other care units within the same institution. Day cases are excluded.
- **ALOS** is calculated by dividing the number of bed-days by the number of discharges.
- *Coverage by hospital type:* Data include discharges during a given calendar year from all types of hospitals (HP.1.1, 1.2 and 1.3) in all sectors (public, non-profit and private). Included are discharges from general hospitals, mental health hospitals and prevention and rehabilitation facilities. Long-term nursing care facilities are excluded.
- *Missing records:* Discharges from prevention and rehabilitation facilities with 100 or less than 100 beds are not included (about 13% of all discharges in rehabilitation centres).
- *Other notes related to coverage:* The number of discharges includes patients with unknown diagnosis, age and/or sex.

Additional information:

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

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

1970-2002:

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

See <http://www.destatis.de> or <http://www.gbe-bund.de>.

Coverage:

- The number of cases is equal to the sum of admissions plus the discharges including deaths divided by 2.
- **ALOS** is calculated by dividing the bed-days by the number of cases.
- *Coverage by hospital type:* Data include cases in all types of hospitals (HP.1.1, 1.2 and 1.3) in all sectors (public, not-for-profit and private). Included are cases in general hospitals, mental health hospitals and prevention and rehabilitation facilities. Long-term nursing care facilities are excluded.
- Data not reported for year 2002 (the number of cases in 2002 would include additionally day cases – patients admitted for a medical procedure or surgery in the morning and released before the evening – and would not be comparable with other years).

Additional information:

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

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

Hospital aggregates: Curative (acute) care

Source of data: **Federal Statistical Office**, Hospital statistics 2018 (basic data of hospitals and diagnostic data of the hospital patients); Statistisches Bundesamt 2020, *Fachserie 12, Reihe 6.1.1*, table 2.2.1, internal tables and special calculations by the Federal Statistical Office.

See <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: During the year

Coverage:

- A **discharge** is the release of a patient who was formally admitted into a hospital for treatment and who stayed for a minimum of one night. The number of discharges includes deaths in hospital, but excludes same-day separations and transfers to other care units within the same institution. Day cases are excluded.
- The number of **bed-days** refers to the sum of all inpatients at midnight. The day of admission counts as one bed-day so that day cases (patients admitted for a medical procedure or surgery in the morning and released before the evening) are normally also included. As one day case constitutes one bed-day it is possible to adjust the number of bed-days so that day cases are excluded.
- **ALOS** is calculated by dividing the number of bed-days by the number of discharges.
- **Occupancy rate** is calculated by dividing the number of bed-days by the number of available beds multiplied by 365 days, with the ratio multiplied by 100. Cots for healthy infants, recovery trolleys, emergency stretchers and beds for palliative care are not included in the number of beds used for the calculation of occupancy rates.
- *Coverage by hospital type:* Data include discharges during a given calendar year from general hospitals (HP.1.1) and mental health hospitals (HP.1.2) in all sectors (public, non-profit and private). Discharges from prevention and rehabilitation facilities (HP.1.3) and discharges from long-term nursing care facilities are excluded.
- *Other notes related to coverage:* The number of discharges includes patients with unknown diagnosis, age and/or sex.

Additional information:

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

Estonia

Hospital aggregates: Inpatient care

Source of data: **National Institute for Health Development**, Department of Health Statistics; www.tai.ee

Monthly statistical report "Hospital beds and hospitalisation."

http://pxweb.tai.ee/esf/pxweb2008/Database_en/HResources/02HospitalBeds/01LT/RVinfo_en.htm.

Coverage:

- All institutions providing in-patient care.
- In Estonia, due to the restructuration of health care services, the hospitals that provided only in-patient long-term care services (long-term care hospitals) were reorganised to the nursing care

hospitals. This change came into force in the beginning of 2013. According to the SHA2011, these nursing care hospitals do not belong to H.P.1 and previous long-term care hospitals are classified as long-term nursing care facilities (H.P.2 in SHA2011). Therefore, the number of hospitals (H.P.1 coded on the basis of SHA2011) decreased in 2013 as well as all other statistics provided for in-patient care (all hospital beds, all discharges by hospital beds). This change does not have an impact on statistics about curative care.

- Day cases are not included.
- All beds are included.
- ALOS is calculated as the number of stayed days divided by the number of discharges.

Deviation from the definition:

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

Notes:

The data for inpatient discharges and ALOS (aggregated data) and the data for hospital discharges/bed-days/ALOS by diagnostic categories (disaggregated data) differentiate in the case of Estonia.

The data for discharges by diagnoses and the data for hospital aggregates are based on two separate statistical reports. These are aggregated reports and there are some methodological differences concerning cases which are included or excluded from the report. (See below.)

HOSPITAL AGGREGATES DATA in Estonia:

Include:

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

Exclude:

- healthy newborns
- ill newborns staying within maternity ward

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

DISCHARGES BY DIAGNOSTIC CATEGORIES:

Include:

- discharges
- deceased
- all ill newborns (irrespective of ward or department)

Exclude:

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

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

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

Hospital aggregates: Curative (acute) care

Source of data: **National Institute for Health Development**, Department of Health Statistics; Monthly statistical report "Hospital beds and hospitalisation" (until 2018), yearly statistical report "Hospital"

(since 2019).

https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_04THressursid_02Ravivoodid_01Aas_tastatistika/?tablelist=true.

Coverage:

- All institutions providing in-patient care.
- Day cases are not included.
- All beds except tuberculosis, nursing care and psychiatric beds.
- Since 2013 psychiatric beds are included

Break in time series: 2013. Since 2013, average number of beds.

Deviation from the definition:

- Data for 1980 and for 1985-2002 represent the figures for hospital admissions.
- Data for 2003-2011 have been recalculated and figures present discharges. Data for the years before the 2003 are not available for recalculations.

Ireland

Hospital aggregates: Inpatient care

Source of data:

- From 2015: The data presented are derived from the HIPE (Hospital In-Patient Enquiry) data set, which records data on discharges from all publicly funded acute hospitals. HIPE is operated by the **Healthcare Pricing Office** (www.hpo.ie). HSE and Health Research Board.
- From 2006: **Health Service Executive and Health Research Board.**
- Up to 2005: **Department of Health & Children.**

Coverage:

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

Breaks in time series:

- Since 2004: Public and private psychiatric hospitals are included.
- Since 2009: Public acute hospitals and public and private psychiatric hospitals only (ie HP.1 - Hospitals) are included. Up to 2008, district and community hospitals (which may be defined as HP.2 facilities) were also included.
- Since 2015: Information extracted from Hospital In-patient Enquiry (HIPE) database and the National Psychiatric Inpatient Reporting System.

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

Hospital aggregates: Curative (acute) care

Source of data:

- From 2015: The data presented are derived from the HIPE (Hospital In-Patient Enquiry) data set, which records data on discharges from all publicly funded acute hospitals. HIPE is operated by the **Healthcare Pricing Office** (www.hpo.ie).
- From 2012: Health Service Executive and Health Research Board.

- From 2006: **Health Service Executive.**
- Up to 2005: **Department of Health & Children.**

Coverage:

- *Discharges:* Figures refer to the number of inpatients, excluding day cases, who were discharged from or died in publicly funded acute hospitals. Discharges from private short-stay hospitals are not included. From 2012 acute psychiatric discharges are included from all public psychiatric units in the country.

- *ALOS:* From 1997, the ALOS for acute care refers to all HSE Network acute hospitals (HP1 excluding HP1.2 psychiatric hospitals) with an ALOS of less than 18 days. Beds in private hospitals are not included. From 2012 acute psychiatric discharges are included from all public psychiatric units in the country.

Break in time series:

- *ALOS:* Up to and including 1996, figures refer to inpatient beds in acute hospitals where the average length of stay is 18 days or less. From 1980-1986, short-stay district hospitals were included.

- *Discharges, beds-days and ALOS:* From 2012 acute psychiatric discharges are included from all public psychiatric units in the country.

- *Occupancy rate:* From 1997 onwards, data refer to HSE network hospitals (publicly funded acute) only. Before 1997, Acute Care Bed Days refer to publicly funded acute (voluntary and health board) and district/community hospitals where the average length of stay is 18 days or less.

- Since 2015: Information extracted from Hospital In-patient Enquiry (HIPE) database and the National Psychiatric Inpatient Reporting System.

Deviation from Definition: Discharges and ALOS – from 2012 a small number of discharges from psychiatric hospitals/units which do not strictly meet the definition of a HP1 hospital are included in the data.

Greece

Hospital aggregates: Inpatient care

Source of data: **Hellenic Statistical Authority**, Division of Social Statistics.

Coverage:

- Public and private hospitals of Greece. From 2013 ICD-10 is used.

- **ALOS:** Average length of stay for inpatient care is calculated by dividing the total number of days stayed by the total number of discharges (in public and private hospitals), including deaths.

- Same-day separations are excluded.

- Patients suffering from mental disorders with an average length of stay > 365 days are excluded.

Deviation from the definition: Day cases are included until 2012.

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

Hospital aggregates: Curative (acute) care

Source of data: **Hellenic Statistical Authority**, Division of Social Welfare and Health Statistics.

Coverage:

- **Curative (acute) care:** Public and private hospitals of Greece. (Neuropsychiatric units are excluded)

- From 2013 ICD-10 is used.

- **ALOS:** Average length of stay is calculated by dividing the number of days stayed by the number of discharges and deaths. Same-day separations are excluded.

- **Occupancy rate:** Number of acute beds (inpatient beds minus psychiatric beds) occupied.

Deviation from the definition: Day cases are included until 2012.

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

Spain

Hospital aggregates: Inpatient care

Source of data: **Ministerio de Sanidad (Ministry of Health)** and **Instituto Nacional de Estadística** (National Statistical Institute).

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

- Up to 2009: data are issued from Estadística de Establecimientos Sanitarios con Régimen de Internado (Statistics on Health Establishments Providing Inpatient Care).

- From 2010: data are issued from Estadística de Centros de Atención Especializada (National Statistics on Specialised Centres).

Coverage:

- All private and public hospitals are included.

- Data are calculated from national hospital statistics where hospitals are classified with the following categories:

- General hospital (1.1)
- Specialised hospital (1.2)
- Mental Health hospital (1.3)
- Long term care hospital (1.4)

Data include all types of hospital.

Hospital aggregates: Curative (acute) care

Source of data: **Ministerio de Sanidad (Ministry of Health)** and **Instituto Nacional de Estadística** (National Statistical Institute). See at:

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

- Up to 2009: data are issued from Estadística de Establecimientos Sanitarios con Régimen de Internado (Statistics on Health Establishments Providing Inpatient Care).

- From 2010: data are issued from Estadística de Centros de Atención Especializada (National Statistics on Specialised Centres).

Coverage:

- Only acute care hospitals are included (excluding long stay units from them).

- Data are calculated from national hospital statistics where hospitals are classified with the following categories:

- General hospital (1.1)
- Specialised hospital (1.2)
- Mental Health hospital (1.3)
- Long term care hospital (1.4)

1.1 and 1.2 are mostly acute care hospitals but since an additional classification for units is available, it is possible to exclude from them data related to long stay.

France

Hospital aggregates: Inpatient care

Source of data:

- **Psychiatric care: SAE file** (Statistique annuelle des établissements de santé/Annual statistics of health institutions) managed by **Drees** (Direction de la recherche, des études, de l'évaluation et des statistiques) from the Ministère du Travail, de l'Emploi et de la Santé (Secteur Santé). <https://www.sae-diffusion.sante.gouv.fr/sae-diffusion/accueil.htm>).

- **Other types of care: SAE file until 2002; PMSI file** (Programme de médicalisation des systèmes d'information) managed by the national French agency called **ATIH** (Agence technique de l'information sur l'hospitalisation) **from 2003 onwards**. Calculations were performed by **Drees** (Direction de la recherche, des études, de l'évaluation et des statistiques).

Coverage:

- Data refer to inpatients in public and private health establishments (staying more than 24 hours), in France (metropolitan France and D.O.M.). Data include residents of France (metropolitan France and D.O.M.) and non residents. Data from 2002 include army hospitals.

- **Inpatient care discharges**: total number of hospital stays in short-term, rehabilitation care and psychiatric care services in all hospitals.

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

Deviation from the definition: Healthy newborns are not included before 2013 and hospital stays in long term care units are excluded since 2013.

Break in time series: 2003, 2013.

- Break in series in 2003: starting point for use of the national databases from the PMSI. See details at "hospital discharges by diagnostic categories". See the annual report "Panorama des établissements de santé : L'activité en hospitalisation complète et partielle".

<https://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/publications/panoramas-de-la-drees/article/les-etablissements-de-sante-edition-2019>

- Break in series in 2013: Healthy newborns are included and hospital stays in long term care units are excluded from 2013 onwards (in 2020 and 2021, data have been revised since 2013).

Hospital aggregates: Curative (acute) care

Source of data:

- **SAE file** (Statistique annuelle des établissements de santé/Annual statistics of health institutions) **managed by Drees** (Direction de la recherche, des études, de l'évaluation et des statistiques) from the Ministère du Travail, de l'Emploi et de la Santé (Secteur Santé). <https://www.sae-diffusion.sante.gouv.fr/sae-diffusion/accueil.htm>.

Coverage:

- Data refer to inpatients in public and private health establishments (staying more than 24 hours) in France (metropolitan France and D.O.M.). Data include residents of France (metropolitan France and D.O.M.) (residents of foreign countries and T.O.M. are excluded except in 1997)..

- **Curative (acute) care discharges**: number of admissions in acute care (short term) services in all hospitals.

- **Curative (acute) care bed-days**: number of days spent in acute care (short term) services in all hospitals.

- **Curative (acute) care ALOS**: number of days spent in acute care (short term) services in all hospitals, applied to the number of admissions in acute care (short term) for the year considered.

- **Curative (acute) care occupancy rate**: Number of days spent in acute care services with full hospitalisation (i.e. more than 24 hours) (short term: medical care, surgery, obstetrics) in hospitals divided by 365, then applied to the number of beds set up in acute care units, and multiplied by 100.

- The number of days in the public sector corresponds to the number of days spent and billed. In the private sector, the number of recorded days corresponds to the number of days billed by the institution.

Deviation from the definition: Healthy newborns are not included until 2012.

Break in time series: 2003, 2013.

- Break in series in 2003: for curative care use of National databases from the "programme de médicalisation des systèmes d'information (PMSI)". See details at "hospital discharges by diagnostic categories". See the annual report

"Panorama des établissements de santé : L'activité en hospitalisation complète et partielle", <http://drees.solidarites-sante.gouv.fr/etudes-et-statistiques/publications/panoramas-de-la-drees/article/les-etablissements-de-sante-edition-2017>.

- Break in series in 2013: Healthy newborns are included since 2013 (in 2020 and 2021, data have been revised from 2013 onwards).

Croatia

Hospital aggregates: Inpatient care

Source of data: **Croatian Institute of Public Health**, Hospital structure and function database
The data we provided are the data from Hospital Structure and Function Database in which we collect aggregated data from hospitals including data about number of discharges and bed-days which are also used to calculate ALOS. Currently we do not use Hospital Discharge Database to calculate ALOS.

Coverage: Data from all public and private hospitals in Croatia, except prison hospital.

Hospital aggregates: Curative (acute) care

Source of data: **Croatian Institute of Public Health**, Hospital structure and function database
The data we provided are the data from Hospital Structure and Function Database in which we collect aggregated data from hospitals including data about number of discharges and bed-days which are also used to calculate ALOS and occupancy rates. Currently we do not use Hospital Discharge Database to calculate ALOS and occupancy rates.

Coverage: Data from all public and private hospitals in Croatia, except prison hospital.

Italy

Hospital aggregates: Inpatient care

Source of data:

- From 1996 onwards: The data source is the Ministry of Health - General Directorate of Health Planning. National Hospital Discharge Data Base (NHDDDB) has made up of hospital activity for each year. Annually the competent Ministry Office publishes the "Rapporto annuale sull'attività di ricovero ospedaliero – Dati SDO", containing a lot of information about the hospital admissions. All these publications are available on the Ministry website, at the following address:

http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=1237&area=ricoveriOspedaliere&menu=vuoto.

Scheda di Dimissione Ospedaliera (SDO) is the full original title of the NHDDB. More information about SDO can be found at the following website:

http://www.salute.gov.it/portale/temi/p2_4.jsp?lingua=italiano&tema=Assistenza,%20ospedale%20e%20territorio&area=ricoveriOspedaliere.

- Until 1995: a sample survey was run by **ISTAT** (National Institute of Statistics).

Coverage:

- The NHDDB (SDO) covers the entire Country, both public and private hospitals which are classifiable in the "System of Health Accounts" as HP.1.1 and HP.1.3, excluding Military hospitals. The NHDDB has gradually improved in quality and completeness during the first five years, starting from 1995-1996.

- Inpatient care discharges include all patients admitted in hospital for treatment and/or care and who stayed in hospital at least for one night. Hospital treatment and care include curative care, rehabilitative and long-term care post illness or injury.

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

Break in time series: 1996.

- There is a break in the time series due to the different sources: firstly the sample survey run by Istat and then the total survey (SDO) run on the total Hospitals.

Note: The sharp observed decrease in the number of hospital admissions and bed-days for the year 2020 is due both to the incompleteness of the data provided and to the COVID-19 pandemic, which caused a reduction in hospital activity, mostly limited to urgent cases.

Hospital aggregates: Curative (acute) care

Discharges, Bed-days, ALOS

Source of data:

- From 1996 onwards: The data source is the Ministry of Health - General Directorate of Health Planning. National Hospital Discharge Data Base (NHDDB) has made up of hospital activity for each year.

Annually the competent Ministry Office publishes the "Rapporto annuale sull'attività di ricovero ospedaliero – Dati SDO", containing a lot of information about the hospital admissions. All these publications are available on the Ministry website, at the following address:

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Scheda di Dimissione Ospedaliera (SDO) is the full original title of the NHDDB. More information about SDO can be found at the following website:

http://www.salute.gov.it/portale/temi/p2_4.jsp?lingua=italiano&tema=Assistenza,%20ospedale%20e%20territorio&area=ricoveriOspedaliere.

- Until 1995: a sample survey was run by **ISTAT** (National Institute of Statistics).

Coverage:

- The NHDDB (SDO) covers the entire Country, both public and private hospitals (HP.1.1 and HP.1.3 excluding Military hospitals). The NHDDB has gradually improved in quality and completeness during the first five years, starting from 1995-1996.

- Curative (acute) care discharges include all patients admitted in hospital for treatment and/or care and who stayed in hospital at least for one night. Hospital treatment and care include only curative care.

- Average length of stay (ALOS) is calculated by dividing the number of bed-days by the number of the hospital discharges during the year.

Break in time series: 1996.

- There is a break in the time series due to the different sources: firstly the sample survey run by Istat and then the total survey (SDO) run on the total Hospitals.

Note: The sharp observed decrease in the number of hospital admissions and bed-days for the year 2020 is due both to the incompleteness of the data provided and to the COVID-19 pandemic, which caused a reduction in hospital activity, mostly limited to urgent cases.

Occupancy rate

Source of data:

- Since 1999: Data provided by the **Ministry of Health**. “Annuario Statistico del Servizio Sanitario Nazionale-Assetto organizzativo, attività e fattori produttivi del SSN” available on the web site of the Ministry of Health www.salute.gov.it/statistiche.

- Until 1998: Data provided by **ISTAT**, Istituto Nazionale di Statistica (National Institute of Statistics), but the responsible institution for the collection of information is the **Italian Ministry of Health**.

- Further information: www.salute.gov.it/statistiche.

Coverage:

- The acute care occupancy rate includes discharges from public and private hospitals excluding private hospitals not accredited.

- Periodicity: Yearly.

- Acute care: The definition and the calculation method used for acute care data since 1996 are those adopted by the Italian Ministry of Health, i.e., ‘all inpatient care beddays except those performed in long-term, rehabilitation and mental health wards’. In the period 1991-1995 data were calculated by an average length of stay of less than 18 days. In 1990 and before, the definition and the calculation method adopted are unknown.

Cyprus

Hospital aggregates: Inpatient care

2018 onwards:

Source of data: The IT systems of all public sector hospitals, the Inspectors of Private Sector Medical Institutions.

Coverage: Public Sector (General Hospitals, Rural Hospitals, Mental Health Hospital, Bank of Cyprus Oncology Center, Cyprus Institute of Neurology and Genetics), Private Sector (All medical institutions).

Deviation from the definition:

Up to 2011, day cases are also included as they could not be disaggregated from hospital admissions. From 2012 onwards, “bed days” and the number of discharges are obtained from the actual data on discharges sent from the hospitals to CYSTAT; hence it is feasible to distinguish inpatients from day cases and calculate indicators such as ALOS only for inpatients.

There is a break in series as regards data for 2017. According to the SHA definitions, the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics, which are mainly funded from the Government through grants, are considered as Publicly Owned. Therefore, from 2017 onwards, the hospital aggregates would include the figures for these 2 hospitals. Unfortunately, it is not feasible to move the series backwards, since the number of discharges and bed-days are not available separately for these 2 hospitals.

Moreover, the discharges of these 2 hospitals would not be included in the HDD file, so the rates to be calculated from the HDD file would be different from the rates presented on the hospital aggregates.

Furthermore, the definition applied is not harmonised with the requested definition, since the coverage is partial: not all the healthy newborns are considered for the calculation of the indicators and the discharges of the private sector are not included.

In 2018, another break occurs, since the indicator has been calculated according to both Public (including the BoC Oncology Center and the Cyprus Institute of Neurology and Genetics) and Private Sector.

Coverage: For the period 2011-2018 , healthy newborns are included only as regards the deliveries taking place in Ammochostos General Hospital. These records are included in the discharges and they have been taken into account in the calculation of the bed occupancy rate, as well as the corresponding “beds”.

From 2019 onwards, the healthy newborns are not included in the discharges, nor in the bed days for the calculation of the rates.

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

Source of data: The IT systems of all public sector hospitals, the Inspectors of Private Sector Medical Institutions.

Coverage: Public Sector (General Hospitals, Rural Hospitals, Mental Health Hospital, Bank of Cyprus Oncology Center, Cyprus Institute of Neurology and Genetics), Private Sector (All medical institutions).

Deviation from the definition:

Up to 2011, day cases are also included as they could not be disaggregated from hospital admissions. From 2012 onwards, “bed days” and the number of discharges are obtained from the actual data on discharges sent from the hospitals to CYSTAT; hence it is feasible to distinguish inpatients from day cases and calculate indicators such as ALOS only for inpatients.

There is a break in series as regards data for 2017. According to the SHA definitions, the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics, which are mainly funded from the Government through grants, are considered as Publicly Owned. Therefore, from 2017 onwards, the hospital aggregates would include the figures for these 2 hospitals. Unfortunately, it is not feasible to move the series backwards, since the number of discharges and bed-days are not available separately for these 2 hospitals.

Moreover, the discharges of these 2 hospitals would not be included in the HDD file, so the rates to be calculated from the HDD file would be different from the rates presented on the hospital aggregates.

Furthermore, the definition applied is not harmonised with the requested definition, since the coverage is partial: not all the healthy newborns are considered for the calculation of the indicators and the discharges of the private sector are not included.

In 2018, another break occurs, since the indicator has been calculated according to both Public (including the BoC Oncology Center and the Cyprus Institute of Neurology and Genetics) and Private Sector.

Coverage: For the period 2011-2018 onwards, healthy newborns are included only as regards the deliveries taking place in Ammochostos General Hospital. These records are included in the discharges and they have been taken into account in the calculation of the bed occupancy rate, as well as the corresponding “beds”.

From 2019 onwards, the healthy newborns are not included in the discharges, nor in the bed days for the calculation of the rates.

Hospital aggregates: Curative (acute) care

Source of data:

Up to 2011, the figure for bed-days is obtained from the summary tables extracted from the IT systems of the public sector general and rural hospitals and the number of beds available for curative care is obtained from the summary tables provided to CYSTAT on an annual basis from the hospitals. From 2012 onwards, the “bed days” and the number of discharges are obtained from the actual data on discharges sent from the hospitals to CYSTAT.

There is a break in series as regards data for 2017. According to the SHA definitions, the Bank of Cyprus Oncology Centre and the Cyprus Institute of Neurology and Genetics, which are mainly funded from the Government through grants, are considered as Publicly Owned. Therefore, from 2017 onwards, the hospital aggregates would include the figures for these 2 hospitals. Unfortunately, it is not feasible to move the series backwards, since the number of discharges and bed-days are not available separately for these 2 hospitals.

Moreover, the discharges of these 2 hospitals would not be included in the HDD file, so the rates to be calculated from the HDD file would be different from the rates presented on the hospital aggregates.

In 2018, another break occurs, since the indicator has been calculated according to both Public (including the BoC Oncology Center and the Cyprus Institute of Neurology and Genetics) and Private Sector.

Deviation: Up to 2017, there is deviation from the definition in terms of coverage. Only public sector hospitals have been taken into consideration for the compilation of the indicator. Moreover, as regards the healthy newborns, only those discharged from Ammochostos General hospital have been included.

From 2018 onwards, the discharges and number of beddays both of the public sector medical institutions and the private sector medical institutions have been included, hence this deviation in terms of coverage no longer exists.

Coverage: Up to the year 1985 data refer to general hospitals only (public sector). From 1986 onwards, data refer to public sector general and rural hospitals. For the period 2011-2018, healthy newborns are included only as regards the deliveries taking place in Ammochostos General Hospital. These records are included in the discharges and they have been taken into account in the calculation of the bed occupancy rate, as well as the corresponding “beds”. From 2019 onwards, the discharges and the respective beddays of the healthy newborns are no longer taken into consideration for the compilation of the data.

The discharges include both residents and non-residents. No variable exists in order to distinguish cases according to permanent residence.

The Mental Health Hospital provides both curative and rehabilitative as well as long-term care. However, since it is not feasible to distinguish the discharges and the beddays referring to each type of care, all the discharges and the beddays are counted under curative care. These discharges are also included in the HDD file.

Latvia

Hospital aggregates: Inpatient care

Source of data: **Centre for Disease Prevention and Control.**

Coverage:

- Hospital discharges including patients who returned home, were transferred to another hospital or died.

- The aggregated data are taken from annual statistical reports and contain information about all health care institutions (which explains the difference with discharges and ALOS for “all causes” – from hospital discharges and ALOS by diagnostic categories – containing only state paid services in the institutions that have contract with the state).

Hospital aggregates: Curative (acute) care

Source of data: **Centre for Disease Prevention and Control.**

Coverage:

Discharges

- Acute care hospital discharges including patients who returned home, were transferred to another hospital or died.

ALOS and occupancy rate

- Acute care hospital beds are included, i.e. hospital beds excluding beds for rehabilitation, tuberculosis, psychiatry, mental care for alcohol and drug abusers, short-term social care, geriatrics, palliative care and care for chronic patients.

Deviation from the definition: Data refer to somatic curative (acute) care only (excluding psychiatric curative care).

Lithuania

Hospital aggregates: Inpatient care

Source of data:

- From 2001: **HI HIC** data from Compulsory Health Insurance Database (for day cases). Report “Health Statistics of Lithuania”, available from <http://www.hi.lt/lt/lietuvos-sveikatos-statistika-health-statistics-of-lithuania.html>.
- Up to 2000: **LHIC**, data of annual report of health care institutions.

Coverage:

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

Hospital aggregates: Curative (acute) care

Source of data:

- From 2001: **HI HIC** data from Compulsory Health Insurance Database (for day cases). Report “Health Statistics of Lithuania”, available from <http://www.hi.lt/lt/lietuvos-sveikatos-statistika-health-statistics-of-lithuania.html>.
- Up to 2000: **LHIC**, data of annual report of health care institutions..

Coverage: Curative (acute) care includes all discharges excluding discharges from nursing, palliative, rehabilitation, long-term psychiatric, psychiatric rehabilitation, tuberculosis beds.

- From 2001: Discharge data excluding nursing patients, day cases and healthy newborns. Data coverage is 96-98%, as some budget financed and private hospitals do not report discharge data for Compulsory Health Insurance Database.
- Up to 2000: discharge data excluded healthy newborns, including day cases. Long-term psychiatric discharges and beddays were excluded from curative care by the same proportion as in 2001-2015.

Luxembourg

Hospital aggregates: Inpatient care

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

Coverage:

Discharges and ALOS

- All budgeted hospitals have been taken into account to calculate rates (including mid-term and long-term psychiatric rehabilitation centres, functional rehabilitation centres and a specialised establishment for palliative care existing since 2011).
- Data refer to the resident population covered by the statutory health insurance scheme.
- Admissions from the subchapters V, W, X and Y from ICD-10 are excluded.
- Healthy new-born babies are not registered as patients by hospitals. Therefore, no diagnostic for discharge is provided.
- Data for 2018 are preliminary.

Hospital aggregates: Curative (acute) care

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

Coverage:

- Data from establishments whose main activity consists of providing medium or long-term care are excluded.
- Hospital admissions discharged on the same day before midnight (day cases) are excluded, however for the calculation of the turnover rate, day cases have been included in order to be consistent with the number of beds. This was done where beds for day cases could not be identified.
- Data related to functional, geriatric and psychiatric rehabilitation and readaptation performed in acute care hospitals are excluded. However, curative psychiatry is included and palliative care in acute care hospitals is included from 2014 onwards.
- Healthy new-born babies are not registered as patients by hospitals. Therefore, no diagnostic for discharge is provided.
- Data refer to the resident population covered by the statutory health insurance scheme.
- Admissions from the subchapters V, W, X and Y from ICD-10 are excluded.
- Data for 2018 should be considered as preliminary.

Deviation from the definition:

- Palliative care in acute care hospitals is included from 2014 onwards.

Hungary

Hospital aggregates: Inpatient care

Source of data:

- Until 1993: **Ministry of Health.**
- From 1994 until 2003: **Hungarian National Health Insurance Fund** (OEP in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". www.oep.hu.
- From 2004 onwards: **National Healthcare Services Center** (ÁEEK in Hungarian), based on itemized data of the inpatient care finance report submitted by the health insurance fund. Data are calculated by case number for hospital discharge, not case number for department. www.aEEK.hu.

Coverage:

- Until 2003:
 - Discharge data are the case number of department discharges.
 - ALOS: Average length of stay at department.
- From 2004 onwards:
 - Discharges: Data are the case number of hospital discharges, rather than the case number of department discharges. Same day discharges are excluded.
 - ALOS: Average length of stay at hospitals.

Break in time series:

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

Hospital aggregates: Curative (acute) care

Source of data:

- Until 1993: **Ministry of Health.**
- From 1994 until 2003: **Hungarian National Health Insurance Fund** (OEP in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". www.oep.hu.
- From 2004 onwards: **National Healthcare Services Center** (ÁEEK in Hungarian), based on itemized data of the inpatient care finance report submitted by the health insurance fund. Data are calculated by case number for hospital discharge, not case number for department. www.aEEK.hu.

Coverage:

- Until 2003: Data of departments providing acute hospital care are included.
- Discharges: Data are the case number of department discharges.
- ALOS: Average length of stay at acute care departments.
- From 2004 onwards:
 - Discharges: Data are the case number of hospital discharges, rather than the case number of department discharges. Same day discharges are excluded.
 - ALOS: Average length of stay at acute care hospitals.

Break in time series:

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

Malta

Hospital aggregates: Inpatient care

Source of data: Hospital Activity Analysis (HAA).

Coverage:

- up to 2008: data do not include any discharges from the Rehabilitation hospital so the figures for inpatient care are the same as those for curative care
- 2009: discharges from public hospitals, rehabilitation hospital and the oncology hospital
- 2010: discharges from public and private hospitals, rehabilitation hospital and the oncology hospital
- 2011: the average length of stay for 2011 has been corrected since it had been wrongly computed

For 2013: Discharges data from one newly licensed small private hospital is not included as no data was submitted

For 2015: Discharges from the small private hospital which were not previously included are included in 2015 discharges data.

For 2016: Discharges from a new small private hospital are included in 2016 discharges data.

For 2017: Discharges from a small licensed private hospital were not submitted and hence not included.

Break in time series: 2009 and 2010 due to change in coverage of data.

Hospital aggregates: Curative (acute) care

Source of data: Hospital Activity Analysis (HAA).

Coverage:

- up to 2008: data do not include any discharges from the Rehabilitation hospital so the figures for in-patient care are the same as those for curative care

For curative care discharges

- 2009: discharges from the 2 general public hospitals and the oncology hospital

- 2010: discharges from the 2 general public hospitals, 2 general private hospitals and the oncology hospital

Derivation from the definition: Data from 2009 onwards excludes discharges with mental/psychiatric illnesses since they cannot be subdivided into long-term care and curative (acute) care,

Break in time series: 2009 and 2010 due to change in coverage of data.

Coverage: Occupancy rate figures relate to acute public hospitals only.

Note: the average bed occupancy in acute care hospitals pertains to the main acute public hospital in Malta that is St Luke's Hospital until 2007 and Mater Dei Hospital from 2008 onwards together with Gozo General Hospital. Therefore, this indicator was not calculated from the data regarding the number of curative beds and the total bed days derived from the discharges data submitted. This is because in HFA the total number of curative beds pertaining to all hospitals was submitted despite not having the case based discharges data from these hospitals and hence the total bed days used derived from the discharges data cannot be used as the numerator together with the total available bed days (no of curative beds X 365 days) as a denominator.

Furthermore, the number of available bed days was calculated using the average number of beds available for in-patients in each acute care hospital during the year.

From 2011 onwards: Occupancy rate has been calculated using the case based discharges. The number of beds used exclusively for overnight stays only has been considered, to calculate the occupancy rate of curative beds. The bed days and average length of stay has been corrected since it had been wrongly computed.

For 2013: Discharges data from one newly licensed small private hospital is not included as no data was submitted

For 2014: Discharges data from a small licensed private hospital is not included.

For 2015: Discharges from the small private hospital which were not previously included are included in 2015 discharges data.

For 2016: Discharges from a new small private hospital are included in 2016 discharges data.

For 2017: Discharges from a small licensed private hospital were not submitted and hence not included.

For 2018: Discharges from a small licensed private hospital were not submitted and hence not included.

Break in time series: 2011 due to change in calculation of occupancy rate.

Netherlands

Hospital aggregates: Inpatient care

Discharges

Source of data: **Statistics Netherlands**, Statistics of intramural health care; National Medical Registration.

Coverage: The data cover all admissions for 24-hour care in general, university and specialized hospitals as well as mental hospitals. Excluded are all babies born in hospitals.

Break in time series: 2002 and later includes healthy new born infants, if mother was an inpatient.

ALOS

Source of data: **Statistics of Intramural Health Care; National Medical Registration.**

Coverage:

- Same-day separations are excluded in the calculation.
- Bed-days of newborns are excluded in the calculation up to 2006.

Hospital aggregates: Curative (acute) care

Discharges

Source of data:

- From 2015 onwards: Annual report social account (DigiMV)
- Centraal Bureau voor de Statistiek (Statistics Netherlands), Statistics of intramural health care; National Medical Registration.
- From 2006 and later: annual reports social account and National Medical Registration.

Coverage:

- From 2015 onwards: Admissions for 24-hour care in general, university, specialized hospitals and independent treatment centres. **Mental hospitals and psychiatric wards in general and university hospitals are excluded.**

The data cover all admissions for 24-hour care in general, university and short-stay specialized hospitals

Break in time series:

- 2002 and later includes healthy new born infants, if mother was an inpatient.

Bed-days

Source of data: Annual report social account (DigiMV)

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

ALOS

Source of data:

- 2015 onwards: **Annual report social account** (DigiMV)
- 2007 onwards: Centraal Bureau voor de Statistiek (**Statistics Netherlands**), statistics on health and social care institutions, <http://statline.cbs.nl/statweb/> Zorginstellingen; kerncijfers.

Direct link to table in Dutch:

<https://opendata.cbs.nl/statline/#/CBS/nl/dataset/71584NED/table?dl=2F356>.

- Up until 2006: Statistics of Intramural Health Care; National Medical Registration.

Coverage:

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

- General and university hospitals (excluding specialised hospitals and rehabilitation hospitals).
 - Same-day separations are excluded in the calculation.
 - Bed-days of newborns are excluded in the calculation up to 2006 and included from 2007 onward.
- Deviation from the definition: excludes Psychiatric wards of general and university hospitals, excludes mental health hospitals

Break in time series:

- 2011. In 2017, the ALOS data have been revised since 2011.

Occupancy rate

Source of data:

- 2016-: Annual report social account (DigiMV)
- 2007 onwards: **Centraal Bureau voor de Statistiek**, statistics on health and social care institutions, <http://statline.cbs.nl/statweb/> Zorginstellingen; kerncijfers

Direct link to table in Dutch:

<http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=71584NED&D1=120-124&D2=a&D3=a&HD=110503-1332&HDR=G2,G1&STB=T>.

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

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

Deviation from the definition: excludes Psychiatric wards of general and university hospitals, excludes mental health hospitals

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

Austria

Hospital aggregates: Inpatient care

Source of data: **Statistics Austria**, Hospital discharge statistics.

Reference period: 31st December.

Coverage:

- Included are discharges from hospitals classified as HP.1 according to SHA/OECD.
- Day cases are excluded. Day cases are defined by the same admission and discharge dates (before midnight).
- Inpatient discharges include discharges to home, other inpatient-institutions and deaths in hospitals.
- Included are residents and non-residents.
- Included are long-term inpatients.
- Healthy newborns are not documented as treatment cases.

Break in time series:

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

Hospital aggregates: Curative (acute) care

Source of data: **Statistics Austria**, Hospital discharge statistics.

Reference period: 31st December.

Coverage:

- Curative (acute) care: Included are discharges from hospitals classified as HP.1.1, HP.1.2 and HP.1.3, where curative care is provided (HC.1).
- Discharges are reported without day cases. Only full inpatient discharges (stays with at least one overnight stay) from acute hospitals are reported.
- Bed days are reported for inpatient cases (day cases are excluded).
- ALOS are reported for inpatient cases (day cases are excluded).
- Occupancy rate: Bed days divided by 365 (366), divided by the number of available beds and multiplied by 100.
- Day cases are defined by the same admission and discharge dates (before midnight).
- Inpatient discharges include discharges to home, other inpatient institutions and deaths in hospitals.
- Included are residents and the non-residents.
- Healthy newborns are not documented as treatment cases.

Break in time series:

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

Poland

Hospital aggregates: Inpatient care

Discharges

Source of data:

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

Break in time series: 2005 due to change in the source.

ALOS

Source of data:

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

Coverage:

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

Hospital aggregates: Curative (acute) care

Source of data:

- **National Institute of Public Health-National Institute of Hygiene (NIPH-NIH)**, General Hospital Morbidity Study (GHMS), for discharges from general (i.e. non-psychiatric) hospitals.

- **Institute of Psychiatry and Neurology**, Psychiatric Inpatient Morbidity Study (PIMS), for discharges from psychiatric hospitals and psychiatric departments of general hospitals.

Coverage:

- Curative (acute) care data include psychiatric care. Sanatorium hospitals are excluded. Data cover every person hospitalized in Poland excluding hospital departments coded as follow:

2182, Daily palliative or hospice care center
2300, Day rehabilitation center
2302, Cardiac rehabilitation center
2304, Pulmonary Rehabilitation Center
4170, Department of tuberculosis and lung diseases
4180, Palliative Medicine Department
4300, Rehabilitation department
4302, Department of rehabilitation of the musculoskeletal system
4306, Department of rehabilitation of the musculoskeletal system
4308, Cardiac rehabilitation department
4310, Pulmonary rehabilitation department
4702, Department of psychiatric rehabilitation
4750, Department / Rehabilitation center for addicted to psychoactive substances
4756 Department / Rehabilitation Center for addicted to psychoactive substances with coexisting psychotic disorders

- Additionally, persons whose length of stay in hospital is equal to 0 days and were discharged to another hospital or were discharged because of their own will are excluded from curative (acute) care too.

- The increase in the number of discharges and bed-days in 2009 can be attributed to almost full participation of the hospitals in the study.

Portugal

Hospital aggregates: Inpatient care

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

Coverage:

- National coverage.

- All hospitals (public and private sector) are covered.

- **ALOS:** Number of bed-days divided by number of discharges including deaths.

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

Hospital aggregates: Curative (acute) care

Source of data: **Statistics Portugal**, annual questionnaire to all hospitals (public and private hospitals); Health statistics (published annually).

Coverage:

- National coverage.

- Public and private hospitals are covered, but hospitals specialised in alcohol recovery, rehabilitation of physically impaired and rehabilitation of drug addicts are excluded.

- **ALOS**: Number of bed-days divided by number of discharges including deaths.

- The occupancy rate data was updated from 1999 onwards because the number of curative care beds was revised according to criteria introduced in 2016.

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

Deviation from the definition: All psychiatric cases from general hospitals, mental health hospitals and specialised hospitals other than psychiatry, alcohol recovery, rehabilitation of physically impaired and rehabilitation of drug addicts are considered. The available data do not allow to identify and exclude the long-term psychiatric cases.

Note: the time series on curative care aggregates have been fully revised in 2020 (psychiatric and rehabilitation hospitals were excluded from the previous series).

Romania

Hospital aggregates: Inpatient care

Source of data:

- 2000-2008: **Ministry of Health – Institute of Public Health, National Center of Statistics and Informatics in the Public Health.**

- 2009 onwards: **National School of Public Health, Management and Professional Development, Bucharest.**

- NSPHMPD is a public institution which has under its subordination the Health Services Research and Evaluation Centre that is responsible for the collection and management of the minimum set of data on patients (MSDP) for continuous and one day hospitalization in all hospitals in Romania, under the legislation. (<http://www.snspps.ro/en/activity-domains/drg>). The NSPHMPD is under the Ministry of Health coordination, according to the national legislation.
- The database includes the sanitary units with beds that concluded contracts with the Social Health Insurance Houses that administers the Social Health Insurance Fund. These sanitary units represent the public, not for profit and private units that are classified under HP.1. Deviation from the SHA methodology: Day-cases in medical centres that provide predominately out-patient services, but provide also day-care services for some specialisations (with a small number of beds/places) are included although not included in HP.1 (included in HP.3 with HC.1.3 services).
- Types of hospitals: public hospitals subordinated to the Ministry of Health, local administrations and to ministries with own health care network (Ministry of Justice – include prison hospitals, Ministry of Defence, Ministry of Internal Affairs etc.), private hospitals, not for profit hospitals. The data source covers over 90% of the sanitary units with beds that provide medical care in the country.
- The national data source covers all hospital discharges and day cases that were reported by the hospitals for payment by the social health insurance. It doesn't include uninsured persons, persons with private insurance and patient that payed out-of-pocket, cases not validated by the database administrators. The hospital discharges database is the only national data source for hospital discharges, the coverage compared with the inpatient data collected annually through NIS exhaustive survey "Activity of sanitary units" is over 80%. The inpatient data is available only as total number of inpatients by type of sanitary unit with beds and is not collected by diagnosis.
- The DRG database represent cases by episodes, a person could be included multiple times for every episode of discharge.

- The day cases are identified in the database by the type of service, as they are paid as services by the social health insurance system.

Coverage: Includes newborns that are included in the number of all hospital admissions.

Hospital aggregates: Curative (acute) care

Curative (acute) care includes discharges from the following hospital units:

Reparatory plastic surgery	Otorhinolaryngology
Pediatric orthopedics	Neurology
Cardiac and great vessels surgery	Peritoneal dialysis
Infectious diseases	Obstetrics
Dermatovenereology	Cardiology
Neonatology (newborn and prematures)	Endocrinology – children
Anesthesia and intensive care	Laparoscopic surgery
Bone marrow transplant - children	Clinical immunology and allergology - children
Dermatovenereology children	Anatomical pathology
Endocrinology	Gynecology
Pediatric oncology	Gynecology - oncology
Internal medicine	Emergency - ER
Neonatal (newborn)	Hematology - children
Pediatric psychiatry	Intensive therapy for coronary disease
Sterility - infertility	Psychiatry
Pediatric surgery	Kidney transplant
Thoracic surgery	Pediatrics
Pediatric neurology	Gastroenterology
Maxillofacial surgery	Ophthalmology
Toxicomania medicine	Cardiovascular surgery
Bone marrow transplant – adults	Family medicine
Medical oncology	Otorhinolaryngology - children
Otorhinolaryngology – cochlear implant	Osteo-articular TB
Parasitic diseases	Psychiatry (acute and chronic)
Oncologic surgery	Toxicology
Infectious diseases – children	Diabetes, nutrition and metabolic diseases
Urology	Nephrology children
Pediatric urology	HIV/AIDS
Clinical immunology and allergology (adults)	Pneumology
Psychiatry - acute	Pediatric and orthopedic surgery
General surgery	Obstetrics and gynecology
Cardiology - children	Radiotherapy
Diabetes, nutrition and metabolic diseases	Neurosurgery
Oftalmology – children	Rheumatology
Vascular surgery	Pediatrics (pediatrics and pediatrics)
Hemodialysis children	Clinical hematology
Nephrology	Arthroscopic surgery
Orthopedics and traumatology	Pneumology - children
Burn units	

Some chronic or long term specialities are still included in this selection and are not accounted for separately in the data base.

Occupancy rate could not be computed due to the lack of information regarding the number of beds in the institutions included in the DRG database.

Slovenia

Hospital aggregates: Inpatient care

Source of data:

- Up to 2010: **National Institute of Public Health, Slovenia**. Treating Institution Report.

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

Coverage:

Up to 2010

- ALOS: Number of beddays divided by the number of admissions.

- Admissions (remaining from the previous year and new admissions) in general hospitals, clinics and special hospitals (public and private) are included.

-From 2011:

- ALOS: Average length of stay is calculated by dividing the total number of in-patient days by the number of discharges. Number of days equals date of discharge minus date of admission.

- Discharges in general and university, psychiatric and specialty hospitals (public and private) are included.

Breaks in time series:

- 2011 due to change in the source.

- From 2013: joint in-patient data capture.

Hospital aggregates: Curative (acute) care

Source of data:

- Up to 2010: **National Institute of Public Health, Slovenia**. Treating Institution Report.

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

Coverage:

Up to 2010:

- **ALOS**: Number of acute care beddays divided by the number of admissions in acute care.

- Admissions in acute care include remaining from the previous year and new admissions in general hospitals, clinics and special hospitals (public and private). Admissions in long-term care, disabled youth care, psychiatric care and rehabilitative care are excluded.

From 2011:

- **ALOS**: Number of curative (acute) care beddays divided by the number of curative (acute) care discharges.

- Curative (acute) care discharges:

Inclusion:

- general and university (HP.1.1), psychiatric (HP.1.2) and specialty hospitals (HP.1.3),

- private and public hospitals ,

- in-patients (including uninsured, foreigners),

- healthy newborn babies,

- the number of discharges includes deaths in hospitals and transfers to another hospital,

- psychiatric care in psychiatric hospitals and departments of psychiatry in other hospitals with a length of stay shorter than 91 days.

Exclusion:

- rehabilitative care in specialised centres, long-term care and disabled youth care,

- day cases,

- records of admissions with main diagnosis code Z76.3,

- palliative care,

- psychiatric care in psychiatric hospitals and departments of psychiatry in other hospitals with a length of stay longer than 90 days.

Break in time series:

- 2011 due to change in the source.

- In 2013 there are minimal changes in the methodology of collecting data.

Occupancy rate

Source of data:

From 2011 onwards:

Source of data for beds: National Institute of Public Health, Slovenia - Treating Institution Report.

Source of data for bed-days: National Institute of Public Health, Slovenia - National Hospital Health Care Statistics Database.

- Total of acute care bed-days multiplied by 100 and divided by the total number of available acute care beds (including all psychiatric beds) multiplied by 365 (or 366) days.

- exclusion of beds in long-term care, disabled youth care and rehabilitative care

Until 2010:

Source of data for all categories: National Institute of Public Health, Slovenia - Treating Institution Report.

- Total of acute care beddays multiplied by 100 and divided by the total number of available acute care beds multiplied by 365 (or 366) days.

- Beddays and beds in long-term care, disabled youth care, psychiatric care and rehabilitative care are excluded.

Break in time series: 2011 due to change in data source for bed-days

Slovakia

Hospital aggregates: Inpatient care

Source of data: **National Health Information Center (NHIC).**

- Data up to 2008: Annual report L (MZ SR) 1 - 01 on bed fund of health facility.

- Data for 2009-2011: Annual report P (MZ SR) 1 - 01 on bed fund of health facility.

- Data from 2012: Report on admission to inpatient care Z (MZ SR) 1 – 12.

Coverage:

- Data are gathered from all health establishments (HP1), including public and private hospitals, military hospitals, prison hospital.

- 2013 data are not available.

Deviation from the definition:

- Up to 2011, day cases are included.

Break in time series: 2012.

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

Hospital aggregates: Curative (acute) care

Source of data: **National Health Information Center (NHIC).**

- Data up to 2008: Annual report L (MZ SR) 1 - 01 on bed fund of health facility.

- Data for 2009-2011: Annual report P (MZ SR) 1 - 01 on bed fund of health facility.

- Data from 2012: Annual report P (MZ SR) 1 - 01 on bed fund of health facility.

Coverage:

- Data are gathered from hospitals. Excluded are institutes for complex post-care, rehabilitation and long-term nursing care, departments for long-term treatment, post-care bed departments.

- Up to 2013, psychiatric hospitals are excluded. From 2014, data include also psychiatric curative care.

- Discharges: For the years 2009-2017, number of curative (acute) care discharges refers to patients admitted to acute curative care. From the year 2018, number of curative (acute) care discharges refers to discharged and deceased patients in acute curative care.

- Bed-days: Number of treatment days in acute curative care. Also includes the number of treatment days for admitted but not yet discharged patients in the observed year (uncompleted hospitalizations).

Deviation from the definition: Day cases are included.

Break in time series: 2014, 2018.

Occupancy rate

Methodology:

- The occupancy rate is not based on the maximum number of beds (calculated as number of beds * 365 days) but on the number of available bed-days (the maximum number of beds is reduced by the number of temporarily non-occupied beds for the period).

- **Occupancy rate (%)** = number of occupied bed-days for the period / available bed-days for the period * 100, where:

- **Available bed-days** for the period = (average number of beds * 365) – (number of temporarily non-occupied beds * number of days in the year in which beds were non-occupied)

- **Average number of beds** is a mean of daily counts of beds per year, and reflects changes in maximum number of beds during the year.

Finland

Hospital aggregates: Inpatient care

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

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

Hospital aggregates: Curative (acute) care

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

Coverage:

Discharges

- Includes all specialised somatic health care, excluding state hospitals, military and prison hospitals and inpatient care in primary health care led health care centres.

- The data follows SHA 2011 manual since 2000. Before 2000, discharges included transfers to other units within the same hospitals.

ALOS

- Includes specialised hospital care. Excludes hospital stays without overnight stay since 1996.

Occupancy rate

- Includes general hospitals (except health centres) and tuberculosis institutions.

- Data not available from the year 1996.

Break in time series: 2000

Sweden

Hospital aggregates: Inpatient care

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

Coverage:

- National Patient Register (NPR). The National Patient Register started in 1964. Since 1987, the register has covered public in-patient care. During the years 1987–1996, the Swedish version of WHO's International Classification of Diseases (9th revision) was used. ICD10 was introduced in 1997. The number of dropouts in the register reporting is estimated to be between one and two percent.

- In 2014, the data series has been revised from 1998 onwards. It now contains only patients who stay overnight in hospital care.
- In 2017, the data in the worksheets HospitalAggregates for the years 1998-2015 have been updated to better conform to the Eurostat definitions of health service providers (HP.1-HP.3) and health care functions (HC.1-HC.3).

Break in time series: 1998.

In 2020, the figures have been revised from 2000 onwards.

Hospital aggregates: Curative (acute) care

ALOS and discharges

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

Coverage:

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

Break in time series: 1998.

In 2020, the figures have been revised from 2000 onwards.

Occupancy rate

Source of data: **Ministry of Health and Welfare**.

Iceland

Hospital aggregates: Inpatient care

Source of data: **The Directorate of Health / The Ministry of Health and Social Security**.

Coverage: Data from 1999 and onwards has been revised according to the definition below:

- Data cover the whole country.
- Data cover the public sector (all hospitals in Iceland are publically financed).
- Data from 1999-2006 cover health care facilities with at least one bed available for curative care.

Break in series as of 2007: Data have been updated back to 2007 so that the data now more accurately match the definition of hospitals given in the joint questionnaire (facilities where there is not a 24 hour physician presence are excluded).

Included:

All discharges with LOS less than 90 days.

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

Hospital aggregates: Curative (acute) care

Source of data: **The Directorate of Health / The Ministry of Health and Social Security.**

Coverage:

- Data cover whole country.
- Data from 1999-2006 cover health care facilities with at least one bed available for curative care.

Break in time series: 2007. Data have been updated back to 2007 so that the data now more accurately match the definition of hospitals given in the joint questionnaire (facilities where there is not a 24 hour physician presence are excluded).

Included:

- Inpatient discharges only.
- All discharges with LOS less than 90 days.
- Discharges where diagnosis is missing or ICD10 code is invalid.
- Newborns.
- Only hospitals with a 24 hour physician presence (Definition of hospitals according to the Ministry of Welfare).
- Transfers to other specialty areas (“þjónustuflokkar”) within hospitals are included.

Excluded: based on specialty areas (“þjónustuflokkur”):

- Rehabilitative care.
- Palliative care.
- Long-term care.

Liechtenstein

Hospital aggregates: Inpatient care

Source of data: Data reports from hospitals.

Coverage: 100%

Hospital aggregates: Curative (acute) care

Source of data: Data report from hospital.

Coverage: only public sector.

Norway

Hospital aggregates: Inpatient care

Source of Data: **Statistics Norway**, <https://www.ssb.no/en/helse/statistikker/speshelse>.

- Administrative register: The Norwegian Patient Register administered by **The Norwegian Directorate of Health**. The Norwegian Patient Register includes all data on the hospital activities.

Coverage:

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

Break in time series: 2009, 2015.

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

Hospital aggregates: Curative (acute) care

Discharge, ALOS

Source of Data: **Statistics Norway**, <https://www.ssb.no/en/helse/statistikker/speshelse>.

- Administrative register: The Norwegian Patient Register administered by **The Norwegian Directorate of Health**. The Norwegian Patient Register includes all data on the hospital activities.

Coverage:

- Day separations are included and counted as one bed-day.
- Number of bed-days divided by number of discharges, including deceased.
- Private rehabilitation institutions not included in curative care.

Break in time series: 2009, 2015.

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

Occupancy rate

Source of Data: **Statistics Norway**, Statistics for specialist health service. www.ssb.no/speshelse_en/.

- Data on inpatient stays are collected from the Norwegian Patient Register administered by **The Norwegian Directorate of Health**. The Norwegian Patient Register includes all data on the hospital activities.

- Data on beds are collected by Statistics Norway using electronic surveys from the hospitals.

Coverage:

- Number of beds, end of year.
- Before 2009, data are just calculated for general hospitals. Data from other hospitals are not available from 2009.
- Bed-days in 2015 do not include healthy new-borns in hospitals.

Switzerland

Hospital aggregates: Inpatient care

Source of data:

- Data since 2010: **Federal Statistical Office**, Neuchâtel. Medical Statistics of Hospitals, yearly census (discharges, bed-days, ALOS) and **Federal Statistical Office**, Neuchâtel. Hospital Statistics, yearly census (number of beds - to compute occupancy rate).
- Data for 1997-2009: **Federal Statistical Office**, Neuchâtel. Hospital Statistics, yearly census.
- Data prior to 1997: **Association des Hôpitaux (H+)**.

Coverage:

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

Break in time series:

- 2009: Until 2008, healthy newborns were excluded.
- 2010: New concept for the Hospital Statistics.

Hospital aggregates: Curative (acute) care

Source of data:

- Data since 2010: **Federal Statistical Office**, Neuchâtel. Medical Statistics of Hospitals, yearly census (discharges, bed-days, ALOS) and **Federal Statistical Office**, Neuchâtel. Hospital Statistics, yearly census (number of beds - to compute occupancy rate).
- Data for 1997-2009: **Federal Statistical Office**, Neuchâtel. Hospital Statistics, yearly census.
- Data prior to 1997: **Association des Hôpitaux (H+)**.

Coverage:

- Full coverage of hospitals, except rehabilitative and geriatric hospitals.

- Day cases are excluded.

Break in time series:

- 2009: Until 2008, healthy newborns were excluded.

- 2010: New concept for the Hospital Statistics.

- 2018: A new variable in the Medical Statistics of Hospitals newly allows to identify long-term care. Prior to 2018, long-term care discharges and bed-days could not be distinguished among curative (acute) care and rehabilitative care.

Montenegro

Hospital aggregates: Inpatient care

Source of data: The source for all data submitted is the Institute of Public Health. Some additional information can be found in Health Statistical Yearbooks available at <http://www.ijzcg.me/>

Reference period: December 31st.

Deviation from the definition: discharges included only from public hospital

Hospital aggregates: Curative (acute) care

Source of data: the Institute of Public Health of Montenegro

Coverage: Only discharges from public hospitals are included

North Macedonia

Hospital aggregates: Inpatient care

Source of data: **Institute for Public Health-Skopje.** Health Map of Republic of Macedonia

Reference period: 31st December.

Coverage: total number of discharges in all hospitals (public and private). Patient who was formally admitted into a hospital for treatment and/or care and who stayed for a minimum of one night. The total number of inpatient discharges in all hospitals (public and private).

Hospital aggregates: Curative (acute) care

Source of data: **Institute for Public Health-Skopje.** Health Map of Republic of Macedonia

Reference period: 31st December.

Coverage: total number of discharges in all hospitals (public and private).

Albania

Hospital aggregates: Inpatient care

Source of data: Ministry of Health

Hospital aggregates: Curative (acute) care

Data not available.

Serbia

Hospital aggregates: Inpatient care

Source of data: Institute of Public Health of Serbia. Until 2014: reports on hospital services performance with aggregated data from hospitals. From 2014 onwards: National hospital discharge database (individual data). Data as of December 31. <http://www.batut.org.rs/>

Coverage: Data for Kosovo-Metohija province are not included in the coverage of data for the Republic of Serbia. Data from health institutions under other ministries (military services, prisons, social services) than the Ministry of Health are not included. Data from private health sector are not included.

Break in time series: From 2014 onwards data from new National hospital discharge database (individual data).

Hospital aggregates: Curative (acute) care

Source of data:

Institute of Public Health of Serbia. Until 2014: reports on hospital services performance with aggregated data from hospitals. From 2014 onwards: National hospital discharge database (individual data). Data as of December 31. <http://www.batut.org.rs/>

Coverage: Data for Kosovo-Metohija province are not included in the coverage of data for the Republic of Serbia. Data from health institutions under other ministries (military services, prisons, social services) than the Ministry of Health are not included. Data from private health sector are not included.

Break in time series: From 2014 onwards data from new National hospital discharge database (individual data).

Turkey

Hospital aggregates: Inpatient care

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

Coverage:

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

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

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

Hospital aggregates: Curative (acute) care

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

Coverage:

- Hospitals affiliated with the Ministry of Health, university hospitals, private hospitals and others are included.
- Hospitals affiliated with the Ministry of National Defence have been included since 2012.
- **Acute care hospitals** refer to general hospitals, paediatric hospitals, diabetes hospitals, dental hospitals, emergency care and traumatology hospitals, cardiovascular surgery hospitals, chest disease hospitals, ophthalmology hospitals, obstetric hospitals, cardiology hospitals, bone disease hospitals, leprosy hospitals, mental health hospitals (since 2002), occupational disease hospitals,

oncology hospitals and venereal disease hospitals. Physical treatment and rehabilitation hospitals are not included.

- **Discharges:** Newborns are included. V, W, X and Y codes are excluded from the grand totals since 2011. Before 2011 V, W, X and Y codes cannot be distinguished.

Break in time series:

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

- From 2002 onwards, acute care hospitals include mental health hospitals.

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

United Kingdom

Hospital aggregates: Inpatient care

Discharges

Source of data:

- *England:* **NHS Digital**.

- *Scotland:* **NHS National Services Scotland**, Information Services Division (ISD).

- *Wales:* **NHS Wales Informatics Service** (NWIS), Patient Episode Database (PEDW).

- *Northern Ireland:* **Department of Health**, KH03.

Coverage:

- Data relates to NHS discharges or NHS commissioned activity in the independent sector. Data may not be complete as further submissions may be received at a later date. Figures are based on completed hospital spells & diagnosis at discharge, with the exception of Scottish maternity data which is episode based.

- *Wales* - Data is based on the criteria where patient stayed at least one night in the hospital (admission date <> discharge date – inpatients only). Data is based on financial discharge year. The numbers are based on discharges (max episode in spell). Data is based on Welsh providers only. Welsh data now includes all discharges, regardless of whether a discharge has a diagnosis.

- *Scotland* - Data was changed in 2016 to be restated from 2001 to 2013. Data changed to financial year to match England and Wales.

- *England* data for Hospital Aggregates have been restated in 2014 since 2000. Previously a small number of records were being double counted in the number of discharges and therefore being used in the denominator for length of stay, which has resulted in a change in the figures.

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

ALOS

Source of data: Calculated by **NHS Digital** for the UK using data from:

- *England:* **NHS Digital** (<http://content.digital.nhs.uk/>) - Hospital Episode Statistics (HES).

- *Scotland:* **NHS National Services Scotland**, Information Services Division (ISD)

(http://www.isdscotland.org/Health-Topics/Hospital-Care/Data_Sources_and_Clinical_Coding.doc) - Scottish Morbidity Record Schemes SMR01, which records all inpatient and day-case discharges from non-obstetric and non-psychiatric specialties in NHS hospitals in Scotland; Geriatric Long Stay Records SMR01E are included also; SMR02, which records all obstetric discharges; and SMR04, Psychiatric Hospital Records. For obstetric data, numbers and length of stay recorded on SMR02

have been combined with records on SMR01.

- *Wales*: **NHS Wales Informatics Service (NWIS)**. <http://www.statswales.wales.gov.uk/index.htm> - Patient Episode Database for Wales (PEDW).
- *Northern Ireland*: The **Department of Health, (DoH)**. - <https://www.health-ni.gov.uk/topics/doh-statistics-and-research> Hospital Inpatient System (HIS).

Coverage:

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

Hospital aggregates: Curative (acute) care

Discharges

Source of data:

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

Coverage:

- Data relate to NHS discharges in acute care hospitals. Data may not be complete as further submissions may be received at a later date. Figures are based on completed hospital spells and diagnosis at discharge, with the exception of Scottish maternity data which is episode based.
- *England* data for Hospital Aggregates have been restated in 2014 since 2001. Previously a small number of records were being double counted in the number of discharges and therefore being used in the denominator for length of stay, which has resulted in a change in the figures. Please also note that the definition of an acute hospital has been addressed and the re-stated figures are for acute hospitals only and do not include data for general hospitals (2001-02 to 2003-04).
- *Wales*: In 2016, data was revised from 2001-2014 to include all discharges; regardless of whether a discharge has a diagnosis. Previously it only contained discharges with a diagnosis.
- All data is financial year data, with the exception of *Northern Ireland*; whose data is calendar year.

ALOS

Source of data: Calculated by the **NHS Digital** for the UK using data from:

- *England*: **NHS Digital** (<http://content.digital.nhs.uk/>) - Hospital Episode Statistics (HES).
- *Scotland*: **Information Services Division (ISD)** NHS Scotland ISD(S)1 (http://www.isdscotland.org/Health-Topics/Hospital-Care/Data_Sources_and_Clinical_Coding.doc)
- *Wales*: **NHS Wales Informatics Service (NWIS)**. <http://www.statswales.wales.gov.uk/index.htm> - Patient Episode Database for Wales (PEDW).
- *Northern Ireland*: The **Department of Health, (DoH)**. <https://www.health-ni.gov.uk/topics/doh-statistics-and-research> - Hospital Inpatient System (HIS).

Coverage:

- Data cover the UK National Health Service (NHS) only.
- *England* data for Hospital Aggregates have been restated in 2014 since 2001. Previously a small number of records were being double counted in the number of discharges and therefore being used in the denominator for length of stay, which has resulted in a change in the figures.
- Discharge data may not be complete, as submissions may be received at a later date.
- Data exclude day cases.
- In *Wales*, data is based on the main (acute) hospitals, which fall into three categories: A - Acute hospital, B - Major acute hospital, D - Specialist acute hospital. Data for curative care is based on Welsh providers. Data is based on discharges (max epi in spell). Data covers inpatients only.
- In *Northern Ireland*, data exclude mental health specialties. Length of stay is calculated by subtracting admission date from discharge date (in days). Day cases are those admissions where length of stay is equal to 0. Regular night admissions are therefore not classified as day cases and are included.
- Data for *England*, *Wales* and *Scotland* are by financial year. Data for *Northern Ireland* are by calendar year.

Occupancy rate

Source of data: Calculated by the **Information Centre for Health and Social Care** for UK using data from:

- *England*: **Department of Health (DH)**. http://www.performance.doh.gov.uk/hospitalactivity/data_requests/beds_open_overnight.htm.
- *Scotland*: **Information Services Division (ISD) NHS Scotland**. <http://www.isdscotland.org/Health-Topics/Hospital-Care/Beds/> - ISD(S)1 hospital aggregated statistics return.
- *Wales*: **NHS Wales Informatics Service (NWIS)**. <http://www.statswales.wales.gov.uk/index.htm> - Quarterly Submissions database (QS1). Monthly submissions from the last quarter of financial year 2012/13/.
- *Northern Ireland*: **Department of Health (DoH)**. <https://www.health-ni.gov.uk/topics/doh-statistics-and-research> - KH03a system.

Coverage:

- As of 2011, *England* was no longer able to submit these data so a UK level submission is no longer made.
- Data in *England* and *Scotland* are for financial years, e.g. year 2007 data cover the period 1 April 2007 to 31 March 2008.
- In *England*, inpatient beds are defined as beds in wards open overnight. Both palliative beds and geriatric beds are included under the definition of acute care.
- In *Northern Ireland*, it is not possible to separate regular night admissions or regular day admissions, therefore these figures are included. Palliative beds are excluded from Northern Ireland data, but geriatric beds are included.
- In *Scotland*, data include estimates where figures are unavailable. Scotland is the only country in the UK that is able to separate geriatric beds into long-term and acute categories. Therefore Scotland includes geriatric beds specifically assigned as acute, and excludes palliative beds and long-term geriatric beds.

Break in time series:

- 2010, *England*: From Quarter 1 2010/11, the KH03 collection was changed to a quarterly collection. The classification for bed occupancy was changed from ward type to the consultant specialty of the responsible consultant. This followed a consultation with the NHS, as concerns had been expressed that the ward classifications, which were set in the late 1980s, were no longer relevant.

Further information: <http://www.hscic.gov.uk>.