

## Hospital beds by function of care (HP.1)

### Definitions

Updated: July 2021

<p>Total hospital beds</p>	<p><b>Total hospital beds (HP.1)</b> are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients. They are the sum of the following four categories: i) <b>Curative (acute) care beds</b>; ii) <b>Rehabilitative care beds</b>; iii) <b>Long-term care beds</b>; and iv) <b>Other hospital beds</b>.</p> <p><b>Inclusion</b></p> <ul style="list-style-type: none"><li>- Beds in all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2), and other specialised hospitals (HP.1.3)</li><li>- Occupied and unoccupied beds</li></ul> <p><b>Exclusion</b></p> <ul style="list-style-type: none"><li>- Surgical tables, recovery trolleys, emergency stretchers, beds for same-day care, cots for healthy infants</li><li>- Beds in wards which were closed for any reason</li><li>- Provisional and temporary beds</li><li>- Beds in residential long-term care facilities (HP.2).</li></ul> <p><b>Note:</b> Average number of available beds over the year where possible.</p>
<p>Curative (acute) care beds</p>	<p><b>Curative care (acute care) beds in hospitals (HP.1)</b> are hospital beds that are available for curative care (HC.1 in the SHA classification).</p> <p><b>Inclusion</b></p> <ul style="list-style-type: none"><li>- Beds accommodating patients where the principal clinical intent is to do one or more of the following: manage labour (obstetrics), cure illness or provide definitive treatment of injury, perform surgery, relieve symptoms of illness or injury (excluding palliative care), reduce severity of illness or injury, protect against exacerbation and/or complication of illness and/or injury which could threaten life or normal functions, perform diagnostic or therapeutic procedures</li><li>- Beds for psychiatric and non-psychiatric curative (acute) care</li><li>- Beds in all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2) and other specialised hospitals (HP.1.3)</li></ul> <p><b>Exclusion</b></p> <ul style="list-style-type: none"><li>- Beds allocated for other functions of care (such as rehabilitation, long-term care and palliative care).</li></ul> <p><b>Note:</b> Average number of available beds over the year where possible.</p>

<p>Rehabilitative care beds</p>	<p><b>Rehabilitative care beds in hospitals (HP.1)</b> are hospital beds that are available for rehabilitative care (HC.2 in the SHA classification).</p> <p><b><u>Inclusion</u></b></p> <ul style="list-style-type: none"> <li>- Beds accommodating patients for services with the principle intent to stabilise, improve or restore impaired body functions and structures, compensate for the absence or loss of body functions and structures, improve activities and participation and prevent impairments, medical complications and risks</li> <li>- Beds for psychiatric and non-psychiatric rehabilitative care</li> <li>- Beds in all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2) and other specialised hospitals (HP.1.3)</li> </ul> <p><b><u>Exclusion</u></b></p> <ul style="list-style-type: none"> <li>- Beds allocated for other functions of care (such as curative care, long-term care and palliative care).</li> </ul> <p><b><u>Note:</u></b> Average number of available beds over the year where possible.</p>
<p>Long-term care beds</p>	<p><b>Long-term care beds in hospitals (HP.1)</b> are hospital beds accommodating patients requiring long-term care (HC.3 in the SHA classification).</p> <p><b><u>Inclusion</u></b></p> <ul style="list-style-type: none"> <li>- Beds in long-term care departments of general hospitals (HP.1.1), mental health hospitals (HP.1.2) and other specialised hospitals (HP.1.3)</li> <li>- Beds for psychiatric and non-psychiatric long-term care</li> <li>- Beds for palliative care</li> </ul> <p><b><u>Exclusion</u></b></p> <ul style="list-style-type: none"> <li>- Beds for curative care (HC.1)</li> <li>- Beds for rehabilitation (HC.2).</li> </ul> <p><b><u>Note:</u></b> Average number of available beds over the year where possible.</p>
<p>Other hospital beds</p>	<p>All <b>other beds in hospitals (HP.1)</b> not elsewhere classified.</p> <p><b><u>Inclusion</u></b></p> <ul style="list-style-type: none"> <li>- Beds for other health care services not elsewhere classified.</li> </ul> <p><b><u>Note:</u></b> Average number of available beds over the year where possible.</p>
<p>All psychiatric care beds  (this category is collected separately from the main table on hospital beds by function of health care)</p>	<p><b>Psychiatric care beds in hospitals (HP.1)</b> are hospital beds accommodating patients with mental health problems.</p> <p><b><u>Inclusion</u></b></p> <ul style="list-style-type: none"> <li>- All beds in mental health hospitals (HP.1.2)</li> <li>- Beds in psychiatric departments of general hospitals (HP.1.1) and specialised hospitals (other than mental health hospitals) (HP.1.3).</li> </ul> <p><b><u>Note:</u></b> Average number of available beds over the year where possible.</p>

The definition of hospitals (HP.1) follows the International Classification for Health Accounts – Providers of health care (ICHA-HP) of the [System of Health Accounts](#). The detailed definitions are available in [CIRCABC](#).

Hospital beds by function of care

Total hospital beds	Curative care beds	Rehabilitative care beds	Long-term care beds	Other hospital beds	Psychiatric care beds*
[1] (2 + 3 + 4 + 5)	[2]	[3]	[4]	[5]	[6]

\* this category is collected separately from the main table on hospital beds by function of health care.

**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

### Total hospital beds

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

Reference period: Since 2019, the hospital beds which were opened for at least one day were taken into account for this calculation. The average number of beds is given.

Coverage:

- Until 2018: Included in the calculation are all beds (curative acute care beds, long-term-care beds and other hospital beds) in acute care hospitals, geriatric hospitals, specialised hospitals, psychiatric hospitals.

- From 2019: Included in the calculation are all beds (curative acute care beds, long-term-care beds and other hospital beds) in acute care hospitals, psychiatric hospitals.

Break in time-series: 1994, 2019.

- In 1994 there is a decrease in the number of beds due to the substitution of V-beds for long-term care into beds for long-term residential care.

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

### Curative (acute) care beds

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

Reference period: Since 2019, the hospital beds which were opened for at least one day were taken into account for this calculation. The average number of beds is given.

Coverage:

- Bed indexes included are:

(B) treatment department "TBC" (this bed index doesn't exist in Belgium in 2018)

(C) diagnosis and surgical treatment department

(D) diagnosis and medical treatment department

(E) paediatrics

(CD) mixed hospitalisation

(L) contagious diseases

(M) maternity

(NIC) intensive neonatal care

(G) geriatrics in acute hospitals

- Data also include psychiatric care beds. Beds indexes included in the calculation of psychiatric care beds are:

(A) neuropsychiatry for observation and treatment

(A2) night care in neuropsychiatry

(K) infant neuropsychiatry

(K2) night care in infant neuropsychiatry

(TG) day and night care for geriatric patients needing neuropsychiatry treatment

(I1) intensive treatment of psychiatric patients.

(T) neuropsychiatry for treatment

(T2) night care in neuropsychiatry for treatment

Deviation from the definition: These data include most psychiatric care beds.

Break in time-series: 2019.

- Since 2019, data are only available for acute care hospitals and psychiatric hospitals. There is no longer information over the specialised and geriatric hospitals. HP.1.3 is not taken into account from 2019.

Notes:

- During the 80's, a reform of the health care sector took place, during which a number of hospital beds were 'reconverted' into other kind of beds.
- In 1998, there is a decrease in the number of beds possibly due to the fusion of a number of hospitals.
- In 2016, there is a decrease in the number of beds due to changes and fusions between hospitals made in consequence of the state reform.

### **Rehabilitative care beds**

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

Reference period: Since 2019, the hospital beds which were opened for at least one day were taken into account for this calculation. The average number of beds is given.

Coverage:

- Beds indexes included in the calculation are:

*Before 1994:*

(S): beds for specialized care

*From 1995;*

(S1) Cardio-pulmonary affections

(S2) Condition of locomotive apparatus

(S3) Neurological conditions.

(S6) Psychogeriatric

- The S1, S2, S3, S6 beds relate to revalidation.

Break in time-series: 1994, 2019.

- There was an increase in the number of these beds in 1994 due to the substitution of V-beds (reported under LTC beds) into S-beds.

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

### **Long-term care beds**

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

Reference period: Since 2019, the hospital beds which were opened for at least one day were taken into account for this calculation. The average number of beds is given.

Coverage:

- Beds indexes included in the calculation are:

(G) Geriatrics only in geriatrics hospitals, until 2018 (included) (S4) Palliative care

(S5) Chronic multi pathology

(V) Service for patients with long-term pathologies (until 1994)

Break in time-series: 1994, 2019.

- In 1994, there is a decrease in the number of long-term care beds in hospital due to the disappearance of V beds (long-term affection treatment). These beds were mostly converted to S beds (reported under rehabilitative care beds) and beds in residential long-term care facilities.

- Due to the State Reform, there were 11 specialised hospitals taken over or merged with a general hospital in 2014. This explains the great decrease in beds (isolated G beds) in specialised hospitals.

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

### **Other hospital beds**

All data previously reported under the 'other hospital beds' column have been copied moved to 'Rehabilitative care beds' column because the S1, S2, S3, S6 beds relate to revalidation.

### **All psychiatric care beds**

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

Reference period: Since 2019, the hospital beds which were opened for at least one day were taken into account for this calculation. The average number of beds is given.

#### Coverage:

- Beds indexes included in the calculation are:

(A) neuropsychiatry

(A2) night care in neuropsychiatry

(K) infant neuropsychiatry

(K2) night care in infant neuropsychiatry

(S6) psycho-geriatrics.

(T) neuropsychiatry for treatment

(T2) night care in neuropsychiatry for treatment

(IB) intensive treatment of psychiatric patients

(TG) day and night care for geriatric patients needed neuropsychiatry treatment

(V) treatment for patients with long term disease (until 1994)

- The A, K and T day hospitalization places are not counted in the table.

#### Break in time series: 2019.

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

### **Total hospital beds at regional level**

Source: Federal public service Public health, safety of the food chain and environment, DGGS healthcare, Datamanagement, Central Institution Database (CIC).

Reference period: 31<sup>th</sup> of December for the list of hospitals. Since 2019, the hospital beds which were opened for at least one day were taken into account for this calculation. The average number of beds is given.

#### Coverage:

- Included in the calculation are all beds (curative acute care beds, long-term-care beds and other hospital beds) in acute care hospitals, geriatric hospitals, specialised hospitals, psychiatric hospitals.

- In 2018, the whole time series on hospital beds were revised since 2000 to better match the definition.

Since 2019, we only communicate about acute care hospitals and psychiatric hospitals, we have no longer authority and information over the specialised and geriatric hospitals.

#### Break in time-series:

Since 2019, we only communicate about acute care hospitals and psychiatric hospitals, we have no longer authority and information over the specialised and geriatric hospitals.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Federal public service Public health, safety of the food chain and environment, DG1. Organisation and Planning, Datamanagement; Central Institution Database - Centraal Ziekenhuisbestand (CZB).

Reference period: 1st of January

Coverage: From 2013: Bed indexes included:

**Curative (acute) care beds:** A, A1, A2, C, CD, D, E, G, IB, K, K1, K2, L, M, NIC, S6, T, T1, T2, TFB, TFP & TG

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Federal public service Public health, safety of the food chain and environment, DG1. Organisation and Planning, Datamanagement; Central Institution Database - Centraal Ziekenhuisbestand (CZB).

Reference period: 1st of January

Coverage: bed indexes included: isolated G- beds, S4 en S5

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Federal public service Public health, safety of the food chain and environment, DG1. Organisation and Planning, Datamanagement; Central Institution Database - Centraal Ziekenhuisbestand (CZB).

Reference period: 1st of January

Coverage: bed indexes included: S1, S2 and S3

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Federal Public Service - Health, Food Chain Safety and Environment, DG 1, Data management; Central Institution Database - Centraal Ziekenhuisbestand (CZB)

Reference period: 1st of January

Coverage:

- Beds indexes included in the calculation up to 2005 are:

(A) neuropsychiatry

(A1) day care in neuropsychiatry

(A2) night care in neuropsychiatry

(K) infant neuropsychiatry

(K1) day care in infant neuropsychiatry

(K2) night care in infant neuropsychiatry

(Q) psychiatric care institutions

(IHP) initiative for a protected housing

(TFB) family placing

(TFP) home placement

(VP) psycho-geriatrics.

Break in time series:

- From 2006, data exclude beds in psychiatric care institutions and initiatives for a protected housing.

## **Bulgaria**

### **Total hospital beds**

Source of data: National Statistical Institute, National Centre for Public Health and Analyses at the Ministry of Health

Reference period: 31st of December

Coverage: All disclosed beds in all types of hospitals are included. Dispensaries with beds are also included. Dispensaries are medical establishments in which doctors with the assistance of other personnel actively find, diagnose, treat and periodically observe patients with psychiatric, lung, dermato-venerological and oncological diseases. Patients are admitted to dispensaries for a longer period. Since 2010 the pulmonary dispensaries are transformed into specialized hospitals, dermato-venereological dispensaries – into Dermato-venereological centres, oncological dispensaries – into Complex oncological centres, psychiatric dispensaries – into Mental health centres. The activities and functions of the centres and dispensaries are same.

### **Curative (acute) care beds**

Source of data: National Statistical Institute, National Centre for Public Health and Analyses at the Ministry of Health.

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

Coverage: All hospital beds (incl. psychiatric beds) that are available for curative care are included.

### **Rehabilitative care beds**

Source of data: National Statistical Institute, National Centre for Public Health and Analyses at the Ministry of Health.

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

Coverage: Beds accommodating patients for rehabilitative care and physiotherapy are included.

### **Long-term care beds**

Source of data: National Statistical Institute, National Centre for Public Health and Analyses at the Ministry of Health.

Due to structural transformations in the health care system in 2011, the National Centre for Health Information was transformed into National Centre for Public Health and Analyses.

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

Coverage: All beds for long-term care that are available for further treatment and continuous treatment are included;

Beds for long term psychiatric care at Mental health hospitals (HP 1.2) are included according to the requirements.

Break in time series: Since 2016 – According to the amendments of the national legislation (2016) in all inpatient health establishments there are hospital beds and "Places for short stay". Depending on the type of medical activities performed the beds are curative care beds, Long-term care beds, Rehabilitative care beds, and psychiatric care beds.

All beds for long-term care, incl. beds for palliative care are covered.

Remark: In connection to the update of the National Health Map, data on the beds type ratio (acute – for rehabilitation – for long-term care) showed a disproportion, strongly expressed in the small number of Long-term care beds. This is the reason for the decision to increase the beds for long-term care.

### **Other hospital beds**

Source of data: National Statistical Institute, National Centre for Public Health and Analyses at the Ministry of Health.

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

Coverage: Beds for other health care services not elsewhere classified.

Since 2016 – According to the amendments of the national legislation (2016) in all inpatient health establishments there are hospital beds and "Places for short stay". Depending on the type of medical activities performed the beds are curative care beds, long-term care beds, rehabilitative care beds, and psychiatric care beds. That's why in 2016 there are no beds not elsewhere classified.

"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, etc. The number of Places for short stay is not included in the number of hospital beds.

### **All psychiatric care beds**

Source of data: National Statistical Institute, National Centre for Public Health and Analyses at the Ministry of Health Due to structural transformations in the health care system in 2011, the National Centre for Health Information was transform into National Centre for Public Health and Analyses.

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

Coverage: Psychiatric care beds in HP.1 Hospitals include all psychiatric care beds in hospitals and in psychiatric dispensaries; 2001-2003: Data for psychiatric care beds are revised. The revision was done in order to provide the harmonised data and the psychiatric beds from specialised dispensaries are also included.

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

Break in time series: 2005: Beds for long term psychiatric care at Mental health hospitals (HP 1.2) and beds for physiotherapy and rehabilitation at Mental health hospitals (HP 1.2) are included in Psychiatric care beds

Since 2016 – According to the amendments of the national legislation (2016) in all inpatient health establishments there are hospital beds and "Places for short stay". Depending on the type of medical activities performed the beds are curative care beds, Long-term care beds, Rehabilitative care beds, and psychiatric care beds.

"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, etc. The number of Places for short stay is not included in the number of hospital beds.

### **Total hospital beds at regional level**

Source of data: National Statistical Institute, National Centre for Public Health and Analyses

Due to structural transformations in the health care system in 2011, the National Centre for Health Information was transform into National Centre for Public Health and Analyses

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

Coverage: All available beds in all types of hospitals are included. Dispensaries with beds are also included. Dispensaries are medical establishments in which doctors with the assistance of other personnel actively find, diagnose, treat and periodically observe patients with psychiatric, lung, dermato-venerological and oncological diseases. Beds in hospitals attached to other offices are not included in the distribution by planing regions. That is why the national total is bigger than the sum of regions.

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

The decrease in the hospital beds in 1998 and 1999 is due to the accreditation of the health establishments and based on it following closing of the hospitals and reduction in the number of the available beds.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Coverage: All hospital beds (incl. psychiatric beds) that are available for curative care are included.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Coverage: Beds accommodating patients for rehabilitative care and physiotherapy are included.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Due to structural transformations in the health care system in 2011 the National Centre for Health Information was transform into National Centre for Public Health and Analyses

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

Coverage: All beds for long-term care that are available for further treatment and continuous treatment are included

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Coverage: Beds for other health care services not elsewhere classified.

### **All psychiatric care beds at regional level**

Source of data: National Statistical Institute, National Centre for Public Health and Analyses  
Due to structural transformations in the health care system in 2011 the National Centre for Health Information was transformed into National Centre for Public Health and Analyses  
Reference period: 31<sup>st</sup> of December

## Czechia

### **Total hospital beds**

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

- Till 2009: Survey on bed resources of health establishments and their exploitation.
- Since 2010: National Registry of Reimbursed Health Services.

Reference period: End of the year.

Coverage:

- Until 1999, data cover only establishments of the health sector. Since 2000, data cover all sectors.
- Providers: Hospitals and specialised therapeutic institutes (excluding balneologic institutes, institutes for long-term patients and Hospices).
- Beds: All available beds excluding newborns' cots. Since 2010 number of contracted beds excluding newborns' cots.

Break in time series: 2000, 2010.

- Since 2000, data cover all sectors (i.e. including health establishments of central organs other than health).
- Since 2010, change in the data source - data refer to the number of contracted beds with health insurance companies.
- Since 2010 administrative change in the records of hospitals for long-term patients: Institutes for long-term patients as the integrated facilities of the provider was terminated and transferred to the provider as a department.
- Since 2010 beds are monitored according to the fields of activity, till 2009 beds according to departments and workplaces.

### **Curative (acute) care beds**

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

- Till 2009: Survey on bed resources of health establishments and their exploitation.
- Since 2010: National Registry of Reimbursed Health Services.

Reference period: End of the year.

Coverage:

- All available acute care beds in hospitals. Since 2010 number of contracted acute care beds.
- Beds: Newborns' cots and rehabilitative beds are excluded. Data do not include provisional beds, beds for accompanying persons and temporary beds (for less than 24 hours: day care beds, instrument beds such as dialysis beds, delivery beds).
- Inclusion: acute care departments in university and general hospitals.
- Exclusion: Rehabilitation institutes for adults, institutes for TB and respiratory diseases for adults, other special therapeutic institutes for adults and for children, other therapeutic institutes (not elsewhere classified), mental health hospitals for adult and for children. Beds in hospital's rehabilitation departments are excluded.

Break in time series: 2000, 2010.

- Until 1999 data cover only establishments of the health sector. Since 2000, data cover all sectors.

- Until 1999, beds in psychiatric departments (wards) are excluded, and beds in rehabilitation departments are included. From 2000 onwards, beds in psychiatric departments (wards) are included, and beds in rehabilitation departments are excluded.
- Since 2010, change in the data source - data refer to the number of contracted beds with health insurance companies.

### **Rehabilitative care beds**

Source of data: **Institute of Health Information and Statistics of the Czech Republic.** Survey on bed resources of health establishments and their exploitation. Since 2010 National Registry of Reimbursed Health Services

Reference period: End of the year.

Coverage:

- Rehabilitative care beds in all hospitals and specialised therapeutic institutes (excluding balneologic institutes, institutes for long-term patients and hospices).
- Since 2000, data cover all sectors.

Break in time series: 2010.

- Since 2010, change in the data source - data refer to the number of contracted beds with health insurance companies.

### **Long-term care beds**

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

- Till 2009: Survey on bed resources of health establishments and their exploitation.
- Since 2010: National Registry of Reimbursed Health Services.

Reference period: End of the year.

Coverage:

- Since 2000, data cover all sectors.
- All available long-term care beds in all hospitals and specialised therapeutic institutes (excluding balneologic institutes, institutes for long-term patients and hospices). Since 2010 number of contracted long-term care beds.
- Inclusion: All beds in mental health hospitals for adults and for children (HP.1.2).
- Exclusion: Rehabilitation institutes for adults, institutes for TB and respiratory diseases for adults, other special therapeutic institutes for adults and for children, other therapeutic institutes (not elsewhere classified). Beds in hospital's rehabilitation departments are excluded.

Break in time series: 2010.

- Since 2010, change in the data source - data refer to the number of contracted beds with health insurance companies.
- Since 2010 administrative change in the records of hospitals for long-term patients: Institutes for long-term patients as the integrated facilities of the provider was terminated and transferred to the provider as a department.

### **Other hospital beds**

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

- Till 2009: Survey on bed resources of health establishments and their exploitation.
- Since 2010: National Registry of Reimbursed Health Services.

Reference period: End of the year.

#### Coverage:

- Since 2000, data cover all sectors.
- Till 2009 all available beds in institutes for TB and respiratory diseases for adults, other special therapeutic institutes for adults and for children, other therapeutic institutes (not elsewhere classified). Since 2010 number of contracted beds in institutes for TB and respiratory diseases, other special therapeutic institutes (excluding rehabilitative care beds).
- Rehabilitation institutes are excluded since 2000.

#### Break in time series: 2010

- Since 2010, change in the data source - data refer to the number of contracted beds with health insurance companies.

### **All psychiatric care beds**

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

- Till 2009: Survey on bed resources of health establishments and their exploitation.
- Since 2010: National Registry of Reimbursed Health Services.

#### Reference period: End of the year.

#### Coverage:

- All available beds in psychiatric care encompass beds in psychiatric institutes and beds in psychiatric departments (wards) of general hospitals. Since 2010 number of contracted psychiatric care beds.

#### Break in time series: 2000, 2010.

- Until 1999 data cover only establishments of the health sector. Since 2000, data cover all sectors.
- Since 2010, change in the data source - data refer to the number of contracted beds with health insurance companies.

### **Total hospital beds at regional level**

Source of data: **Institute of Health Information and Statistics of the Czech Republic.** Till 2009, Survey on bed resources of health establishments and their exploitation. Since 2010, National Registry of Reimbursed Health Services.

Reference period: end of the year.

#### Coverage:

- Till 1999 data covers only establishments of the Health Sector. Since 2000, data covers all sectors.
- Till 2013 excluding convalescent homes for children
- Providers: Hospitals and Specialized therapeutic institutes (excluding Balneologic institutes, Institutes for long-term patients and Hospices).
- Beds: All available beds excluding newborns' cots. Since 2010 number of contracted beds excluding newborns' cots.

#### Break in the series: 2000, 2010.

- Since 2010 administrative change in the records of hospitals for long-term patients: Institutes for long-term patients as the integrated facilities of the provider was terminated and transferred to the provider as a department.
- Since 2010, beds are monitored according to the fields of activity, till 2009 beds according to departments and workplaces.
- Since 2010 change the data source - number of contracted beds with health insurance companies.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Health Information and Statistics of the Czech Republic. Survey on bed resources of health establishments and their exploitation.

Reference period: end of the year.

Coverage:

- Till 1999 data covers only establishments of the Health Sector. Since 2000, data covers all sectors.
- Curative care beds encompass beds in University and Acute care hospitals. Beds in departments and workplaces of aftercare and nursing care, **Rehabilitative care beds** and newborns'cots are excluded.

Break in time series: 2000

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Health Information and Statistics of the Czech Republic. Survey on bed resources of health establishments and their exploitation.

Reference period: end of the year.

Coverage: **Rehabilitative care beds** in all hospitals and Specialized therapeutic institutes (excluding Balneologic institutes and Institutes for long-term patients and Hospices)

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Health Information and Statistics of the Czech Republic. Survey on bed resources of health establishments and their exploitation.

Reference period: end of the year.

Coverage:

- Till 1999 data covers only establishments of the Health Sector. Since 2000, data covers all sectors.
- Long term care beds encompass all beds in in Psychiatric institutes (Mental hospitals), beds in departments and workplaces of after-care and nursing care in University and Acute care hospitals and hospitals with chronic beds excluding **Rehabilitative care beds**.

Break in time series: 2000

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Health Information and Statistics of the Czech Republic. Survey on bed resources of health establishments and their exploitation.

Reference period: end of the year.

Coverage:

- Till 1999 data covers only establishments of the Health Sector. Since 2000, data covers all sectors.
- Till 2013 excluding Convalescent homes for children
- Other beds encompass beds in Institutes for TB & respiratory diseases, Other specialised therapeutic institutes, Convalescent homes for children and Other bed care health establishments.

Break in time series: 2000

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Health Information and Statistics of the Czech Republic. Survey on bed resources of health establishments and their exploitation.

Reference period: end of the year.

Coverage:

- Till 1999 data covers only establishments of the Health Sector. Since 2000, data covers all sectors.

- Psychiatric care beds encompass beds in Psychiatric institutes (Mental hospitals) and beds in psychiatric departments (wards) of University and Acute care hospitals, Other specialised therapeutic institutes and Other bed care health establishments.

Break in the series: 2000

## **Denmark**

### **Total hospital beds**

Source of data: **The Danish Health Authority.**

Reference period:

- From 2013: public hospitals: 30 June; private hospitals: 31 December.

- For 2011 and previous years, the reference period is 31/12 each year.

Coverage: Complete.

- There is no data for 2012.

Break in time series:

- 2011 for public hospitals.

- From 2014, data are not available for psychiatric care beds.

### **Curative (acute) care beds**

Source of data: **The Danish Health Authority.**

Reference period:

- From 2013: public hospitals: 30 June; private hospitals: 31 December.

- For 2011 and previous years, the reference period is 31/12 each year.

Deviation from the definition:

- Data include all beds for psychiatric care.

Break in time series:

- 2011 for public hospitals.

- There is no data for 2012.

- From 2014, data are not available for psychiatric care beds.

### **Rehabilitative care beds**

Source of data: **The Danish Health Authority.**

Reference period:

- From 2013: public hospitals: 30 June; private hospitals: 31 December.

- For 2011 and previous years, the reference period is 31/12 each year.

Coverage: Complete.

- Data include beds for rehabilitation.

Break in time series: 2011 for public hospitals.

2019. Inclusion of a rehabilitee hospital in this category that beforehand has been categorized in curative care-beds.

### **Long-term care beds**

Source of data: **The Danish Health Authority.**

Reference period:

- From 2013: public hospitals: 30 June; private hospitals: 31 December.

- For 2011 and previous years, the reference period is 31/12 each year.

Coverage:

- Data include only palliative care beds.  
Break in time series: 2011 for public hospitals.

### **Other hospital beds**

Source of data: **The Danish Health Authority.**

### **All psychiatric care beds**

Source of data: **The Danish Health Authority.**

Reference period:

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

Coverage: Complete.

Break in time series:

- Before 1987, psychiatric residential home beds were included in the number of psychiatric care beds. From 1986 to 1987 the psychiatric care beds for elderly patient living in retirement homes were moved from the Danish Health System to being the responsibility of the Danish Social Services. This is the reason for the drop in the psychiatric care beds in 1987.
- For public hospitals, there is a break in 2011.
- There is no data for 2012, 2014 and 2015.

### **Total hospital beds at regional level**

Source of data: The Danish Health Data Authority (2015: Registry of hospital beds and hospital crowding. Internal hospital beds database has been used)

Reference period: annual. For 2011 and previous years, the reference period is 31/12 each year. 2013: 30/6. 2014: December (average) 14, 2015: June (Average) 15.

For publicly owned hospitals: 2018-2020 yearly average number of beds pr. Day (number of beds at 11 pm).

For private hospital beds: pr 31/12.

Coverage: Data include private and public hospital beds. Outpatient beds are not included.

Break in time series: For public hospitals: 2011 and 2014. None for private hospitals.

There is no data for 2012. For 2011 and previous years, the reference period is 31/12 each year.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: The Danish Health Data Authority

Reference period: Annual For 2011 and previous years, the reference period is 31/12 each year. 2013: 30/6. 2014: December (average) 14, 2015: June (Average) 15. For private hospital beds: pr 31/12.

Coverage: Data include private and public hospital beds and only including beds for patients staying >1 day (hospitalized). Outpatient beds are not included.

Break in time series: For public hospitals: 2011 and 2014. None for private hospitals.

There is no data for 2012. There is no data for 2012. For 2011 and previous years, the reference period is 31/12 each year.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data:

Reference period: For 2011 and previous years, the reference period is 31/12 each year. 2013: 30/6. 2014: December (average) 14, 2015: June (Average) 15. For private hospital beds: pr 31/12.

Coverage: Data include private and public hospital beds and only including beds for patients staying >1 day (hospitalized). Outpatient beds are not included.

Break in time series: For public hospitals: 2011 and 2014. None for private hospitals.

There is no data for 2012. There is no data for 2012. For 2011 and previous years, the reference period is 31/12 each year.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: The Danish Health Authority

Reference period: For 2011 and previous years, the reference period is 31/12 each year. 2013: 30/6. 2014: December (average) 14, 2015: June (Average) 15. For private hospital beds: pr 31/12.

Coverage: Data include private and public hospital beds and only including beds for patients staying >1 day (hospitalized). Outpatient beds are not included.

Break in time series: For public hospitals: 2011 and 2014. None for private hospitals.

There is no data for 2012. There is no data for 2012. For 2011 and previous years, the reference period is 31/12 each year.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: The Danish Health Authority

Reference period: For 2011 and previous years, the reference period is 31/12 each year. 2013: 30/6. 2014: December (average) 14, 2015: June (Average) 15. For private hospital beds: pr 31/12.

Coverage: Data include private and public hospital beds and only including beds for patients staying >1 day (hospitalized). Outpatient beds are not included.

Break in time series: For public hospitals: 2011 and 2014. None for private hospitals.

There is no data for 2012. There is no data for 2012. For 2011 and previous years, the reference period is 31/12 each year.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: The Danish Health Authority (2010: internal hospital beds database has been used)

Reference period: average. For 2011 and previous years, the reference period is 31/12 each year. 2013: 30/6. 2014: December (average) 14, 2015: June (Average) 15. For private hospital beds: pr 31/12.

## **Germany**

### **Total hospital beds**

Source of data: **Federal Statistical Office**, Hospital statistics 2019 (basic data of hospitals and prevention or rehabilitation facilities); Statistisches Bundesamt 2021, *Fachserie 12, Reihe 6.1.1*, table 1.1 and internal tables; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Total hospital beds comprise psychiatric and non-psychiatric beds in all types of hospitals (HP.1.1,

1.2 and 1.3) in all sectors (public, not-for-profit and private).

- Included are beds in general hospitals, mental health hospitals and prevention and rehabilitation facilities.

- Beds in long-term-nursing care facilities are excluded.

- Cots for healthy infants, recovery trolleys, emergency stretchers, surgical tables and beds for same-day care and palliative care are also not included.

### **Curative (acute) care beds**

Source of data: **Federal Statistical Office**, Hospital statistics 2019 (basic data of hospitals), Statistisches Bundesamt 2021, *Fachserie 12, Reihe 6.1.1*, table 1.1; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Curative (acute) care beds comprise psychiatric and non-psychiatric beds in general hospitals (HP.1.1) and in mental health hospitals (HP.1.2) in all sectors (public, not-for-profit and private).

- In Germany, "mental health hospitals" are defined as hospitals exclusively with psychiatric, psychotherapeutically or psychiatric, psychotherapeutically and neurological beds.

- Excluded are **Rehabilitative care beds** (psychiatric and non-psychiatric) in prevention and rehabilitation facilities and beds in long-term nursing care facilities.

- Cots for healthy infants, recovery trolleys, emergency stretchers, surgical tables and beds for same-day care and palliative care are also not included.

### **Rehabilitative care beds**

Source of data: **Federal Statistical Office**, Hospital statistics 2019 (basic data of prevention or rehabilitation facilities); Statistisches Bundesamt 2021, *internal tables*; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Rehabilitative care beds comprise psychiatric and non-psychiatric beds in prevention and rehabilitation facilities (HP.1.3) in all sectors (public, not-for-profit and private).

- Excluded are beds in general hospitals, mental health hospitals and beds in long-term nursing care facilities.

### **Long-term care beds**

In Germany no long-term care beds are provided in hospitals.

### **Other hospital beds**

In Germany all beds in HP.1 can be allocated functionally, thus no remnant position "other beds".

### **All psychiatric care beds**

Source of data: **Federal Statistical Office**, Hospital statistics 2019 (basic data of hospitals and of prevention or rehabilitation facilities), Statistisches Bundesamt 2021, *Fachserie 12, Reihe 6.1.1*, table 2.1.3 and special calculations by the Federal Statistical Office; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Psychiatric care beds in hospitals comprise beds in mental health hospitals (HP.1.2), beds in psychiatric departments of general hospitals (HP.1.1) and beds in psychiatric departments of

prevention and rehabilitation facilities (HP1.3) in all sectors (public, not-for-profit and private).  
- In Germany, “mental health hospitals” are defined as hospitals exclusively with psychiatric, psychotherapeutically or psychiatric, psychotherapeutically and neurological beds.

### **Total hospital beds at regional level**

Source of data: **Federal Statistical Office**, Hospital statistics 2017 (basic data of hospitals & prevention or rehabilitation facilities); Statistisches Bundesamt 2017, *Fachserie 12, Reihe 6.1.1*, table 1.1 and special calculations by the Federal Statistical Office; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: annual average

Coverage:

- Total hospital beds comprise psychiatric and non-psychiatric beds in all types of hospitals (HP1.1, 1.2 and 1.3) in all sectors (public, not-for-profit and private).
- Included are beds in general hospitals, mental health hospitals and prevention and rehabilitation facilities.
- Beds in long-term-nursing care facilities are excluded.
- Cots for healthy infants, recovery trolleys, emergency stretchers, surgical tables and beds for same-day care and palliative care are also not included.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: Annual average.

Coverage:

- Curative (acute) care beds comprise psychiatric and non-psychiatric beds in general hospitals (HP.1.1) and in mental health hospitals (HP.1.2) in all sectors (public, not-for-profit and private).
- In Germany, “mental health hospitals” are defined as hospitals exclusively with psychiatric, psychotherapeutically or psychiatric, psychotherapeutically and neurological beds.
- Excluded are rehabilitative care beds (psychiatric and non-psychiatric) in prevention and rehabilitation facilities and beds in long-term nursing care facilities.
- Cots for healthy infants, recovery trolleys, emergency stretchers, surgical tables and beds for same-day care and palliative care are also not included.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Federal Statistical Office, Hospital statistics (basic data of prevention or rehabilitation facilities); Statistisches Bundesamt, *Fachserie 12, Reihe 6.1.2*, table 1.1; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Annual average.

Coverage:

- Rehabilitative care beds comprise psychiatric and non-psychiatric beds in prevention and rehabilitation facilities (HP.1.3) in all sectors (public, not-for-profit and private).
- Excluded are beds in general hospitals, mental health hospitals and beds in long-term nursing care facilities.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

In Germany no Long-term care beds are provided in hospitals.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

In Germany all beds in HP.1 can be allocated functionally, thus no remnant position "other beds".

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Federal Statistical Office, Hospital statistics (basic data of hospitals and of prevention or rehabilitation facilities); Statistisches Bundesamt, Fachserie 12, Reihe 6.1.1, table 2.1.3 and *ibid*, Fachserie 12, Reihe 6.1.2 and special calculations by the Federal Statistical Office; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: annual average.

#### Coverage:

- Psychiatric care beds in hospitals comprise beds in mental health hospitals (HP1.2), beds in psychiatric departments of general hospitals (HP1.1) and beds in psychiatric departments of prevention and rehabilitation facilities (HP1.3) in all sectors (public, not-for-profit and private).
- In German "mental health hospitals" mean hospitals exclusively with psychiatric, psychotherapeutical or psychiatric, psychotherapeutical and neurological beds.

## **Estonia**

### **Total hospital beds**

#### Source of data:

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

Reference period: 31<sup>st</sup> of December. Since 2013, average number of beds.

#### Coverage:

- All hospitals HP.1 (public and private sector) are included.
- Cots for neonates, day beds, provisional and temporary beds, and beds in storerooms are excluded from hospital beds.
- Beds in welfare institutions are excluded.
- At the end of 2005 the number of beds was smaller. Several beds were closed because of financial shortages.

#### Notes:

- The decrease in the number of hospital beds after 1991 was the result of the first reorganisation wave of the health care system of the independent country.
- In 2002, the Government of Estonia introduced the Hospital Master Plan that anticipates an optimum number of hospitals and hospital beds necessary to provide acute health care services taking into account the number of the population of Estonia and the population forecasts. Therefore, existing hospitals were reorganised, some became out-patient care providers, and some were closed or consolidated. This change can be called the second wave of the reorganisation of the Estonian health care system.
- Up to 1999, the data by function don't add up to Total hospital beds, as this includes psychiatric care beds which are not allocated to any sub-category.

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

(<https://www.riigiteataja.ee/en/eli/ee/Riigikogu/act/521012015003/consolide>). Previous long-term care hospitals (HP.1) were classified amongst long-term nursing care facilities HP.2 according to the SHA2011 in 2013. Therefore, the total number of hospital beds decreased in 2013. The number of curative care beds, other beds (tuberculosis) and psychiatric beds were not influenced by this methodological change.

### **Curative (acute) care beds**

#### Source of data:

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

Reference period: 31<sup>st</sup> of December. Since 2013, average number of beds.

#### Coverage:

- All hospitals HP.1 (public and private sector) are included.
- Cots for neonates, day beds, provisional and temporary beds, and beds in storerooms are excluded from hospital beds.
- Beds in welfare institutions are excluded.
- Tuberculosis and long-term care are excluded.
- Since 2000, curative care beds include all psychiatric care beds since the ALOS for psychiatric care beds has not exceeded 18 days in Estonia. In Estonia, curative care beds include also rehabilitative care beds due to the same reason as for psychiatric care beds – the ALOS is less than 18 days on average. However, in the joint questionnaire, rehabilitative care has been taken out from curative care, according to the new definitions.
- Until 1999, beds for rehabilitation are included in curative (acute) care beds, while beds for psychiatric care are excluded. Since 2000, the number of acute care beds does not include beds for rehabilitation and includes beds for psychiatric care.

Break in time series: 2000. Since 2013, average number of beds.

### **Rehabilitative care beds**

#### Source of data:

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

Reference period: 31<sup>st</sup> of December. Since 2013, average number of beds.

#### Coverage:

- Data refer to rehabilitative care beds in general (there is no category such as psychiatric rehabilitative care beds in the Estonian health care system).
- There are no data available that could be used for the purpose of dividing psychiatric beds into four subcategories: curative, rehabilitative, long-term psychiatric beds and other psychiatric beds.

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

### **Long-term care beds**

#### Source of data:

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

Reference period: 31<sup>st</sup> of December. Since 2013, average number of beds.

#### Coverage:

- All hospitals HP.1 (public and private sector) are included.
- Data refer to long-term care beds in general and do not include psychiatric LTC beds (there is no category such as psychiatric long-term care beds in the Estonian health care system).
- There are no data available that could be used for the purpose of dividing psychiatric beds into four subcategories: curative, rehabilitative, long-term psychiatric beds and other psychiatric beds.

Break in time series: 1994, 2013.

- A large-scale legislative reform took place in the early 1990s. The Health Insurance Act of 1991 and the Health Services Organisation Act of 1994 provided the legal basis for reforms. In 1991 the provider licensing system was enhanced, which was an important precondition for decreasing hospital network capacity to enable more efficient use of resources and to ensure quality. In 1994, after a detailed review of all providers, substandard providers were closed and hospital bed structure changed as well.

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

(<https://www.riigiteataja.ee/en/eli/ee/Riigikogu/act/521012015003/consolide>). Previous long-term care hospitals (HP.1) were classified amongst long-term nursing care facilities HP.2 according to the SHA2011 in 2013. Therefore, the total number of hospitals decreased in 2013 as well as all other statistics provided for in-patient care (beds, discharges by hospital beds). This change does not have an impact on the statistics of curative care, psychiatric care or other beds.

### **Other hospital beds**

#### Source of data:

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

Reference period: 31<sup>st</sup> of December. Since 2013, average number of beds.

#### Coverage:

- All hospitals HP.1 (public and private sector) are included.
- Cots for neonates, day beds, provisional and temporary beds, and beds in storerooms are excluded from the hospital beds.
- Beds in welfare institutions are excluded.
- Other hospital beds include only beds for tuberculosis.

#### Notes:

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

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

## **All psychiatric care beds**

### Source of data:

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

Reference period: 31<sup>st</sup> of December. Since 2013, average number of beds.

### Coverage:

- All hospitals HP.1 (public and private sector) are included.
- Cots for neonates, day beds, provisional and temporary beds, and beds in storerooms are also excluded from the hospital beds.
- Beds in welfare institutions are excluded.

### Notes:

- The decrease in the number of hospital beds after 1991 was the result of the first reorganisation wave of the health care system of the independent country.
- In 2002, the Government of Estonia introduced the Hospital Master Plan that anticipates an optimum number of hospitals and hospital beds necessary to provide acute health care services taking into account the number of the population of Estonia and the population forecasts. Therefore, existing hospitals were reorganised, some became out-patient care providers, and some were closed or consolidated. This change can be called the second wave of the reorganisation of the Estonian health care system.
- At the end of 2005 the number of beds was smaller. Several beds were closed because of financial shortages.

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

## **Ireland**

### **Total hospital beds**

#### Source of data:

- "Curative care beds" and "Other hospital beds" sources:
  - for 2006 onwards, source is Health Service Executive (and Department of Health's Survey of Private Hospitals for beds in private acute hospitals from 2015);
  - for years prior to 2006, source is Department of Health and Children, Integrated Management Returns.
- For Private Hospitals, bed numbers are obtained from the Private Hospitals Survey conducted by the Department of Health. The number for each hospital is the nearest available year in the survey.
- "Psychiatric care beds" source is Mental Health Commission Annual Report.
- "Long-term care beds" source is Health Service Executive.

#### Coverage:

- Total hospital beds is the sum of curative care, psychiatric care, long-term care and Rehabilitative care beds.
- See metadata for each bed type for details on coverage and details of break in series in 2009 and 2015.
- Data from 2009 have been revised in 2015 and 2016 due to ongoing developmental work on the System of Health Accounts, in particular the statistical categorisation of hospitals into the SHA HP classifications. This has had the effect of reducing the total number of hospital beds reported.

- Acute hospitals in Ireland provide care to patients diagnosed with psychiatric illnesses ((ICD-10-AM F00-F99) outside psychiatric departments of the general hospital. It is not possible to link this activity to specific hospitals available beds.

Break in Series:

-Private hospital bed data in 2019 is based on information given to the Health Service Executive (HSE) as part of arrangements for hospital surge capacity during the Covid-19 pandemic. Information relates to year-end.

### **Curative (acute) care beds**

Source of data:

- For 2006 onwards: **Health Service Executive .**
- For years prior to 2006: **Department of Health and Children.**

Coverage:

- Data refer to average available beds in publicly funded acute (HP1) hospitals only (until 2014).
- Geriatric and rehabilitation beds in public acute hospitals are excluded.
- Psychiatric beds in acute hospitals are excluded until 2008.
- Beds in public and private hospitals are included since 2015.
- Acute hospitals in Ireland provide care to some patients diagnosed with psychiatric illnesses ((ICD-10-AM F00-F99) outside psychiatric departments of the general hospital. It is not possible to link this activity to specific hospitals beds.

Break in time series:

- Private hospital bed data in 2019 is based on information given to the Health Service Executive (HSE) as part of arrangements for hospital surge capacity during the Covid-19 pandemic. Information relates to year-end.
- From 2015, data include private acute hospitals.
- Break in series occurs in 2009. Until 2008, curative care beds included geriatric beds in acute hospitals and excluded psychiatric beds in acute hospitals.
- Up to and including 1996, figures refer to beds, excluding day beds, in publicly funded acute hospitals where the average length of stay is 18 days or less. From 1997 on, figures refer to beds in Health Service Executive network hospitals only.
- Data for 1980-1986 included beds in short-stay district hospitals.

### **Rehabilitative care beds**

Source of data:

- From 2009: **Health Service Executive.**
- Up to 2008: **Department of Health and Children, Annual Survey of Long-Stay Units.**

Coverage:

- Data refer to average available rehabilitative beds in publicly funded acute (HP1) hospitals only.
- Beds in private hospitals are not included.

### **Long-term care beds**

Source of data:

- From 2009: **Health Service Executive.**
- Up to 2008: **Department of Health and Children, Annual Survey of Long-Stay Units.**

Coverage:

- Refers only to beds in the geriatric specialty in public HP1 (acute) hospitals. Private hospitals are not included.

Break in time series:

- Break in series occurs in 2009. Up to 2008, data refer to beds in public long-stay geriatric hospitals and district/community hospitals. Data come from the Annual Survey of Long-Stay Units. Approximately 80% of long-stay units respond to this survey each year. For facilities where no data was received, bed numbers were rolled forward from the previous year.

### **Other hospital beds**

#### Source of data:

- For 2006 onwards: **Health Service Executive.**
- For data up to and including 2005: **Department of Health and Children.**

#### Break in time series:

- Up to 2009, Other hospital beds refer to beds in non-acute hospitals not included elsewhere.
- From 1987 to 1996, figures refer to beds in other hospitals where the length of stay is greater than 18 days. From 1997, figures refer to beds in hospitals not included in either HSE network hospitals or long-stay hospitals.

### **All psychiatric care beds**

#### Source of data:

- For 2004 onwards: **Mental Health Commission Annual Reports.**
- For data up to and including 2003: **Department of Health and Children.**

#### Coverage:

- Since 2004, data refer to beds in approved centres, as defined by the Mental Health Act 2001. A centre which provides for the care and treatment of persons suffering from mental illness or mental disorder must be registered with the Mental Health Commission to become an approved centre. Data refer to psychiatric beds in acute hospitals and in all psychiatric hospitals in the main. A small number of beds in other in-patient facilities are also included.
- Acute hospitals in Ireland provide care to some patients diagnosed with psychiatric illnesses ((ICD-10-AM F00-F99) outside psychiatric departments of the general hospital. It is not possible to link this activity to specific hospitals beds. This care is not captured in the figure reported for psychiatric care beds.

#### Break in time series:

- Up to and including 1986, figures refer to beds in public psychiatric hospitals and beds in psychiatric units in acute hospitals. From 1987 on, beds in private psychiatric hospitals are also included.
- Data from 2009 have been revised in 2015 and 2016 due to ongoing developmental work on the System of Health Accounts, in particular the statistical categorisation of hospitals into the SHA HP classifications. This has had the effect of reducing the numbers of psychiatric beds reported.

### **Total hospital beds at regional level**

#### Curative care and other beds sources:

- For 2006 onwards, source is **Health Service Executive;**
- For years prior to 2006, source is **Department of Health and Children, Integrated Management Returns.**

Psychiatric care beds source is **Mental Health Commission Annual Report and Health Research Board**

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

#### Coverage:

- Total hospital beds are the sum of curative care, psychiatric care, long-term care and Rehabilitative care beds.
- See metadata for each bed type for details on coverage and break in time series in 2009 and 2015

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

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

#### Source of data:

Curative care and other beds sources:

- for 2006 onwards, source is Health Service Executive;
- for years prior to 2006, source is Department of Health and Children, Integrated Management Returns.

Psychiatric care beds sources:

Mental Health Commission Annual Reports 2015.

#### Coverage:

- Data refer to average available beds in publicly funded acute (HP1) hospitals only.
- Geriatric and rehabilitation beds in public acute hospitals are excluded.
- Beds in private hospitals are not included.

#### Break in time series:

- Break in series occurs in 2009. Until 2008, curative care beds included geriatric beds in acute hospitals.
- Up to and including 1996, figures refer to beds, excluding day beds, in publicly funded acute hospitals where the average length of stay is 18 days or less. From 1997 on, figures refer to beds in Health Service Executive network hospitals only.
- Data for 1980-1986 included beds in short-stay district hospitals.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

#### Source of data:

Curative care and other beds sources:

- for 2006 onwards, source is Health Service Executive;
- for years prior to 2006, source is Department of Health and Children, Integrated Management Returns.

#### Reference period:

Data available from 2009

#### Coverage:

- Data refer to average available Rehabilitative beds in publicly funded acute (HP1) hospitals only.
- Beds in private hospitals are not included.

#### Break in time series:

Break in series occurs in 2009

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

#### Source of data:

Curative care and other beds sources:

- for 2006 onwards, source is Health Service Executive;
- for years prior to 2006, source is Department of Health and Children, Integrated Management Returns.

Psychiatric care beds sources:

Mental Health Commission Annual Reports 2015.

Reference period:

Coverage:

Long-term care beds:

- Refers only to beds in the geriatric specialty in public HP1 (acute) hospitals. Private hospitals are not included.

Psychiatric care beds:

- From 2004, refers to beds in approved centres, as defined by the Mental Health Act 2001. A centre which provides for the care and treatment of persons suffering from mental illness or mental disorder must be registered with the Mental Health Commission to become an approved centre.

Data refer to psychiatric beds in acute hospitals and in all psychiatric hospitals in the main. A small number of beds in other in-patient facilities are also included.

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

Break in time series:

Break in series occurs in 2009

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data:

Curative care and other beds sources:

- for 2006 onwards, source is Health Service Executive;

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

Break in time series:

Break in series occurs in 2009

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data:

- for 2004 onwards: Mental Health Commission Annual Reports.

- for data up to and including 2003: Department of Health and Children.

Coverage:

- From 2004, refers to beds in approved centres, as defined by the Mental Health Act 2001. A centre which provides for the care and treatment of persons suffering from mental illness or mental disorder must be registered with the Mental Health Commission to become an approved centre.

Data refer to psychiatric beds in acute hospitals and in all psychiatric hospitals in the main. A small number of beds in other in-patient facilities are also included.

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

Break in time series:

Break in series occurs in 2009

## **Greece**

### **Total hospital beds**

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

Reference period: Annual average.

Break in time series: 2010. Until 2009, the number of beds includes beds overnight, day-care beds and beds of residential units run by hospitals whereas from 2010 onwards data include only the overnight beds as given by the hospitals.

### **Curative (acute) care beds**

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

Reference period: Annual average.

Break in time series: 2010, 2015.

- Until 2009, the number of beds includes beds overnight, day-care beds and beds of residential units run by hospitals whereas from 2010 onwards data include only the overnight beds as given by the hospitals.

- 2015. Inclusion of some psychiatric care beds since 2015. Up to 2014, all psychiatric care beds are included under "Other hospital beds".

### **Rehabilitative care beds**

Source of data: **Hellenic Statistical authority (EL.STAT.)** – Annual Hospital Census.

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

Break in time series: 2012, 2015.

- Since 2012, the data do not include beds in rehabilitative centers, which are not considered as hospitals.

- Inclusion of some psychiatric care beds since 2015. Up to 2014, all psychiatric care beds are included under "Other hospital beds".

### **Long-term care beds**

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

Coverage: Data include chronic psychiatric care beds since 2015.

### **Other hospital beds**

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

Coverage: Data include psychiatric care beds until 2014.

Break in time series: 2010, 2015.

- Until 2009, the number of beds includes beds overnight, day-care beds and beds of residential units run by hospitals whereas from 2010 onwards data include only the overnight beds as given by the hospitals.

- 2015. Since 2015, the psychiatric care beds have been allocated to the other specific categories.

### **All psychiatric care beds**

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

Reference period: Annual average.

### **Total hospital beds at regional level**

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

Reference period: 31st December.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

Coverage: The coverage is complete at regional level.

Break in time series: In 2015 there is a break because acute psychiatric beds are included.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

Coverage: The coverage is complete at regional level.

Deviation from the definition: The psychiatric beds are not included

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

Coverage: The coverage is complete at regional level.

Break in time series: In 2015 there is a break because long –term psychiatric beds are included.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

Coverage: The coverage is complete at regional level.

Deviation from the definition: The psychiatric beds are not included

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

## **Spain**

### **Total hospital beds**

Source of data:

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

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

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

- Since 2010: **Ministry of Health** from **Specialised Care Information System** (Sistema de Información

de Atención Especializada - SIAE).

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

Reference period: Annual average.

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

Break in time series: 2010. Change in data source.

### **Curative (acute) care beds**

Source of data:

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

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

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

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

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

Reference period: Annual average.

Coverage:

- All public and private hospitals in Spain are included.

- Data include beds for psychiatric curative care since 1996.

Break in time series: 1996, 2010.

- In 2016, data have been revised since 1996 according to the new definition (including psychiatric curative care beds).

- 2010: Change in data source.

### **Rehabilitative care beds**

Source of data:

- From 2000 to 2009: **Ministry of Health** from **Statistics on Health Establishments Providing Inpatient Care** (ESCRI).

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

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

Reference period: Annual average.

Coverage:

- All public and private hospitals in Spain are included.

- In 2016, data have been provided since 1996 for this new variable.

Break in time series: 2010. Change in data source.

### **Long-term care beds**

Source of data:

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

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

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

- Since 2010: **Ministry of Health** from **Specialised Care Information System** (Sistema de Información

de Atención Especializada - SIAE).

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

Reference period: Annual average.

Coverage:

- All public and private hospitals in Spain are included.
- Data refer to occupied beds in long-term care departments of general hospitals and beds for long-term care in specialty (other than mental health and substance abuse) hospitals.
- Since 1996, data also include beds for psychiatric long-term care.

Break in time series: 1996, 2010.

- In 2016, data have been revised since 1996 according to the new definition.
- 2010: Change in data source.

### **Other hospital beds**

Source of data:

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

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

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

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

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

Coverage: Before 1996, data include all psychiatric care beds.

Break in time series: 1996. In 2016, data have been revised since 1996 according to the new definition.

### **All psychiatric care beds**

Source of data:

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

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

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

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

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

Reference period: Annual average.

Coverage:

- All public and private hospitals in Spain are included.
- Data refer to occupied beds in mental health hospitals and in psychiatric departments of general hospitals (HP.1.1) and of specialty hospitals (other than mental health and substance abuse). Substance abuse is treated in mental health hospitals and curative care hospitals.

Break in time series: 2010. Change in data source.

### **Total hospital beds at regional level**

Source of data: **Ministry of Health**, data from Statistics on Health Establishments Providing In-patient Care.

- Since 2010: **Ministry of Health** from Statistics of Specialized Care Centres (Sistema de Información de Atención Especializada - SIAE)

<https://www.mscbs.gob.es/estadEstudios/estadisticas/estHospilInternado/inforAnual/homeESCRI.htm>

Reference period: Annual average.

Coverage: All public and private hospitals are included. (the total number of hospitals is slightly lower than the total of hospitals included at the National Catalogue as some hospitals provide statistics grouped as a complex and also some of them do not provide data).

Further information: data have been updated from 2010 onward.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Ministry of Health, Social Services and Equity, data from Statistics on Health Establishments Providing In-patient Care.

- Since 2010: Ministry of Health, Social Services and Equity from Statistics of Centers of Special Attention (Sistema de Información de Atención Especializada - SIAE)

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

Reference period: Annual average.

Coverage: All public and private hospitals are included (the total number of hospitals is slightly lower than the total of hospitals included at the National Catalogue as some hospitals provide statistics grouped as a complex and also some of them do not provide data).

Break in time series: Since 1996 data have been revised and they are according to new definition

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Ministry of Health, Social Services and Equity, data from Statistics on Health Establishments Providing In-patient Care.

- Since 2010: Ministry of Health, Social Services and Equity from Statistics of Centers of Special Attention (Sistema de Información de Atención Especializada - SIAE)

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

Reference period: Annual average.

Coverage: All public and private hospitals are included (the total number of hospitals is slightly lower than the total of hospitals included at the National Catalogue as some hospitals provide statistics grouped as a complex and also some of them do not provide data).

Break in time series: Since 1996 data have been revised and they are according to new variable

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Ministry of Health, Social Services and Equity, data from Statistics on Health Establishments Providing In-patient Care.

- Since 2010: Ministry of Health, Social Services and Equity from Statistics of Centers of Special Attention (Sistema de Información de Atención Especializada - SIAE)

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

Reference period: Annual average.

Coverage: All public and private hospitals are included (the total number of hospitals is slightly lower than the total of hospitals included at the National Catalogue as some hospitals provide statistics grouped as a complex and also some of them do not provide data).

Break in time series: Since 1996 data have been revised and they are according to new definition

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Ministry of Health, Social Services and Equity, data from Statistics on Health Establishments Providing In-patient Care.

- Since 2010: Ministry of Health, Social Services and Equity from Statistics of Centers of Special Attention (Sistema de Información de Atención Especializada - SIAE)

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

Reference period: Annual average.

Coverage: All public and private hospitals are included (the total number of hospitals is slightly lower than the total of hospitals included at the National Catalogue as some hospitals provide statistics grouped as a complex and also some of them do not provide data).

Please note there is no other category in our classification so number of beds must be 0

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Ministry of Health, Social Services and Equity, data from Statistics on Health Establishments Providing In-patient Care.

- Since 2010: Ministry of Health, Social Services and Equity from Statistics of Centers of Special Attention (Sistema de Información de Atención Especializada - SIAE)

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

Reference period: Annual average.

Coverage: All public and private hospitals are included (the total number of hospitals is slightly lower than the total of hospitals included at the National Catalogue as some hospitals provide statistics grouped as a complex and also some of them do not provide data).

## **France**

### **Total hospital beds**

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

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

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

Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).

- Data include army hospitals from 2002 onwards.

- Data from 2013 cover geographical establishments for all sectors (public and private).

### **Curative (acute) care beds**

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

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

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

Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- Data include army hospitals from 2002 onwards.
- Curative care beds are beds for surgery, obstetrics and other medical care.
- Data are not available for a detailed breakdown of psychiatric care beds between the curative, rehabilitative and Long-term care beds categories. Thus, all psychiatric care beds are reported in « Other hospital beds ».
- Data from 2013 cover geographical establishments for all sectors (public and private).

### **Rehabilitative care beds**

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

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

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

Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- Data include beds for rehabilitation care.
- Data from 2013 cover geographical establishments for all sectors (public and private).

### **Long-term care beds**

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

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

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

Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- Long-term care beds include very long term care beds for elderly people. These persons require long-term care due to chronic impairments and a reduced degree of independence in activities of daily living. These disabled elderly persons can be looked after either in hospitals or in nursing and residential care facilities for elderly people. Since 2008, due to legal modifications, many beds formerly counted in hospitals are now considered as beds in nursing and residential care facilities.
- Data from 2013 cover geographical establishments for all sectors (public and private).

## **Other hospital beds**

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

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

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

### Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).

- All psychiatric beds are reported in this category.

- Data from 2013 cover geographical establishments for all sectors (public and private).

Deviation from the definition: All psychiatric beds are reported in this category, due to the lack of a detailed breakdown of psychiatric care beds between the curative, rehabilitative and long-term care beds categories.

## **All psychiatric care beds**

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

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

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

### Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).

- Psychiatric care beds include all beds in mental health units in general hospitals as well as other hospitals, and beds for substance abuse treatment only when the head of the unit is a psychiatrist. Otherwise these beds are counted either as curative care beds or Long-term care beds.

- Data from 2013 cover geographical establishments for all sectors (public and private).

## **Total hospital beds at regional level**

Source of data: Ministère des affaires sociales et de la santé - Direction de la Recherche, des Etudes, de l'Evaluation et des Statistiques (DREES). Data are from the "Statistique Annuelle des Etablissements de santé (SAE)".

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

Reference period: 31st December.

### Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).

- From 2013, we count the number of geographical establishments for all sectors (public and private). That is why there is a break in series in the number of the total hospitals and the public hospitals.
- Hospitals that provide home health care services as unique activity are excluded

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Reference period: 31st December.

#### Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- Data include army hospitals from 2002 onwards.
- Curative care beds are beds for surgery, obstetrics and other medical care.
- Data from 2013 it is geographical establishments for all sectors (public and private). That is why there is a break in series in the number of total hospitals and public hospitals.
- As proposed in the guidelines, we chose to allocate the psychiatric care beds in the curative care category, since we do not have sufficient information to do a detailed breakdown of these psychiatric care beds between the curative, rehabilitative and long-term care beds categories.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Reference period: 31st December.

#### Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- Data include army hospitals from 2002 onwards.
- Curative care beds are beds for surgery, obstetrics and other medical care.
- Data from 2013 it is geographical establishments for all sectors (public and private). That is why there is a break in series in the number of total hospitals and public hospitals.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Reference period: 31st December.

Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- Data include army hospitals from 2002 onwards.
- Curative care beds are beds for surgery, obstetrics and other medical care.
- Data from 2013 it is geographical establishments for all sectors (public and private). That is why there is a break in series in the number of total hospitals and public hospitals.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Reference period: 31st December.

Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- Data include army hospitals from 2002 onwards.
- Curative care beds are beds for surgery, obstetrics and other medical care.
- Data from 2013 it is geographical establishments for all sectors (public and private). That is why there is a break in series in the number of total hospitals and public hospitals.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Ministère de la Santé et des Sports - Direction de la Recherche, des Etudes, de l'Evaluation et des Statistiques (DREES). Data are from the "Statistique Annuelle des Etablissements de santé (SAE)".

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

Reference period: 31st December.

Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- From 2013, we count the number of geographical establishments for all sectors (public and private). That is why there is a break in series in the number of the total hospitals and the public hospitals.

## **Croatia**

### **Total hospital beds**

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

Coverage: Prison hospital not included.

Break in time series: Starting from 2009 data do not include community care centres providing both in-patient and out-patient services primarily engaged in out-patient services.

### **Curative (acute) care beds**

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

Coverage: Prison hospital not included.

### **Rehabilitative care beds**

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

Coverage:

Prison hospital not included.

### **Long-term care beds**

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

Coverage: Prison hospital not included.

### **Other hospital beds**

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

Coverage: Prison hospital not included.

### **All psychiatric care beds**

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

Coverage: Prison hospital not included.

### **Total hospital beds at regional level**

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

Reference period: 31st December

Starting from 2009 data do not include community care centres providing both in-patient and out-patient services primarily engaged in out-patient services.

Coverage: Data include number of hospital beds in all public and private hospitals in Croatia, except prison hospital.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

Coverage: Data include number of hospital beds in all public and private hospitals in Croatia, except prison hospital.

Break in time series: starting from 2014, these beds include also psychiatric acute care beds.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

Coverage: Data include number of hospital beds in all public and private hospitals in Croatia, except prison hospital.

Break in time series: until 2014, these beds were in “Other hospital beds” category.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

Coverage: Data include number of hospital beds in all public and private hospitals in Croatia, except prison hospital.

Break in time series: starting from 2014, these beds include also psychiatric long-term care beds.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

Coverage: Data include number of hospital beds in all public and private hospitals in Croatia, except prison hospital.

Break in time series: this category included rehabilitative care beds until 2013, since 2014 no beds in Croatia are in this category.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 31st December

Starting from 2009 data do not include community care centres providing both in-patient and out-patient services primarily engaged in out-patient services.

Coverage: Data include number of hospital beds in all public and private hospitals in Croatia, except prison hospital.

## **Italy**

### **Total hospital beds**

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

Reference period: Annual average.

Coverage:

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

accredited by the National Health Service and military hospitals.

### **Curative (acute) care beds**

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

Reference period: Annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- Data include beds in psychiatric departments of general hospitals (HP.1.1). (There are no mental health and substance abuse hospitals in Italy). Psychiatric care beds include beds for infant patients with mental health diseases.
- Until 1999, data include all in-patient beds except Long-term care beds. From 2000, data include all in-patient beds except Rehabilitative care beds and Long-term care beds.

Break in time series: 2000. Rehabilitative care beds are included in "curative care beds" until 1999.

### **Rehabilitative care beds**

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

Reference period: Annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- Inclusion: beds for rehabilitation (HC.2).

### **Long-term care beds**

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

Reference period: Annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- Beds in long-term care departments of general hospitals (HP.1.1).

### **Other hospital beds**

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

Reference period: Annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- All other beds in hospitals (HP.1) not elsewhere classified.

### **All psychiatric care beds**

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

Reference period: Annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- In Italy Mental health hospitals (HP.1.2) and specialized Psychiatric hospitals (HP.1.3) do not exist: psychiatric curative care is treated in wards of general hospitals (HP.1.1), such as psychiatric wards and infantile

neuropsychiatric wards.

- Psychiatric care beds include the care beds of psychiatric wards and the care beds of infantile neuropsychiatric wards.

### **Total hospital beds at regional level**

Source of data: Ministry of Health – General Directorate of digitalisation, health information system and statistics – Office of Statistics.

<http://www.salute.gov.it/statistiche>.

Reference period: annual average.

Coverage:

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

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: Annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- Data include beds in psychiatric departments of general hospitals (HP.1.1). (There are no mental health and substance abuse hospitals in Italy). Psychiatric care beds include beds for infant patients with mental health diseases.
- Until 1999, data include all in-patient beds except Long-term care beds. From 2000, data include all in-patient beds except Rehabilitative care beds and Long-term care beds.

Break in time series: 2000. Rehabilitative care beds are included in "curative care beds" until 1999.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: Annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- Inclusion: beds for rehabilitation (HC.2).

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: Annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- Beds in long-term care departments of general hospitals (HP.1.1).

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: Annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- All other beds in hospitals (HP.1) not elsewhere classified.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Ministry of Health – General Directorate of digitalisation, health information system and statistics – Office of Statistics.

<http://www.salute.gov.it/statistiche>.

Reference period: annual average.

Coverage:

- All public, not for-profit and private hospitals are registered.
- Beds in psychiatric departments of general hospitals (HP.1.1). (There are no mental health and substance abuse hospitals in Italy).
- Psychiatric care beds include beds for infant patients with mental health diseases.

## **Cyprus**

### **Total hospital beds**

Source of data: **Statistical Service of Cyprus**, Public sector administrative sources and Private Clinics Inspectors for the Private Sector.

Validity of the source: For the years 1985, 1987, 1995 and 2000 figures were obtained from the Census of Doctors, Dentists and Clinics.

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

Coverage:

- Data refer to General Hospitals, Rural Hospitals and one Special Hospital (psychiatric) of the public sector as well as the total number of beds of the private sector.
- For years 1994, 1996-1999, 2001-2004, the total number of hospital beds could not be calculated, since the number of beds in “for-profit privately owned hospitals” was not available.
- The number of beds corresponding to the health centres of the public sector are not included, since they do not refer to in-patients.
- The number of beds corresponding to Saint Charalambos Home are not included either.

### **Curative (acute) care beds**

Source of data: Statistical Service of Cyprus, Health and Hospital Statistics

Reference period: 31<sup>st</sup> December of the reference year

Coverage: Included are:

- all the beds of the “For-profit privately owned hospitals” (for the years for which the number of these beds is available),
- the beds of the “Publicly owned hospitals” (General, Rural) except from the beds referring to haemodialysis, casualty departments, thalassaemia and cots for healthy infants

- included are the beds of the Mental Health Departments of the General Hospitals, as well as all the beds of the Mental Health Hospital, irrespectively if they refer to long-term care or curative care.

### **Rehabilitative care beds**

Data not available. In Cyprus the medical institutions do not use specific number of beds for rehabilitative care. All beds are used for all purposes i.e. curative care, long-term care, rehabilitation, etc. according to the needs at the specific point of time. Hence, all the beds used for in-patients are included under the category “curative care beds”.

### **Long-term care beds**

Data not available. In Cyprus the medical institutions do not use specific number of beds for long-term care. All beds are used for all purposes i.e. curative care, long-term care, rehabilitation, etc. according to the needs at the specific point of time. Hence, all the beds used for in-patients are included under the category “curative care beds”.

### **Other hospital beds**

Data not available. In Cyprus the medical institutions do not use specific number of beds for long-term care. All beds are used for all purposes i.e. curative care, long-term care, rehabilitation, etc. according to the needs at the specific point of time. Hence, all the beds used for in-patients are included under the category “curative care beds”.

### **All psychiatric care beds**

Source of data: **Statistical Service of Cyprus**, Public sector administrative sources.

Validity of the source: For the years 1985, 1987, 1995 and 2000 figures were obtained from the Census of Doctors, Dentists and Clinics.

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

Coverage: Psychiatric beds refer to public sector only: General hospitals and Athalassa special (including the departments of Athalassa mental health hospital offering long-term care) hospital. As regards the private sector, the beds used for psychiatric care are included in the curative care beds, since they are also used for curative care.

## **Latvia**

### **Total hospital beds**

Source of data: **Centre for Disease Prevention and Control**; Database of hospital beds' utilisation.

Reference period: Up to 1999: end of the year, from 2000: mid-year.

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

Note: Reductions in years 2009 and 2010 due to restructuring and health care reforms.

### **Curative (acute) care beds**

Source of data: **Centre for Disease Prevention and Control**; Database of hospital beds' utilisation.

Reference period: Up to 1999: end of the year, from 2000: mid-year.

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

Note: Reductions in years 2009 and 2010 due to restructuring and health care reforms.

### **Rehabilitative care beds**

Source of data: **Centre for Disease Prevention and Control**; Database of hospital beds' utilization.

Reference period: from 2000: mid-year.

Note: the increase of rehabilitative beds in 2011 is due to registered new health care institutions with rehabilitative beds.

### **Long-term care beds**

Source of data: **Centre for Disease Prevention and Control**; Database of hospital beds' utilisation.

Reference period: Up to 1999: end of the year, from 2000: mid-year.

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

Note: The increase in year 2010 is due to restructuring and health care reforms.

### **Other hospital beds**

Source of data: **Centre for Disease Prevention and Control**; Database of hospital beds' utilisation.

Reference period: Up to 1999: end of the year, from 2000: mid-year.

Coverage/Deviation from the definition: Data refer to psychiatric care beds.

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

- From 1996 to 1999, other hospital beds also include rehabilitative care beds.

### **All psychiatric care beds**

Source of data: **Centre for Disease Prevention and Control**; Database of hospital beds' utilisation.

Reference period: Up to 1999: end of the year, from 2000: mid-year.

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

## **Lithuania**

### **Total hospital beds**

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report "Health Statistics of Lithuania", available from

<http://www.hi.lt/health-statistic-of-lithuania.html>.

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

Coverage: The number of hospital beds excludes nursing beds.

### **Curative (acute) care beds**

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report "Health Statistics of Lithuania", available from

<http://www.hi.lt/health-statistic-of-lithuania.html>.

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

Coverage:

- Number of hospital beds excluding tuberculosis, rehabilitation and nursing beds.

- Data includes psychiatric curative care beds. Psychiatric beds were divided into curative care and long-term care beds proportionally according to number of beddays.

### **Rehabilitative care beds**

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

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

Coverage:

- Data include rehabilitation beds in general and rehabilitation hospitals. Beds in sanatoriums are excluded. Few rehabilitation beds for drug abusers are included. The number of hospital beds excludes nursing beds.

- A significant change in the number of rehabilitation beds in 1998 was due to the reorganisation of a few sanatoriums into rehabilitation hospitals and establishing rehabilitation departments in a number of general hospitals. In 2001, two rehabilitation hospitals became sanatoriums again, one hospital was closed. Reorganisation took few years. During the period 2000-2011, the number of rehabilitation beds fluctuated. In 2011, few sanatoriums were incorporated into hospitals and the number of rehabilitation beds has increased significantly.

Break in time series: 1998, 2001.

### **Long-term care beds**

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

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

Coverage: The number of long-term beds include tuberculosis beds (average length of stay 70 days) and long-term psychiatric beds. Psychiatric beds were divided into curative care and long-term care beds proportionally according to number of beddays. The number of long-term beds exclude nursing beds.

Deviation from definition: Palliative care beds are excluded as it is complicated to separate them from nursing beds. But the number of palliative beds is low.

### **Other hospital beds**

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

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

Coverage: No other beds.

### **All psychiatric care beds**

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

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

Coverage: The number of hospital beds excludes nursing beds.

### **Total hospital beds at regional level**

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments.

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

Coverage: The number of hospital beds excludes nursing beds.

## **Luxembourg**

### **Total hospital beds**

Source of data: **Directorate of Health**, Division of curative medicine and health quality.

Reference period: Annual average.

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

Estimation method: Until 2019, it is currently difficult to distinguish the in-patient beds from beds for same-day care.

Since 2019, the implementation of the new Hospital Law (2018) and the new authorization process clearly distinguishes the in-patient beds from beds for same-day care. The number of beds reported only includes the in-patient beds.

### **Curative (acute) care beds**

Source of data: **Directorate of Health**, Division of curative medicine and health quality.

Reference period: Annual average.

Coverage:

**Until 2012:**

- Data include beds for curative care (HC.1) in general hospitals and specialised institutions (HP.1.1 and HP.1.3 from ICHA-HP terminology). Palliative care beds are included.
- Beds for rehabilitation and psychiatric beds are excluded.

**Since 2013**, following the revised definition:

- Data include beds for curative care (HC.1.) in general and specialised institutions, palliative care beds, and psychiatric Curative (acute) care beds.
- Data do not include psychiatric and non-psychiatric Rehabilitative care beds, and long term care beds.

Break in time series: 2013, 2019.

Since 2019, following the implementation of the new Hospital Law:

- Data include beds for curative care in general and specialised hospitals, and psychiatric curative care beds.
- Data do not include psychiatric and non-psychiatric rehabilitative care beds, palliative care beds and long-term care beds.

### **Rehabilitative care beds**

Source of data: Directorate of Health, Division of curative medicine and health quality.

Reference period: Annual average.

Coverage:

**Until 2012:**

- Rehabilitation and functional readaptation beds, geriatric rehabilitation beds are included.
- The data are available since 2004 only. They refer to functional rehabilitation and readjustment beds and to geriatric rehabilitation beds in general hospitals (HP.1.1) and in specialised establishments which provide rehabilitative care (HP.1.3).
- Psychiatric Rehabilitative care beds are not included.

**Until 2013** : Data include Rehabilitative care beds in general hospitals (HP 1.1), mental hospitals (HP 1.2) and other specialised hospitals (HP 1.3).

Break in time series: 2013, 2019.

**Since 2019**, following the implementation of the new Hospital Law:

- Data include psychiatric and non-psychiatric rehabilitative care beds and palliative care beds in general hospitals (HP 1.1), mental hospitals (HP 1.2) and other specialised hospitals (HP 1.3).

Deviation from definition:

Following the new Hospital Law, beds for palliative care are included in rehabilitative care beds and not in long-term care beds.

### **Long-term care beds**

Source of data: Directorate of Health, Division of curative medicine and health quality.

Reference period: Annual average.

Estimation method:

- Following the introduction of the 'dependence insurance' (assurance dépendance) in 1998, Long-term care beds no longer depend on hospitals.

Since the implementation of the new Hospital Law in 2019, there are new long-term care beds by conversion of a part of psychiatric rehabilitative care beds in the mental hospital (HP 1.2). Other long-term care beds will also be available in the future in one general hospital (HP 1.1).

### **Other hospital beds**

Source of data: **Directorate of Health**, Division of curative medicine and health quality.

Reference period: Annual average.

Coverage:

**Until 2012**:

- Include psychiatric acute and Rehabilitative care beds.

- The category "Other hospital beds" includes psychiatric care beds in general hospitals (HP.1.1) and mental health hospitals (HP.1.2). (In other specialised establishments, funded psychiatric beds do not exist.) Data are available since 2004.

- It is important to note that the beds included in this selection are in specialised psychiatric institutions which mainly provide psychiatric rehabilitative care on a mid-term and long-term basis and have only a small number of beds for acute psychiatry.

**Since 2013**, following the revised definition:

- Psychiatric beds in psychiatric departments of general hospitals (HP 1.1) have been included in curative care beds and psychiatric Rehabilitative care beds in the mental hospital (HP 1.2) have been included in Rehabilitative care beds.

Break in time series: 2013.

### **All psychiatric care beds**

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

Reference period: Annual average.

Coverage:

- Include psychiatric beds in general hospitals (HP.1.1) and mental health hospitals beds (HP.1.2).

These data have only been available since 2004. In other specialised establishments, funded psychiatric beds do not exist.

- Include acute and rehabilitative psychiatric care beds.

Since 2019, these beds also include long-term psychiatric care beds.

## Hungary

### Total hospital beds

#### Source of data:

- Until 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.oep.hu](http://www.oep.hu).

- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.neak.gov.hu](http://www.neak.gov.hu).

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

Coverage: Includes the number of all acute care, rehabilitative care and long-term care hospital beds (including acute psychiatric care beds and including rehabilitative and long-term psychiatric care beds) run by hospitals under contract with Hungarian National Health Insurance Fund (OEP). Until 2017 it includes the number of justice hospitals beds in forensic hospital and prison hospital. From 2018, we don't count the number of beds in justice hospital.

#### Break in time series:

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

- From 2018, we don't count the number of beds in justice hospital.

### Curative (acute) care beds

#### Source of data:

- Until 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.oep.hu](http://www.oep.hu).

- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.neak.gov.hu](http://www.neak.gov.hu).

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

Coverage: Includes the number of all acute hospital beds (including acute psychiatric care beds) run by hospitals under contract with Hungarian National Health Insurance Fund (OEP). Until 2017 it includes the number of justice hospitals beds in forensic hospital and prison hospital. From 2018, we don't count the number of beds in justice hospital.

#### Break in time series:

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

- From 2018, we don't count the number of beds in justice hospital.

### Rehabilitative care beds

#### Source of data:

- Until 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.oep.hu](http://www.oep.hu).

- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.neak.gov.hu](http://www.neak.gov.hu).

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

#### Coverage:

- Includes the number of rehabilitation beds (including rehabilitative psychiatric care beds) in hospitals under contract with Hungarian National Health Insurance Fund (OEP). Until 2017 it includes

the number of justice hospitals beds in forensic hospital and prison hospital. From 2018, we don't count the number of beds in justice hospital.

- Rehabilitative psychiatric care beds include Psychiatric rehabilitation, Addictology rehabilitation, Child and youth psychiatric rehabilitation, and Child and youth addictology rehabilitation.

Break in time series:

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

- From 2018, we don't count the number of beds in justice hospital.

### **Long-term care beds**

Source of data:

- Until 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.oep.hu](http://www.oep.hu).

- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.neak.gov.hu](http://www.neak.gov.hu).

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

Coverage:

- Includes the number of chronic beds (including long-term psychiatric care beds) in hospitals, excluding rehabilitation beds in hospitals under contract with Hungarian National Health Insurance Fund (OEP). Until 2017 it includes the number of justice hospitals beds in forensic hospital and prison hospital. From 2018, we don't count the number of beds in justice hospital.

- Long-term psychiatric care beds include chronic (i.e. long-term) psychiatry, geronto-psychiatry.

Break in time series:

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

- From 2018, we don't count the number of beds in justice hospital.

### **Other hospital beds**

Source of data:

- Until 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.oep.hu](http://www.oep.hu).

- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.neak.gov.hu](http://www.neak.gov.hu).

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

Coverage: All hospital beds are classified as one of the curative (acute) care beds, rehabilitative care beds or long-term beds. There is no other type of bed.

### **All psychiatric care beds**

Source of data:

- Until 2016: **Hungarian National Health Insurance Fund** (OEP, in Hungarian) based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.oep.hu](http://www.oep.hu).

- From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.neak.gov.hu](http://www.neak.gov.hu).

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

Coverage: Includes the number of acute psychiatric care beds and rehabilitative and long-term psychiatric care beds in hospitals under contract with Hungarian National Health Insurance Fund (OEP). Until 2017 it includes the number of justice hospitals beds in forensic hospital and prison hospital. From 2018, we don't count the number of beds in justice hospital.

#### Break in time series:

- In 2007, the number of acute psychiatric beds in hospitals under contract with Hungarian National Health Insurance Fund (OEP) decreased significantly.
- From 2018, we don't count the number of beds in justice hospital.

### **Total hospital beds at regional level**

#### Source of data:

- Hungarian National Health Insurance Fund (OEP in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.oep.hu](http://www.oep.hu).
  - From 2017: **National Institute of Health Insurance Fund Management** (NEAK, in Hungarian), based on their annual publication "Hospital Bed Count and Patient Turnover Statistics". [www.neak.gov.hu](http://www.neak.gov.hu).
- Reference period: 31<sup>st</sup> December.

Coverage: Includes the number of all acute hospital beds (including acute psychiatric care beds) run by hospitals under contract with Hungarian National Health Insurance Fund (OEP). Until 2017, it includes the number of justice hospitals beds in forensic hospital and prison hospital.

#### Break in time series:

- In 2007, the number of acute hospitals beds in hospitals under contract with Hungarian National Health Insurance Fund (OEP) decreased significantly, but the number of chronic beds increased.
- From 2018, we do not count the number of beds in justice hospital.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

#### Source of data:

- Hungarian National Health Insurance Fund (OEP in Hungarian), Hospital bed and patient turnover account. [www.oep.hu](http://www.oep.hu).

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

Coverage: Includes the number of all acute hospital beds (including acute psychiatric care beds) run by hospitals under contract with Hungarian National Health Insurance Fund (OEP). Number of hospital beds of Justice hospitals are including.

#### Break in time series:

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

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

#### Source of data:

- Hungarian National Health Insurance Fund (OEP in Hungarian), Hospital bed and patient turnover account. [www.oep.hu](http://www.oep.hu).

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

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

#### Break in time series:

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

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data:

- Hungarian National Health Insurance Fund (OEP in Hungarian), Hospital bed and patient turnover account. [www.oep.hu](http://www.oep.hu).

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

Coverage: Includes the number of chronic beds in hospitals, excluding rehabilitation beds in hospitals under contract with Hungarian National Health Insurance Fund (OEP). Number of hospital beds of Justice hospitals are including.

Break in time series:

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

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data:

- Hungarian National Health Insurance Fund (OEP in Hungarian), Hospital bed and patient turnover account. [www.oep.hu](http://www.oep.hu).

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

Coverage: All hospital beds are classified as one of the Curative (acute) care beds, Rehabilitative care beds or long-term beds. There is no other type of bed.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data:

- Hungarian National Health Insurance Fund (OEP in Hungarian), Hospital bed and patient turnover account. [www.oep.hu](http://www.oep.hu).

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

Coverage: Includes the number of chronic beds in hospitals, excluding rehabilitation beds in hospitals under contract with Hungarian National Health Insurance Fund (OEP). Number of hospital beds of Justice hospitals are including.

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

## **Malta**

### **Total hospital beds**

Source of data: Joint collation by **Directorate for Health Information & Research, Health Care Services Standards**, Health Division within **Ministry for Energy and Health** and **Individual Institutions**.

Data received from establishments themselves and collated at **Directorate for Health Information and Research**.

Reference period: end of the year

Coverage:

Strict criteria according to definitions were used in collation of available hospital beds from 2005 onwards. This will explain the shift in numbers from other years. Other hospital beds include rehabilitation beds and respite beds.

Changes in numbers of available beds for 2007 are mainly due to restructuring and changes in numbers of available beds with the "migration" of the main State general Hospital in Malta (St. Luke's

Hospital) to the new "Mater Dei Hospital". The old State main General Hospital in Malta was closed down. However, a number of beds (155 in all) were retained as long term beds and as rehabilitation beds in Karen Grech Hospital within the grounds of the old main general hospital.

The changes in numbers of available beds for 2008 reflect an ongoing process of restructuring within the Health Division of the Ministry for Social Policy and relicensing of healthcare establishments.

In 2001 the large increase in the number of hospital beds was due to the inclusion of the LTC beds in the state geriatric hospital at the time.

There is a downward change in the total number of available beds for end 2009 due to relicensing of the main state Geriatric Hospital as a residential and nursing care facility (HP.2) in 2009. The total number of beds decreased in 2011 due to the termination of one privately owned hospital. 2012. An increase in the number of hospital beds was due to the addition of 1 privately owned rehabilitation hospital and the addition of beds in a publicly owned rehabilitation hospital.

The total number of beds in 2013 has been amended due to incorrectly inputting the number of Long-term care beds.

The total number of beds in 2014 has decreased since a number of beds which were being used for overnight stays are now being used as day care beds.

Break in series:

- 2001, 2009.

- 2011 due to the closing down of one privately owned hospital.

### **Curative (acute) care beds**

Source of data: **Directorate for Health Information and Research** from data supplied by the Institutions and Department of Health Care Standards within the Ministry for Energy and Health. Data received from establishments themselves and collated at **Directorate for Health Information and Research**.

Reference period: end of the year

Coverage:

From 2014 onwards, criteria according to definitions were used in collation of psychiatric beds used as curative care beds.

### **Rehabilitative care beds**

Source of data: **Directorate for Health Information and Research** from data supplied by the Institutions and Department of Health Care Standards within the Ministry for Energy and Health. Data received from establishments themselves and collated at **Directorate for Health Information and Research**.

Reference period: end of the year

Coverage:

From 2014 onwards, criteria according to definitions were used in collation of psychiatric beds used as Rehabilitative care beds.

### **Long-term care beds**

Source of data: **Directorate for Health Information and Research** from data supplied by the Institutions and Department of Health Care Standards within the Ministry for Health.

Reference period: end of the year.

Coverage:

From 2014 onwards criteria according to definitions were used in collation of psychiatric beds used as Long-term care beds.

## **Other hospital beds**

Source of data: **Directorate for Health Information and Research** from data supplied by the Institutions and Department of Health Care Standards within the Ministry for Health.

Reference period: end of the year.

Coverage:

From 2014 onwards, criteria according to definitions were used in collation of psychiatric beds used as Other hospital beds.

## **All psychiatric care beds**

Source of data: Joint collation by **Directorate for Health Information & Research, Health Care Services Standards**, Health Division within **Ministry for Energy and Health** and **Individual Institutions**.

Data received from establishments themselves and collated at **Directorate for Health Information and Research**.

Reference period: end of the year.

Coverage:

Strict criteria according to definitions were used in collation of available hospital beds from 2005 onwards. This will explain the shift in numbers from other years. Changes in numbers of available beds for 2007 are mainly due to restructuring and changes in numbers of available beds with the "migration" of the main State general Hospital in Malta (St. Luke's Hospital) to the new "Mater Dei Hospital". The old State main General Hospital in Malta was closed down. However, a number of beds (155 in all) were retained as long term beds and as rehabilitation beds in Karen Grech Hospital within the grounds of the old main general hospital.

## **Netherlands**

### **Total hospital beds**

Source of data:

2015 onwards: Annual reports social account (DigiMV). 2015 only: estimate of LTC beds by Trimbos institute.

2006-2014: Annual reports social account (DigiMV) plus Trimbos institute estimates based on National Health Authority

2003-2005: Prismant survey; Psychiatric care beds in general hospitals and university hospitals:

Prismant; psychiatric care beds total: Trimbos institute estimates based on National Health Authority

2001-2002: Prismant survey; Psychiatric care beds in general hospitals and university hospitals:

Prismant; psychiatric care beds in psychiatric hospitals: annual survey Statistics Netherlands.

1990-2000: Annual survey Statistics Netherlands.

1965-1989: Statistics of inpatient care, Statistics Netherlands.

1960-1964: Bureau of the Chief Medical Officer, Health inspectorate.

Reference period:

2015-: 31 December

2006-2014: 31 December, except for Psychiatric care beds: usual number during the year

2001-2005: 1<sup>st</sup> January; except for Psychiatric care beds: usual number during the year

1980-2000: Annual average.

1960-1979: 31 December.

Coverage:

Beds in general, university, specialised hospitals, independent treatment centres, mental health care institutions, rehabilitative care institutions. psychiatric hospitals and beds in psychiatric wards of general and university hospitals.

Excludes:

- beds in psychiatric hospitals of the Ministry of Justice;
- Beds in private clinics that perform procedures that are fully paid for by out-of-pocket expenditure.

- Beds in the military hospital.

Deviation from definition:

*Beds for same-day care*

- 2015 onwards: beds for same-day care excluded in mental health care institutions; in all other hospitals they are included.
- 1960-2014: beds for same-day care included.

*Cots for healthy infants*

- 2015 onwards: excludes cots for healthy infants.
- 2002-2014: includes cots for healthy infants.
- 1990-2001: excludes cots for healthy infants.
- 1960-1989: includes cots for healthy infants.

### **Curative (acute) care beds**

Source of data:

- 2007 onwards: DigiMV (Annual report social account).
- 2001-2005: Prismant, annual survey.
- 1990-2000: Annual survey Statistics Netherlands.
- 1965-1989: Statistics of inpatient care, Statistics Netherlands.
- 1960-1964: Bureau of the Chief Medical Officer, Health inspectorate.

\* DigiMV; Type of data: administrative

Reference period:

- 2007 onwards: Annual average.
- 2001 – 2005: 1<sup>st</sup> January.
- 1980 - 2000: Annual average.
- 1960 – 1979: 31 December

Coverage:

Type of hospitals:

- 2015 onwards: Beds in general, university, specialised hospitals, independent treatment centres and mental health care institutions.
- 2007- 2014: Beds in general, university, specialised and rehabilitation hospitals.
- 1972- 2005: Beds in general and university hospitals.
- 1960- 1971: Beds in general, university, specialised and rehabilitation hospitals.

2015 onwards: beds for same-day care excluded in mental health care institutions; in all other hospitals they are included.

1960-2014: beds for same-day care included.

Beds in psychiatric wards:

- 1990 – onwards: Beds in psychiatric wards of general and university hospitals are excluded; except for 2003-2005: beds on psychiatric wards of university hospitals included.
- 1960-1989: Beds in psychiatric wards of general and university hospitals are included

Cots for healthy infants:

- 2015 onwards: excludes cots for healthy infants.
- 2002 – 2014: includes cots for healthy infants.
- 1990 - 2001: excludes cots for healthy infants.
- 1960- 1989: includes cots for healthy infants.

Excluded:

- Beds in private clinics that perform procedures that are fully paid for by out-of-pocket expenditure .
- Beds in the military hospital.

Deviation from the definition:

- 2002 - 2014 : includes cots for healthy infants.
- 1982-1993: Licensed beds.
- 1960 - 1989: includes beds on psychiatric wards of general and university hospitals, includes cots for healthy infants- 1960 - 1971: includes beds in rehabilitation hospitals and in specialised hospitals
- 2007 - 2014: includes beds in rehabilitation hospitals and in specialised hospitals
- 2015 – onwards: includes beds for same day care, except for rehabilitation hospitals and mental health care institutions.
- 1960 - 2014: Includes beds for same day care, except for rehabilitation hospitals

Break in time series: 1972, 1982, 1990, 1994, 2001, 2007, 2010 and 2015 due to changes in the data source, coverage and estimation method.

Estimation model: Beds in independent treatment centres: based on the curative care DTCs (DTC-SSC) (financed out of the compulsory health insurance). The maximum number of patient-days per institution per day within the year has been calculated as an estimate of the number of beds per institution. The total is then the sum of estimates of beds over all institutions.

Other hospital beds: missing data which could not be found on the hospitals website is estimated by using data from a different year.

### **Rehabilitative care beds**

Source and type of data: DigiMV; Type of data: administrative

Coverage: Institutions that receive reimbursement from the compulsory health care insurance or the long-term care insurance.

- Beds allocated to non-mental rehabilitative care (HC.2.1, HC.2.2).
- Based on beds in rehabilitative care institutions.

Reference period: Usual number during the year.

- Missing data which could not be found on the hospitals website is estimated by using data from a different year.

### **Long-term care beds**

There are no beds allocated to Long-term care in general, specialty and university hospitals in the Netherlands. However, for mental healthcare, beds are allocated.

Source of data:

2015 onwards:

- DigiMV (Annual report social account).

2012-2015:

- Trimbos Institute: Estimates by Trimbos Institute (Landelijke Monitor Ambulantisering en Hervorming Langdurige GGZ 2019, p. 99).

2011: Monitor long-term care by Statistics Netherlands,

<https://mlzopendata.cbs.nl/#/MLZ/nl/dataset/40023NED/table?dl=4CF51>

2010: DigiMV (Annual report social account).

Coverage:

- Only beds for mental health care are included, since no beds in non-psychiatric hospitals are allocated to long-term care. As the definition applies to SHA functions 3.1 and 3.2, i.e. long term care

health, the long-term social care is excluded. Therefore, by definition, residential facilities for mental health care (sheltered living) are excluded.

Deviation/compliance with the definition:

- As mental health care institutions in the Netherlands are integrated institutions covering curative, rehabilitative and long-term care, they belong at the same time to SHA provider categories HP.1.2 and HP.2.2. We have included the long-term mental health care beds in this category, as we have done likewise in the expenditure statistics for expenditure on mental health care institutions. We have excluded beds in residential facilities.

Break in time series: 2015 (youth mental health care transferred to municipalities, the number of those beds cannot be extracted from the financing side any more).

Estimation model:

- 2016 and later: The number of patient-days for long-term mental health care with treatment (source DigiMV) divided by 365 (i.e. assuming a 100% occupancy rate) PLUS the number of patient-days for mental health care with treatment in the second and third year stay divided by 365. The first number (financed by LTC insurance) is gradually declining, the second number (financed by the basic health insurance) is gradually increasing. .

- 2015: Annual reports social account (DigiMV). The number of long-term mental health care beds is the number of patient-days for long-term mental health care with treatment according to DigiMV ("profile B") divided by 365 (i.e. assuming a 100% occupancy rate). The number of curative psychiatric care beds is then the remainder (number of psychiatric care beds minus the calculated number of long-term mental health care beds).

- 2011: Long-term mental health care beds: persons using long term care packages with treatment (GGZ-B) in Q4, <https://mlzopendata.cbs.nl/#/MLZ/nl/dataset/40023NED/table?dl=4CF51>

- 2010: number of care packages for long term mental health care with treatment during the year (source: DigiMV) divided by 365 (as in 2015).

### **Other hospital beds**

Source of data:

- 2007 onwards: Annual reports social account (DigiMV).

- 2001-2005: Prismant.

- 1972-2000: Annual survey, Statistics Netherlands.

Coverage:

1972-2014: beds in special hospitals plus rehabilitation hospitals.

Reference period:

- 2007-2014: 31 December

- 2001-2005: 1<sup>st</sup> January.

- 1980-2000: Annual average.

- 1972-1979: 31 December

Break in time series: 1994, 2001 and 2007, 2015 due to changes in the data source and coverage.

- 2015 and later: zero by definition

Estimates:

- 2007-2014: Missing data which could not be found on the hospitals website is estimated by using data from a different year.

- 2006: estimate (average) for other hospital beds based on 2005 data from the Prismant survey and 2007 data from DigiMV.

### **All psychiatric care beds**

Source of data:

- From 2015 onwards: Annual reports social account (DigiMV).

- 2011-2014: Estimates by Trimbos Institute (Landelijke Monitor Ambulantisering en Hervorming Langdurige GGZ 2019, p. 99).
- 2010: **Annual report social account** (DigiMV)
- 2003-2009: NZA (Dutch Health Authority).
- 2001-2002: Psychiatric care beds in general hospitals and university hospitals: Prismant; psychiatric care beds in psychiatric hospitals: annual survey Statistics Netherlands.
- 1990-2000: Annual survey Statistics Netherlands.

Reference period:

- 2015 onwards: end of year
- 2011 -2014: 'usual number during the year'.
- 2010: curative care beds: end of year; long term care beds: usual number during the year- 2003-2009:
- 2001-2002: 1<sup>st</sup> January.
- 1980-2000: Annual average.
- 1965-1979: 31 December.

Coverage:

- From 2002: Beds in psychiatric hospitals and beds in psychiatric wards of general and university hospitals; excludes beds in psychiatric hospitals of the Ministry of Justice.
- 1990-2001: Beds in psychiatric hospitals and beds in psychiatric wards of general and university hospitals.
- 1965-1989: Beds in psychiatric hospitals.
- Beds in sheltered dwellings (so called RIBW-en) are excluded.

Estimation method:

- 2012-2014: All beds: Number of days of stay divided by 365 (Trimbos institute, Landelijke Monitor Ambulantisering en Hervorming Langdurige GGZ 2019, p. 99).
- 2011: Curative mental health care beds: estimate by Trimbos institute (Landelijke Monitor Ambulantisering en Hervorming Langdurige GGZ 2019, p. 99). Long-term mental health care beds: persons using long term care packages with treatment (GGZ-B) in Q4, <https://mlzopendata.cbs.nl/#/MLZ/nl/dataset/40023NED/table?dl=4CF51>
- 2003-2010: Number of occupied beds

Deviation from the definition:

- all years: include daycare beds
- 2003-2014: Beds refer to occupied beds .
- 1985-1994: Licensed beds.

Break in time series: 1985, 1990, 1995, 2001, 2003, ,2010, and 2015 (youth mental health care transferred to municipalities) due to changes in the data source and coverage.

## **Total hospital beds at regional level**

Source of data:

1990-2000: Annual survey Statistics Netherlands.  
 2001-2005: Prismant, annual survey  
 2006-annual reports social account which the hospitals are obliged to deliver, plus data from the NZA (Dutch Health Authority).

Reference period:

1990-2000: annual average.  
 2001-: 1 January.

Coverage: Beds in general, university and specialized hospitals, as well as in mental hospitals; including beds for same-day care. Not included are beds in a few hospices for terminal care and in nursing homes.

- until 2001: excluding cots for healthy infants.
- from 2002: including cots for healthy infants.

Deviation from the definition:

1990-1993: Average number of licensed beds

1994-2005: Actual number of beds (average)

2006-: licensed beds

Regional distribution: 2000-2002 estimation based on part of the hospital beds.

Break in time series: 1994, 1995, 2001 and 2006 due to changes in the data source and coverage.

**Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data:

- 1990-2000: Annual survey Statistics Netherlands.

- 2001-2005: Prismant, annual survey.

- 2006 onwards: data from the NZA (Dutch Health Authority).

Reference period:

- 1990-2000: Annual average.

- 2001 onwards: 1st January.

Coverage: Beds in general and university hospitals; includes beds for same-day care.

- Until 2001: excludes cots for healthy infants.

- From 2002: includes cots for healthy infants.

Deviation from the definition:

- 1990-1993: Average number of licensed beds.

- 1994-2005: Actual number of beds (average).

- 2006 onwards: Licensed beds

- 2010 onwards: Actual beds reported by the hospitals.

- Includes beds for same day care and cots for healthy infants.

Break in time series: 1994, 2001, 2006 and 2010 due to changes in the data source and coverage.

**Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

**Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

There are no beds allocated to Long-term care in hospitals in the Netherlands.

**Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data:

- 1990-2000: Annual survey, Statistics Netherlands.

- 2001 onwards: Prismant.

Reference period:

- 1990-2000: Annual average.

- 2001 onwards: 1st January.

Estimation method: Data are estimated as the difference between "Total hospital beds" and the sum of "Curative care beds" and "Psychiatric care beds".

Break in time series: 1994, 2001 and 2006 due to changes in the data source and coverage.

**All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data:

1990-2000: Annual survey Statistics Netherlands.

2001-2002: Psychiatric care beds in general hospitals and university hospitals: Prismant; psychiatric care beds in psychiatric hospitals: annual survey Statistics Netherlands.

2003- : NZA (Dutch Health Authority).

Reference period:

1990-2000: annual average.

2001-: 1 January.

Coverage:

- Until 2001: Beds in psychiatric hospitals + beds in psychiatric wards of general and university hospitals.

- From 2002: Beds in psychiatric hospitals + beds in psychiatric wards of general and university hospitals; and exclusive of beds in psychiatric hospitals of the Ministry of Justice.

- Beds in sheltered dwellings (so called RIBW- en) are excluded

Deviation from the definition:

1990-1994: Average number of licensed beds

1995-2005: Actual number of beds (average)

2006-: licensed beds

Regional distribution: 2000-2002 estimation based on part of the hospital beds.

Break in time series: 1995, 2001 and 2006 due to changes in the data source and coverage.

## **Austria**

### **Total hospital beds**

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

Estimation method: Annual average of all beds that were available for at least 6 months in the reporting year.Coverage:

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

- In Austria there are neither inpatient units nor units for same-day-care. Hospital beds are occupied by day clinic or fully inpatient patients as required. For this reason, it is not possible to differentiate between inpatient and same-day beds.

### **Curative (acute) care beds**

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

Estimation method: Annual average of all beds that were available for at least 6 months in the reporting year.

Coverage:

- Included are hospital beds for curative care (HC.1) in inpatient institutions as defined by the Austrian Hospital Act (KAKuG) and classified as HP.1 according to the System of Health Accounts (OECD).

- Included are beds for psychiatric and non-psychiatric curative care.

- In Austria there are neither inpatient units nor units for same-day care. Acute care beds are occupied by day clinic or fully inpatient patients as required. For this reason, it is not possible to differentiate between inpatient and same-day beds.

### **Rehabilitative care beds**

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

Estimation method: Annual average of all beds that were available for at least 6 months in the reporting year.

Coverage:

- Included are hospital beds for rehabilitative care (HC.2) in inpatient institutions as defined by the Austrian Hospital Act (KAKuG) and classified as HP.1 according to the System of Health Accounts (OECD).

- Included are beds for rehabilitation and convalescence.

Break in time series: 2000. In 2018, the time series has been revised since 2000. There is a break in 2000 due to reallocation of some hospital beds.

### **Long-term care beds**

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

Estimation method: Annual average of all beds that were available for at least 6 months in the reporting year.

Coverage:

- Included are hospital beds for long-term care (HC.3) in inpatient institutions as defined by the Austrian Hospital Act (KAKuG) and classified as HP.1 according to the System of Health Accounts (OECD).

- Included are beds for psychiatric and non-psychiatric long-term care.

Break in time series: 2000. In 2018, the time series has been revised since 2000. There is a break in 2000 due to reallocation of some hospital beds.

### **Other hospital beds**

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

Note: All hospital beds have been assigned to one of the other categories so there are no other hospital beds.

### **All psychiatric care beds**

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

Estimation method: Annual average of all beds that were available for at least 6 months in the reporting year.

Coverage:

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

- Inclusion: All Beds for psychiatric care in all hospitals (general, mental, other specialised hospitals), covering the following departments: Child and youth psychiatry, Psychiatry, Psychiatry and neurology (until 2016), PSY addiction diseases, PSY forensics, Psychosomatics (adults, children and adolescents).

- Exclusion: All beds in somatic/physical departments of all hospitals (general, mental, other specialised hospitals)- In Austria there are neither inpatient units nor units for same-day care.

Psychiatric care beds are occupied by day clinic or fully inpatient patients as required. For this reason, it is not possible to differentiate between inpatient and same-day beds.

Deviation from the definition:

- The allocation of hospital beds to psychiatric care is made strictly at the level of departments, irrespective of the type of hospital.

Break in time series: 2000. In 2021, the time series has been revised since 2000.

### **Total hospital beds at regional level**

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

Estimation method: Annual average of all beds that were available for at least 6 months in the reporting year.

Coverage:

- Included are all inpatient institutions as defined in the Austrian Hospital Act (KAKuG) which are classifiable as HP.1 according to System of Health Accounts (OECD).

- In Austria, there are neither inpatient units nor units for same-day-care. Hospital beds are occupied by day clinic or fully inpatient patients as required. For this reason, it is not possible to differentiate between inpatient and same-day beds, and to exclude same-day beds.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Austrian Federal Ministry of Health, Hospital Statistics (annual average).

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

Coverage: Complete.

Deviation from definition: Includes beds for same-day care (same-day care can be provided in units for same-day care as well as in any hospital bed, thus, these beds cannot be excluded).

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Austrian Federal Ministry of Health, Hospital Statistics (annual average).

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

Coverage: Complete.

- Data include beds for rehabilitation and convalescence.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Austrian Federal Ministry of Health, Hospital Statistics (annual average).

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

Coverage: Complete (as far as long-term care facilities are approved as hospitals according to the Hospital Act).

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Austrian Federal Ministry of Health, Hospital Statistics (annual average).

Remark: all hospital beds have been assigned to one of the other categories so there are no Other hospital beds.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Austrian Federal Ministry of Health, Hospital Statistics (annual average).

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

Coverage: complete.

- The time series has been revised completely and now excludes some neurological beds in psychiatric hospitals and includes beds for psychiatric rehabilitation in mental health hospitals (HP.1.2)

Deviation from the definition: Non-psychiatric beds in mental health hospitals (HP.1.2) are excluded; beds for psychiatric same-day care are included and beds for alcohol and substance abuse are included.

## **Poland**

### **Total hospital beds**

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

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

Coverage:

- Beds in all public and private hospitals.
- Beds in general and specialised hospitals, psychiatric hospitals, health resort hospitals, health resort sanatorium and inpatient rehabilitation facilities.
- Beds in long-term nursing care facilities (nursing homes) are excluded.
- Beds in prison hospitals are excluded until 2011 and included since 2012.

Break in time series:

- From 2008 onwards, due to the change in methodology of counting beds in general hospitals introduced by the Ministry of Health, beds and incubators for newborns (neonatology wards) are included in total number of beds of general hospitals.
- From 2012, beds in prison hospitals are included.

Deviation from the definition:

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

### **Curative (acute) care beds**

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

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

Coverage:

- From 2003 onwards, acute care beds comprise beds in general and specialised hospitals, including data on hospitals of the Ministry of National Defence and the Ministry of the Interior and Administration which were not calculated before.
- 2003-2007: palliative and rehabilitation beds are included.

- From 2008 onwards, palliative and rehabilitation beds are excluded and neonatology wards (beds and incubators for newborns) are included (in 2008 the Ministry of Health changed the methodology of counting beds in general hospitals).
  - From 2010 onwards: beds in general and specialised hospitals as well as psychiatric hospitals excluding wards for chronically ill (also psychiatric chronically ill) as well as rehabilitation wards (also psychiatric) and “other wards”.
  - From 2012 onwards the beds in prison hospitals are included in this category and curative care beds met the requirements of new definitions except cots of healthy infant which are still included.  
Deviation from definition: Cots for healthy infants are included. Until 2011 prison hospitals are excluded.
- Break in time series: 2003, 2008, 2010, 2012, 2019.
- In time period 2003-2007, palliative and rehabilitation beds are included. They are excluded from 2008 onwards.
  - From 2010 onwards psychiatric curative care beds are included.
  - From 2012 onwards curative care beds in prison hospitals are included.
  - In 2019, hospitals were restructured with a simultaneous change of the internal structure.

### **Rehabilitative care beds**

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

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

Coverage: Rehabilitation wards in general and specialised hospitals, rehabilitative psychiatric beds in psychiatric hospitals and all beds in health resort treatment (health resort hospitals and health resort sanatoria) and inpatient rehabilitation facilities.

Break in time series:

- From 2012 onwards, beds in prison hospitals are included in this category.

### **Long-term care beds**

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

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

Coverage:

- 2003-2007: Long-term care beds in hospitals comprise beds in sanatorium hospitals and long-term care wards in hospitals, including data on army hospitals (the Ministry of National Defence and the Ministry of Interior).
- 2008-2009: long-term care wards (for chronically ill) in general hospitals. Health resort hospitals (i.e. sanatorium hospitals) were moved to “Other hospital beds” because they have only rehabilitative beds (HC.2).
- From 2010 onwards: wards for chronically ill in general, specialised and psychiatric hospitals.
- From 2012 onwards, the beds in prison hospitals are included in this category.
- From 2012 onwards, the decrease in the number of long term hospital beds is due to structural changes in hospitals. Wards for chronically ill and palliative wards are disappearing from hospitals and they are established as independent facilities which are incorporated into HP.2.

Break in time series: 2008, 2010, 2012 due to change in coverage, see notes above.

### **Other hospital beds**

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

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

Coverage:

- 2003-2009, other beds comprise beds for rehabilitation (HC.2) in sanatoria and rehabilitation sanatoria, including data from the Ministry of the Interior.

- 2008-2009: rehabilitation wards of general hospitals and health resort hospitals (i.e. sanatorium hospitals) are included in this category.

- From 2010, all beds are included in one of the categories “curative care beds”, “Rehabilitative care beds” and “LTC beds”. Therefore, there are no “Other hospital beds”.

Break in time series: 2008, 2010.

### **All psychiatric care beds**

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

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

Coverage:

- Beds in psychiatric hospitals as well as psychiatric wards in general and specialized hospitals.

- From 2012 onwards psychiatric beds in prison hospitals are included.

Break in time series: 2012: Beds in prison hospitals are included.

### **Total hospital beds at regional level**

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

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

Coverage: Comprise beds in all public and private hospitals, (i.e. general, psychiatric, sanatorium hospitals and specialty hospitals). Beds in palliative wards, rehabilitation sanatoria and sanatoria are also included. Beds in long-term nursing care facilities (nursing homes) are excluded. In 2008 the Ministry of Health changed the methodology of counting beds in general hospitals. Beds and incubators for newborns (neonatology wards) were included in total number of beds of general hospitals.

Deviation from the definition:

Cots for healthy infants are included. Until 2011 prison hospitals are excluded.

Break in series:

From 2012 onwards beds in prison hospitals are included.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Coverage: Period 2008-2011 comprise beds of general hospitals excluding psychiatric, chronically ill and rehabilitative beds. Cots for healthy infants on neonatology wards are included. Beds in prison hospitals are excluded.

From 2012 onwards curative care beds comprise beds in general hospitals and in psychiatric hospitals (curative psychiatric care beds) and also curative beds in prison hospitals. Cots for healthy infants are still included in this category.

Deviation from the definition: Cots for healthy infants are included. Until 2011 prison hospitals are excluded.

Break in time series: 2012 (adjustment to new definition and inclusion beds in prison).

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Coverage: Rehabilitation wards in general and specialised hospitals (including prison hospitals), rehabilitative psychiatric beds in psychiatric hospitals and all beds in health resort treatment (health resort hospitals and health resort sanatoria) and inpatient rehabilitation facilities.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Coverage: Period 2008-2011 long-term care wards for chronically ill in general hospitals.

From 2012 onwards include long-term care wards for chronically ill in general hospitals and also

Long-term care beds in psychiatric hospitals and prison hospitals.

Break in time series: 2012 (adjustment to new definition).

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Coverage:

- 2003-2009, other beds comprise beds for rehabilitation (HC.2) in sanatoria and rehabilitation sanatoria, including data from the Ministry of the Interior.

- 2008-2009: rehabilitation wards of general hospitals and health resort hospitals (i.e. sanatorium hospitals) are included in this category.

- From 2012, all beds are included in one of the categories "curative care beds", "Rehabilitative care beds" and "LTC beds". Therefore, there are no "Other hospital beds".

Break in time series: 2008, 2012.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Coverage: comprise beds in psychiatric hospitals and psychiatric wards in general hospitals. From 2012 onwards comprise also psychiatric beds of prison hospitals.

Break in time series: 2012

## Portugal

### **Total hospital beds**

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

Reference period: Average between the quarters.

Coverage:

- The Hospital Survey began in 1985. This survey covers the whole range of hospitals acting in Portugal: hospitals managed by the National Health Service (public hospitals with universal access), non-public state hospitals (military and prison) and private hospitals.
  - From 1985 to 1998: Practiced allotment (beds in the general inpatient ward) plus intensive care beds (for this period, the intensive care beds were not considered as included in the practiced allotment). Emergency beds are included.
  - 1999 onwards: Practiced allotment (including beds of infirmaries, beds of particular rooms, intensive care beds, as well as neonatal special/intensive care beds, intermediate care beds, blasted unit beds, and beds of other hospital units). Emergency beds are excluded.
  - In both series (1985-1998 and 1999-) there are some hospital beds not included because they never were included in the practiced allotment (other beds, like emergency services beds, operation retrieval beds, day hospital beds, beds for newborn babies, beds for dialysis ...). Beds of particular rooms were not included in the practiced allotment neither in Total hospital beds from 1985 to 1998.
- Break in time series: 1999. The decrease in hospital beds in 1999 is due to a break in series associated with the exclusion of emergency beds from then on.

### **Curative (acute) care beds**

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

Reference period: Average between the quarters.

Coverage:

- The Hospital Survey began in 1985. This survey covers the whole range of hospitals acting in Portugal: hospitals managed by the National Health Service (public hospitals with universal access), non-public state hospitals (military and prison) and private hospitals.
- Data include beds of infirmaries, particular and semi-private rooms, intensive care units, special care units, intermediate care units and blasted units from all hospitals, except hospitals specialized in alcohol recovery, rehabilitation of physically impaired or rehabilitation of drug addicts.
- The number of "curative care beds" includes beds from psychiatric hospitals and psychiatric beds in general hospitals.

### **Rehabilitative care beds**

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

Reference period: Average between the quarters.

Coverage:

- The Hospital Survey began in 1985. This survey covers the whole range of hospitals acting in Portugal: hospitals managed by the National Health Service (public hospitals with universal access), non-public state hospitals (military and prison) and private hospitals.
- Data includes beds of hospitals specialized in alcohol recovery, rehabilitation of physically impaired or rehabilitation of drug addicts.

### **Long-term care beds**

Data not available.

### **Other hospital beds**

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

Reference period: Average between the quarters.

Coverage:

- The Hospital Survey began in 1985. This survey covers the whole range of hospitals acting in Portugal: hospitals managed by the National Health Service (public hospitals with universal access), non-public state hospitals (military and prison) and private hospitals.
- Data includes beds of other services (other than infirmaries, particular and semi-private rooms, intensive care units, special care units, intermediate care units and blasted units) in all hospitals, excluding beds of hospitals specialized in alcohol recovery, rehabilitation of physically impaired or rehabilitation of drug addicts.
- Note: The increase from 257 other hospital beds in 2014 to 819 in 2015 is explained by the increase in the number of hospitals which have reported other hospital beds. In 2014, there were 18 hospitals with other hospital beds, while in 2015 that number rose to 46. From 2015 onwards, the number of hospitals with other hospital beds has remained fairly stable.

### **All psychiatric care beds**

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

Reference period: Average between the quarters.

Coverage:

- The Hospital Survey began in 1985. This survey covers the whole range of hospitals acting in Portugal: hospitals managed by the National Health Service (public hospitals with universal access), non-public state hospitals (military and prison) and private hospitals.
  - In 2020, the time series was revised since 1994.
  - 1994 onwards: Data include beds of hospitals specialized in Psychiatry, beds of general hospitals allocated to Psychiatry and beds of specialized hospitals other than Psychiatry allocated to Psychiatry.
- Break in time series: 1994. There is a break in 1994, because the Hospital Survey was revised that year. Before 1994 data for “psychiatric care beds” refer to beds of Psychiatry specialty, while from 1994 onwards data include beds of hospitals specialized in Psychiatry, beds of general hospitals allocated to Psychiatry and beds of specialized hospitals other than Psychiatry allocated to Psychiatry.

### **Total hospital beds at regional level**

Source of data: Statistics Portugal – Hospital Survey

Reference period: average between the quarters.

Coverage:

- From 1985 to 1998: practiced allotment (beds of the hospital general in-patient) more intensive care beds (for this period, the intensive care beds were not considered as included in the practiced allotment);
- After 1999, inclusive: practiced allotment (including beds of infirmaries, beds of particular rooms, intensive care beds, as well as neonatal special/intensive care beds, intermediate care beds, blasted unit beds, and beds of other hospital units).
- In both series (1985-1998 and 1999-) there are some hospital beds not included because they never were included in the practiced allotment (other beds, like beds of urgency services, beds of operated retrieval, beds of day hospital, beds for newborn babies, beds for dialysis ...). Beds of particular

rooms were not included in the practiced allotment, neither in **Total hospital beds**, from 1985 to 1998.

Break in time series: 1999, due to a revision in the Hospital Survey in which the data collected on number of beds changed (exclusion of emergency beds and inclusion of other categories such as private rooms or burn unit).

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Statistics Portugal - Hospital Survey.

Reference period: Average between the quarters.

#### Coverage:

- The Hospital Survey began in 1985. This survey covers the whole range of hospitals acting in Portugal: hospitals managed by the National Health Service (public hospitals with universal access), non-public state hospitals (military and prison) and private hospitals.  
- Data include beds of infirmaries, particular and semi-private rooms, intensive care units, special care units, intermediate care units and blasted units. Data do not include beds of hospitals specialized in alcohol recovery, rehabilitation of physically impaired or rehabilitation of drug addicts.

Break in time series: 1999, due to a revision in the Hospital Survey in which the data collected on number of beds changed (exclusion of emergency beds and inclusion of other categories such as private rooms or burn unit).

- Provisional data for 2015.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Statistics Portugal - Hospital Survey.

Reference period: Average between the quarters.

#### Coverage:

- The Hospital Survey began in 1985. This survey covers the whole range of hospitals acting in Portugal: hospitals managed by the National Health Service (public hospitals with universal access), non-public state hospitals (military and prison) and private hospitals.  
- Data includes beds of hospitals specialized in alcohol recovery, rehabilitation of physically impaired or rehabilitation of drug addicts.

Break in time series: 1999, due to a revision in the Hospital Survey in which the data collected on number of beds changed (exclusion of emergency beds and inclusion of other categories such as private rooms or burn unit).

- Provisional data for 2015.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Statistics Portugal - Hospital Survey.

Reference period: Average between the quarters.

#### Coverage:

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

- Data includes beds of other services (other than infirmaries, particular and semi-private rooms, intensive care units, special care units, intermediate care units and blasted units). Data do not include beds of hospitals specialized in alcohol recovery, rehabilitation of physically impaired or rehabilitation of drug addicts.

Break in time series: 1999, due to a revision in the Hospital Survey in which the data collected on number of beds changed (exclusion of emergency beds and inclusion of other categories such as private rooms or burn unit).

- Provisional data for 2015.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Statistics Portugal – Hospital Survey.

Reference period: average between the quarters.

Coverage:

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

- Data only include beds from psychiatric and substance abuse treatment hospitals.

Break in time series: 1999, due to a revision in the Hospital Survey in which the data collected on number of beds changed (exclusion of emergency beds and inclusion of other categories such as private rooms or burn unit).

- Provisional data for 2015.

## **Romania**

### **Total hospital beds**

Source of data: **National Institute of Statistics**, Activity of Sanitary Units – annual survey performed by NIS.

Coverage: Data cover beds from public and private hospitals. Data includes only beds for inpatients and excludes day hospitalisation beds.

Estimation method: exhaustive survey

Break in the series: 1999

### **Curative (acute) care beds**

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

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

Coverage: Data cover beds from public and private (including not for profit) sector

Deviation from definition:

Break in the series: 1999, 2009

Since 2015, the hospital beds were distributed in long-term care beds and curative beds according to the average length of stay registered by the sanitary units and according to Order no.1782/2006 of the Ministry of Health and the National Health Insurance House and the operating approval of the sanitary units or the notice regarding length of stay from the Methodological Norms for the implementation of the Framework Contract on the conditions for granting medical assistance in the social health insurance system.

The average length of stay is calculated, for each ward in every hospital based on the total number of hospitalisation days divided by the total number of in-patients per year in a ward. Yearly, for each hospital, the Ministry of Health issues operating approvals which specifies the total number of beds per hospital and per each specialisation. Also, for each specialisation the number of beds approved for use for long term care is established.

Through the exhaustive survey on activity of sanitary units, the hospital beds are recorded based on the MoH approval without estimation, the sanitary units recording these beds as they are legally required to use them.

### **Rehabilitative care beds**

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

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

Coverage: Data cover beds from public and private (including not for profit) sector

### **Long-term care beds**

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

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

Coverage: Data cover beds from public and private (including not for profit) sector

Break in time series: 1999, 2005, 2009

Since 2015, the hospital beds were distributed in Long-term care beds and curative beds according to: the average length of stay registered by the sanitary units and according to Order no.1782/2006 of the Ministry of Health and the National Health Insurance House and the operating approval of the sanitary units or the notice regarding length of stay from the Methodological Norms for the implementation of the Framework Contract on the conditions for granting medical assistance in the social health insurance system.

The average length of stay is calculated, for each ward in every hospital based on the total number of hospitalisation days divided by the total number of in-patients per year in a ward. Yearly, for each hospital, the Ministry of Health issues operating approvals which specifies the total number of beds per hospital and per each specialisation. Also, for each specialisation the number of beds approved for use for long term care is established.

Through the exhaustive survey on activity of sanitary units, the hospital beds are recorded based on the MoH approval without estimation, the sanitary units recording these beds as they are legally required to use them.

### **Other hospital beds**

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

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

Coverage: Data cover beds from public and private (including not for profit) sector

Break in time series: 2009.

### **All psychiatric care beds**

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

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

Coverage: Data cover beds from public and private (including not for profit) sector. Data includes beds from neuropsychiatry sanatoriums.

Break in time series: 1999.

## **Total hospital beds at regional level**

Source of data: **National Institute of Statistics** and **Ministry of Public Health.**

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

Coverage: The data for period between 1993 and 1998 refer only to public sector.

The major differences that are at the number of beds are due to multiples changes in the sanitary network from Romania and the aim to have a more efficient sanitary activity.

Data refers to the number of beds for inpatients in hospitals.

Break in the series: 1999.

## **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: National Institute of Statistics

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

Coverage: The data refer to public and private sector

Break in time series: 1999, 2009

The data for period between 1993 and 1998 refer only to public sector.

Since 2009 including psychiatric care beds.

Since 2015, the hospital beds were distributed in **Long-term care beds** and curative beds according to: the average length of stay registered by the sanitary units and according to Order no.1782/2006 of the Ministry of Health and the National Health Insurance House and the operating approval of the sanitary units or the notice regarding length of stay from the Methodological Norms for the implementation of the Framework Contract on the conditions for granting medical assistance in the social health insurance system.

## **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: National Institute of Statistics

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

Coverage: The data refer to public and private sector

Break in time series: 2005

Till 2005 rehabilitation beds are included in other categories.

## **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: National Institute of Statistics

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

Coverage: The data refer to public and private sector

Break in time series: 1999, 2009

Since 2009 including psychiatric care beds.

Since 2015, the hospital beds were distributed in Long-term care beds and curative beds according to: the average length of stay registered by the sanitary units and according to Order no.1782/2006 of the Ministry of Health and the National Health Insurance House and the operating approval of the sanitary units or the notice regarding length of stay from the Methodological Norms for the implementation of the Framework Contract on the conditions for granting medical assistance in the social health insurance system.

## **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: National Institute of Statistics

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

Coverage: The data refer to public and private sector

Break in time series: 2009

Till 2009 data refers to psychiatric care beds (curative care beds and long term care beds). Since 2009 the psychiatric care beds are distributed in curative care beds and long term care beds.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: National Institute of Statistics and Ministry of Public Health.

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

Coverage: The data for period between 1993 and 1998 refer only to public sector, excluding beds from sanatoria and preventoria.

The major differences that are at the number of beds are due to multiples changes in the sanitary network from Romania and the aim to have a more efficient sanitary activity.

Break in the series: 1999, 2005

The dates of the Central and North-East regions were rectified for the 2007 year, including beds from neuropsychiatry sanatoriums.

The dates of the South-East and South-Muntenia regions were rectified for the 2007 year, too.

## **Slovenia**

### **Total hospital beds**

Source of data: **National Institute of Public Health, Slovenia**, Treating Institution Report (Form 3-21-60).

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

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

### **Curative (acute) care beds**

Source of data: **National Institute of Public Health, Slovenia**, Treating Institution Report (Form 3-21-60).

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

Coverage: general and specialized hospitals.

Deviation from the definition:

- In some hospitals, beds for palliative care are not excluded.
- Data include All psychiatric care beds (which cannot be broken down between curative care, rehabilitative care and long-term care functions).

### **Rehabilitative care beds**

Source of data: **National Institute of Public Health, Slovenia**, Treating Institution Report (Form 3-21-60).

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

Coverage: specialized hospital.

Note: Rehabilitative care beds are included in Other hospital beds before 2000.

Deviation from definition: data do not include psychiatric care beds, because data on psychiatric beds are not collected separately as beds for curative (acute), rehabilitative, long-term or some other psychiatric care.

### **Long-term care beds**

Source of data: **National Institute of Public Health, Slovenia**, Treating Institution Report (Form 3-21-60).

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

Coverage: general and specialized hospitals.

Deviation from the definition:

- In some hospitals, beds for palliative care are not included.
- Data do not include psychiatric care beds, because data on psychiatric beds are not collected separately as beds for curative (acute), rehabilitative, long-term or some other psychiatric care.

### **Other hospital beds**

Source of data: **National Institute of Public Health, Slovenia**, Treating Institution Report (Form 3-21-60).

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

Coverage: general and specialized hospitals.

Deviation from the definition: data on other hospital beds do not include psychiatric care beds.

- Break in time series: rehabilitative care beds are included in other hospital beds until 1999.
- Data do not include psychiatric care beds, because data on psychiatric beds are not collected separately as beds for curative (acute), rehabilitative, long-term or some other psychiatric care.

### **All psychiatric care beds**

Source of data: **National Institute of Public Health, Slovenia**, Treating Institution Report (Form 3-21-60).

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

Coverage: specialized hospitals and psychiatric department of general hospitals.

### **Total hospital beds at regional level**

Source of data: **National Institute of Public Health, Slovenia**, Treating Institution Report (Form 3-21-60).

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

Coverage: all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2) and other specialized hospitals (HP1.3).

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: Annual average.

Coverage: general and specialized hospitals.

Deviation from the definition:

- In some hospitals beds for palliative care are not excluded.

- All psychiatric care beds are allocated in “Curative (acute) care category, because they cannot be broken down between curative (acute) care, rehabilitative care and long-term care functions).

Break in time series: 2000: inclusion of All psychiatric care beds to Curative care category.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: Annual average.

Coverage: specialized hospital.

Deviation from the definition: Data for Rehabilitative care category do not include psychiatric care beds, because data on psychiatric beds are not collected separately (as beds for curative (acute), rehabilitative, long-term or some other psychiatric care).

Break in time series 2000: Rehabilitative care beds are included in Other hospital beds before 2000.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: Annual average.

Coverage: general and specialized hospitals.

Deviation from the definition from 2000:

- In some hospitals beds for palliative care are not included.
- Data on Long-term care category do not include psychiatric care beds, because data on psychiatric beds are not collected separately (as beds for curative (acute), rehabilitative, long-term or some other psychiatric care).

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: Annual average.

Coverage: general and specialized hospitals.

Deviation from the definition: From year 2000: exclusion of Rehabilitative care beds.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: annual average.

Coverage: specialized hospitals and psychiatric department of general hospitals.

## **Slovakia**

### **Total hospital beds**

Source of data: **National Health Information Center**, annual report on bed fund in health care facilities for data since 1996.

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

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

Break in time series: 2018.

- For the years 1996 - 2017 data refer to number of available beds as of 31 December.

- For the year 2018 data refer to average number of available beds over the year according to the OECD definition.

### **Curative (acute) care beds**

Source of data: **National Health Information Center**, annual report on bed fund in health care facilities for data since 1996.

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

Coverage:

- Data reflect the definition, including beds for psychiatric curative care.

Break in time series: 2005, 2018.

- In 2005, there is a break due to change of types of facilities resulting from legal changes in accordance with Act No 578/2004 on health care providers.

- For the years 1996 - 2017 data refer to number of available beds as of 31 December. For the year 2018, the data refer to average number of available beds over the year according to the OECD definition.

### **Rehabilitative care beds**

Source of data: **National Health Information Center**, annual report on bed fund in health care facilities for data since 1996.

Coverage: number of beds in specialised units including rehabilitative care, balneology, and physiatrics. Beds for psychiatric rehabilitative care don't exist in Slovakia.

Break in time series: 2018.

- For the years 1996 - 2017 data refer to number of available beds as of 31 December.

- For the year 2018 data refer to average number of available beds over the year according to the OECD definition.

### **Long-term care beds**

Source of data: **National Health Information Center**, annual report on bed fund in health care facilities for data since 1996.

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

Coverage:

- Long-term care beds: the number of beds in special health institutes, beds in hospital departments for long-term treatment, post-care beds and beds in institutes of complex post-care and rehabilitation, beds in psychiatric long-term care, and long-term nursing care beds, including palliative care.

Break in time series: 2005, 2018.

- In 2005 there is a break due to change of types of facilities resulting from legal changes in accordance with Act No 578/2004 on health care providers.

- For the years 1996 - 2017 data refer to number of available beds as of 31 December. For the year 2018 data refer to average number of available beds over the year according to the OECD definition, and therefore we add the B flag in 2018.

## **Other hospital beds**

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

- Annual report on bed fund in health care facilities for data since 1996.

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

Coverage:

- All hospital beds have been allocated to one of the categories “curative care beds”, “Rehabilitative care beds” and “Long-term care beds”. Therefore, the number of “Other hospital beds” is 0.

## **All psychiatric care beds**

Source of data: **National Health Information Center**, annual report on bed fund in health care facilities for data since 1996.

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

Coverage: Psychiatric care beds: number of beds in psychiatric hospitals and beds in psychiatric long-term nursing care beds and beds in psychiatric and geropsychiatry departments of general or specialised hospitals as well as beds in hospital departments for drug addiction treatment and centres for drug addictions treatment.

Break in time series: 2018.

- For the years 1996 - 2017 data refer to number of available beds as of 31 December.

- For the year 2018 data refer to average number of available beds over the year according to the OECD definition.

## **Total hospital beds at regional level**

Source of data: **National Health Information Center**, regular statistical findings within the State Statistical Program;

Regular statistical findings within the State Statistical Program: Annual report on bed fund of health facility in the Slovak Republic.

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

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

Note:

For the years 1996 - 2017 data refer to number of available beds as of 31 December).

From the year 2018 data refer to average number of available beds over the year according to the OECD definition, and therefore we add the B flag in 2018.

## **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: National Health Information Center.

Reference period: 1996 – 2014.

Coverage: All data are from regular state statistical finding within the State Statistical programme

Deviation from the definition: In 1996 – 2013 acute care beds = (number of beds in hospitals) minus (beds in psychiatric hospitals, departments for long-term treatment, psychiatric and gerontopsychiatry departments of hospitals, post-care beds and beds in institutes of complex post-care and rehabilitation and long-term nursing care beds, beds in hospital departments for drug addictions treatment and centers for drug addictions treatment) i.e. without psychiatric care beds. Acute care beds in 2014 include also psychiatric care beds.

Break in time series: Break in 2014 is due to technical problems within the data processing statistical system. We would like to know exactly that the new definition will be valid for following next years, and then it will be possible to count beds in accordance with new definition.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: National Health Information Center

Reference period: 1996 - 2014

Coverage: number of beds in specialized units: rehabilitative care, balneology

Deviation from the definition: Beds for psychiatric rehabilitative care don't exist in Slovakia.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: National Health Information Center

Reference period: 1996 - 2014

Coverage: All data are from regular state statistical finding within the State Statistical programme

Deviation from the definition: In 1996 – 2013 acute care beds = (number of beds in hospitals) minus (beds in psychiatric hospitals, departments for long-term treatment, psychiatric and gerontopsychiatry departments of hospitals, post-care beds and beds in institutes of complex post-care and rehabilitation and long-term nursing care beds, beds in hospital departments for drug addictions treatment and centers for drug addictions treatment) i.e. without psychiatric care beds. Acute care beds in 2014 include also psychiatric care beds.

Break in time series: Break in 2014 is due to technical problem within the data processing statistical system. We would like to know exactly that the new definition will be valid for following next years, and then it will be possible to count beds in accordance with new definition.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

All hospital beds have been allocated to one of the categories “curative care beds”, “Rehabilitative care beds” and “Long-term care beds”. Therefore, the number of “Other hospital beds” is 0.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: National Health Information Center, regular statistical findings within the State Statistical Program; Annual report on bed fund of health facility in the Slovak Republic.

Data for 2009, 2010, 2011, 2012, 2013, 2014 are from Annual report P (MZ SR) 1-01 on bed fund of health facility in the Slovak Republic.

Reference period: 31st December

Coverage:

Psychiatric care beds = (number of beds in psychiatric hospitals + beds in psychiatric long term nursing care beds + beds in psychiatric and gerontopsychiatry departments of hospitals + beds in hospital departments for drug addictions treatment and centers for drug addictions treatment).

## **Finland**

### **Total hospital beds**

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

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

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

### **Curative (acute) care beds**

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

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

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

### **Rehabilitative care beds**

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

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

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

### **Long-term care beds**

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

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

Note: The trend has been decreasing during the years 2009 and 2010. There are some explanations behind the figures. On the one hand patients have moved into other care facilities. On the other hand, the requested figure is an estimation including somatic care periods over 90 days. As a consequence, the shortened care periods explain part of the decrease in Long-term care beds.

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

### **Other hospital beds**

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

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

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

### **All psychiatric care beds**

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

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

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

### **Total hospital beds at regional level**

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

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

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

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

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

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Estimation method: Since 1994, calculated bed-days/365 or 366. Data available since 2004.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Estimation method: Since 1996, calculated bed-days/365 or 366.

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

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

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

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

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

## Sweden

### Total hospital beds

#### Source of data:

- Before 2001: **Federation of Swedish County Councils** and **The National Board of Health and Welfare**, Basic Year Statistics and Statistical Yearbook for County Council (several issues).
- From 2001: **Swedish Association of Local Authorities and Regions**, SALAR (previously The Federation of Swedish County Councils). Statistics on health and regional development and public activity and economy in county councils and regions (several issues).

#### Reference period:

- Before 2001: 31<sup>st</sup> December.
- From 2001: Annual average. As per 2001, the term “average disposable beds” is used.
- From 2012: A new definition of the term “average disposable beds” is used.

#### Coverage:

- The data do not include all private hospital beds. Only some private beds are included.
- The figures from 1960 to 1991 include both public and private beds. After 1992, the figures do not include private beds which are privately financed. Only some private beds are included. There are about 8000 private beds which are not included after 1992. The private beds from 1973-1991 are reported under the category “Other hospital beds”, but it is not possible to know in which department they were used.
- In Sweden, there was a reform in 1992 called the Ädelreform where about 31000 beds in hospitals for long-term care were transferred from the health-care sector to the social sector in the municipalities and are now referred to as beds in nursing and residential care facilities. In 1994, additional care beds have been taken over by the municipalities.

Deviation from definition: Data not available for rehabilitative beds.

Break in time series: 1992, 2001 and 2012.

### Curative (acute) care beds

#### Source of data:

- Before 2001: **Federation of Swedish County Councils** and **The National Board of Health and Welfare**, Basic Year Statistics and Statistical Yearbook for County Council (several issues).
- From 2001: **Swedish Association of Local Authorities and Regions** (earlier Federation of Swedish County Councils). Statistics on health and regional development and public activity and economy in county councils and regions (several issues). (several issues).

#### Reference period:

- Before 2001: 31<sup>st</sup> December.
- From 2001: Annual average. As per 2001, the term “average disposable beds” is used.
- From 2012: A new definition of the term “average disposable beds” is used.

#### Coverage:

- Curative care beds: Until 2000 short-term care. As per 2001, specialised somatic care and geriatric care are excluded. As per 2001, some private care financed by the county/regional councils is included. Data from 2001 are not comparable with earlier years.
- Until 2000: Note that even when an entire ward is closed for a long period of time these beds are counted.
- Curative (acute) care beds: As per 1998, there are new definitions of beds in admission departments and intensive care wards. That means that beds in these departments are about 900 less than the year before. This influences the figures for total in-patient care beds and acute care beds.

Deviation from the definition: Data include All psychiatric care beds.

Break in time series: 2001 and 2012.

### **Rehabilitative care beds**

Source of data:

- Before 2001: **Federation of Swedish County Councils** and **The National Board of Health and Welfare**, Basic Year Statistics and Statistical Yearbook for County Council (several issues).
- From 2001: **Swedish Association of Local Authorities and Regions** (earlier Federation of Swedish County Councils). Statistics on health and regional development and public activity and economy in county councils and regions (several issues).

Reference period:

- Before 2001: 31<sup>st</sup> December.
- From 2001: Annual average. As per 2001, the term “average disposable beds” is used.
- From 2012: A new definition of the term “average disposable beds” is used.

Coverage:

- There is no formal classification for rehabilitative care beds in Sweden, when located in acute care hospital setting. The reported number of rehabilitative care beds is therefore lower than the actual number of such beds. The actual number is unknown.

Break in time series: 2001 and 2012.

### **Long-term care beds**

Source of data:

- Before 2001: **Federation of Swedish County Councils** and **The National Board of Health and Welfare**, Basic Year Statistics and Statistical Yearbook for County Council (several issues).
- From 2001: **Swedish Association of Local Authorities and Regions** (previously The Federation of Swedish County Councils). Statistics on health and regional development and public activity and economy in county councils and regions (several issues).

Reference period:

- Before 2001: 31<sup>st</sup> December.
- From 2001: Annual average. As per 2001, the term “average disposable beds” is used.
- From 2012: A new definition of the term “average disposable beds” is used.

Coverage:

- Because of the change of term for in-patient care beds, the decrease of total in-patient beds (including beds for psychiatric care and long-term care) can be estimated to be about 500 average disposable beds between 2000 and 2001.
- As per 2001, some beds not shown earlier are included. More care beds in private care are included in the later years, but some beds are still missing. As per 2001, the term “average disposable beds” is used.
- Long term care beds: These are beds in geriatric hospital care.

Note: The number of institutional care beds belonging to the Health Service decreased in 1992 because of the 'Ädel-reform' which transferred about 31000 beds to the social sector (municipalities). These beds are now referred to as beds in nursing and residential care facilities. In 1994, additional care beds have been taken over by the municipalities.

Break in time series: 1992, 2001 and 2012.

### **Other hospital beds**

Source of data:

- Before 2001: **Federation of Swedish County Councils** and **The National Board of Health and Welfare**, Basic Year Statistics and Statistical Yearbook for County Council (several issues).

- From 2001: **Swedish Association of Local Authorities and Regions** (earlier Federation of Swedish County Councils), Statistics on health and regional development and public activity and economy in county councils and regions (several issues).

Reference period:

- Before 2001: 31<sup>st</sup> December.
- From 2001: annual average. As per 2001, the term “average disposable beds” is used.
- From 2012: A new definition of the term “average disposable beds” is used.

Coverage:

- Hospital beds in so called primary care in distant areas of Sweden are included.
- Figures from 1973 to 1991 include both public and private beds. After 1992 the figures do not include private beds which are privately financed. There are about 8000 private beds which are not included after 1992. The private beds from 1973-1991 are reported under the category “Other hospital beds”, but it is not possible to know in which department they were used.

Break in time series: 1992, 2001 and 2012.

### **All psychiatric care beds**

Source of data:

- Before 2001: **Federation of Swedish County Councils and The National Board of Health and Welfare**, Basic Year Statistics and Statistical Yearbook for County Council (several issues).
- From 2001: **Swedish Association of Local Authorities and Regions** (previously The Federation of Swedish County Councils). Statistics on health and regional development and public activity and economy in county councils and regions (several issues).

Reference period:

- Before 2001: 31<sup>st</sup> December.
- From 2001: Annual average. As per 2001, the term “average disposable beds” is used.
- From 2012: A new definition of the term “average disposable beds” is used.

Coverage:

- Because of the change of term for in-patient care beds, the decrease of total in-patient beds (includes beds for psychiatric care and long-term care) can be estimated to be about 500 average disposable beds between 2000 and 2001.

Break in time series: 2001 and 2012.

### **Total hospital beds at regional level**

Source of data: Swedish Association of Local Authorities and Regions (earlier Federation of Swedish County Councils), Statistik om hälso- och sjukvård samt regional utveckling Verksamhet och ekonomi i landsting och regioner (several issues)

Reference period:

Before 2001: 31<sup>st</sup> December

From 2001: annual average

From 2012: A new definition of the term “average disposable beds” is used.

Coverage: 100 per cent

Change of methods in data collection as per 2001 has caused changes in our figures. Beyond care beds run by the county/regional councils, care beds run by other producers than county/regional councils are shown.

Break in time series: 2001 and 2012.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Swedish Association of Local Authorities and Regions (earlier Federation of Swedish County Councils), Statistik om hälso- och sjukvård samt regional utveckling Verksamhet och ekonomi i landsting och regioner (several issues)

Reference period:

Before 2001: 31<sup>st</sup> December

From 2001: annual average

Coverage: Curative care beds. Until 2000 Short-Term Care. As per 2001 specialized somatic care, geriatric care is excluded. Not comparable with earlier years.

Deviation from the definition: Sometimes psychiatric care is integrated in curative care and cannot be separated. The category 'All psychiatric care beds at regional level' therefore does not include all psychiatric care.

Break in time series: 2001 and 2012.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available at NUTS 2 level.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Swedish Association of Local Authorities and Regions (earlier Federation of Swedish County Councils), Statistik om hälso- och sjukvård samt regional utveckling Verksamhet och ekonomi i landsting och regioner (several issues)

Reference period:

Before 2001: 31<sup>st</sup> December

From 2001: annual average

From 2012: A new definition of the term "average disposable beds" is used.

Coverage: Geriatrics.

Deviation from the definition: Sometimes psychiatric care is integrated in the Long-term care and cannot be separated. The category 'All psychiatric care beds at regional level' therefore does not include all psychiatric care.

Break in time series: 2001 and 2012.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Swedish Association of Local Authorities and Regions (earlier Federation of Swedish County Councils), Statistik om hälso- och sjukvård samt regional utveckling Verksamhet och ekonomi i landsting och regioner (several issues)

Reference period:

Before 2001: 31<sup>st</sup> December

From 2001: annual average

From 2012: A new definition of the term "average disposable beds" is used.

Coverage: As per 2001 care beds in primary care. Not comparable with earlier years.

Hospital beds in primary care in distant areas of Sweden.

Deviation from the definition: It is not possible to separate rehabilitative care from Other hospital beds at regional level. Rehabilitative care may be included in data.

Break in time series: 2001 and 2012.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Swedish Association of Local Authorities and Regions (earlier Federation of Swedish County Councils), Statistik om hälso- och sjukvård samt regional utveckling Verksamhet och ekonomi i landsting och regioner (several issues)

Reference period:

Before 2001: 31<sup>st</sup> December

From 2001: annual average

From 2012: A new definition of the term “average disposable beds” is used.

Coverage: Because of the change of term for in-patient care beds the decrease of total in-patient beds (incl. beds for psychiatric care and long-term care) can be estimated at about 500 average disposable beds between 2000 and 2001).

Deviation from the definition: The category ‘All psychiatric care beds at regional level’ does not include all psychiatric care since it is not possible to separate all psychiatric care from curative care and Long-term care.

Break in time series: 2001 and 2012.

## **Iceland**

### **Total hospital beds**

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

Reference period: Annual average.

Coverage:

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

### **Curative (acute) care beds**

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

Reference period: Annual average.

Coverage:

- 2007 and onwards: Curative care beds including psychiatric care beds in hospitals (health care facilities with 24-hour access to a hospital physician).

### **Rehabilitative care beds**

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

Reference period: Annual average.

Coverage:

- 2007 and onwards: Rehabilitative care beds in hospitals (health care facilities with 24-hour access to a hospital physician), including Rehabilitative care beds in psychiatric departments.

### **Long-term care beds**

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

Reference period: Annual average.

Coverage:

- 2007 and onwards: Long-term care beds in hospitals (health care facilities with 24-hour access to a hospital physician) including beds in palliative care.

### **Other hospital beds**

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

## **All psychiatric care beds**

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

Reference period: Annual average.

Coverage: Psychiatric care beds in hospitals (health care facilities with 24-hour access to a hospital physician).

## **Liechtenstein**

### **Total hospital beds**

Source of data: data report from hospitals.

Coverage: 100%

Break in time series: Due to an outsource in 2009 from the Hospital to a long term care facility, the number of LTC-beds and subsequently also the total number of beds in hospitals is lower.

A new private hospital opened 2017.

This private hospital closed 2018.

A new private psychiatric hospital opened 2019.

### **Curative (acute) care beds**

Source of data: data report from hospitals.

Reference period: -

Coverage: 100%

Break in time series: a new private hospital opened in 2017 and closed 2018.

### **Rehabilitative care beds**

Source of data: data report from hospitals.

Reference period: -

Coverage:100%

### **Long-term care beds**

Source of data: data report from hospitals.

Reference period: -

Coverage: 100%

Break in time series Due to an outsource in 2009 from the Hospital to a long term care facility, the number of LTC-beds in hospitals is lower.

### **Other hospital beds**

Source of data: data report from hospitals.

Reference period: -

Coverage: 100%

## **All psychiatric care beds**

Source of data: data report from hospitals.

Reference period: -

Coverage: 100%

## **Norway**

### **Total hospital beds**

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

- See [http://www.ssb.no/speshelse\\_en/](http://www.ssb.no/speshelse_en/).

Reference period: Annual average.

Coverage: HP1.

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

### **Curative (acute) care beds**

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

- See [http://www.ssb.no/speshelse\\_en/](http://www.ssb.no/speshelse_en/).

Reference period: Annual average.

Coverage: HP1, curative beds in general hospitals and psychiatric hospitals.

Deviation from the definition: Data include All psychiatric care beds.

Break in time series: 2002.

- The hospitals were transferred from the municipalities to the central government in 2001.

- Rehabilitative care beds are included until 2001.

### **Rehabilitative care beds**

Data not available.

### **Long-term care beds**

Data on beds in long-term care are included in beds in nursing and residential care facilities.

### **Other hospital beds**

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

- See [http://www.ssb.no/speshelse\\_en/](http://www.ssb.no/speshelse_en/).

Reference period: Annual average.

### **All psychiatric care beds**

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

- See [http://www.ssb.no/speshelse\\_en/](http://www.ssb.no/speshelse_en/).

Reference period: Annual average.

Coverage: Beds in psychiatric departments of general hospitals (HP.1.1) and mental health hospitals (HP.1.2).

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

### **Total hospital beds at regional level**

Source of data: Specialist Health Services, Statistics Norway. Data collected annually through questionnaires.

Reference period: annual average.

Coverage: All beds in HP1.

Break in time series: Hospital beds in multidisciplinary specialist substance abuse treatment included from 2009. 2002-2008 Rehabilitation institutions owned by hospitals and some private institutions. 2009 and forwards: All private rehabilitation institutions are included.

Note: For some institutions, the variable Official Municipality Key is missing in the business register. Therefore, it can be differences between the totals (national level) and the sum of regions.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Specialist Health Services, Statistics Norway. Data collected annually through questionnaires.

Reference period: annual average.

Coverage: Beds in general hospitals and psychiatric care.

Deviation from the definition: All beds in general hospitals and psychiatric care are included.

Note: For some institutions the variable Official Municipality Key is missing in the business register. Therefore it can be differences between the totals (national level) and the sum of regions.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Specialist Health Services, Statistics Norway. Data collected annually through questionnaires.

Reference period: annual average.

Coverage: Beds in rehabilitation institutions, outside general hospitals and psychiatric care.

Deviation from the definition: Rehabilitative beds in general hospitals and psychiatric care are not available.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

No metadata available.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Specialist Health Services, Statistics Norway. Data collected annually through questionnaires.

Reference period: annual average.

Coverage: Beds in psychiatric- and substance abuse treatment in are included.

Break in time series: Hospital beds in multidisciplinary specialist substance abuse treatment included from 2009.

## **Switzerland**

### **Total hospital beds**

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

Estimation method: Until 2002 (included), extrapolation to correct for partial coverage of hospitals.  
Coverage: Data include curative care beds, Rehabilitative care beds and Long-term care beds.

### **Curative (acute) care beds in hospitals**

Source of data: FSO Federal Statistical Office, Neuchâtel, hospital statistics; yearly census.  
Estimation method: Until 2002 (included), extrapolation to correct for partial coverage of hospitals.  
Coverage: Until 2009, beds from curative care and psychiatric care providers; since 2010, psychiatric care beds from curative care providers included as well as curative care beds from psychiatric care providers. The number of beds for long-term care has been estimated and excluded from curative care beds.  
Break in time series: In 2010, introduction of a mixed provider-function approach to attribute psychiatric care beds.

### **Rehabilitative care beds**

Source of data: FSO Federal Statistical Office, Neuchâtel, hospital statistics; yearly census.  
Estimation method: Until 2002 (included), extrapolation to correct for partial coverage of hospitals.  
Coverage: Until 2009, psychiatric care beds excluded; since 2010, psychiatric care beds from rehabilitative care providers included as well as Rehabilitative care beds from psychiatric care providers. The number of beds for long-term care has been estimated and excluded from rehabilitative care beds.  
Break in time series: In 2010, introduction of a mixed provider-function approach to attribute psychiatric care beds.

### **Long-term care beds**

Source of data: **FSO Federal Statistical Office**, Neuchâtel, hospital statistics; yearly census.  
Estimation method: The number of long-term care beds is an estimate based on the number of long-term care bed-days. It is computed as the ratio of bed-days on the number of days in a given year (365 or 366).

### **Other hospital beds**

Source of data: FSO Federal Statistical Office, Neuchâtel, hospital statistics; yearly census.  
Note: All hospital beds have been classified into specific categories.

### **All psychiatric care beds in hospitals**

Source of data: FSO Federal Statistical Office, Neuchâtel, hospital statistics; yearly census.  
Estimation method: Until 2002 (included), extrapolation to correct for partial coverage of hospitals.

### **Total hospital beds at regional level**

Source of data: FSO Federal Statistical Office, Neuchâtel; Hospitals Statistics; yearly census.  
Estimation method: until 2002 (included), extrapolation to correct for partial coverage of hospitals.  
Break in time series: In 2010.

### **Curative (acute) care beds at regional level**

**Data collection discontinued in 2017 (reference year 2015)**

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

Estimation method: until 2002 (included), extrapolation to correct for partial coverage of hospitals.  
Deviation from the definition: Until 2009, beds from curative care and psychiatric care providers; since 2010, psychiatric care beds from curative care providers included as well as curative care beds from psychiatric care providers. Beds for long-term care and palliative care cannot be distinguished yet and are included.

Break in time series: In 2010, introduction of a mixed provider-function approach to attribute psychiatric care beds.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

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

Deviation from the definition: Until 2009, psychiatric care beds excluded; since 2010, psychiatric care beds from rehabilitative care providers included as well as Rehabilitative care beds from psychiatric care providers. Beds for long-term care and palliative care cannot be distinguished yet and are included.

Break in time series: In 2010, introduction of a mixed provider-function approach to attribute psychiatric care beds.

Note: Previously in JQNMHC Rehabilitative care beds were recorded under “Other hospital beds”.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

Note: Beds for long-term care and palliative care cannot be distinguished yet and are included in the other categories.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

Note: Previously in JQNMHC Rehabilitative care beds were recorded under “Other hospital beds”.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: FSO Federal Statistical Office, Neuchâtel; Hospitals Statistics; yearly census.

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

Break in time series: In 2010, introduction of a mixed provider-function approach to attribute psychiatric care beds.

## **Montenegro**

### **Total hospital beds**

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 31<sup>st</sup>.

Coverage: Only data from the public sector.

### **Curative (acute) care beds**

Source of data: the Institute of Public Health of Montenegro.

Reference period: December 31<sup>st</sup>  
Coverage: Only data from the public sector.

### **Rehabilitative care beds**

There are no beds separately for rehabilitation in the public health sector.

### **Long-term care beds**

Data not available.

### **Other hospital beds**

Data not available.

### **All psychiatric care beds**

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 31<sup>st</sup>.

## **North Macedonia**

### **Total hospital beds**

Source of data: **Institute for Public Health-Skopje**. Report for hospitals (3-21-60).

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

### **Curative (acute) care beds**

Source of data: **Institute for Public Health-Skopje**, Health Map of Republic of Macedonia, Report for hospitals (3-21-60).

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

### **Rehabilitative care beds**

Source of data: **Institute for Public Health-Skopje**, Health Map of Republic of Macedonia, Report for hospitals (3-21-60).

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

### **Long-term care beds**

Source of data: **Institute for Public Health-Skopje**, Health Map of Republic of Macedonia, Report for hospitals (3-21-60).

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

### **Other hospital beds**

Source of data: **Institute for Public Health-Skopje**, Health Map of Republic of Macedonia, Report for hospitals (3-21-60).

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

### **All psychiatric care beds**

Source of data: Institute for Public Health-Skopje. Report for hospitals (3-21-60).

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

## **Albania**

### **Total hospital beds**

Source of data: Ministry of Health

Coverage: Public hospitals

### **Curative (acute) care beds in hospitals**

Data not available.

### **Rehabilitative care beds**

Data not available.

### **Long-term care beds in hospitals**

Data not available.

### **Other hospital beds**

Data not available.

### **All psychiatric care beds in hospitals**

Source of data: Ministry of Health

Coverage: Public hospitals

## **Serbia**

### **Total hospital beds**

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>.

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

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.

### **Curative (acute) care beds**

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>

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

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.

Deviation from definition: Data includes All psychiatric care beds, irrespective of the type of care (acute, long-term, rehabilitative) they are used for.

### **Rehabilitative care beds**

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>

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

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.

Deviation from definition: Psychiatric Rehabilitative care beds are excluded (they are included in curative care beds).

### **Long-term care beds**

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>

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

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.

Deviation from definition: Psychiatric Long-term care beds are excluded (they are included in curative care beds).

### **Other hospital beds**

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>

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

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.

### **All psychiatric care beds**

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>

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

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.

### **Total hospital beds at regional level**

Source of data: Institute of Public Health of Serbia, National hospital register.

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

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>

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

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.

Deviation from the definition: Data includes All psychiatric care beds, irrespective of the type of care (acute, long-term, rehabilitative) they are used for.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>

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

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.

Deviation from the definition: Psychiatric Rehabilitative care beds are excluded (they are included in curative care beds).

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>

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

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.

Deviation from the definition: Psychiatric Long-term care beds are excluded (they are included in curative care beds).

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Public Health of Serbia, National hospital register.

<http://www.batut.org.rs/>

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

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.

### **All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Source of data: Institute of Public Health of Serbia, National hospital register. Data as of December 31<sup>st</sup>. <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.

## **Turkey**

### **Total hospital beds**

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

Coverage:

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

### **Curative (acute) care beds**

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

Coverage:

- Curative care beds are beds in hospitals in the MoH, universities, private and other sector (other public establishments, local administrations and since 2002 MoND-affiliated facilities).

- Curative care beds include all types of beds in hospitals (including All psychiatric care beds and Long-term care beds), except physical treatment and rehabilitation beds.

Deviation from the definition: Curative care beds include psychiatric care beds and long-term care beds.

### **Rehabilitative care beds**

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

Coverage:

- Number of rehabilitative hospital beds includes total number of beds in physical treatment and rehabilitation hospitals in the MoH, universities, private and other sector (other public establishments, local administrations and since 2002 MoND-affiliated facilities).

### **Long-term care beds**

Data not available.

### **Other hospital beds**

All beds have been allocated to the other categories; hence there are no other hospital beds.

### **All psychiatric care beds**

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

Coverage:

- Psychiatric care beds are beds in all psychiatric hospitals.
- Psychiatric care beds in general hospitals are not included.
- The decrease in the number of psychiatric care beds in 2007 is due to the temporary closure of beds for renovation in three psychiatric hospitals.
- MoND-affiliated facilities are included since 2002.

### **Total hospital beds at regional level**

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

Coverage:

- Total number of beds in MoH, University, Private Sector, Others (Other public establishments, local administrations and MoND-affiliated facilities) are included.
- According to the bed descriptions revised in 2008, the number of beds after 2000 was revised accordingly and covers only occupied (active) beds, The break between 1999 and 2000 is due to the differences in the definition of hospital beds. Before 2000 the figures represent all of the beds that may not be active. Since 2000 the figures represent only active beds.

Break in time series:

- Hospital beds in the MoND-affiliated facilities are included since 2012.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 2000-2015

Coverage: Data includes beds in 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, occupational disease hospitals, oncology hospitals, venereal disease hospitals and mental health hospitals but does not include beds in physical treatment and rehabilitation hospitals.

Break in time series: - Hospital beds in the MoND-affiliated facilities are included since 2012.

### **Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

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

Reference period: 2000-2015

Coverage: data includes beds in physical treatment and rehabilitation hospitals.

### **Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

### **Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

There are no hospital beds in this category.

### **All psychiatric care beds at regional level**

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

Coverage:

- Psychiatric care beds are beds in all psychiatric hospitals.
- Psychiatric care beds in General Hospital are not included.

## United Kingdom

### Total hospital beds

Source of data:

- **England** - Department of Health, from KH03, England;
- **Northern Ireland** - Hospital Activity Statistics from the Department of Health, Korner Return Kh03a;
- **Wales** - Health Statistics Wales,  
<http://wales.gov.uk/topics/statistics/headlines/health2010/0114/?lang=en>;
- **Scotland** - ISD Scotland, NHS National Service Scotland; [http://www.isdscotland.org/Health-Topics/Finance/Costs/Files/ISD\(S\)1\\_Manual.pdf](http://www.isdscotland.org/Health-Topics/Finance/Costs/Files/ISD(S)1_Manual.pdf).

Reference period: Annual average.

Coverage:

- Does not include private sector.
- Data are for financial years (1<sup>st</sup> April to 31<sup>st</sup> March). E.g. data for financial year 1<sup>st</sup> April 2008 - 31<sup>st</sup> March 2009 are presented as 2008.
- **Wales:** The activity for the below codes are not included in the above figures:

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

Deviation from the definition: Cots for healthy infants cannot be excluded from Northern Ireland figures.

Break in time series:

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

### Curative (acute) care beds

Data not available. (In England, it is not possible to separate Long-term care beds, rehabilitation beds and Other hospital beds from curative care beds.)

### **Rehabilitative care beds**

Data not available. (In England, it is not possible to separate Long-term care beds, rehabilitation beds and Other hospital beds from curative care beds.)

### **Long-term care beds**

Data not available. (In England, it is not possible to separate Long-term care beds from curative care beds. In Wales, it is not possible to separate curative geriatric beds from long-term geriatric beds.)

### **Other hospital beds**

Data not available.

### **All psychiatric care beds**

Source of data:

- **England** - Department of Health, from KH03, England;
- **Northern Ireland** - Hospital Activity Statistics from Department of Health, Korner Return Kh03a;
- **Wales** - QS1 data held by NWIS or published by WG (Health Statistics Wales), <http://wales.gov.uk/topics/statistics/headlines/health2010/0114/?lang=en>;
- **Scotland** - ISD Scotland, NHS National Service Scotland; [http://www.isdscotland.org/Health-Topics/Finance/Costs/Files/ISD\(S\)1\\_Manual.pdf](http://www.isdscotland.org/Health-Topics/Finance/Costs/Files/ISD(S)1_Manual.pdf).

Reference period: Annual average.

Coverage:

- Does not include private sector.
- Data are for financial years (1<sup>st</sup> April to 31<sup>st</sup> March). E.g. data for financial year 1<sup>st</sup> April 2008 - 31<sup>st</sup> March 2009 are presented as 2008.
- **Wales:** Based on the following psychiatric specialties:

700	Learning Disability
710	Adult Mental Illness
711	Child & Adolescent Psychiatry
712	Forensic Psychiatry
713	Psychotherapy
715	Old Age Psychiatry

Break in time series:

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

### **Total hospital beds at regional level**

Data not available.

### **Curative (acute) care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

**Rehabilitative care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

**Long-term care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

**Other hospital beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.

**All psychiatric care beds at regional level**

Data collection discontinued in 2017 (reference year 2015)

Data not available.