4.3. Hospital beds (supply and use)

The number of hospital beds provides a measure of the resources available for delivering services to inpatients in hospitals. It does not capture, however, the capacity of hospitals to furnish same-day emergency or elective interventions. Furthermore, this section focuses solely on hospital beds allocated for acute care, not taking into accounts beds in psychiatric care or long-term care units.

The number of acute care hospital beds per capita is highest in Japan and Korea, with over seven beds per 1 000 population in 2007 (Figure 4.3.1). Both Japan and Korea have a problem of "social admission", that is, some "acute care" beds may be devoted to long-term care use (Hurst, 2007). The number of acute care beds is also well above the OECD average in Austria and Germany. It is the lowest in Mexico, followed by Sweden and Spain.

The number of acute care beds in hospitals has decreased in most OECD countries. On average across countries, the number fell from 4.7 per 1 000 population in 1995 to 3.8 in 2007. Only in Korea and Turkey has the number of acute care beds grown between 1995 and 2007. In Korea, the marked increase can be explained by the use of acute care beds for long-term care, the lack of capacity planning for hospital beds, and investment incentives in the private for-profit hospital system (OECD, 2003b).

The reduction in the number of acute care hospital beds observed in most countries has been driven, at least partly, by progress in medical technology which has enabled a move to day surgery and a reduced need for hospitalisation. In addition, cost-containment policies have often targeted the hospital sector, which remains the largest health spending category in nearly all OECD countries (see Indicator 7.3 "Health expenditure by function"). The reduction in the availability of hospital beds has been accompanied in many countries by a reduction in hospital admissions and the average length of stay (see Indicator 4.5 "Average length of stay in hospitals").

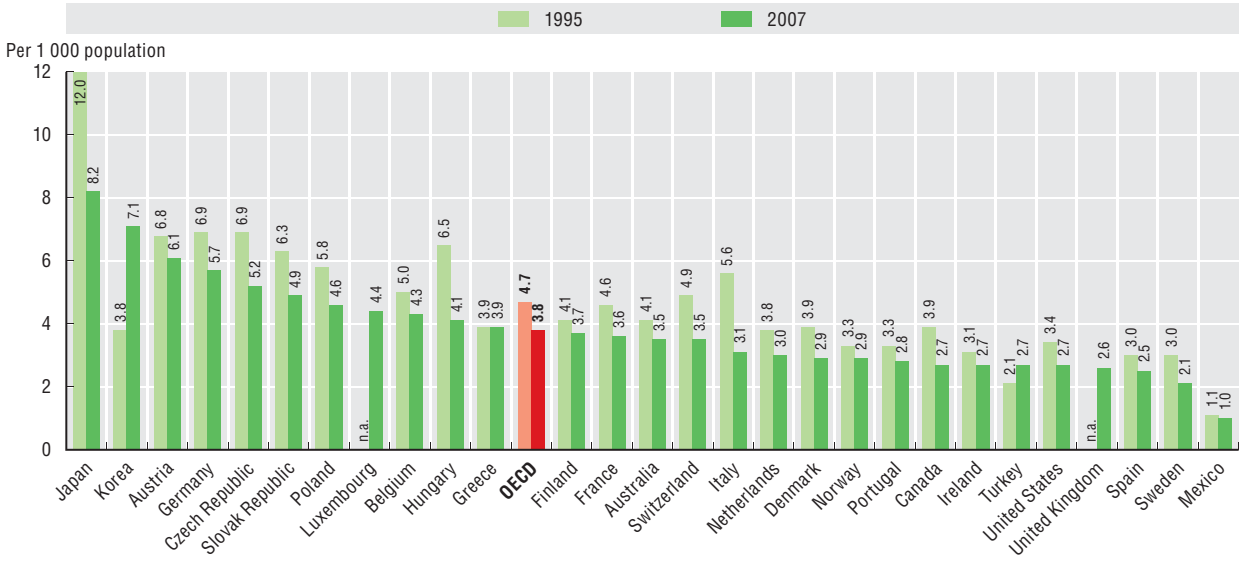
In several countries, the reduction in the number of acute care hospital beds has also been accompanied by an increase in their occupancy rates. The occupancy rate of acute care beds stood at 75% on average across OECD countries in 2007, slightly above the 1995 level (Figure 4.3.2). Canada, Norway, Ireland, Switzerland, and the United Kingdom had the highest occupancy rates in 2007. All of these countries have fewer acute care beds than most other OECD countries. On the other hand, Mexico and the Netherlands have the lowest occupancy rates, with a rate below 65% in 2007. In the Netherlands, the occupancy rate has decreased sharply since 1995 while the number of acute care beds also fell.

Definition and deviations

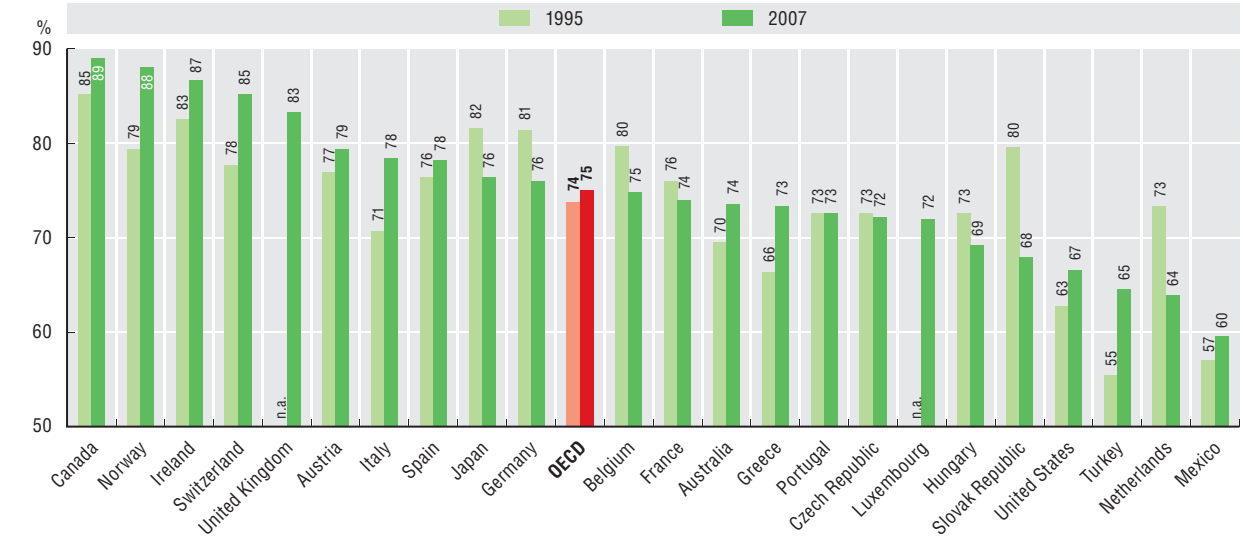
Acute care hospital beds normally only include beds available for "curative care" as defined in the OECD Manual *A System of Health Accounts* (OECD, 2000). However, the functions of care included/excluded in "acute care" vary across countries and across time – for example the extent to which beds allocated for long-term care, rehabilitation and palliative care are excluded – thereby limiting data comparability. Several countries (*e.g.* Australia, Austria, Canada, Germany, Ireland, Luxembourg, Netherlands, Poland, Portugal, Spain, Switzerland, Turkey and the United States) report as acute beds all beds located in "general" or "acute care" hospitals. Also, some acute beds may be used for purposes such as long-term care (*e.g.* in Japan and Korea). In the Netherlands, the calculation of occupancy rates is based on the number of licensed beds rather than the number of available beds, resulting in a slight under-estimation (the number of licensed beds can be 2 to 10% higher than the number of available beds). Private sector beds are not included, or only partially included, in Hungary and Ireland. Data for Finland are not based on an actual count of beds, but rather estimated by dividing the number of hospital days for acute care by the total number of days in the year (365); this leads to an under-estimation, given that occupancy rate is lower than the assumed 100% rate.

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

4.3.1 Acute care hospital beds per 1 000 population, 1995 and 2007 (or nearest year available)



4.3.2 Occupancy rate of acute care hospital beds, 1995 and 2007 (or nearest year available)



Source: OECD Health Data 2009.

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