



### Key points

- **Among all nurses in Belgium, the share of foreign-trained nurses is increasing over the time (from 0.5% in 2000 to 3.5% in 2017)**
- **In 2015, the share of foreign-trained nurses is similar to the EU-8 average.**

### References

- [1] OECD. Health at a Glance 2017: OECD Indicators. Paris: 2017.
- [2] WHO. Global Code of Practice on the International Recruitment of Health Personnel World Health Organization (WHO); 2010.
- [3] Vivet V, Durand C, De Geest A, Delvaux A, Jouck P, Miermans P-J, *et al.* PlanCad Infirmiers 2016. Rapport final sur le couplage des données PlanCad pour la profession infirmière. Bruxelles: Cellule Planification des professions de soins de santé, Service Professions des soins de santé et pratique professionnelle, DG Soins de santé, SPF Santé publique, Sécurité de la chaîne alimentaire et Environnement; 2018.

## 8.11. Curative care bed-days (number per capita) (S-11)

### 8.11.1. Documentation sheet

<b>Description</b>	Number of days spent in curative (acute care) beds in acute care hospitals (number per capita)
<b>Calculation</b>	Numerator: total number of days of inpatient stays spent in curative care (acute care) beds Denominator: total Belgian population.
<b>Rationale</b>	The number of curative care bed days per capita gives an idea about the population's need for acute care beds, and thus about the needed infrastructure. This indicator gives an idea about how this need is met (sustainability). This indicator combines results from two other indicators: number of hospital admission per capita, and average length of hospitalisation.
<b>Data source</b>	RHM-MZG (FPS Health, Food Chain Safety and Environment)
<b>Technical definitions</b>	Day hospitalizations are not counted. <b>OECD definition:</b> beds indexes included in the data are: <ul style="list-style-type: none"><li>• (B) treatment department "TBC", (C) diagnosis and surgical treatment department, (D) diagnosis and medical treatment department, (E) paediatrics, (CD) mixed hospitalisation, (L) contagious diseases, (M) maternity, (NIC) intensive neonatal care, (G) geriatrics in acute hospitals;</li><li>• Data also include psychiatric care beds: (A) neuropsychiatry for observation and treatment, (A2) night care in neuropsychiatry, (K) infant neuropsychiatry, (K2) night care in infant neuropsychiatry, (TG) day and night care for geriatric patients needing neuropsychiatry treatment, (IB) intensive treatment of psychiatric patients, (T) neuropsychiatry for treatment, (T2) night care in neuropsychiatry for treatment</li></ul>



	Data per region: Concerning the data per region, the repartition is done according to the competent authority of the hospital. It should also be noted that for Belgian data per region, data presented here are based on the actual length of stays while in OECD data (for the international comparison), data are based on invoiced length of stay.
<b>International comparability</b>	The OECD definition is adopted (curative care bed days). Several countries included in the OECD comparison use different methodologies to calculate the number of curative care bed-days (e.g. including or not geriatric beds, specialised hospitals...). Comparison is therefore potentially biased.{OECD, 2017 #2}
<b>Dimensions</b>	Sustainability
<b>Keywords</b>	Hospital (acute care);Generic
<b>Related indicators</b>	Average length-of-stay after normal delivery; Surgical Day Case Rates.

8.11.2. Results

In 2016, there were 12.4 million days spent in acute care hospitals (excluding day hospitalizations, see Table 90). Per capita, this represents 1.09 acute care bed days in 2016 (see Table 90). Brussels has the lowest figure (1.04 day), data for Flanders and Wallonia are respectively 1.06 and 1.17. (see Table 90 and Figure 120).

Table 90 – Acute care bed days per capita, per year and hospital region (2000-2016)

Variable	Category	Numerator: Acute care bed days	Denominator: Belgian population (mid-year)	Acute care bed days per capita
Year	2000	12 961 781	10 251 250	1.26
	2001	12 742 759	10 286 570	1.24
	2002	12 516 134	10 332 785	1.21
	2003	12 364 623	10 376 133	1.19
	2004	12 235 347	10 421 137	1.17
	2005	12 160 952	10 478 617	1.16
	2006	11 960 020	10 547 958	1.13

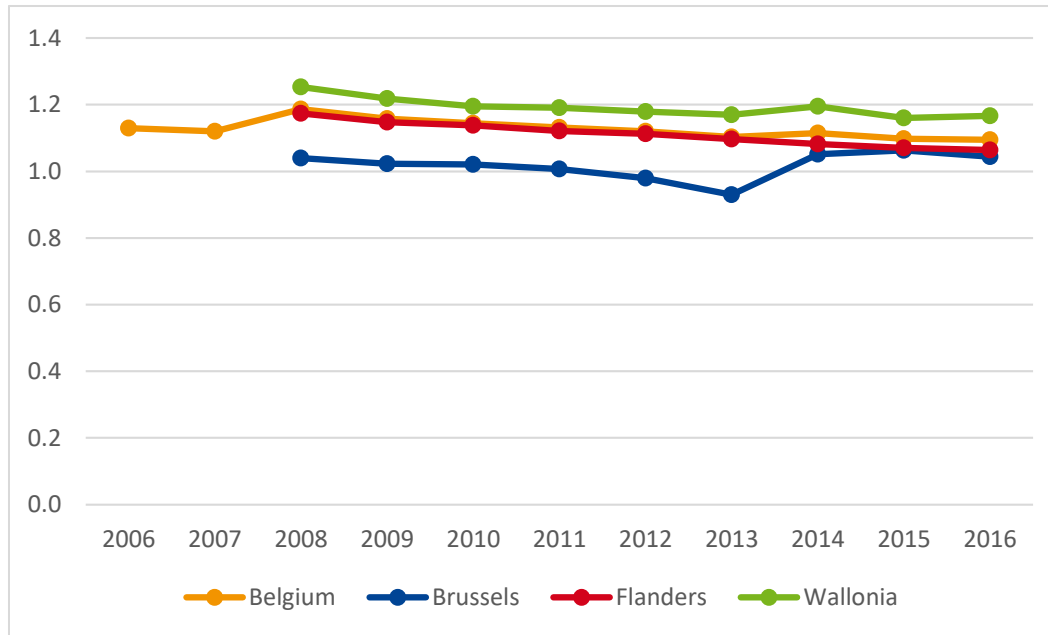


	2007	11 902 397	10 625 700	1.12
	2008	12 706 630	10 709 973	1.19
	2009	12 500 811	10 796 493	1.16
	2010	12 470 704	10 895 586	1.14
	2011	12 440 453	10 993 607	1.13
	2012	12 399 874	11 067 751	1.12
	2013	12 269 875	11 125 035	1.10
	2014	12 465 725	11 179 780	1.12
	2015	12 343 998	11 238 477	1.10
	2016	12 364 995	11 294 999	1.09
<b>Data 2016 by region</b>				
<b>Region</b>	Brussels	1 242 166	1 189 747	1.04
	Flanders	6 912 484	6 496 908	1.06
	Wallonia	4 210 345	3 608 345	1.17

Source: RCM – MKG and RHM – MZG



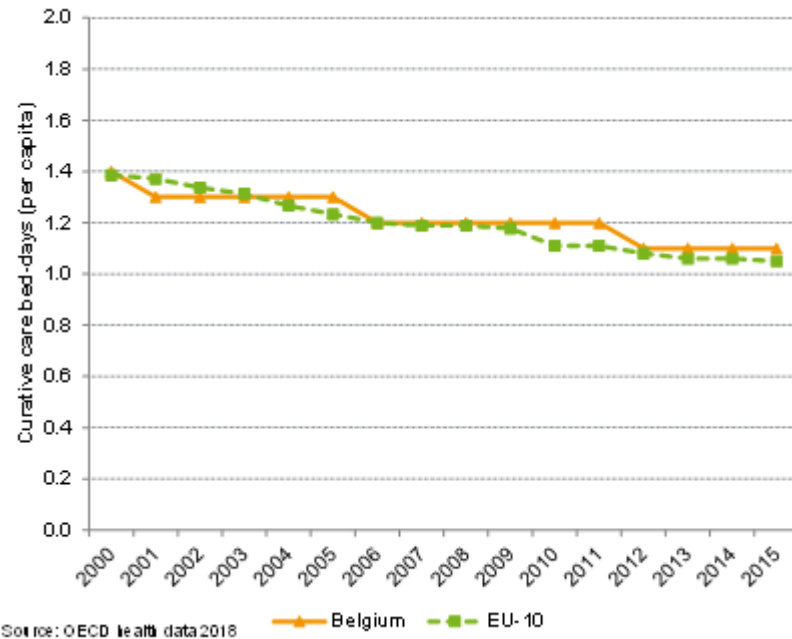
Figure 120 – Acute care bed days per capita, per hospital region (2008-2016)



Source: RCM – MKG and RHM – MZG

### International comparison

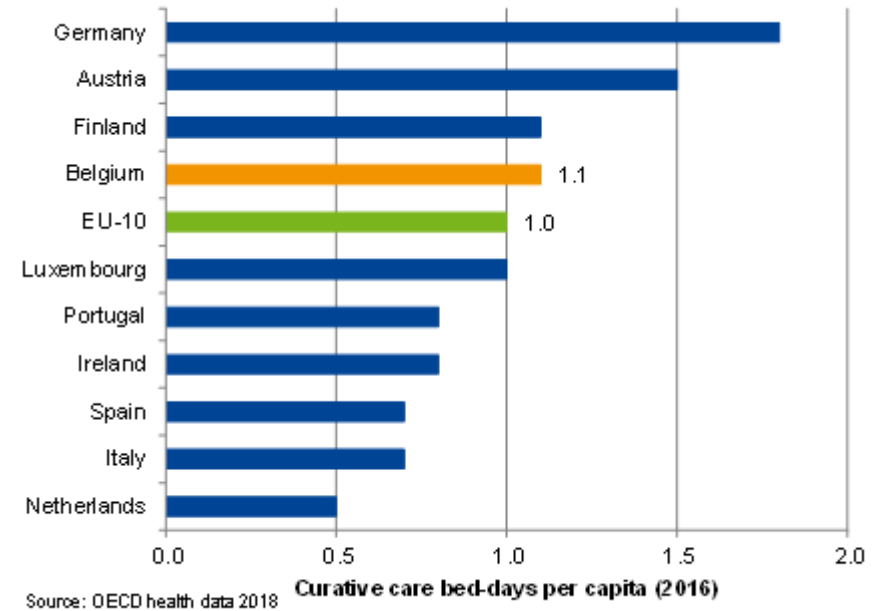
Curative care bed-days per capita slightly decreased in Belgium from 1.26 per capita in 2000 to 1.09 in 2016 (see Table 90). Compared to other European countries, Belgian has a similar number per capita than the EU average (see Figure 121) but is twice higher than in the Netherlands. Curative care bed-days per capita ranged from 0.5 in the Netherlands to 1.8 in Germany (see Figure 121). Curative care bed-days per capita in Belgium has the same decreasing trend than the average of EU-10.

**Figure 121 – Curative care bed-days per capita: international comparison (2000-2016)**

Source: OECD Health statistics 2018.

### Key points

- The number of days spent in curative care hospitals in Belgium slightly decreased from 1.26 per inhabitant in 2000 to 1.09 per inhabitant in 2016.
- Belgian as a similar number of curative care bed days per capita than the EU-10 average but is twice higher than in the Netherlands.



### Reference

- [1] OECD. Health Statistics 2015 [Web page]. Organisation for Economic Co-operation and Development; 2015. Available from: <http://www.oecd.org/els/health-systems/health-data.htm>