Eurostat – Health care activities

Percentage of non-residents among all hospital discharges

Definitions

Updated: July 2021

Hospital discharges of non-resident patients	A **hospital discharge** is the formal release of a patient from a hospital.
	Inclusion - Discharges from all hospitals, including general hospitals (HP.1.1), mental health hospitals (HP.1.2), and other specialised hospitals (HP.1.3) - Deaths in hospital - Transfers to another hospital - Discharges of healthy newborns
	Exclusion - Transfers to other care units within the same hospital
	a) Inpatient cases
	An **inpatient discharge** is the release of a patient who was formally admitted into a hospital for treatment and/or care and who stayed for a *minimum of one night*.
	Inclusion - Emergency cases and urgent admissions when they resulted in an overnight stay and formal admission - Patients admitted as day-care patients but who have been retained overnight due to complication
	Exclusion - Day cases - Outpatient cases (including emergency department visits)"
	b) Day cases
	A **day-care discharge** is the release of a patient who was *formally admitted* in a hospital for receiving *planned* medical and paramedical services, and who was *discharged on the same day*.
	Inclusion - Non-admitted patients who were subsequently admitted for day-care
	Exclusion - Inpatient cases - Outpatient cases (including emergency department visits) - Patients admitted as day-care patients but who have been retained overnight due to complication
	c) A **bed-day** (or inpatient day) is a day during which a person admitted as an inpatient is confined to a bed and in which the patient *stays overnight*

in a hospital.

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

Exclusion
- Day cases

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

Note: The list of diagnostic categories is based on the International Shortlist for Hospital Morbidity Tabulation (ISHMT). Click below to see the complete shortlist with ICD-10 and ICD-9 codes:
http://stats.oecd.org/HEALTH_QUESTIONNAIRE/ISHMT/JQNMHC_ISHMT.pdf

A non-resident patient is a patient living in another country/region but coming in the country/region of reference for a treatment and/or 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

Source of data: **The Federal Public Service Health, Food Chain Safety and Environment**, DGGS - Hospital Clinical Data (RHM). https://www.health.belgium.be/fr/sante/organisation-des-soins-de-sante/hopitaux/systemes-denregistrement/rhm/directives-rhm
Coverage: In view of the applicable privacy protection legislation, values below 5 cannot be transmitted. This occurs for many countries. For neighbouring countries (FR, NL, GB, LU and DE), data are transmitted both on the country of residence and the location of treatment. For other countries with more than 100 admission, the data are given on the BE total level.

Bulgaria

Source of data: National Center for Public Health and Analysis at the **Ministry of Health**
Coverage: Number of non-residents in-patient cases includes discharged and deceased patients from hospitals.
Only data on total are available.

Czechia

Source of data: **Institute of Health Information** and **Statistics of the Czech Republic**. National Registry of Hospitalised Patients.
Coverage:
- Definition of one case of hospitalisation: a termination of each stay of one patient in one hospital, encompassing termination home, to other institution or death.
- Definition of day case of hospitalisation: a case with the same date of admission and discharge, excluding deaths in the first day. But only patients registered as hospitalised patients are included, that is patients admitted to and discharged from a bed care department of health care establishment.
- Data relates to hospitals and specialised therapeutic institutes (all bedcare health establishments excluding balneologic institutes and convalescence homes for children).
- Residents in the Czech Republic discharged abroad not included.
Deviation from the definition:
- Day cases encompass only day cases inpatients registered as hospitalised patients, that is patients admitted to and discharged from a bed care department of health care establishment.
- Nationality (citizenship) concept used instead of concept of residence (place of residence).

Denmark

Source of data: The Danish National Patient Register.).
Reference period: During the years 2014-2016, by discharge date
Coverage: Data for Danes treated outside Denmark is only available from 2002.
Eastern European countries such as Poland, Lithuania, Estonia, Latvia, Hungary and the Czech Republic are only registered after 1st July 2005. For all other years, they are included in EU00.
Data covers public and private sectors
Deviation from the definition

Day cases is inpatients who was formally admitted into a hospital for treatment and/or care and who was discharged on the same day

The number of bed days does not include bed days from previous patient contacts in the same hospital. If a patient is hospitalized in care unit A and afterwards transferred to care unit B in the same hospital and then discharged, then only bed days from ward B is included.

Germany

Source of data: Federal Statistical Office, Hospital statistics 2018 (diagnostic data of the hospital patients and patients of prevention or rehabilitation facilities); special calculations by the Federal Statistical Office.
See http://www.destatis.de or http://www.gbe-bund.de.
Coverage:
- An **inpatient discharge** is the release of a patient who was formally admitted into a hospital for treatment and who stayed for a minimum of one night. The number of discharges includes deaths in hospitals, but excludes same-day separations and transfers to other care units within the same institutions. Day cases are excluded.
- **Day cases** are patients that are admitted with the intention of discharging on the same day. They were identified by the same admission and discharge dates.
- The number of **bed-days** refers to the sum of all inpatients at midnight. The day of admission counts as one bed-day so that day cases (patients admitted for a medical procedure or surgery in the morning and released before the evening) are normally also included. As one day case constitutes one bed-day it is possible to adjust the number of bed-days so that day cases are excluded.
- *Coverage by hospital type*: Data include discharges during a given calendar year from all types of hospitals (HP1.1, 1.2 and 1.3) in all sectors (public, non-profit and private). Up to and including reporting year 2002 data only include discharges from general hospitals and mental health hospitals.
- As of reporting year 2003 data include additionally discharges from prevention and rehabilitation facilities, however discharges of these institutions with 100 or less than 100 beds are not included. Long-term nursing care facilities are excluded.
- *Missing records*: Discharges from prevention and rehabilitation facilities with 100 or less than 100 beds are not included (about 13% of all discharges in rehabilitation centres).
- *Other notes related to coverage*:
    - The number of discharges includes patients with unknown diagnosis, age and/or sex.
    - From reporting year 2004, live-born infants according to place of birth coded with ICD-10 Z38 (2103) and patients coded with ICD-10 D90 "Immunocompromisation after radiation, chemotherapy and other immunosuppressive measures" (0300, 0302) are included.
    - From reporting year 2005, patients coded with ICD-10 U00-U99 "Codes for special purposes" (8888) are included.
    - As of reporting year 2000, discharges have been collected according to the International Classification of Diseases, 10th revision. In 2000, ICD-9-coded cases are included (about 2%).

Break in time series:
- Up to and including reporting year 2002 data only include discharges from general hospitals and mental health hospitals. As of reporting year 2003 data include additionally discharges from prevention and rehabilitation facilities, however discharges of these institutions with 100 or less than 100 beds are not included.
The years before 2003 are therefore not comparable to the following years.
- In 2014, there was a change in encoding guidelines. The encoding guideline concerning "Spontaneous vaginal delivery of a singleton" has been completely deleted from 2014. Therefore, the specified restrictions on the use of ICD-10 code O80 have also been omitted. For example, the

restriction, that in a spontaneous delivery with perineal rupture the code O80 was not allowed to be indicated, has been cancelled.

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

Estonia

Source of data: **Estonian Health Insurance Fund (EHIF)** data merged with the data from national **e-Health system**

Reference period: Calendar year. EHIF data is organised according to the billing date and not the actual date of discharge from the hospital or provided day-care service.

Coverage: Data from both public and private health care providers.

EHIF data includes inpatient and day cases of EU-residents as well as emergency treatment cases of uninsured non-residents which are financed by EHIF from 2019. Reimbursement cases which go through private insurance funds are not covered in the NHIF database. The non-EU resident cases are included based on the e-Health system information.

The coverage of non-resident discharges data in e-Health system is poor. Only 12% of non-resident inpatient cases and 2% of non-resident day cases of EHIF 2015 data have been reported also into the national e-Health system. The supplementary 22% of unique inpatient cases and 49% of unique day-cases were added to the non-resident 2015 data based on e-Health data.

There is no good basis for estimating the overall coverage of all non-resident cases in EHIF and national e-Health system. According to submitted data the non-resident cases formed approximately only 0.5% of all inpatient cases and 0.3% of day-cases in 2015.

Ireland

Source of data: The data presented are derived from the HIPE (Hospital In-Patient Enquiry) data set, which records data on discharges from all publicly funded acute hospitals. HIPE is operated by the **Healthcare Pricing Office** (www.hpo.ie).

Coverage: HIPE data covers all in-patients and daycases receiving curative and rehabilitative care in publicly funded acute hospitals in the State. The data coverage in HIPE exceeds 96%, i.e. overall less than 4% of activity in publicly funded acute general hospitals is missing from HIPE.

For historical reasons, a small number of non-acute hospitals are included in the NHDDB. This activity represents less than 0.5% of total activity in the NHDDB.

The NHDDB does not include private hospitals. Activity data for private hospitals is not available, however based on a household survey carried out by the Central Statistics Office in 2010 it is estimated that approximately 15% of all hospital inpatient activity in Ireland is undertaken in private hospitals. It should be emphasized that this is an estimate only and so should be interpreted with caution.

Data for Psychiatric in-patients and day-cases receiving curative and rehabilitative care in specialist psychiatric hospitals (HP.1.2) have not been included. It is maintained on a separate database which uses ICD 10 for coding diagnosis and also includes long-stay patients. This activity accounts for approximately 2% of all Irish hospital activity. Psychiatric patients in acute general hospitals are recorded in the NHDDB.

Estimation method: A daycase is defined as a patient who is formally admitted with the intention of discharging the patient on the same day, and where the patient is in fact discharged as scheduled

(i.e. excluding deaths and emergency transfers) on the same day. Patients who are admitted or discharged as emergencies on the same day are considered inpatients.

In 2005, the place of residence variable was expanded to include separate categories for all EU member states. Therefore, data on non-resident patients are not provided prior to 2005.

Data are reported separately for all EU member states; patients with area of residence in other European countries or countries outside of Europe have been categorised as EU99.

The area of residence variable in the HIPE dataset refers to the place the patient would normally reside. Foreign nationals resident in Ireland should have a code assigned for their Irish place of residence. Foreign visitors on short stay should be coded to their country of residence.

The numbers of patients from certain EU member states being treated in Irish Hospitals are very small. Therefore, this data should be interpreted with caution.

From 2006, the HIPE system includes data on daycase patients admitted for dialysis in dedicated dialysis units. These episodes were previously excluded from HIPE. Note also that in 2006, batch coding was introduced to facilitate more complete coding of radiotherapy. These reasons have resulted in a substantial increase in the number of daycases in 2006 and subsequent years.

The Irish Coding Standards direct that Healthy Newborn Babies are not coded in HIPE. It is estimated that this activity would result in an increase of approximately 10% in the total number of inpatients if it was included. For further information on the numbers of births annually see the National Perinatal Reporting System (NPRS) annual reports at http://www.hpo.ie/.

Greece

There are available data for non-residents who needed care or treatment but they are being in the country for various reasons (tourism job, etc…)

Spain

Source of data:
- For inpatient cases: the source of data is the National Statistics Institute based on Hospital Morbidity Survey
(http://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176778&menu=ultiDatos&idp=1254735573175)
- For day cases: **Ministerio de Sanidad**, Registro de Actividad de Atención Sanitaria Especializada RAE-CMBD (**Ministry of Health,** Registry of Specialised Care Activity, RAE-CMBD).
https://www.mscbs.gob.es/en/estadEstudios/estadisticas/cmbdhome.htm

Coverage: For inpatient cases: full coverage (100%) from all hospitals (public, private and military).
 Day cases are available from 2004; increasing coverage for public hospitals (100% from 2006). Private hospitals are included from 2005 - increasing coverage until a total of 209 in 201595% of the activity (2017). From 2016 a new model of data was stablished.

Day cases: Break in 2016: new model of data (National regulation – 69/2015 Roya Decree), new scope for contacts to be covered in five years from 2016.
-In 2021, 2018 data (sent in 2020) have been updated

Estimation method:
- For inpatient cases and bed-days are not possible to identify patients whose place of residence is within the EU (EU00) and outside the EU (EU99). We can only confirm that the place of residence is outside of SPAIN (UNK).

France

Source of data: National discharges databases from the "programme de médicalisation des systèmes d'information (PMSI)" managed by the national agency called « ATIH ». Calculations were performed by the French Ministère des Solidarités et de la Santé, Drees (Direction de la recherche, des études, de l'évaluation et des statistiques).
National databases from the "programme de médicalisation des systèmes d'information (PMSI)".
Coverage:
- French data cover persons who live out of Metropolitan France or overseas Departments (Guadeloupe, Martinique, French Guyana, Réunion Island and, from 2015, Mayotte) and collectivities, who were hospitalised in the public and private hospitals of metropolitan France and overseas Departments.the same area. They refer to hospitalisations (and no to patients) in the units delivering acute care and from 2016, post-acute or rehabilitative care and psychiatric care.
- Since 2009 the data from military hospitals have been added.

- Until 2017, Ddata for the 27 not French EU Members and for the 3 non-EU adjacent countries (Monaco, Andorra and Switzerland) were counted separately, while .
- All other stays of other non-resident patients were identified with the coded "EU99".
- Since 2009 the data from military hospitals are added.
Day cases: Day cases are selected by a special index flagging planned day cases. Patients dead or transferred in another hospital on the admission day are excluded.
Note: In post-acute/rehabilitative care and in psychiatric care, an administrative day-care stay can imply several days of attendance (without night), unlike in acute care where one day-care discharge = one day attendance (without night). Thus, for post-acute/rehabilitative and psychiatric care, the numbers of attendance days are reported (which is different from the numbers of administrative discharges).

Croatia

Source of data: **Croatian Institute of Public Health**, Croatian Annual Hospitalisations Database
Coverage: An inpatient and day-care discharge including discharge from all hospitals (including inpatient rehabilitation and hospitalisations due to births and abortions).
Break in series: Since 2017 discharges for rehabilitation, birth, healthy newborns and abortion are included.

Italy

Source of data:
The data source is the Ministry of Health - General Directorate of Health Planning
National Hospital Discharge Data Base (NHDDB), is made up of hospital activity for each year.
Annually the competent Ministry Office prepares the publication " Rapporto annuale sull'attività di ricovero ospedaliero – Dati SDO", available on the Ministry website:
http://www.salute.gov.it/portale/temi/p2_6.jsp?lingua=italiano&id=1237&area=ricoveriOspedalieri&menu=vuoto.
Scheda di Dimissione Ospedaliera (SDO) is the full original title of the NHDDB. More information about SDO can be found at the following website:
http://www.salute.gov.it/portale/temi/p2_4.jsp?lingua=italiano&tema=Assistenza,%20ospedale%20e%20territorio&area=ricoveriOspedalieri

Coverage: The NHDDB covers the hospital institutions, public and private, which are classifiable in the "System of Health Accounts" as HP.1.1 and HP.1.3, excluding Military hospitals.
Estimation method:
The National Hospital Discharge Data Base (NHDDB) include all patients admitted in hospital, both those residents and non-residents in Italy.
The non-resident patients include all discharges with valid residence Country code and all discharges with unknown residence Country code (the stateless patients, the homeless patients and the discharges with wrong or not specified residence Country code).
In 2018 the discharges with unknown residence Country code are about 7,1% out of the total of the non-resident patients in Italy.

Cyprus

Unfortunately, the hospital discharges cannot be distinguished into discharges of Residents and non-Residents, because no flag exists for residents and non-residents in the IT system of the hospitals. The number of hospital discharges both in the aggregated figures as well as in the HDD file includes non-residents, i.e. tourists using health care in Cyprus, persons living in the Non-Government controlled area but visiting the Republic of Cyprus for medical care, etc.

Latvia

Source of data: **The National Health Service** (former Health Payment Center).
Reference period: Data as of 31 December.
Coverage:
- The data cover all HP.1 providers of health care, which have a contract with the National Health Service (former Health Payment Center), and all activities of inpatient care financed by state.
- On the mobility of patients, data can be provided only for non-resident patients in Latvia, who have received state guaranteed urgent or necessary medical assistance.
Break in time series: Data available from 2004.

Lithuania

Source of data: **Lithuanian Health Information Centre**, since 2010: **Health Information Centre of Institute of Hygiene**, data from Compulsory Health Insurance Fund Information System.
Coverage: Although in health care institutions having contracts with Patient Fund information for all patients should be entered to Compulsory Health Insurance Fund Database, the quality of information on foreign patients is still not very good, especially for the non EU patients. Data available at country level only (no NUTS2).

Luxembourg

Source of data: **Fichiers de la sécurité sociale**. Data prepared by **Inspection générale de la sécurité sociale**.
Reference period: during the year.
Coverage:
All budgeted hospitals have been taken into account to calculate rates (including mid-term and long-term psychiatric rehabilitation centres, functional rehabilitation centres and a specialised establishment for palliative care existing since 2011).

- As for the data collection on "hospital discharges by age and sex", admissions from the subchapters V, W, X and Y from ICD-10 are excluded.
- Data for 2019 are preliminary.
Estimation method:
- Classification ICD-10.
- Admissions at hospital with discharge on the same day before midnight are considered as day cases.

Hungary

Source of data:
- From 2004 onwards: **National Healthcare Services Center** (ÁEEK in Hungarian) www.aeek.hu.
Break in time series:
- 2007. The decrease in 2007 was related to the introduction of co-payment in the course of the healthcare reform that started at the end of 2006, and finished at the middle of 2008.

Malta

Source of data: Data collated from hospital discharges data submitted to the **Directorate for Health Information and Research** by the individual hospitals
Coverage: Data from all state and private hospitals
For 2013: Discharges data from one newly licensed small private hospital is not included as no data was submitted
For 2014: Discharges data from a small licensed private hospital is not included
For 2015: Discharges from the small private hospital which were not previously included are included in 2015 discharges data.
For 2017, discharges from a small licensed private hospital were not submitted and hence not included.
Discharges in non residents where the country of residence was not specified are listed as UN (Unknown).
For 2018 Discharges from a small private hospital are not included as data was not submitted.
Estimation method: Data submitted refers to all foreign non resident patients treated during the year in all state and private hospitals.

Netherlands

Source of data:
The Hospital Discharge Register (HDR, the 'Landelijke Basisregistratie Ziekenhuiszorg' and its predecessor the 'Landelijke Medische Registratie' of Dutch Hospital Data) is the source of data on non-resident hospital discharges.

Reference period:
All hospital discharges during the calendar year are included.

Metadata information:
From 2013 onwards, non-resident patients are identified as follows:
- Patients not living in the Netherlands according to the HDR, who are
  o Linked to the municipality register, but did not have a valid address in the Netherlands in the year of discharge, or
  o Not linked to the municipality register

- Patients living in the Netherlands according to the HDR, who are linked to the municipality register and did not have a valid address in the Netherlands in the year of discharge

From 2005 onwards, the HDR in the Netherlands suffers from a degree of non-response, but as for the non-response records the place of residence is mostly known.

Up to 2012, the non-response hospitals not always reported the number of discharges of non-residents. This may slightly underestimate the number of hospital discharges of non-residents of the Netherlands.

For the years 2006 and 2007 there is a small difference between these totals and the totals given in the file 'Patients_and_high-tech_2009.xls'. This is caused by small differences in part of the imputed data used for 'Patients_and_high-tech_2009.xls'and the data files used for the Patient migration data.

Deviation/compliance with the definition

From 2013 onwards the following changes have been implemented, to comply with Eurostat definitions (these were not implemented in the figures up to 2012):

- Inpatient stays of one day without overnight stay (date of discharge minus date of admission =0) are not counted as inpatient bed-day (as no overnight stay), nor as day case (as these are registered as inpatient case type, the majority of these cases are acute admissions, and the non-acute admissions may also be unplanned).
- Discharges with the new case type 'long observations without overnight stay' (registered from 2014 onwards in the HDR) are excluded in the figures, as these are nor inpatients (no overnight stay) nor day cases (unplanned) according to the Eurostat definitions.
- Day cases that last longer than one day are counted as inpatient cases.
- From 2018 onwards, healthy newborns, defined as discharges with ICD-10 main diagnosis Z38, are included. Until 2018 healthy newborns (then defined by discharges with ICD-10 main diagnoses Z38 or Z76.2) were NOT included in the outcome.
- Age is calculated as age at the 31st of December of the reporting year (up to 2012 age was calculated as age at the admission date).

The HDR covers only short-stay hospitals. The hospitals included are all general and university hospitals, one specialized eye hospital and from 2018 onwards, two cancer hospitals (before 2018 one cancer hospital was included). Up to 2012, also one orthopaedics/rehabilitation clinic is included.

The register therefore does not cover all hospitals of the HP.1 category. The differences are:
- o Category HP.1.2 (mental health and substance abuse hospitals) is not included at all.
- o Category HP.1.3 (specialty hospitals other than hospitals for mental health and substance use):
  - Excluded are epilepsy and asthma/lung clinics, rehabilitation centres and hemodialysis centres. From 2013 onwards also one orthopaedics/rehabilitation hospital is excluded.
  - Excluded are also semi-private hospitals (independent treatment centres); these hospitals mainly have outpatients and day cases.
  - Excluded is the military hospital and private clinics. The number of inpatients and day cases are estimated to be relatively small in these clinics.

Some treatments in category HP.1. hospitals are also excluded:
- Part-time psychiatric treatments in general or university hospitals with a psychiatric ward are not recorded in the HDR.
- Cases of rehabilitation day-treatment are not registered in the HDR.

Non-inpatient admissions for normal deliveries (mother planned to be in hospital for less than 24 hours) are not registered in the HDR.

Austria

Source of data: Statistics Austria, Hospital discharge statistics.
Reference period: 1st January to 31st December.
Coverage:
- Included are discharges from hospitals classifiable as HP.1 according to SHA/OECD.
- Included are inpatient discharges and day cases.
- Day cases are defined by the same admission and discharge dates (before midnight).
- Inpatients include discharges to home, other inpatient-institutions and deaths in hospitals.
- Included are non-residents.
- Included are long-term inpatients.
- Healthy newborns are not documented in Austria as treatment cases.
- Included are all hospital discharges of patients residing abroad.
- The country of residence is specified at NUTS 1 level. Non-European third countries are grouped by continent: Africa (code XAF), America (code XAM), Asia (code XAS) and Oceania (CODE XOZ).

Poland

Source of data: **National Institute of Public Health-National Institute of Hygiene** (NIPH-NIH).

Portugal

Data not available.

Romania

Source of data:
National School of Public Health, Management and Professional Development (SNSPMPDSB) - Bucharest
Coverage: All hospitals from public and private (including not for profit) sector.
Deviation from the definition:
Estimation method:-
Break in time series:-
The inpatient cases are recordings validated by the SNSPMPDSB throughout each year (January - December), invalidated cases being excluded from the analysis.
The day cases are recordings validated by the SNSPMPDSB only by type of service (day hospitalisation) not by diagnosis, so the invalidated cases are not excluded from the analysis. Medical centres that provide predominately out-patient services, but provide also day-care services for some specialisations (with a small number of beds/places) are included, as in the insurance system the contracts are concluded based on the service provided regardless of the type of sanitary unit.
The hospital bed-days where calculated as difference between the discharge date and the admission date. When the admission and the discharge are in the same day it was counted as 0 days. Day cases where excluded.

Slovenia

Source of data: **National Institute of Public Health, Slovenia,** National Hospital Health Care Statistics Database.
Coverage: Since 2006, the source variable has been changed - from "municipality of residence" (where municipality 000=not SI) to the new "country of residence". Since 2006 data are higher;

reason: some patients though from other countries have temporary residence in one of Slovene municipalities (for 2000-2005 their data were not registered as foreigners data).

Slovakia

Source of data: **National Health Information Center;**
Coverage:
- Code NUTS code for patient´s place of residence SKxx refers to patients living in the Slovak Republic but with unknown permanent address (e.g. homeless patients).
- Sum SK01:SK04 < SK Total - includes also homeless patients (referred to permanent address of the patient) and also, patients with unknown residence.

Finland

Source of data: **THL Finnish Institute for Health and Welfare;** Hospital Discharge Register**.**

Sweden

Data not available.

Iceland

Data not available.

Liechtenstein

Source of data: Data reports from hospitals.
Coverage: public and private sector.
A new private hospital opened 2017.
This private hospital closed 2018.
A new private psychiatric hospital opened 2019.

Norway

Source of data: Norwegian Patient Register (NPR) in the Norwegian Directorate of Health: https://helsedirektoratet.no/english/norwegian-patient-register.
Coverage:
- all general hospitals
- mental health care institutions
- private rehabilitation institutions
- substance abuse treatment facilities
Note:
- In-patient cases: covers all inpatient cases (acute and elective).
- Day cases: covers all day treatments (acute and elective). Transfers to other departments within the same hospitals are excluded.

Switzerland

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

Montenegro

Data not available.

North Macedonia

Data not available.

Albania

Data not available.

Serbia

Turkey

Data not available.

United Kingdom

Data not available