

The number of hospital beds provides an indication of the resources available for delivering services to in-patients in hospitals. This section presents data on the total number of hospital beds, including those allocated for curative, psychiatric, long-term and other types of care. It does not capture the capacity of hospitals to furnish same-day emergency or elective interventions.

Over the past 15 years, the number of hospital beds per population has decreased in all European countries. On average across EU countries, the number fell from 7.3 beds per 1 000 population in 1995 to 5.7 in 2008 (Figure 3.6.1). This reduction in the number of hospital beds has been accompanied by a reduction in average length of stays in hospitals (Indicator 3.8) and, in some countries, a reduction in hospital admissions (Indicator 3.7). The reduction in the number of hospital beds per population has been particularly pronounced in Latvia, Lithuania and Bulgaria.

In all countries, progress in medical technologies has enabled a move to day-surgery and a reduced need for long hospitalisation. In addition, in many countries, cost-containment policies over the past decade or so have targeted the hospital sector, as it remains the largest health spending category in most European countries.

In 2008, Germany and Austria had the highest number of hospital beds per capita, with about 8 beds per 1 000 population (Figure 3.6.1). The high supply of hospital beds in these two countries is associated with a large number of hospital admissions/discharges, as well as long average length of stays in Germany. Turkey had the lowest number of beds per capita, followed by Spain, the United Kingdom and Portugal.

Two-thirds of hospital beds are allocated for curative care on average across EU countries. The rest of the beds are allocated for psychiatric (14%), long-term (10%) and other types of care (8%). In some countries, the share of beds allocated for psychiatric care and long-term care is much greater than the average. In Finland, a greater proportion of hospital beds are allocated for long-term care (35%) than for curative care (30%). This is because local governments in Finland are responsible for managing both health and long-term care services, and use hospitals to provide at least some of the institution-based long-term care (OECD, 2005). In Ireland, just over half of hospital beds are allocated for acute care, with 30% devoted to long-term care (Figure 3.6.2).

The share of beds in private for-profit hospitals has increased in some countries over the past few years, while it has remained stable in others. In Germany, the share increased from 23% of all beds in 2002 to 29% in 2008, accompanied by a decline in

the share of beds in public hospitals from 44% to 41%. The remaining 30% were beds in private not-for-profit hospitals, whose share also declined slightly. In Austria also, the share of beds in private for-profit hospitals has increased over the past decade, from 7% in 1995 to just over 10% in 2008, although the vast majority of beds continue to be in publically-owned hospitals. In France, the allocation of beds in public and private hospitals has remained fairly stable since 1997, with about 65% of beds located in public hospitals, 15% in private not-for-profit hospitals, and the remaining 20% in private for-profit hospitals (OECD, 2010a).

In several countries, the reduction in the overall number of hospital beds has been accompanied by an increase in their occupancy rates. Since 1995, the occupancy rate of curative care beds increased significantly in Ireland, Italy, Norway and Switzerland (OECD, 2010a).

Definition and deviations

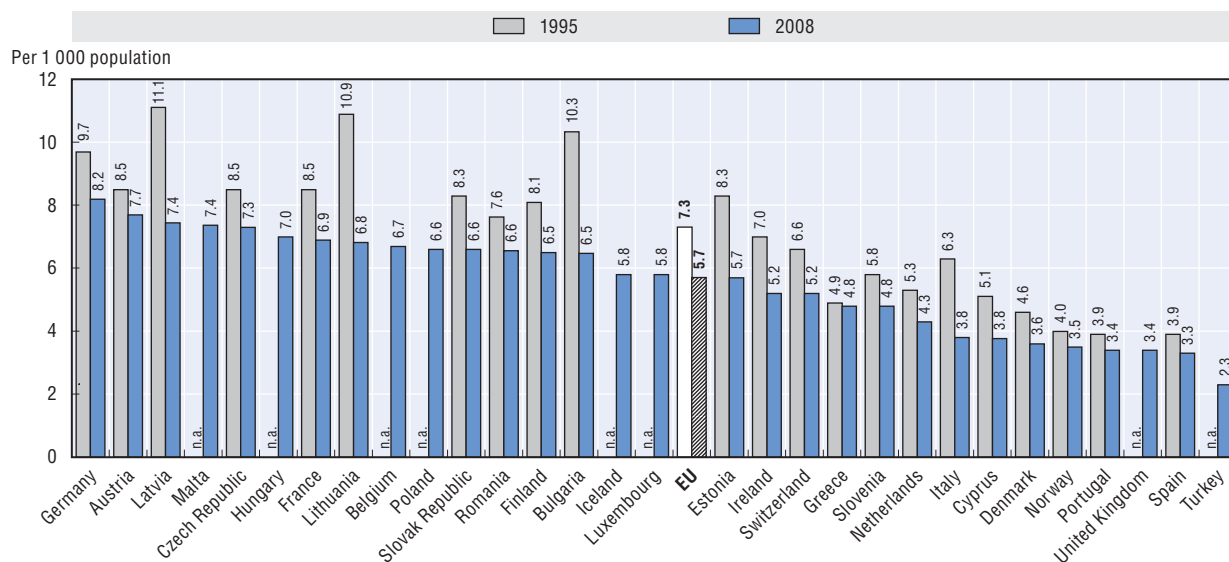
Hospital beds are defined as all beds that are regularly maintained and staffed and are immediately available for use. They include beds in general hospitals, mental health and substance abuse hospitals, and other specialty hospitals. Beds in nursing and residential care facilities are excluded.

Curative care beds are beds accommodating patients where the principal intent is to do one or more of the following: manage labour (obstetric), cure non-mental illness or provide definitive treatment of injury, perform surgery, relieve symptoms of non-mental illness or injury (excluding palliative care), reduce severity of non-mental illness or injury, protect against exacerbation and/or complication of non-mental illness and/or injury which could threaten life or normal functions, perform diagnostic or therapeutic procedures.

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

Long-term care beds are hospital beds 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.

3.6.1. Hospital beds per 1 000 population, 1995 and 2008 (or nearest year available)

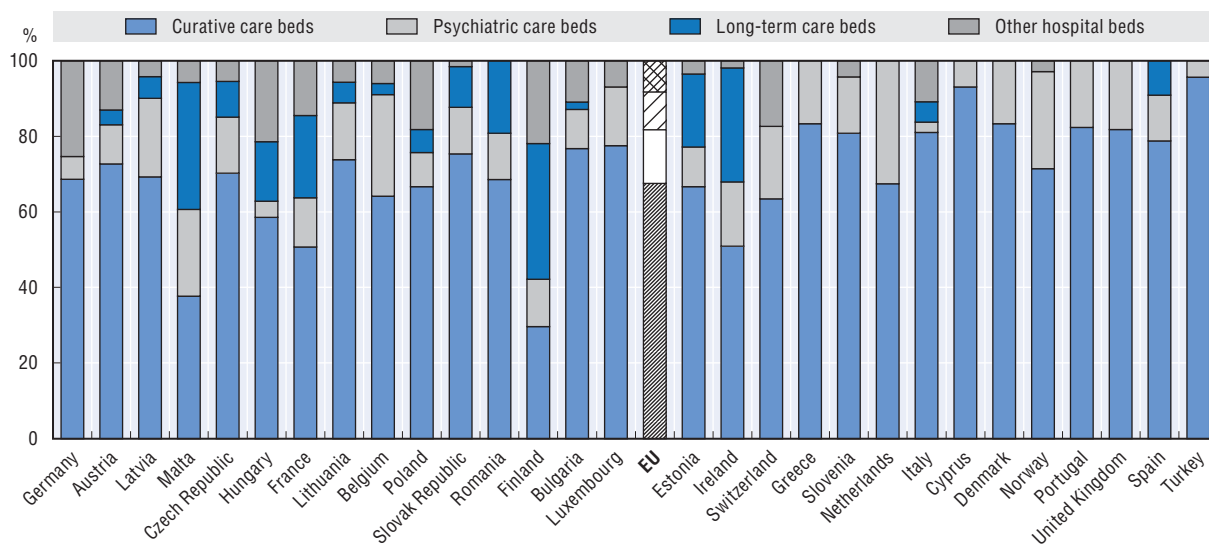


Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932336901>

3.6.2. Hospital beds by function of health care, 2008 (or nearest year available)

Countries ranked by declining order of hospital beds per 1 000 population



Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932336920>



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