Documentation of statistics for Hospitalization 2023

1 Introduction

The purpose of the Hospital Utilization Statistics is to shed light on the connection between social and demographic conditions and admissions or out-patient treatments, etc. in hospitals.

2 Statistical presentation

The statistics is an annual inventory of admissions to and out-patient treatments at public and private somatic and psychiatric hospital wards within one calendar year. The statistics show how hospital admissions varies with demographic and social factors, such as residence, sex, age and family etc.

2.1 Data description

The statistics cover admissions to and outpatient treatments at public and private somatic hospital wards within one calendar year. The statistics are based on the National Patient Register from Danish Health Data Authority combined with a number of background details from other registers. The statistics show e.g. how the use of hospitals varies with a range of sociodemographic factors.

2.2 Classification system

The following classifications are applied in connection with publication of Hospitalization statistics:

- Diagnosis (the time-dominant main diagnosis during the hospitalization). Diagnoses are grouped according to the International Classifications of Diseases ICD - on aggregated 23 and 99 groups (the S list) from WHO. More on classification of diseases available on The SKS browser and the National Health Agency. In 2023, 2 new tables (respectively indl001 and ambu001) have been added for the years 2019-2022. These tables show data on 19 main diagnostic categories. The 19 main categories largely reflect the overall ICD10 main chapters or main diagnosis groupings seen at the Danish Health Data Agency The SKS browser and who.int at https://icd.who.int/browse10/2019/en#/XIX. The individual admission or individual outpatient visit is assigned a time-dominant ICD10 diagnosis code for the hospital stay, after which the dominant action diagnosis codes are divided into these 19 overall main diagnosis groups
- Admissions (emergency, planned)
- Out-patient treatment (emergency, planned)
- Geography (municipalities and regions)
- Public or private hospital
- Hospital service type (somatics - psychiatry - both parts). The hospital stays can be categorized according to somatics, psychiatry or both (i.e. hospital stays where there has been physical attendance in both somatic and psychiatric hospital services)
- Family type (children living at home; singles without children living at home; singles with children living at home; couples without children living at home; couples with children living at home)
- Ancestry (persons of Danish origin; immigrants; descendants).

2.3 Sector coverage

Public and private somatic and psychiatric hospital wards.

2.4 Statistical concepts and definitions

Outpatient: A hospital stay of less than 12 hours total duration between the beginning and the end of the stay, and a maximum of 4 hours between each contact included in the hospitalization

Admission: A hospital stay where there is a minimum of 12 hours between the beginning and the end of the stay, and a maximum of 4 hours between each contact included in the hospitalization

2.5 Statistical unit

Persons.

Admissions.

Outpatient visits.

2.6 Statistical population

Physical attendance contacts (in the form of admissions or outpatient visits) at public and/or private somatic and psychiatric wards.

2.7 Reference area

Denmark

2.8 Time coverage

2019 -

2.9 Base period

Not relevant for these statistics.

2.10 Unit of measure

Number (of admissions or out-patient treatments or number of people using hospital services).

2.11 Reference period

The reference time is the calendar year in which the admission to hospital or the out-patient treatment took place.

2.12 Frequency of dissemination

Annually.

2.13 Legal acts and other agreements

Section 6 of the act on Statistics Denmark, cf. consolidating act no. 610 of 30 May 2008. There is no EU regulation concerning the Hospital Utilization Statistics.

2.14 Cost and burden

The statistics are based on administrative registers. There is therefore no direct reporting burden in connection with the calculation of these statistics.

2.15 Comment

Further information is available at: Statistics Denmark or by contacting Statistics Denmark.

3 Statistical processing

The register data received from the National Patient Register is linked with background data from Statistics Denmark and counts are made, e.g. number of admissions and number of out-patient treatments and patients at public and private somatic and psychiatric hospital departments during the calendar year.

3.1 Source data

External sources: The National Patient Register. The data is delivered by The Danish Health Data Agency (from 2012-2015 from SSI and before 2012 from the Danish Health Authority) LPR3 data is available for 2019-2022, and annual (LPR3) data delivery is resumed from 2022. Data (LPR2) has been received annually until 2019.

Internal sources: The Population Statistics Register.

3.2 Frequency of data collection

Annually.

3.3 Data collection

Extracts from the master tables of the National Patient Register in the Danish Health Data Agency are transmitted via a secure connection to Statistics Denmark.

3.4 Data validation

The Danish Health Data Agency is responsible for the operation and validation of the National Patient Register.

Totals and subtotals are compared as far as possible with figures from the Danish Health Data Agency.

Statistics Denmark
Sankt Kjelds Plads 11
DK 2100 København Ø

3.5 Data compilation

The Hospital Utilization Statistics contains the following information for each contact during a calendar year: date of admission and discharge, emergency or non-emergency admission, and diagnose classification group.

For each person, the individual contacts (physical attendance) are linked if there is a maximum of 4 hours between them. Total hospital stay is calculated from the contact's start to end time. Hospitalization vs. Outpatient visits are then defined according to a physical stay-duration criterion (over or under 12 hours of hospital stay, with under 12 hours being outpatient).

Diagnosis is selected as the time-dominant action diagnosis during the same hospitalization. The distinction between public and private hospital for the individual hospital stay is also based on the patient's time-dominant place of residence.

Hospital stay in somatic hospital care is when no physical attendances during the hospital stay are in a department with a psychiatric specialty (specialty 50: psychiatry, or 52: child and adolescent psychiatry), and where no physical attendances during the hospital stay have the action diagnosis DF* "Psychiatric disorders and behavioral disturbances". Psychiatric hospital stays are when no physical presence in the hospital stay has both a somatic specialty (not specialty 50: psychiatry, or 52: child and adolescent psychiatry) and a somatic action diagnosis (not DF* "Psychic disorders and behavioral disorders"). Hospital stay in somatic and psychiatric hospital services is when both of the following apply: 1. At least one physical presence in the hospital stay has both a somatic specialty (not specialty 50: psychiatry, or 52: child and adolescent psychiatry) and a somatic action diagnosis (not DF* "Psychiatric disorders and behavioral disorders"). 2. At least one physical appearance during the hospital stay is in a ward with a psychiatric specialty (specialty 50: psychiatry, or 52: child and youth psychiatry), and/or has action diagnosis DF* "Psychic disorders and behavioral disorders".

3.6 Adjustment

Not relevant for these statistics

4 Relevance

Public and private actors and the population can use these data on the population's hospital use for analyses, research, debate, etc. Value creation occurs by calculating specific diagnosis groups as well as by linking hospital use with socio-demographic factors, e.g. place of residence, family type and ancestry. This is achieved by linking National Patient Register data with register data on the population from Statistics Denmark.

4.1 User Needs

· Users: Municipalities, regions, ministries, organizations, private companies and private individuals. · Field of application: Public planning purposes, research and public debate.

User inquiries regarding the statistics is most often experienced to be about calculations on specific diagnoses and help with data extraction from the Statistics Bank..

4.2 User Satisfaction

We are in contact with users on a regular basis either by mail or by telephone and user needs and views are noted.

-reconstruction of the statistics area after transition from LPR2 to LPR3, including data releases from 2019-2022 - inquiries about diagnostic statements - inquiries about statements at the municipality.

Data is drawn on the users' degree of use of tables on Hospital Utilisazation in order to be able to prioritize the users' most relevant needs.

4.3 Data completeness rate

There are no regulations or guidelines in this field.

5 Accuracy and reliability

The National Patient Register is validated by the Danish Health Data Agency and the accuracy of the register data must be considered to be high because the registration has a long tradition and a high priority for administrative purposes. Accordingly, the overall accuracy of the Hospital Utilization Statistics is high. However, the transition from LPR2 to LPR3 took place continuously and slightly staggered between the regions in February-March 2019, which is why reservations are made for missing LPR3 data for the beginning of 2019.

5.1 Overall accuracy

The National Patient Register is based upon reports from the individual wards.

With LPR3's introduction in 2019, the National Patient Register became contact-based, so that all contacts with the hospital system are registered and admissions must be calculated via linkage of individual hospital contacts. Despite this change in registration practice and calculation methodology from 2018 to 2019, the actual reporting of contacts is assessed to be high and accurate. Any challenges with or lack of registration must be assumed to have occurred especially close to the transition from LPR2 to LPR3. The Capital Region (Hovedstaden), Region Zealand and Region Midt transferred to LPR3 on the 2nd and 3rd. February 2019. Region South and Region North Jutland switched to LPR3 on 2-3 March 2019. 2019 cannot therefore be compared directly with 2020 and 2021, as 2019 does not contain LPR3 data regarding every 12 calendar months.

Before 2019, data on an admission was reported to the National Hospital Discharge Register when the hospitalization was terminated. This is estimated to have happen in close to a 100 percent of the cases.

An evaluation has been made of the data quality in the National Hospital Discharge Register for 1990. The result of this evaluation is that the administrative data (e.g. dates) in the register is very reliable whereas the medical data (diagnoses) has a lower level of reliability. However, since Statistics Denmark uses the diagnosis codes on an aggregate level, this is not considered to be of great importance. For an evaluation of the reliability of the other registers operated by Statistics Denmark and included in the Hospitalisation statistics, please see the description of these.

In 2016 one region (Hovedstaden) experienced challenges due to implementing a new registration platform in some hospitals. These challenges were solved prior to the transmission of data to Statistics Denmark.

5.2 Sampling error

Not relevant for these statistics.

5.3 Non-sampling error

The registration of diagnoses may involve some uncertainty at a more detailed level. At the level on which the statistics are published, it is not considered to be a source of uncertainty. In some cases, in previous years in particular, a termination date may be missing for outpatient contacts.

5.4 Quality management

Statistics Denmark follows the recommendations on organisation and management of quality given in the Code of Practice for European Statistics (CoP) and the implementation guidelines given in the Quality Assurance Framework of the European Statistical System (QAF). A Working Group on Quality and a central quality assurance function have been established to continuously carry through control of products and processes.

5.5 Quality assurance

Statistics Denmark follows the principles in the Code of Practice for European Statistics (CoP) and uses the Quality Assurance Framework of the European Statistical System (QAF) for the implementation of the principles. This involves continuous decentralized and central control of products and processes based on documentation following international standards. The central quality assurance function reports to the Working Group on Quality. Reports include suggestions for improvement that are assessed, decided and subsequently implemented.

5.6 Quality assessment

The National Patient Register is based on reports from the individual wards. The following caveats, which can conceivably influence the overall quality assessment, are known:

With LPR3's introduction in 2019, the National Patient Register became contact-based, so that all contacts with the hospital system are registered and admissions must be calculated via linkage of individual hospital contacts. Despite this change in registration practice and calculation methodology from 2018 to 2019, the actual reporting of contacts is assessed to be high and accurate. Any challenges with or lack of registration must be assumed to have occurred especially close to the transition from LPR2 to LPR3. The Capital Region (Hovedstaden), Region Zealand and Region Midt transferred to LPR3 on the 2nd and 3rd. February 2019. Region South and Region North Jutland switched to LPR3 on 2-3 March 2019. 2019 cannot therefore be compared directly with 2020 and 2021, as 2019 does not contain LPR3 data regarding every 12 calendar months.

Before 2019, data on an admission must be reported to the National Patient Register when the hospitalization is terminated. This is estimated to happen in close to 100 percent of the cases.

The time at which the extract from the National Patient Register is generated for Statistics Denmark may impact the contents. The register is updated continuously by the Danish Health Data Agency.

Up to and including 2011, Statens Serum Institut (SSI) made cleansed versions of the National Patient Register (the so-called "årsbånd" (annual tapes)), and it was this cleansed version (free from e.g. a number of service departments and psychiatric research units in order to ensure that it contained only clinical departments) which Statistics Denmark received.

From 2012, Statistics Denmark performs a form of cleansing where non-clinical departments are disregarded. Cleansing of the National Patient Register ensures continuity in time series.

5.7 Data revision - policy

Statistics Denmark revises published figures in accordance with the Revision Policy for Statistics Denmark. The common procedures and principles of the Revision Policy are for some statistics supplemented by a specific revision practice.

5.8 Data revision practice

Only final figures are published.

6 Timeliness and punctuality

Delay has occurred due to the transition to a new National Patient Register with a new register structure regarding data on admissions. Tables on number of hospital admissions (2019-2021) were published in 2022, and tables on out-patient treatments were published in 2023. In 2024, 8 additional tables were published on 2019-2022 data, and in January 2025, 14 tables on the basis of 2023 data were published. The punctuality is high.

6.1 Timeliness and time lag - final results

The statistics are published within approx. 12 months after the end of the reference period.

The first tables (regarding number of hospitalizations) on the new LPR3 database were published at the end of 2022 for 3 calendar years; 2019, 2020 and 2021. The next tables (regarding the number of outpatient visits) were published in the spring of 2023. At the end of 2023, data for 2022 has been published. Furthermore, at the end of 2023, 2 new tables (respectively indl001 and ambu001) have been added for the years 2019-2022. These tables break down data on 19 main diagnostic categories. In June 2024, a further 8 new statistical bank tables have been published and in January 2025, 14 tables were published based on 2023 data.

Before 2019 (LPR2), the statistics were published 5-10 months after the end of the year.

6.2 Punctuality

The statistics are usually published without delay in relation to the pre-announced dates of publication. However, the statistics have been reconstructed on the basis of the new LPR3 data base (from 2019 onwards). Going forward, the newly created table production is expected to be published once a year.

7 Comparability

The statistics has been developed since 1990, but due to the new data structure in the National Patient Register there is a data breach between 2018 and 2019.

Eurostat and the OECD make comparable statistics in this field. There are a number of organizational and institutional conditions that we must keep in mind when comparing countries.

7.1 Comparability - geographical

In other – especially European – countries, registers exist of the same type as the Danish National Hospital Discharge Register. The coding on diagnoses will typically be by international classification. For international comparison, it is recommended that you look at data from Eurostat and the OECD which make comparable data collections and publish data that are comparable to a certain extent in this field. There are a number of organizational and institutional conditions that we must keep in mind when analysing possible differences.

7.2 Comparability over time

The statistics have been compiled on the same basis from the beginning in 1990 and until 2018. From 2019, the statistics will be revitalized on the basis of LPR3 since it contains a new data register

structure. The Danish Health Data Agency describes the modernization of the National Patient Register (the transition from LPR2 to LPR3) and the substantive implications thereof in more detail [Sundhedsdatastyrelsen](#). (Link in Danish). The Capital Region (Hovedstaden), Region Zealand and Region Midt transferred to LPR3 on the 2nd and 3rd. February 2019. Region South and Region North Jutland switched to LPR3 on 2-3 March 2019. 2019 cannot therefore be compared directly with 2020 and 2021, as 2019 does not contain LPR3 data regarding every 12 calendar months. The figures between the regions must also be viewed with caution for 2019.

From 2018 to 2019, a data break in the volume of admissions is expected. The same applies to a certain extent to the count of out-patient treatments. This has a background in structural conditions, such as the transition to a new register data structure (from LPR2 to LPR3) where admissions are formed in output data rather than in input data. Validation for raw admission figures from 2019 alone is therefore done against the National Health Data Agency's calculations [Sundhedsdatastyrelsen](#).

Until 2019: Statistics Denmark compares the received data with data from the previous year and any major variations are investigated. If we observe any apparent error, we contact the Danish Health Data Agency for the purpose of clarification. We also assess the internal data, and in cases of doubt we contact the person in charge of the statistics for further explanation.

Before 2019: Information is applied about admissions to, outpatient treatments at and emergency room visits to public somatic hospital wards during the calendar year. If a person is transferred during a hospital stay from one hospital ward to another, this will count as two admissions. The number of bed days in connection with admissions is applied. Accordingly, the units in the statistics are persons, admissions and bed days, outpatient treatments and emergency room visits. The statistics are broken down by sex, age, diagnosis, region of residence and a number of background variables: family type, occupational group, education, type of accommodation, ancestry and job function. (Up to and including 2008, the statistics were also broken down by predominant social security benefit).

Furthermore, in the statistics from before 2019, classifications from other sets of statistics are applied: · Socio-economic status (from AKM) (self-employed persons; assisting spouses; senior executives; high-level employees; mid-level employees; ground-level employees; other employees; unemployed persons; persons temporarily outside the labour force; students; retired persons etc.; recipients of cash benefit; other persons outside the labour force) · Education (basic general education or N/A; upper secondary education; basic vocational training and education; short-cycle education; medium-cycle education; bachelor; long-cycle education) · Family type (single; married/registered; cohabiting couples; cohabiting couples who have had children together) · Type of accommodation (single-family houses; terraced houses, linked houses and semi-detached houses; flats; other types of accommodation) · Inherit (persons with Danish parents; immigrants from the Western part of the world; immigrants from outside the Western part of the world; children of persons from the Western part of the world; children of persons from outside the Western part of the world).

In previous table series, the following developments have taken place in the area up to the year of 2018: - From 1994, a number of new information at family level have been supplemented. - From and including 1999, the statistics are supplemented with information on ancestry. - From and including 2006, there is an inventory of outpatient treatments and emergency room visits.

As at 1 January 1994, the new classification of diseases (ICD10) was employed in Denmark. This replaced the former ICD8 classification. This means that we must be cautious when comparing the diagnosis pattern across this point in time. The development in the diagnosis pattern can further be influenced by changes in the registration practice. E.g. the number of admissions with diagnoses in the group Symptoms and insufficiently defined states has increased significantly. This is due to an enhanced tendency to register symptoms and less use of actual disease diagnoses in the examination phase or in case of uncertainty as to the nature of the disease. Consequently, the number of

admissions e.g. with diagnoses in the group Tumours has declined. The National Hospital Discharge Register's data about admissions caused by road traffic accidents is estimated to be insufficient up to and including 1994. From 1995, the data is considered to be sufficient.

In an evaluation of the Hospital Utilization for the years 1995 and 2008 and 2021 respectively, nurse disputes in these years must be taken into consideration. For the years 2020 and 2021, the Covid19 pandemic must be taken into account.

In an evaluation of the number of outpatient treatments and the number of emergency room visits, a data break between 2013 and 2014 must be taken into consideration. There may be a related effect of the data break in 2015, especially in the Capital Region of Denmark.

The statistics' use of background information has continuously been extended. Accordingly, it will not be possible to retrieve certain statements for all years back in time, nor from 2019 forwards.

In 2017, there is a large drop in data regarding 'Diseases in pregnancy and during childbirth'. The decrease is due to changed registration practices for contacts during pregnancy, seen in LPR 2017 for outpatient visits with obstetric codes (DO00-DO99) as main diagnosis.

7.3 Coherence - cross domain

The Danish Health Data Agency (previously SSI and the Danish Health Authority respectively) publish information in eSundhed (eHealth) from the National Hospital Discharge Register, moreover, they publish key figures for the health sector on a quarterly basis Sundhedsdatastyrelsen. Deviations in key figures on the number of admissions and outpatient treatments are due to the fact that the Danish Health Data Agency makes publications based on non-cleansed versions of the National Hospital Discharge Register or based on "Det Grupperede Landspatientregister" (the Grouped National Hospital Discharge Register), where DRG is included. Furthermore, there may also be differences in the delimitation, e.g. inclusion of publicly financed treatments in private hospitals in the Danish Health Data Agency's key figures. The development from one period to the next is generally consistent between the Hospitalisation rate and Key figures from the Danish Health Data Agency.

When counting the number of hospital admissions and outpatient treatments from 2019 onwards, a calculation method named by the Danish Health Data Agency has been applied [Sundhedsdatastyrelsen]. (The link (in Danish) is accessed from Sundhedsdatastyrelsen

The Danish Health Authority published an annual set of statistics until 2005 – also based on the National Hospital Discharge Register – about the activity in the hospitals (Hospital Statistics). The hospitalisation rate is comparable to these statistics, except from the fact that the hospitalisation rate in most statements only include persons who were in the population as at 1 January (and consequently not persons born or immigrated during the year) and that the hospitalisation statistics in the geographical statements group the persons with their residence as at 1 January, whereas the Danish Health Authority's statements in the Statistics relating to hospitals group the persons with their municipality of residence at the time of admission.

7.4 Coherence - internal

Data are highly internally consistent.

There is an extremely limited number of gender reassignment. In such rare cases, data on gender is set to undisclosed.

8 Accessibility and clarity

The statistics are released in the newsletter Nyt from Statistics Denmark (in Danish only) and the Statbank, Statbank tables on hospitalisation rates (https://www.dst.dk/en/Statistik/nyt/relateret? pid=580). Statistical Yearbook and Statistical Ten-Year Review contain selected sections about hospitalisation rates.

8.1 Release calendar

The publication date appears in the release calendar. The date is confirmed in the weeks before.

8.3 User access

Statistics are always published at 8:00 a.m. at the day announced in the release calendar. No one outside of Statistics Denmark can access the statistics before they are published.

8.2 Release calendar access

The Release Calender can be accessed on our English website: [Release Calender](#).

8.4 News release

The statistics are published annually in Danish press releases called Nyt fra Danmarks Statistik (in Danish only).

8.5 Publications

The statistics are presented in the annual publications in Statistical Ten-Year Review, Statistical Yearbook and Denmark in Figures, which can be found in Statistics Denmark's web pages.

8.6 On-line database

The statistics are published in the StatBank under the subject hospital utilisation [Statistics Denmark](#)

From 2019-2022: - [INDL_001](#): Admissions (LPR3) by region, diagnosis main groups, emergency/non-emergency, age and sex - [INDL_002](#): Hospitalized patients in somatics and psychiatry by region of residence, hospital service type, admissions, age and sex - [INDL_003](#): Hospitalized patients in public and private hospitals by region of residence, hospital, age and sex - [INDL_004](#): Hospitalized patients by hospital service type, ancestry, age and sex - [INDL_005](#): Hospitalized patients by hospital service type, family type, age and sex - [INDL_01](#): Admissions (LPR3) by region, diagnosis (99 groups), emergency/non-emergency, age and sex - [INDL_02](#): Admissions (LPR3) by region, diagnosis (23 groups), emergency/non-emergency, age and sex

- [AMBU_001](#): Out-patient treatments (LPR3) by region, diagnosis main groups, emergency/non-emergency, age and sex
- [AMBU_002](#): Out-patients in somatics and psychiatry by region of residence, hospital service type, treatment numbers, age and sex
- [AMBU_003](#): Out-patients in public and private hospitals by region of residence, hospital, age and sex
- [AMBU_004](#): Out-patients by hospital service type, ancestry, age and sex
- [AMBU_005](#): Out-patients by hospital service type, family type, age and sex
- [AMBU_01](#): Out-patient treatments (LPR3) by region, diagnosis (99 groups), emergency/non-emergency, age and sex
- [AMBU_02](#): Out-patient treatments (LPR3) by region, diagnosis (23groups), emergency/non-emergency, age and sex

The following tables are updated until 2018: - [INDAMP01](#): Population by region, group of persons, key figures, age, sex and time - [INDAMP02](#): Population by region, group of diagnosis, key figures, age, sex and time - [INDAMP03](#): Population by group of diagnosis, key figures, age, sex and time - [IND03](#): Admissions, bed-days and hospital patients by region, key figures, age, sex and time - [IND04](#): Admissions, bed-days and hospital patients by region, key figures, diagnosis, age, sex and time - [IND05](#): Admissions, bed-days and hospital patients by region, key figures, bed-days, age, sex and time - [INDP01](#): Hospital patients by region, dominant diagnosis, age, sex and time - [INDP02](#): Hospital patients by region, diagnosis, age, sex and time - [AMB03](#): Out-patient treatments and out-patients by region, key figures, age, sex and time - [AMB04](#): Out-patient treatments and out-patients by region, key figures, diagnosis, age, sex and time - [AMB05](#): Out-patient treatments and out-patients by region, key figures, out-patiens treatments, age, sex and time - [AMBP01](#): Out-patients by region, dominant diagnosis, age, sex and time - [AMBP02](#): Out-patients by region, diagnosis, age, sex and time - [SKAD01](#): Emergency department visits by region, diagnosis, age, sex and time - [SKAD02](#): Emergency department visits by region, diagnosis, age, sex and time - [SKAD03](#): Emergency department visits and emergency patients by region, key figures, age, sex and time - [SKAD04](#): Emergency department visits and emergency patients by region, key figures, diagnosis, age, sex and time - [SKAD05](#): Emergency department visits and emergency patients by region, key figures, reason for contact, age, sex and time - [SKADP01](#): Emergency department patients by region, dominant contact reason, age, sex and time - [SKADP02](#): Emergency department patients by region, reason for contact, age, sex and time - [LIGEHI7](#): Gender equality indicator of admissions, outpatient treatm. and e.r. visits by indicator, type, region, age, family type, diagnosis and time - [LIGEHB7](#): Admissions, outpatient treatments and emergency room visits by type, region, sex, age, family type, diagnosis and time

8.7 Micro-data access

Researchers and other analysts from authorized research institutions, can be granted access to the underlying microdata by contacting Research Services.

8.8 Other

Information from the Hospital Utilization register can be made available in a different form than in the Statistics Bank, e.g. tailor-made tasks can be ordered via DST-Consulting at consulting@dst.dk or Consulting.

8.9 Confidentiality - policy

Publications of Hospitalisation utilisation comply with the data privacy policy of Statistics Denmark.

8.10 Confidentiality - data treatment

Data is discretized when there are fewer than 3 observations in a strata.

8.11 Documentation on methodology

From 2019 onwards a download in Danish on the methodology is available in a note (named Notat_om_nye_nøgletal_for_indlagte_og_ambulante_patienter_på_sygehuse.pdf) from Sundhedsdatastyrelsen: Furthermore, the content of the register of Hospital Utilization Statistics is documented in Statistics Denmark's documentation system.

Before 2019, the basis and contents of the statistics are described in Statistical Information. Statistical Information for 2012 is the last version of this and concerns admissions (not outpatient treatments). Furthermore, the content of the register of Hospital Utilization Statistics is documented in Statistics Denmark's documentation system (TIMES).

8.12 Quality documentation

Results from the quality evaluation of products and selected processes are available in detail for each statistics and in summary reports for the Working Group on Quality.

9 Contact

The administrative placement of these statistics is in the division of Personal Finances and Welfare, Social Statistics. The contact person is Line Neerup Handlos, tel.: + 45 2664 0300, and e-mail: LHA@dst.dk.