

HOSPITALS IN THE 27 EUROPEAN COUNTRIES

ITEMS/INDICATORS		DEFINITIONS	DETAILS		
			Source	Notes/Explanations	
A	DEMOGRAPHIC AND SOCIO-ECONOMIC INDICATORS	A1 Population	Estimate of resident (de jure) population on 1 July of given calendar year. Usually, it is calculated as an average of end-year estimates.	WHO HFA-DB 0010	In HFA-DB the Central Statistical Office (CSO) is the source in most countries. This data item is used as denominator to calculate most other indicators. Although "de facto" population would be preferable, the "de jure" population is used because it is more commonly available, particularly in age-disaggregated form.
		A2 Area (square Km)	The total extension of countries surface.	WHO HFA-DB 0161	
		A3 Average population density per square Km	A ratio of reported mid-year population (ind. A1) with country area (ind. A2).	WHO HFA-DB 0160	
		A4 Birth rate per 1000 population	The number of live childbirths per 1.000 populations per year. The number of childbirths includes all live births during the given calendar year, irrespective of registration of the date of birth.	WHO HFA-DB 0060	WHO receives for most countries the number of live births as part of the annual reporting of mortality and population data.
		A5 Death rate per 1000 population	The total number of deaths per 1.000 populations per year. It strongly depends on the age structure of the populations.	WHO HFA-DB 0070	
		A6 Life expectancy at birth (years)	Average number of years that a newborn is expected to live if current mortality rates continue to apply.	WHO HFA-DB 1010	It is calculated by WHO/EURO for all countries which report detailed mortality data to WHO, using Wiesler's method. Thus, there could be differences in estimation methods used by WHO Statistical Information System, whose data have sometimes been used.
		A6a Men		WHO HFA-DB 1011	
		A6b Women		WHO HFA-DB 1012	
A7 Real Gross Domestic Product (GDP) PPP\$ per capita	The total output of goods and services for final use produced by an economy, by both residents and non-residents, regardless of the allocation to domestic and foreign claims, adjusted to the relative domestic purchasing power of the national currency as compared to US dollar, rather than using the official exchange rate. Multipliers of PPPs are estimated periodically, using the cost of the standard basket of goods. Reported value is the average per person.	WHO HFA-DB 0270	WHO/EURO uses OECD and UNDP (United Nations Development Programme) as common data sources.		

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B	B1	Healthcare coverage of population	Universal or not universal coverage of the population. If the healthcare system is not universal the rate of covered population should be given. Typologies of services covered by the public healthcare system. If existing, other kind of social security systems should be also reported.	L.O.	
	B2	Gate-keeping system	The activity of controlling, addressing and limiting the general access to specialistic care, especially to hospitals. It is usually done by a referring doctor who first sees a patient and, when necessary, sends him/her to hospital or to consult a specialist.	L.O.	The way in which people access to hospital and specialistic care and the role of referring doctors and/or general practitioners (GPs) should be described.
	B3	Total health expenditure, PPP\$ per capita	The consumption of healthcare goods and services plus capital investments in healthcare infrastructure, given by the sum of public and private expenditure on health, adjusted to the relative domestic purchasing power of the national currency as compared to US dollar, rather than using the official exchange rate. Multipliers of PPPs are estimated periodically, using the cost of the standard basket of goods. Reported value is the average per person.	WHO HFA-DB 6721	In HFA-DB the data are taken from OECD Health Database for OECD Member States (see www.oecd.org); for non-OECD countries, the data are as reported by the country to the HFA-DB and may not necessarily correspond to the common WHO or OECD definition. Whenever possible, the reported OECD definition of total expenditure on health is applied.
	B4	Public sector health expenditure as % of total health expenditure	Expenditure on healthcare incurred by public funds. Public funds are state, regional and local government bodies and social security schemes. Public capital formation on health includes publicly-financed investment in health facilities plus capital transfers to the private sector for hospital construction and equipment. <i>See ind. B3 above for further details on health expenditure.</i>	WHO HFA-DB 6731	In HFA-DB the OECD definition is applied referring to central and local authorities, health boards and social insurance institutions. Nonetheless it may often be easier to calculate by subtracting private health insurance and charges from the total health expenditure. In HFA-DB the data are taken from OECD Health Database for OECD Member States (see www.oecd.org); for non-OECD countries, the data are as reported by the country to the HFA-DB and may not necessarily correspond to the common WHO or OECD definition.

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B	HEALTHCARE SYSTEM	B5	Total health expenditure as % of Gross Domestic Product (GDP)	The consumption of healthcare goods and services plus capital investments in healthcare infrastructure, given by the sum of public and private expenditure on health, as percentage of Gross Domestic Product (GDP). <i>See ind. A7 for further details on GDP.</i>	WHO HFA-DB 6711	In HFA-DB the data are taken from OECD Health Database for OECD Member States (see www.oecd.org); for non-OECD countries, the data are as reported by the country to the HFA-DB and may not necessarily correspond to the common WHO or OECD definition. Whenever possible, the reported OECD definition of total expenditure on health is applied (<i>see ind. B3</i>).
		B5a	Public sector health expenditure as % of GDP	Public expenditure on health refers to expenditure on healthcare incurred by public funds. Private expenditure on health includes privately funded occupational health care, prevention and public health services provided by charities, other non-governmental organisations, voluntary organisations. These values are reported in percentage of GDP.	WHO HFA-DB 6712	The reported public sector (or general government) and private sector expenditure on health estimates produced by WHO are, to the greatest extent possible, based on the National Health Accounts classification (see the World Health Report 2006 for details). The sources include both nationally reported data and estimates from international organisations like International Monetary Fund, World Bank, United Nations and Organisation for Economic Co-operation and Development. Therefore they may somewhat differ from official national statistics reported by countries.
		B5b	Private sector health expenditure as % of GDP	<i>See ind. B3-B4-B5 for further details on health expenditure.</i> <i>See ind. A7 for further details on GDP.</i>	WHO HFA-DB 6713	
		B6	Expenditure on inpatient care per capita (PPP\$)	Current expenditure on inpatient institutions, including public and private hospitals, for acute, chronic and convalescent care. In-patient care refers to care for a patient who is formally admitted (or 'hospitalised') to an institution for treatment and/or care and stays for a minimum of one night. Reported value is the average per person, adjusted to the relative domestic purchasing power of the national currency as compared to the US dollar, rather than using the official exchange rate. Investment/capital outlays are excluded.	WHO HFA-DB 6750	All types of hospitals are included. Outpatient department expenditures of hospitals for e.g. day cases should be covered under ambulatory care expenses, but this separation is not always statistically possible, particularly in central and eastern European countries. HFA-DB applies the OECD definition. In HFA-DB the OECD Health Database is used as the primary data source for those countries that are OECD Member States; for countries which are not OECD members the official national sources are considered.
		B7	Public inpatient expenditure as % of total inpatient expenditure	The rate of inpatient expenditure funded by public sector (or general government). It includes publicly funded inpatient care in institutions, whether privately or publicly owned.	WHO HFA-DB 6760	HFA-DB applies the OECD definition. In HFA-DB the OECD Health Database is used as the primary data source for those countries that are OECD Member States; for countries which are not OECD members the official national sources are considered.
		B8	Total inpatient expenditure as % of total health expenditure	The rate of health expenditure assigned to inpatient care. <i>See ind. B3 for further details on health expenditure.</i> <i>See ind. B6 for further details on inpatient care.</i>	WHO HFA-DB 6740	HFA-DB applies the OECD definition. In HFA-DB the OECD Health Database is used as the primary data source for those countries that are OECD Member States; for countries which are not OECD members the official national sources are considered.
		B9	Public funding	Public mechanisms to collect funds to finance healthcare, i.e. taxes or social insurance contributions. Whenever possible, the percentage of each source with the total public funding should be provided.	L.O.	

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C	HOSPITAL GOVERNANCE	C1 Administration and management	<p>The level of dependency/autonomy of hospitals from the State or from lower levels of government in the fields of financing, organization, administration and management.</p> <p>The ownership of each typology of hospital existing in the country, mainly distinguishing between public and private hospitals.</p> <p>See ind. E1 for the rate of public and private hospitals existing in the country.</p>	L.O.	
		C2 Surveillance authority	<p>The administrative reference authority/authorities in charge of hospital healthcare regulation.</p>	L.O.	Competences, responsibilities and main activities of these authorities should be briefly reported.

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D	D1	Hospital financers	Those (government, insurances, patients...) funding hospital activities. If possible, the percentage should be given.	L.O.	If necessary, differences between typology of hospitals (mainly public and private, for profit and not for profit) should be reported.
	D2	Modes of payment	The criteria to finance services (allocate resources for ordinary activities) of hospitals (e.g. daily tariffs, DRGs, global budget based on the expenses of the previous year...). If possible, the percentage should be given.	L.O.	If necessary, differences between typology of hospitals (mainly public and private, for profit and not for profit) should be reported.
	D3	Use of DRGs	Use or not of Diagnosis Related Groups (DRGs). Implementation/period of introduction. Scope of introduction and use of DRGs (i.e. method to finance hospital activity, method to assess the level of activity...).	L.O.	
	D4	Hospital investments	Those funding hospital capital investments and the criteria used to distribute the financing. If possible, the percentage should be given.	L.O.	If necessary, differences between typology of hospitals (mainly public and private, for profit and not for profit) should be reported.

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E	E1	Public / Private ownership	The rate of public and private hospitals existing in the country. See ind. C1 for details on ownership, management and administration of public and private hospitals in the country.	L.O.	
	E1a	% of hospitals private for profit	The rate of hospitals private for profit with the total private hospitals.	L.O.	
	E1b	% of hospitals private not for profit	The rate of hospitals private not for profit with the total private hospitals.	L.O.	
	E2	Categories	The way in which hospitals are categorised in the country (e.g. by level of care, ownership, type of activity...)	L.O.	
	E3	Total number of hospitals	The total number of hospitals in a country. Both public and private hospitals are considered. A hospital is a residential establishment equipped with inpatient facilities for 24-hour medical and nursing care, diagnosis, treatment and rehabilitation of the sick and injured, usually for both medical and surgical conditions, and staffed with professionally trained medical practitioners, including at least one physician. The hospital may, but doesn't need to, also provide services on an outpatient basis.	WHO HFA-DB 5011	The number of hospitals includes: general, specialized, acute care and long-stay hospitals. The number of hospitals excludes: balneological institutes, health resorts, sanatoria, nursing homes for the physically and mentally disabled, homes for the elderly (i.e. establishments providing principally custodial care), day centres, day hospitals. Variations in interpreting the meaning of 'nursing home' are a major source of differences between countries in the content of data on hospitals. It should be made a distinction between institutions providing principally nursing care ('nursing hospitals') and those providing principally custodial care (nursing homes). Whenever possible, in the former case the establishment has been counted as a hospital, while in the latter case it has not.
E4	All hospitals per 100.000 population	The number of hospitals existing in a country per 100.000 populations. Both public and private hospitals are considered. <i>See ind. E3 for further details on hospitals.</i>	WHO HFA-DB 5010	This indicator provides information about health system capacity.	

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E TOTAL HOSPITAL CARE PROVISION	E5 Total number of hospital beds	<p>The total number of hospital beds available in a country. Both public and private hospitals are considered. Both occupied and unoccupied beds are covered.</p> <p>Total hospital beds are all hospital beds which are regularly maintained and staffed and immediately available for the care of admitted patients.</p>	WHO HFA-DB 5051	<p>The number of hospital beds includes: beds in all hospitals, including general hospitals, mental health and substance abuse hospitals and other specialty hospitals; both occupied and unoccupied beds.</p> <p>The number of hospital beds excludes: surgical tables, recovery trolleys, emergency, stretchers, beds for same-day care, cots for healthy infants; beds in wards which were closed for any reason; provisional and temporary beds; beds in nursing and residential care facilities.</p> <p>The formulation of definition given has been harmonized (by WHO - HFA-DB) with EUROSTAT and OECD.</p>
	E5a Public inpatient hospital beds (number and % of all beds)	<p>The number of inpatient beds owned by central or local government or social security establishments.</p> <p>The rate of public inpatient hospital beds with the total number of hospital beds.</p> <p>Inpatient care beds are beds accommodating patients who are formally admitted (or 'hospitalised') to an institution for treatment and/or care and stay for a minimum of one night in the hospital or other institution providing inpatient care.</p> <p>Inpatient care is delivered in hospitals, other nursing and residential care facilities or in establishments which are classified according to their focus of care under the ambulatory care industry but perform in-patient care as a secondary activity.</p>	WHO HFA-DB	<p>The number of public inpatient hospital beds is calculated as difference between the total hospital beds (ind. E5) and the private inpatient hospital beds (ind. E5b).</p> <p>The rate of public inpatient hospital beds have been calculated as percentage of public inpatient hospital beds (ind. 5a) with total hospital beds (ind. E5).</p>
	E5b Private inpatient hospital beds (number and % of all beds)	<p>The number of inpatient beds not owned by central or local government or social security establishments.</p> <p>The rate of private inpatient hospital beds with the total number of hospital beds.</p> <p>Both not-for-profit and for-profit private beds are included.</p> <p><i>See ind. E5a above for further details on inpatient care beds and inpatient care.</i></p>	WHO HFA-DB 5151 5150	<p>References from HFA-DB:</p> <p>-- ind. 5151: Number of private in-patient hospital beds;</p> <p>-- ind. 5150: Private in-patient hospital beds as % of all beds.</p>
	E6 All hospital beds per 100.000 population	<p>The number of hospital beds existing in a country per 100.000 populations. Both public and private hospitals are considered.</p> <p><i>See ind. E5 for further details on hospital beds.</i></p>	WHO HFA-DB 5050	<p>This indicator provides information on health capacities, i.e. the maximum number of patients who could be treated by hospitals in a given country.</p>

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E	TOTAL HOSPITAL CARE PROVISION	<p>E7 Number of inpatient care admissions/discharges</p> <p>Number of admissions/discharges in all hospitals and institutions for treatments requiring overnight stays.</p> <p>Admission is the hospitalization of a patient in an inpatient facility normally involving a stay of at least 24 hours. In the case of death or discharge to another health establishment, the actual stay may be shorter than 24 hours. These cases are registered as a one-day hospitalization.</p> <p>Discharge is the conclusion of a period of inpatient care, whether the patient returned to his home, was transferred to another inpatient facility or died.</p> <p><i>See ind. E5a for further details on inpatient care.</i></p>	WHO HFA-DB	6011	The number of admissions/discharges excludes: a transfer from one department to another one at the same hospital; day-cases of day patients; weekend leave when the patient has been released temporarily and the hospital bed is still reserved; cases where treatment is provided by hospital personnel at the patient's home. Newborns are not included.
		<p>E8 Inpatient care admissions/discharges per 100 population</p> <p>Rate of inpatient care admissions (ind. E7) with the total population (ind.A1).</p> <p><i>See ind. E5a for further details on inpatient care.</i> <i>See ind. E7 for further details on inpatient care admissions/discharges.</i></p>	WHO HFA-DB	6010	This indicator represents the rate of populations who receives inpatient care (treatments requiring overnight stays), but multiple admissions have to be kept into account.
		<p>E9 Average length of stay for all hospitals (bed-days)</p> <p>Total number of occupied hospital bed-days divided by the total number of admissions or discharges.</p> <p>Length of stay (LOS) of one patient = date of discharge - date of admission. If these are the same dates, then LOS is set to one day.</p>	WHO HFA-DB	6100	

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F ACUTE CARE HOSPITAL PROVISION	F1 Number of acute care hospitals	<p>The total number of acute care hospitals in a country. Both public and private hospitals are considered.</p> <p>Acute care (or short-stay) hospitals are all general and specialised hospitals with relative short average length of stay.</p> <p>Short length of stay is considered less than 18 days.</p>	WHO HFA-DB 5021	The number of acute care (short-stay) hospitals excludes: hospitals with relative long average length of stay, like some psychiatric, tuberculosis, geriatric or rehabilitation/nursing hospitals, moreover hospitals providing long-term care or palliative care.
	F1a Acute care hospitals as % of all hospitals	<p>The rate of hospitals that deliver acute care with all hospitals existing in a country.</p> <p><i>See ind. E3 for further details on hospitals.</i></p> <p><i>See ind. F1 for further details on acute care hospitals.</i></p>	WHO HFA-DB	The value is calculated as a ratio of acute care hospitals (ind.F1) with total number of hospital (ind. E3).
	F2 Acute care hospitals per 100.000 population	<p>The number of acute care hospitals existing in a country per 100.000 populations. Both public and private hospitals are considered.</p> <p><i>See ind. F1 for further details on acute care hospitals.</i></p>	WHO HFA-DB 5020	This indicator provides information about health system capacity.
	F3 Number of acute care hospital beds	<p>The total number of acute care hospital beds available in a country. Both public and private hospitals are considered. Both occupied and unoccupied beds are covered.</p> <p>Acute care beds are hospital beds in hospitals (or wards) which are not long-stay psychiatric nor dealing with tuberculosis, geriatric or other patients, the treatment of which requires a long stay.</p>	WHO HFA-DB 5061	
	F3a Acute care hospital beds as % of all hospitals beds	<p>The rate of acute care beds with all hospitals beds existing in a country.</p> <p><i>See ind. E5 for further details on all hospital beds.</i></p> <p><i>See ind. F3 for further details on acute care hospital beds.</i></p>	WHO HFA-DB	The value is calculated as a ratio of acute care hospital beds (ind.F3) with total number of hospital beds (ind. E5).
	F4 Acute care hospital beds per 100.000 population	<p>The number of acute care hospital beds existing in a country per 100.000 populations. Both public and private hospitals are considered.</p> <p><i>See ind. F3 for further details on acute care hospital beds.</i></p>	WHO HFA-DB 5060	It provides information on health capacities, i.e. on the maximum number of patients who could receive acute care treatments in a given country.

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F ACUTE CARE HOSPITAL PROVISION	F5 Number of acute care hospital admissions/discharges	Number of admissions in acute care hospitals and institutions for treatments requiring overnight stays. <i>See ind. E7 for the definitions of 'Admission' and 'Discharge'. See ind. F1 for further details on acute care hospitals.</i>	WHO HFA-DB	6021
	F6 Acute care admissions/discharges per 100 population	Rate of acute care admissions (ind. F5) with the total population (ind. A1). <i>See ind. E7 for the definitions of 'Admission' and 'Discharge'. See ind. F1 for further details on acute care hospitals.</i>	WHO HFA-DB	6020 This indicator represents the rate of populations who receives acute care (short stay) treatments, but multiple admissions have to be kept into account.
	F7 Average length of stay for acute care hospitals (bed-days)	Total number of occupied hospital bed-days divided by the total number of admissions or discharges. Only acute care hospital beds (see ind. F3) and acute care hospital admissions/discharges (see ind. F5) are considered. Length of stay (LOS) of one patient = date of discharge - date of admission. If these are the same dates, then LOS is set to one day.	WHO HFA-DB	6110
	F8 Bed occupancy rate for acute care hospitals	The average number of days when hospital beds are occupied as percentage of total number of days in the calendar year. Only acute care hospital beds (see ind. F3) are considered. Calculation: percentage of utilized-bed days with the available bed-days during the calendar year.	WHO HFA-DB	6210

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G HEALTHCARE WORKFORCE	G1 Number of General Practitioners (GPs)	<p>General practitioners (physical persons), including assistants. Only physicians working in outpatient establishments in specialties such as general practice, family doctor, internal medicine, general medicine are included.</p> <p>The general practitioner does not limit his/her practice to certain disease categories and assumes the responsibility for providing or referring for the provision of continuing and comprehensive medical care. In most eastern European countries the general practitioner roughly corresponds to the district therapist.</p>	WHO HFA-DB	5291	
	G1a General Practitioners per 100.000 population	<p>The number of general practitioners working in a country per 100.000 populations.</p> <p><i>See ind. G1 above or further details on general practitioners.</i></p>	WHO HFA-DB	5290	
	G1b Population per one GP	<p>The average number of populations of whom each general practitioner could be responsible.</p> <p><i>See ind. G1 above or further details on general practitioners.</i></p>	WHO HFA-DB		
	G2 Number of physicians	<p>The number of all active physicians (physical persons) working in health services (public or private), including health services under other ministries than the Ministry of Health. Interns and residents, i.e. physicians in postgraduate training, are also included.</p>	WHO HFA-DB	5251	The number of physicians excludes: physicians working outside the country; physicians on the retired list and not practising or unemployed; physicians working outside health services, e.g. employed in industry, research institutes etc.; dentists (stomatologists) who should be defined as a separate group.
	G2a Number of physicians per 100.000 population	<p>The number of physicians working in a country per 100.000 populations.</p> <p><i>See ind. G2 for further details on physicians.</i></p>	WHO HFA-DB	5250	
	G3 % of physicians working in hospitals	<p>The rate of physicians working in hospitals, at least part-time with the total number of physicians.</p> <p><i>See ind. G2 for further details on physicians.</i></p>	WHO HFA-DB	5270	

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G HEALTHCARE WORKFORCE	G4 Number of nurses	The number of nurses (physical persons), including qualified nurses, first - and second - level nurses, feldschers (physician's assistants - a category of health personnel present in some eastern European countries), midwives and nurse specialists.	WHO HFA-DB	5321	The number of nurses excludes: nursing auxiliaries (without formal education in nursing) and other personnel without formal education in nursing.
	G4a Nurses per 100.000 population	The number of nurses working in a country per 100.000 populations. <i>See ind. G4 for further details on nurses.</i>	WHO HFA-DB	5320	
	G5 % of nurses working in hospitals	The rate of qualified nurses working in hospitals, at least part-time with the total number of nurses. <i>See ind. G4 for further details on nurses.</i>	WHO HFA-DB	5330	
	G6 Number of nurses per doctor	The average number of nurses who ideally could support the work of each doctor (physician).	WHO HFA-DB		