OECD Health Statistics 2017
Definitions, Sources and Methods

General hospitals

General hospitals (HP.1.1) comprise licensed establishments primarily engaged in providing general diagnostic and medical treatment (both surgical and non-surgical) to inpatients with a wide variety of medical conditions. These establishments may provide other services, such as outpatient services, anatomical pathology services, diagnostic X-ray services, clinical laboratory services or operating room services for a variety of procedures, and/or pharmacy services, that are usually used by internal patients (intermediate outputs within the hospital treatment) but also by outside patients (see *A System of Health Accounts*, 2011 Edition).

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

Sources and Methods

Australia

Source of data:
2013 onwards:
- **Australian Institute of Health and Welfare**. Hospital resources: Australian hospital statistics. Canberra: AIHW (also at www.aihw.gov.au).
- **Australian Bureau of Statistics**. Private hospitals, Australia. ABS Cat. No. 4390.0. Canberra; ABS.
Prior to 2013:
- **Australian Institute of Health and Welfare**. Australian hospital statistics. Canberra: AIHW, Table 2.1 (also at www.aihw.gov.au).
- **Australian Bureau of Statistics**. Private hospitals. Cat. No 4390.0 (also at http://www.abs.gov.au).
Method: Hospitals are the sum of data from *Hospital resources: Australian hospital statistics* (for public hospitals) and *Private hospitals, Australia* (for private hospitals).
Coverage:
- 2010 and 2011: Includes public acute and private acute hospitals. Excludes private free-standing day hospital facilities where primary type is 'General surgery', as they cannot be counted separately from specialist, endoscopy and ophthalmic, plastic/cosmetic hospitals, and fertility and sleep disorder clinics.
- 2009 and earlier: Includes public acute and private acute hospitals, and private free-standing day hospital facilities where primary type is 'General surgery'. Data exclude specialist, endoscopy and ophthalmic, plastic/cosmetic hospitals, and fertility and sleep disorder clinics.
Note: Data for public health resources are sourced from the AIHW's National Public Hospitals Establishments Database; data for private health resources are sources from the ABS' Private Health Establishments Collections. The two collections differ in methodology, therefore caution should be used when when drawing comparisons.
Break in time series: 2010. Data exclude private free-standing day hospital facilities where primary type is 'General

surgery' as of 2010.
Note: The decrease between 2013–14 and 2014–15 in the numbers of general hospitals and public hospitals is mostly due to the reclassification of 46 very small hospitals in Queensland as non-hospital facilities.

Austria

Source of data: **Austrian Federal Ministry of Health**, Hospital Statistics.
Reference period: 31st December.
Coverage:
- Complete (HP.1.1).
- Excludes army, police and prison hospitals (these are included in HP.1.3).

Belgium

Source of data: **Federal Public Service Health, Food Chain Safety and Environment**.
Coverage: Data exclude specialty hospitals, mental health and substance abuse hospitals.

Canada

Source of data:
- **Canadian Institute for Health Information**, Canadian MIS Database, 1999/2000-2014/2015.
- Data for Quebec were unavailable from the Canadian MIS Database starting in 2005/06. **Éco-Santé Québec** was used for the Quebec data starting in 2005/2006 until 2009/2010. Thereafter, the Quebec data are from **Ministère de la Santé et des Services sociaux**, Fichier des établissements de santé et de services sociaux du Québec.
Coverage:
- In all provinces and territories except Quebec, includes only general hospitals as defined in The Standards for Management Information Systems in Canadian Health Service Organizations (MIS Standards). A general hospital provides primarily for the diagnosis and short-term treatment of inpatients and clients with a wide range of diseases or injuries. The services of a general hospital are not restricted to a specific age group or sex.
- In Quebec, includes general and specialty hospitals (centres hospitaliers de soins généraux et spécialisés).
- Following a major restructuring of the Quebec health and social services network that resulted in a decrease in the number of public institutions from 182 to 34, the number of general and specialty hospitals in 2015 was not readily available for Quebec. An estimate was made for Quebec in applying the same number of hospitals in 2015 as in 2014.

Chile

Source of data: Health Statistics from the "Statistical Compendium" by the **National Statistics Institute** (INE in Spanish www.ine.cl). The original source of the data is the **Ministry of Health** (MINSAL), Department of Health Statistics and Information (DEIS).
- Data up to 2009: Statistical Compendium 2011 (and previous reports), INE, Health Statistics. http://www.ine.cl/canales/menu/publicaciones/compendio_estadistico/compendio_estadistico2011.php.
- 2010 data are taken directly from the DEIS's Health Statistical System called REM.
- 2011 and 2012 data are taken from the DEIS's Health Statistical System called REM for Public Hospitals. For Private Hospitals, the data are taken from the Association of Private Hospitals of Chile (Clínicas de Chile A.G). The information can be found at: http://www.clinicasdechile.cl/site/estudios-y-analisis.html
- Annual periodicity.
Coverage: Nationwide.
- Data include "Hospitals from the Private Sector" and "Hospitals from the National System of Health Services" (SNSS). Also include Army Hospitals (Hospitales de las Fuerzas Armadas y de Orden), Chile's Police Hospitals (Gendarmería de Chile, Hospital DIPRECA and Rehabilitation Center CAPREDENA) and the Hospital Universidad de Chile.
- Hospitals from the Public Health System (including hospitals of high, middle and low complexity plus delegated hospitals) and institutional hospitals (Armed Forces, Universities, Police), private clinics, occupational injury services (*mutuales*), psychiatric clinics, geriatric services and recovery facilities (CONNIN, TELETON, dialysis services among others).

- In 2014, field hospitals, which were previously considered as part of the Public Health System, did not provide care services. Hence, they were not considered in 2014.
- The number of private hospitals decreased from 2013 to 2014. This decrease is explained because occupational injury services bought services in private clinics and they no longer have independent hospitals by their own.
- Data exclude geriatrics homes, etc.
Note: In 2010, a strong earthquake occurred in Chile, which explains partly the decrease in the number of general hospitals between 2010 and 2011.
Break in time series: The break in 2011 is due to a change in the data source and methodology for private hospitals. As of 2011, only private hospitals and clinics which report more than 10 beds are included in the data.

Czech Republic

Source of data: **Institute of Health Information and Statistics of the Czech Republic**. Registry of Health Establishments.
Reference period: 31st December.
Coverage: University hospitals and acute care hospitals.

Denmark

Data not available.

Estonia

Source of data:
- Since 1st January 2008 **National Institute for Health Development**, Department of Health Statistics.
- Data from routinely collected health care statistics, submitted by health care providers (monthly statistical report "Hospital beds and hospitalisation") and from the **Registry of Health Board** (in-patient care licences).
Reference period: 31st of December.
Coverage:
- All hospitals HP.1.1 (public and private sector) are included.
- 1980 and 1985-1989 include only data from the former system of the Ministry of Health. Hospitals providing only psychiatric, tuberculosis and long-term care are excluded. For 1981-1984 the number is estimated on the basis of non-general hospitals in 1985.
Notes:
- The decrease in the number of hospitals after 1991 was the result of the first reorganisation wave of the health care system of the independent country. The concentration of the changes in terms of the number of health care providers is most well-observed when comparing figures from 1994 and 1995.
- In 2002, the Government of Estonia introduced the Hospital Master Plan that anticipates an optimum number of hospitals and hospital beds necessary to provide acute 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.

Finland

Source of data: **National Institute for Health and Welfare** (THL), Care Register for Institutional Health Care.
Coverage: All hospitals.
Break in time series: 2000. The series was recalculated from 2000 onwards to correspond to the SHA 2011 definitions.

France

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)”.

Reference period: 31st December.
Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).
- Data from 2000 include only hospitals with capacities for complete or partial hospitalisation (which differs from conventions used in the previous years). For the public sector, it is the legal entities that are taken into account (there can be several geographical establishments); for the private sector, it is geographical establishments.
- Data from 2013 account the number of geographical establishments for all sectors (public and private). That is why there is a break in series in the number of total hospitals and public hospitals.
Break in time series: 2013. The survey has been recasted in 2014 for the data concerning 2013 onwards (review and update of the questionnaire, change of the unit surveyed – from legal entity to geographical establishment –, improvement of the consistency between the survey and an administrative source of data on the activity of hospitals). Though the principles of the survey remain the same, some concepts and some questions have changed, leading to a break in time series for the year 2013.

Germany

Source of data: **Federal Statistical Office**, Hospital statistics (basic data of hospitals); Statistisches Bundesamt, *Fachserie 12, Reihe 6.1.1*, table 2.2.1; http://www.destatis.de or http://www.gbe-bund.de.
Reference period: 31st December.
Coverage:
- The number of general hospitals (HP.1.1) comprises general hospitals in all sectors (public, not-for-profit and private).
- Mental health hospitals, prevention and rehabilitation facilities and long-term nursing care facilities are excluded.

Greece

Source of data: **Hellenic Statistical Authority (EL.STAT.)**.
Reference period: 31st December.
Coverage: Number of acute care (short-stay) hospitals (excluding psychiatric hospitals, tuberculosis and geriatric or nursing hospitals).

Hungary

Source of data:
- From 1994: **Hungarian National Health Insurance Fund** (OEP in Hungarian), www.oep.hu.
Coverage: Hospitals under contract with the National Health Insurance Fund, except for psychiatric hospitals, alcohol and drug detoxification hospitals (HP.1.2) and specialist hospitals (HP.1.3).

Iceland

Source of data:
- Up to 2006: **The Directorate of Health**.
- From 2007: **The Ministry of Welfare**.
Coverage:
- Up to 2006, all hospitals with an average length of stay of 30 days or less. Rehabilitation institutions (2) and an alcoholic treatment centre are excluded.
- From 2007: Hospitals refer to health care facilities with 24-hour access to a hospital physician.
Break in time series: 2007.

Ireland

Source of data: **Department of Health and Children**.
Coverage: Since 2009, figures refer to HP1.1 hospitals, both public and private. Data are comprised of general (acute) hospitals only and exclude specialty hospitals such as paediatric, maternity and orthopaedic hospitals.
Break in time series: Up to and including 1996, figures refer to publicly funded acute hospitals where the average length of stay is 18 days or less. From 1997 on figures refer to Health Service Executive network hospitals only. Private hospitals are not included in the years preceding 2008.

Israel

Source of data: The data are based on the Medical Institutions License Registry maintained by the Department of Medical Facilities and Equipment Licensing and the Health Information Division in the **Ministry of Health**.
Reference period: End of the year.
Coverage: Includes all acute care hospitals.
Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source of data: **Ministry of Health -** General Directorate of digitalisation, health information system and statistics - **Office of Statistics**. www.salute.gov.it/statistiche.
Coverage:
- Since 2004 data refer to public and private hospitals, including private hospitals not accredited by the National Health Service. The previous definition has been modified in order to make this indicator coherent with the hospital discharge indicators referring to all hospitals, both public and private.
- Since 2008, data do not include hospitals exclusively dedicated to rehabilitative care.
Break in time series: 2004, 2008.

Japan

Source of data: **Ministry of Health, Labour and Welfare**, Survey of Medical Institutions.
Coverage: General hospitals: Hospitals excluding psychiatric hospitals and tuberculosis sanatoriums (also excluding infectious disease hospitals until 1998).

Korea

Source of data: **Ministry of Health and Welfare**, Yearbook of Health and Welfare Statistics.
Coverage:
- Inclusion: Hospitals and general hospitals.
- Exclusion: Dental hospitals, oriental medicine hospitals, long-term care hospitals, psychiatric hospitals, tuberculosis hospitals and leprosy hospitals.
Note: In Korea, 'general hospitals' refer to hospitals which are equipped with wards of more than 100 beds and include specialized medical departments with specialist medical practitioners in those departments.

Latvia

Source of data: **Centre for Disease Prevention and Control**.
Reference period: 31 December.
- Starting in 2000, optimisation of heath care service providers was gradually started. As the result of this the number of hospitals was reduced by either merging hospitals or closing them down. Also the number of beds in hospitals diminished. State and local government institutions were the ones witnessing the changes most of all. This process continues also now – new type of hospitals has been formed -"care hospitals", but there is no clear definition setting where this type of hospitals should be included according to Health provider (HP) classification. Currently these hospitals are included in General hospitals group.
Break in series: 2000.
Note: Reduction in year 2009 due to restructuring and health care reforms.

Luxembourg

Source of data: Rapport général de l'**Inspection Générale de la Sécurité Sociale**.

Mexico

Data not available.

Netherlands

Source of data: **Statistics Netherlands**.
- 1987-2002: Survey.
- 2002-2005: **Prismant** survey.
- 2006 onwards: Annual **reports social account**.

Coverage: Refers to organisations, not locations.

New Zealand

Source of data: **Ministry of Health, Provider Regulation and Monitoring System Reporting Database**.
Reference period: Number of hospitals as at 31st December 2009, 2010, 2011, 2012, 9 December 2013, 16 January 2015, 15 January 2016 and 5 January 2017.
Coverage:
- Providers certified under the Health and Disability Services (Safety) Act 2001 (the Act).
- Premises certified for at least one hospital service as defined under the Act, excluding certificates with a primary service type of Aged Care or Residential Disability.
- General Hospital is defined as those certified for at least Medical Services AND Surgical Services under the Act.

Norway

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

Poland

Source of data: **The Ministry of Health, the Ministry of National Defence (until 2011) and the Ministry of Interior**. **From 2012 onwards the Ministry of justice**. **Central Statistical Office** gathers data from ministries and publishes.
Reference period: 31st December.
Coverage:
- All general hospitals (supervised by the Ministry of Health, the Ministry of National Defence and the Ministry of Interior and Administration). In Poland the category of general hospitals comprises regional hospitals (i.e. *voivod* hospitals and *poviats* hospitals) and also specialised hospitals.
- Psychiatric hospitals and health resort hospitals are excluded.

Break in time series:
- From 2012 prison hospitals are included.

Portugal

Source of data: **Statistics Portugal** - Hospital Survey.
Reference period: 31st December.
Coverage:
- The Hospital Survey began in 1985. This survey covers the whole range of hospitals acting in Portugal: hospitals managed by the National Health Service (public hospitals with universal access), non-public state hospitals (military and prison) and private hospitals.

Slovak Republic

Source of data: **National Health Information Center**.
- "Annual report S (MZ SR) 1 – 01 on network of health care providers" for data up to 2008.
- "Report on network of health care providers" since 2009.

Reference period: 31st December.

Coverage:
- Hospitals are counted according to the recommendations and definitions following the SHA version 1.0.
- Hospitals in the Slovak Republic (general hospitals in territory of Slovak Republic).
Break in time series:
- Break in 2005 is due to change in a statistical finding in accordance with Act No 578/2004 on health care providers. Time series revised in accordance with final agreement on classification in Slovak Republic.
- Break in 2009 due to change in data source as described above.

Slovenia

Source of data: **National Institute of Public Health, Slovenia**.
Reference period: 31st December.

Spain

Source of data:
- Before 1996: **National Statistics Institute** and **Ministry of Health and Consumer Affairs**. Statistics on Health Establishments Providing Inpatient Care (available hospitals).
http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t15/p123&file=inebase&L=0.
- From 1996 to 2009: **Ministry of Health, Social Services and Equity** from **Statistics on Health Establishments Providing Inpatient Care** (ESCRI).
http://www.msssi.gob.es/estadEstudios/estadisticas/estHospiInternado/inforAnual/homeESCRI.htm.
- Since 2010: **Ministry of Health, Social Services and Equity** from **Specialised Care Information System** (Sistema de Información de Atención Especializada - SIAE).
Coverage:
- Number of available general hospitals plus other available hospitals with an average length of stay of 30 days or less.
- All public and private hospitals in Spain are included.
Break in time series: 2010.
- 'Health Consortia' included since 2010. Health consortia is an organizational model consisting of more than one hospital, but for the purpose of providing data in the questionnaire (and operating issues) they are accounted for as a single hospital. Very few hospitals are involved.

Sweden

Source of data: **Federation of County Councils** (data for 1980-2003). From 2001: **Swedish Association of Local Authorities and Regions/SALAR**.
Coverage: There is no distinction made in Sweden between hospitals and acute care (short-stay) hospitals.
Note: From 2004 there is no information on how many hospitals there are in Sweden. There is no consistent definition of what a hospital is.

Switzerland

Source of data:
- Since 1997: **FSO Federal Statistical Office**, Neuchâtel, hospital statistics; yearly census.
- Until 1996: Data from the **Hospital Association (H+)**, Bern.
Break in time series:
- 2007: change in data source.
- 2010: Hospital statistics have been revised (data year 2010); new delimitation of hospital entities and elimination of artificial double counting for some hospitals (e.g. because of multiple activity).

Turkey

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

Coverage: Total number of general hospitals in the MoH, universities, private and other sector (other public establishments, local administrations and MoND-affiliated facilities).
Break in time series: MoND-affiliated facilities are included since 2012.

United Kingdom

Source of data:
- **England**: NHS Digital, Hospital Estates and Facilities Statistics, Estates Return Information Collection (ERIC), England http://hefs.hscic.gov.uk/Eric.asp.
- **Wales**: Welsh Reference Data.
- **Scotland**: ISD Scotland, National Service Scotland.

Reference Period:
- **England**: Position at end of financial year (March 31st).
- **Wales**: End of calendar year (31st of December).

Coverage:
England:
- Does not include private sector, does not include sites with fewer than ten beds. Data are for financial years, i.e. position at March 31st, 2016 used for 2015 data.
- Possible data issues - There are a large number of unreported sites for each trust. These are excluded from any counts as it could include support facilities and non-inpatient services, with no way to differentiate between them. The data prior to 2015-16 is reported differently, which could cause potential disruption to any time series. The main issue with these earlier collections is the lack of specific mental health site data, which is included in the total count of hospitals but excluded from the general count. This has been approximated by summing general acute, short term non-acute and community hospitals, which gives broadly similar figures, particularly when you take into account the general downward trend observed over recent years. Earlier collections also include independent sector providers and (going back further) primary care trusts, but these have been excluded so the count of hospitals is limited to trusts, foundation trusts and care trusts.

Wales:
- NHS Hospitals only. It sums Acute Hospitals, Community Hospitals, Major Acute Hospitals, Specialist Acute Hospitals.
- Possible data issues – If the hospital was active from 01/04/2001 and closed on the 31/07/2005, it will be still counted for 2005 calendar year.

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

Sick children's hospitals - large teaching hospitals for children covering a range of medicine and surgery.
Estimation method:
- The data have been estimated at the UK level, based on a pro-rata increase using UK population data.

United States

Source of data: **American Hospital Association** (AHA)/Annual Survey of Hospitals, Hospital Statistics (several issues)/Health Forum LLC, an affiliate of the American Hospital Association. http://www.aha.org/. Reprinted from *AHA Hospital Statistics, 2015 Edition*, by permission, Copyright 2015, by Health Forum, Inc.
Coverage: AHA-registered hospitals in the United States. U.S. hospitals located outside the United States are excluded.
Deviation from the definition: Data match the OECD definition.
- Estimates are for all AHA registered hospitals.
- AHA-registered hospitals include short-term general hospitals.
- Estimates exclude U.S. associated areas such as Puerto Rico and AHA non-registered hospitals.

Estimation: Survey.
Break in time series: No breaks in time series.

NON-OECD ECONOMIES

Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report "Health Statistics of Lithuania", available from http://www.hi.lt/health-statistic-of-lithuania.html.
Reference period: 31st December.
Coverage: All hospitals excluding tuberculosis, rehabilitation, psychiatric and substance abuse, nursing hospitals. Infection diseases and oncology hospitals are included in general hospitals.
Break in series: 1997. In 1997-1998 part of the small rural hospitals was closed, biggest part was reorganised into nursing hospitals. Nursing hospitals are providing long-term nursing care and belong to nursing and residential care facilities. As the number of beds in rural hospitals were quite small the changes in number of hospital beds were insignificant.