

Documentation of statistics for Hospitalization 2019

1 Introduction

The purpose of the Hospital Utilization Statistics is to shed light on the connection between social and demographic conditions and admissions, etc. in hospitals. The statistics have a longer history and were first compiled for the year 1990 on the basis of the National Patient Register version 1 (LPR1). Since then, there have been continuous expansions and revisions of the content in both the National Patient Register and the statistics. In 2019, the National Patient Register was updated to version 3 (called LPR3). Work is therefore continuously in progress to create new tables in the area based on the new National Patient Register version 3.

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.

2 Statistical presentation

The statistics cover admissions to, outpatient treatments at and emergency room visits to public and private somatic and psychiatric 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 demographic and social factors, such as residence, sex, age and family etc.

2.1 Data description

The statistics cover admissions to, outpatient treatments at and emergency room visits to public 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.

Until 2019, somatic admissions and outpatient treatments at private hospitals and corresponding contact with private as well as public psychiatric hospitals were not included.

Until 2008 the Hospitalisation statistics included background information from The Cohesive Social Statistics. After the termination of the Cohesive Social Statistics, Statistics Denmark is considering whether other background variables regarding income should be included in future Hospitalisation Statistics.

In connection with the publication of 2012, tables in the statistics bank have been extended and rearranged, which included integration with the statistics for outpatient treatments. Changes have been made in the delimitation of population in some of the tables with standardised indexes and, for the preceding years (2006-2008), very small changes have been made regarding municipal information.

In connection with the publication of 2014, the delimitation of outpatient treatments and emergency room visits has been changed, and this constitutes a break of data as the former categorization of emergency room patients has been discontinued in the National Patient Register. Starting from 2014, the scope for outpatient treatments has been delimited by patient type equal to outpatient and type of hospitalisation equal to planned. Starting from 2014, the delimitation of emergency room patients has been defined by patient type equal to outpatient and type of hospitalisation equal to emergency.

From 2019, LPR3 was implemented, which is contact-based and where the number of admissions is calculated in output data rather than being defined in input data as previously

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), IDC10 from WHO. More on IDC10 and classification of diseases available on The SKS browser (https://medinfo.dk/sks/brows.php?s_nod=6199 and <https://filer.sundhedsdata.dk/sks/data/skscomplete/>).
- Admissions (emergency, planned).
- Geography (municipalities and regions)

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).

2.3 Sector coverage

Public and private somatic and psychiatric hospital wards.

2.4 Statistical concepts and definitions

Admission: Admission: Terminated admission to public somatic hospitals where the patient type is in-patient as opposed to outpatient (or emergency room patient – until 2014).

Inpatient: In-patient: Persons who have been admitted to hospital once or more during the year.

Beddays: Number of bed days: Number of bed days in connection with admissions.

Outpatient treatment: Outpatient treatment: An outpatient treatment is carried out at the hospital in connection with a visit to an outpatient clinic or a ward. In the register, patient type is stated as outpatient when the patient type is not in-patient (or emergency room patient – until 2014).

Outpatient: Outpatient: Persons who have received outpatient treatment once or more during the year.

Emergency room visit: Emergency room visit: Terminated admission to public somatic emergency room.

Patient in emergency room: Emergency room patient: Persons who have visited an emergency room or emergency clinic once or more during the year.

Index (standardization): Index (in connection with standardisation): Index based on calculations standardised for sex and age enabling comparison across various groups of e.g. education, income, socio-economic background, etc. An index above 100 indicates more frequent treatment than average, whereas an index below 100 indicates less frequent treatment than average. The indexes are not comparable between men and women, nor are they meant for analysis of the development over time. In groups with few subjects in particular, the index can develop dramatically from one year to the next since only small changes can affect the result.

2.5 Statistical unit

Fra 2019: - Number of admissions

Before 2019 - Number of admissions - Number of persons - Number of outpatient treatments - Number of bed days - Number of emergency room visits - Index (in connection with standardization)

2.6 Statistical population

Admissions, outpatient treatments and emergency room visits at public somatic in-patient wards during a calendar year.

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, outpatient treatments, emergency room visits, in-patients, outpatients, emergency room patients)

Before 2019 · Index (in connection with standardization for sex and age)

2.11 Reference period

The reference time is the calendar year in which the admission to hospital, the outpatient treatment or emergency room visit took place.

2.12 Frequency of dissemination

Annually.

2022: The transition to the new National Patient Register (LPR3) entails a reconstruction of the Hospital Utilization Statistics, hence, exceptionally, figures for several (3) calendar years will be published at once; 2019-2020-2021.

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

Not relevant for these statistics.

2.15 Comment

Further information is available at: <https://dst.dk/en/Statistik/emner/borgere/sundhed>

3 Statistical processing

Data are from the National Patient Register. Until 2019 data were received annually, this is also expected from 2022 onwards. Information is applied about admissions to, outpatient treatments at and emergency room visits to public and private somatic and psychiatric hospital wards during the calendar year.

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).

3.1 Source data

External sources: The National Patient Register, The Danish Health Data Agency (from 2012-2015 from SSI and before 2012 from the Danish Health Authority)

Internal sources: · The Population Statistics Register (Before 2019) · The Income Register (Before 2019) · The Employment Classification Module (Before 2019) · The Education Classification Module (Before 2019) · The Buildings and Dwellings Statistics Register (Before 2019)

Internal sources up to and including 2008: · The register of transfer payments, see the statistics documentation for The Cohesive Social Statistics (discontinued) under the subject group Living conditions, Persons receiving public benefits.

3.2 Frequency of data collection

Annually.

From 2019 to 2022 the LPR3 delivery was not ready. After 2022 annual delivery is again possible.

3.3 Data collection

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

3.4 Data validation

From 2018 to 2019, a data break in the volume of admissions is expected. This has a background in structural conditions, such as 1) the transition to a new register data structure (from LPR2 to LPR3) where admissions are formed in output data rather than in input data, and 2) changes in the hospitals' financial compensation from the state, cf. special funding methods introduced in 2019. Validation for raw admission figures from 2019 alone is therefore done against the National Health Data Agency's calculations (<https://www.esundhed.dk/Emner/Patienter-og-sygehuse/Noegletal-for-sygehusvaesenet-og-praksisomraadet>).

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.

3.5 Data compilation

In the Hospital Utilization Statistics the following information exists about incidents (i.e. admissions, outpatient treatments and emergency room visits) and information about the person's dominant diagnosis, for persons who have been resident in Denmark during a calendar year,.

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, bed days (only before 2019), reason for contact and method of discharge for emergency room visits (only before 2019),

Before 2019: Age standardization is applied for a number of the assessments, and the index is defined as the share of a given population group that has been hospitalised.

3.6 Adjustment

Not relevant for these statistics

4 Relevance

Statistics Denmark estimates that these statistics meet the users' needs (up and until 2018). We estimate on a regular basis whether there is a need for adjustments of contents.

However, parts of the calculation of Hospital Utilization from 2019 are delayed due to the introduction of the new National Patient Register (LPR3). Ongoing expansion and rebuilding of the field will increase usability.

4.1 User Needs

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

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

In connection with the preparation of major assignments, Statistics Denmark sends a user satisfaction form to the customer.

Statistics Denmark regularly participates in data committee meetings with the Danish Health Data Agency.

4.3 Data completeness rate

There are no regulations or guidelines in this field. The completeness is estimated to be high.

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.

5.1 Overall accuracy

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

With the introduction of LPR3 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 between 2018 and 2019, the reports of contacts from the individual hospital wards are assessed to be high and accurate. Possible challenges with the registration is most likely to have occurred close to the transition from LPR2 to LPR3 (February 2019 and a few months onward), but post-registration and correction of LPR3 errors will largely have been addressed locally by the hospitals' registration officers.

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

Statistics Denmark estimates that data from the National Patient Register is of high quality. The National Patient Register is based on reports from the individual wards.

With the introduction of LPR3 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 between 2018 and 2019, the reports of contacts from the individual hospital wards are assessed to be high and accurate. Possible challenges with the registration is most likely to have occurred close to the transition from LPR2 to LPR3 (February 2019 and a few months onward), but post-registration and correction of LPR3 errors will largely have been addressed locally by the hospitals' registration officers.

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. The first tables on the new data basis will be published at the end of 2022 for 3 calendar years; 2019, 2020 and 2021.

Previous to 2019 (LPR2): The statistics are published 5-10 months after the end of the year. The punctuality is high.

6.1 Timeliness and time lag - final results

Only final figures are prepared.

The statistics are published within 10 months after the end of the reference period.

The time for delivery of data by the Danish Health Authority has historically varied somewhat which has caused the statistics for some years (i.e. 2019-2021) to be published much later than usual after the end of the reference year. One recent such reason has been the restructuring of the National Hospital Discharge Register to version 3.

Publication time lag in recent years: - 2019-2021: publication 7 months after the data deliverance (May 2022 - December 2022) - 2018: unknown - 2017: 6 months, 12 days - 2016: 9 months, 11 days - 2015: 5 months, 20 days - 2014: 9 months, 20 days - 2013: 9 months, 21 days - 2012: 10 months, 19 days - 2011: 9 months, 5 days - 2010: 11 months, 22 days - 2009: 21 months, 11 days - 2008: 26 months, 29 days - 2007: 16 months, 25 days - 2006: 17 months, 17 days

6.2 Punctuality

Only final figures are prepared, usually on an annual basis. Delay has occurred due to the transition to a new National Patient Register. Until 2019 the statistics were usually published without delay in relation to the pre-announced dates of publication.

7 Comparability

In the National Patient Register version 3 (LPR3) introduced in 2019, the new data structure means that admissions must be defined in the data analysis, which gives rise to data breaks in the volume of the count for the number of admissions. The comparability over time is good before 2019.

In certain areas, however, attention is advised: - Transition from National Patient Register version 2 to version 3 per February 2019 - Databrud mellem 2018 og 2019 for antal indlæggelser efter ændring i registerformat jf. ovenstående.

- Transition from diagnosis classification ICD08 to ICD10 in 1994
- Outpatient treatments and emergency room visits included from 2006
- Data break between 2013 and 2014 for outpatient treatments and emergency room visits.
- Structural reform 2007, redivision of local government
- Income replacing benefits not included after 2007

Eurostat and the OECD make comparable data collections and publications 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.

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 corona 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. 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 from 2019 onwards, a calculation method named by the Danish Health Data Agency has been applied
(file:///H:/z/win7/SDS_notat_indlaeggelser_ambulant_noegletal_baggrund_off_101219%20(1).pdf).

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 missing.

8 Accessibility and clarity

“Nyt” (News) from Statistics Denmark 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. The journal “Sociale forhold, sundhed og retsvæsen (Statistiske Efterretninger)” (social conditions, health and legal system (statistical information)), the series Sygehusbenyttelse (hospitalisation rates) was last published for the year 2012.

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

8.4 News release

The subject page on Hospital Utilization:

(<https://www.dst.dk/en/Statistik/emner/borgere/sundhed/sygehusbenyttelse>).

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 "Health" via the link <https://www.statistikbanken.dk/statbank5a/default.asp?w=1536>

From 2019-2021: - [INDL 01](#): Admissions by region, diagnosis (99 groups), age, sex and time - [INDL 02](#): Admissions by region, diagnosis (23 groups), age, sex and time

Before 2019 exists the following tables: - [IND01](#): Admissions by region, diagnosis, emergency/non-emergency, age, sex and time (to be placed in Archives) - [INDAMP03](#): Population by group of diagnosis, key figures, age, sex and time - [INDP10](#): Rates for admissions of children by index type, socioeconomic status, age, sex and time - [AMB05](#): Out-patient treatments and out-patients by region, key figures, out-patients treatments, age, sex and time - [AMBPO9](#): Rates for out-patient treatments by index type, type of dwelling, age, sex and time - [AMBPO7](#): Rates for out-patient treatments by index type, region, age, sex and time - [AMBPO8](#): Rates for out-patient treatments by index type, ancestry, age, sex and time - [AMBPI0](#): Rates for out-patient treatments of children by index type, socioeconomic status, age, sex and time - [IND05](#): Admissions, bed-days and hospital patients by region, key figures, bed-days, age, sex and time - [INDP07](#): Rates for admissions by index type, region, age, sex and time - [INDP08](#): Rates for admissions by index type, ancestry, age, sex and time - [INDP09](#): Rates for admissions by index type, type of dwelling, age, sex and time - [INDAMP01](#): Population by region, group of persons, key figures, 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 - [INDP03](#): Rates for admissions by index type, family type, age, sex and time - [INDP04](#): Rates for admissions of adults by index type, socioeconomic status, age, sex and time - [INDP05](#): Rates for admissions of adults by index type, education, age, sex and time - [INDP06](#): Rates for admissions of children by index type, education, age, sex and time - [INDAMP02](#): Population by region, group of diagnosis, key figures, age, sex and time - [AMBPO1](#): Out-patients by region, dominant diagnosis, age, sex and time - [AMBPO2](#): Out-patients by region, diagnosis, age, sex and time - [AMBPO3](#): Rates for out-patient treatments by index type, family type, age, sex and time - [AMBPO4](#): Rates for out-patient treatments of adults by index type, socioeconomic status, age, sex and time - [AMBPO5](#): Rates for out-patient treatments of adults by index type, education, age, sex and time - [AMBPO6](#): Rates for out-patient treatments of children by index type, education, age, sex and time - [AMB02](#): Out-patient treatments by region, diagnosis, age, sex and time - [AMB01](#): Out-patient treatments 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 - [IND02](#): Admissions by region, diagnosis, emergency/non-emergency, age, sex and time (to be placed in Archives) - [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 -

[SKADo1](#): Emergency department visits by region, diagnosis, age, sex and time - [SKADo2](#): Emergency department visits by region, diagnosis, age, sex and time - [SKADo3](#): Emergency department visits and emergency patients by region, key figures, age, sex and time - [SKADo4](#): Emergency department visits and emergency patients by region, key figures, diagnosis, age, sex and time - [SKADo5](#): Emergency department visits and emergency patients by region, key figures, reason for contact, age, sex and time - [SKADPo1](#): Emergency department patients by region, dominant contact reason, age, sex and time - [SKADPo2](#): Emergency department patients by region, reason for contact, age, sex and time - [SKADPo3](#): Index for emergency treatments by index type, family type, age, sex and time - [SKADPo4](#): Index for emergency treatments of adults by index type, socioeconomic status, age, sex and time - [SKADPo5](#): Index for emergency treatments of adults by index type, education, age, sex and time - [SKADPo6](#): Index for emergency treatments of children by index type, education, age, sex and time - [SKADPo7](#): Index for emergency treatments by index type, region, age, sex and time - [SKADPo8](#): Index for emergency treatments by index type, ancestry, age, sex and time - [SKADPo9](#): Index for emergency treatments by index type, type of dwelling, age, sex and time - [SKADPo10](#): Index for emergency treatments of children by index type, socioeconomic status, age, sex and time - [LIGEHI7](#): Gender equality indicator of admissions, outpatient treatment and e.r. visits by indicator, type, region, age, family type, diagnosis and time - [LIGEB7](#): Admissions, outpatient treatments and emergency room visits by type, region, sex, age, family type, diagnosis and time

8.7 Micro-data access

External access to de-identified Micro-data is only available via Statistics Denmark's Research Services.

8.8 Other

The Hospital Utilization register with de-identified Micro-data exists as module data in an internal database, and data can be made available to employees in e.g. Statistics Denmark's Research Services and SD Consulting on application in this regard.

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:

file:///H:/z/win7/SDS_notat_indlaeggelse_ambulant_noegletal_baggrund_off_101219%20(1).pdf

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) and, in 2015, a number of variables were high-quality documented.

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 Birgitte Schütt Christensen, tel.: + 45 2664 0300, and e-mail: BIR@dst.dk.