

## Hospital beds

The number of hospital beds provides a measurement of the resources available for delivering services to inpatients in hospitals. This section presents data on the number of overall hospital beds in 2000 and 2015 and for different types of care (curative care, rehabilitative care, long-term care and other functions). It also presents an indicator of bed occupancy rates over time, focussing on curative care beds.

Among OECD countries, the number of hospital beds per capita remains highest in Japan and Korea, with 13.2 and 11.5 beds per 1 000 population in 2015 (Figure 9.7). In both countries, hospitals have so-called “social admissions”, that is, a significant part of hospital beds are devoted to long-term care to tackle the increasing number of ageing population. The number of hospital beds is also well above the OECD average in the Russian Federation, Germany and Austria. On the other hand, some of the key partner countries in Asia (India and Indonesia) have very few hospital beds compared to the OECD average. This is also the case for countries in Latin America (Mexico, Colombia, Chile and Brazil).

The number of hospital beds per capita has decreased over the past decade in most OECD countries, falling on average from 5.6 per 1 000 population in 2000 to 4.7 in 2015. This reduction is part of a voluntary effort in most countries, partly driven by progress in medical technology, which has enabled a move to day surgery for a number of procedures and a reduced need for hospitalisation. In many European countries, the financial and economic crisis, which started in 2008, provided an additional stimulus to reduce hospital capacity in line with policies to reduce public spending on health. Only in Korea, China and Turkey have the numbers of hospital beds per capita grown since 2000. Generally, the largest decreases in the number of beds over time have been observed in countries with an initially high number of beds in 2000.

On average, about three-quarters of hospital beds (77%) are allocated for curative care across OECD countries (Figure 9.8). The rest are distributed between long-term care (12%), rehabilitation (9%), and other types of care (2%). However, in some countries, the share of beds allocated for rehabilitation and long-term care is much greater than the average. In Korea and Japan, for the reasons previously mentioned, 37% and 20% of hospital beds, respectively, are allocated for long-term care. In Finland, this share is also relatively high (28%), as local governments (municipalities) use beds in health care centres (which are defined as hospitals) for at least some of the institutional long-term care needs. In France, Germany and Poland, around a quarter of all hospital beds are devoted to rehabilitative care.

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 care

beds stood at 76% on average across OECD countries in 2015, only slightly above the 2000 level (Figure 9.9). This is because the general increase in occupancy rates (driven by the reduction in number of beds) is offset by a few large decreases in occupancy rates observed in Norway, Japan and Latvia, along with some smaller decreases in Switzerland, Germany, the Slovak Republic, Korea and more. Ireland and Israel had the highest rate of hospital bed occupancy at approximately 94%, followed by Canada at 92% and the United Kingdom at 84%.

### 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 and substance abuse hospitals, and other specialty hospitals. Beds in residential long-term care facilities are excluded (OECD, 2017).

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

Rehabilitative care beds accommodate patients with the principal intent to stabilise, improve or restore impaired body functions.

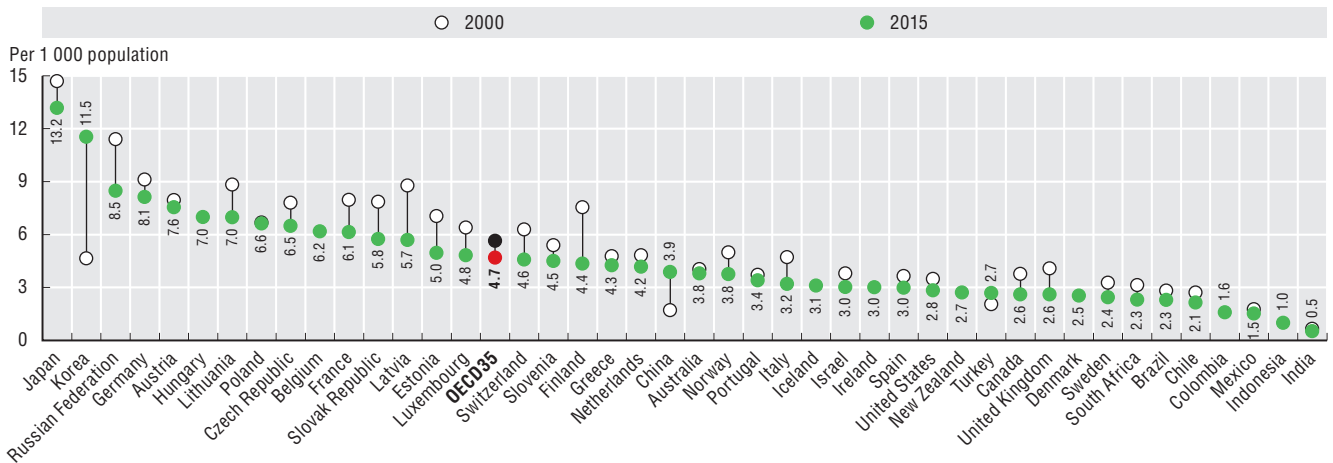
Long-term care beds are hospital beds accommodating patients requiring long-term care due to chronic impairments and a reduced degree of independence in activities of daily living. They include beds in long-term care departments of general hospitals, beds for long-term care in specialty hospitals, and beds for palliative care.

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).

### References

OECD (2017), *OECD Health Statistics 2017*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/health-data-en>.

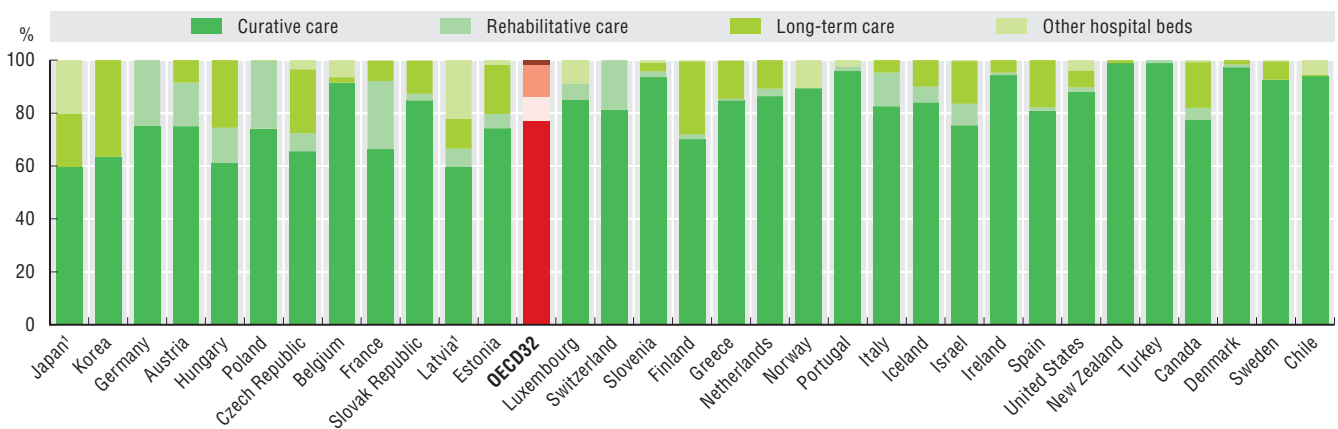
9.7. Hospital beds per 1 000 population, 2000 and 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933605065>

9.8. Hospital beds by function of health care, 2015 (or nearest year)



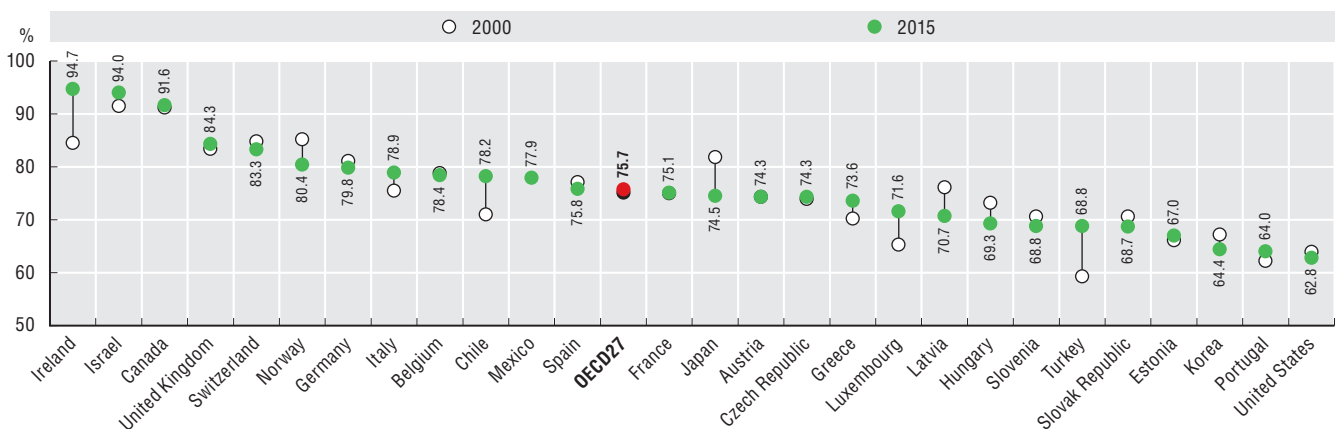
Note: Countries are ranked from highest to lowest total number of hospital beds per capita.

1. In Japan and Latvia, psychiatric care beds are reported in "other beds" rather than in the more specific categories.

Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933605084>

9.9. Occupancy rate of curative (acute) care beds, 2000 and 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933605103>



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