

4. HEALTH CARE ACTIVITIES

4.3. Hospital beds

The number of hospital beds provides a measure of the resources available for delivering services to inpatients in hospitals. This section presents data on the total number of hospital beds, including those allocated for curative (acute), psychiatric, long-term and other types of care. It also includes an indicator of bed occupancy rates focussing on curative care beds.

Among OECD countries, the number of hospital beds per capita is highest in Japan and Korea, with over nine beds per 1 000 population in 2011 (Figure 4.3.1). Both Japan and Korea have “social admissions”, that is, a significant part of hospital beds are devoted to long-term care. The number of hospital beds is also well above the OECD average in the Russian Federation, Germany and Austria. On the other hand, large emerging countries in Asia (India and Indonesia) have relatively few hospital beds compared with the OECD average. This is also the case for OECD and emerging countries in Latin America (Mexico, Chile and Brazil).

The number of hospital beds per capita has decreased at least slightly over the past decade in most OECD countries, falling from 5.6 per 1 000 population in 2000 to 5.0 in 2011. This reduction has been driven partly by progress in medical technology which has enabled a move to day surgery and a reduced need for hospitalisation. The reduction in hospital beds has been accompanied in many countries by a reduction in hospital discharges and the average length of stay (see Indicators 4.4. “Hospital discharges” and 4.5 “Average length of stay in hospitals”). Only in Korea, Turkey and to a lesser extent in Greece has the number of hospital beds per capita grown over the past decade.

More than two-thirds of hospital beds (70%) are allocated for curative care on average across OECD countries. The rest of the beds are allocated for psychiatric care (14%), long-term care (12%) and other types of care (4%). In some countries, the share of beds allocated for psychiatric care and long-term care is much greater than the average. In Finland, 30% of hospital beds are allocated for long-term care, because local governments (municipalities) use beds in health care centres (which are defined as hospitals) for at least some of the needed institution-based long-term care. In Belgium and the Netherlands, close to 30% of hospital beds are devoted to psychiatric care (Figure 4.3.2).

In several countries, the reduction in the number of hospital beds has been accompanied by an increase in their occupancy rates. The occupancy rate of curative (acute) care beds stood at 78% on average across OECD countries in 2011, slightly above the 2000 level (Figure 4.3.3). Israel had the highest rate of hospital bed occupancy at 98%, followed by Norway and Ireland also at over 90%. This is higher than

the 85% level that is considered to be the limit of safe occupancy in countries such as the United Kingdom. These three countries with high occupancy rates have fewer curative care beds than the OECD average.

Definition and comparability

Hospital beds are defined as all beds that are regularly maintained and staffed and are immediately available for use. They include beds in general hospitals, mental health hospitals, and other specialty hospitals. Beds in residential long-term care facilities are excluded.

Curative care beds are accommodating patients where the principal intent is to do one or more of the following: manage labour (obstetric), treat non-mental illness or injury, perform surgery, diagnostic or therapeutic procedures.

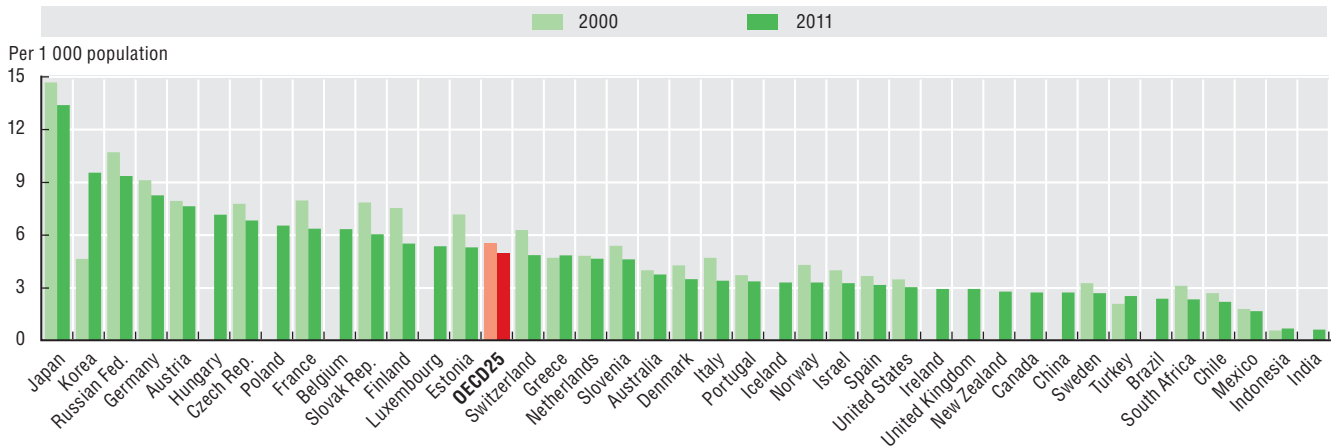
Psychiatric care beds are accommodating patients with mental health problems. They include beds in psychiatric departments of general hospitals, and all beds in mental health hospitals.

Long-term care beds are accommodating patients requiring long-term care due to chronic impairments and a reduced degree of independence in activities of daily living. They include beds in long-term care departments of general hospitals, beds for long-term care in specialty hospitals, and beds for palliative care. Data on long-term care beds are not available for several countries (Australia, Germany, Greece, Mexico, New Zealand, Norway, Portugal, Switzerland and the United Kingdom) and may be included with other types of beds (e.g. with curative care beds for Australia and the United Kingdom).

The occupancy rate for curative (acute) care beds is calculated as the number of hospital bed-days related to curative care divided by the number of available curative care beds (multiplied by 365).

In the Netherlands, hospital beds include all beds that are administratively approved rather than only those immediately available for use, resulting in an over-estimation (the difference between all administratively approved beds and beds available for immediate use was about 10% in 2007). This also results in an under-estimation of bed occupancy rates.

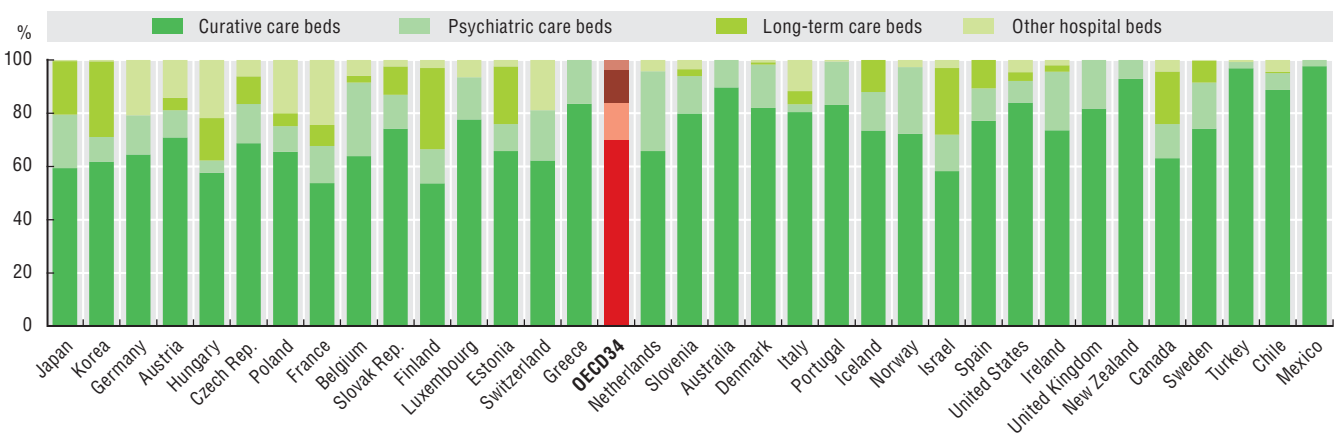
4.3.1. Hospital beds per 1 000 population, 2000 and 2011 (or nearest year)



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917332>

4.3.2. Hospital beds by function of health care, 2011 (or nearest year)

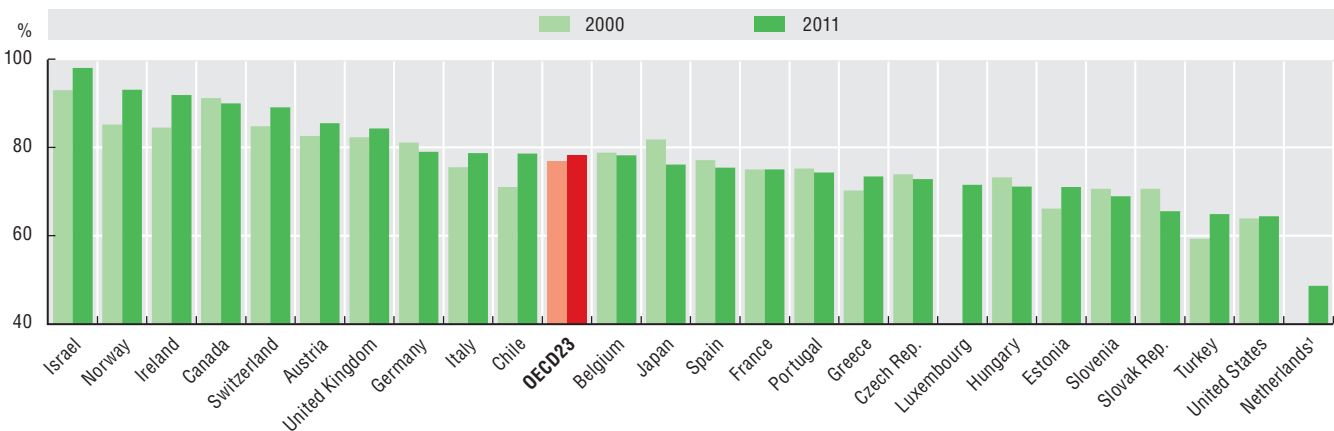


Note: Countries ranked from highest to lowest total number of hospital beds per capita.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917351>

4.3.3. Occupancy rate of curative (acute) care beds, 2000 and 2011 (or nearest year)



1. In the Netherlands, hospital beds include all beds administratively approved rather than those immediately available for use.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917370>



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