

# ICU Volume 4 - Issue 2 - October 2004 - Country Focus: Germany

# **Fact File**

#### Statistics for German Intensive Care Units

Although several authorities provide data to the public on health care across Europe (see later for figures on Germany) statistics on intensive care in Germany are difficult to acquire. The number of ICU departments, number of ICU beds, annual admissions and average length of stay in ICU, mortality rates and nurse to patient ratios appear to be unpublished to date.

The German Society of Anaesthesiology and Intensive Care Medicine, however, does publish some statistical information related to intensive care departments on its website (www.dgai.de). The Society reports an evaluation of 993 hospitals in Germany which showed that over 90% of the anaesthesiology departments had their own intensive care units. The number of anaesthesiology departments in 1999 was 1361, and the number of ICU beds 22,475, of which 14,589 were surgical and interdisciplinary beds.

A recent study conducted by SepNet (see the overview of this study by Dr F. Brunkhorst and Dr. K. Reinhart in this issue) has collected data on intensive care departments in Germany over the last year and will provide representative data on the prevalence and mortality of sepsis in Germany. Such epidemiological data will help to identify deficits in treatment and how best to implement improvements. Data collection included not only prevalence of sepsis and septic shock, but also information on current medical care structures, diagnostic and therapeutic procedures and their costs. Both institution and patient-related information were gathered through interviews conducted by trained interviewers, who were Intensive Care physicians. The results will be presented by Dr. Reinhart at the forthcoming 17th annual congress of the European Society of Intensive Care Medicine.





# Financing Healthcare in Germany

Health care services in Germany are financed by a social health insurance system. Each employee has a medical health insurance policy with an insurance company. The costs of the insurance are divided between employers and employees and policies cover the employee and his or her family. The medical insurance cover is unrestricted and there are very few waiting lists for medical care in Germany. The fees for medical care are regulated by law with the prices for in-patient treatment being negotiated between the insurance companies and the hospitals. University (training) hospitals, however, charge higher fees to cover the costs of training doctors [6].

#### Proud to be German...

Germany has more medical students per capita than any other European country and boasts the highest number of doctors to have received the Nobel prize [6].

German Interdisciplinary Association of Critical Care Medicine (Deutsche Interdisziplinäre Vereinigung Für Intensiv- Und Notfallmedizin, DIVI).

The German Interdisciplinary Association of Critical Care Medicine aims to "further critical care medicine in science and practice," by strengthening co-operation between scientific societies and associations dealingwith issues of critical care medicine. The Association represents the joint interests of critical care medicine vis-à-vis the authorities, medical associations and third parties, communicates with relevant critical care scientific associations abroad, participates in international congresses and represents the interests of critical care medicine at an international level [1].

Website: www.divi-org.de



The German Society of Anaesthesiology and Intensive Care Medicine (Deutsche Gessellschaft für Anästhesiologie Und Intensivmedizin, DGAI)

The German Society of Anaesthesiology and Intensive Care Medicine was founded in 1953 to unite the "efforts of German physicians in creating and developing the fields of anaesthesiology, intensive care, emergency medicine and pain therapy, and to provide the highest possible standard of care for the population in these fields" (www.dgai.de). As the scientific society of anaesthesiology in Germany, it is also responsible for research and training in anaesthesia.

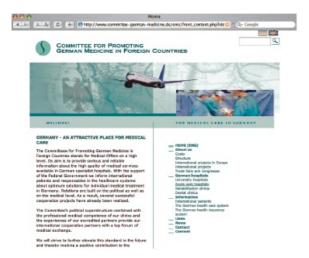
Website: www.dgai.de



### **Committee for Promoting German Medicine in Foreign Countries**

Supported by the German government since it was established in 1998, the Committee for Promoting German Medicine in Foreign Countries aims to disseminate the excellence of German medical care. Recognizing that medical care is a global issue, it encourages international debate and cooperates with international partners to share knowledge on the quality of German medical care worldwide [6].

Website: http://www.committee-german-medicine.de



German Association for Intensive Care Medicine and Emergency Medicine (Deutsche Gessellschaft Für Internistische Intensivmedizin Und Notfallmedizin, DGIIN)

The German Association for Intensive Care Medicine and Emergency Medicine, seated in Berlin, aims to foster training and enhance the internal intensive medicine and emergency medicine in Germany. The associationoffers training by means of scientific events and information distribution. This is mainly achieved through the annual meeting and its publication "Intensivmedizin und Notfallmedizin". Members can consult the association for scientific advice, and can participate in the association's training sessions and discussion forums. Full members of the association are doctors and scientists, who are active in this field of medicine.

Website: http://www.dgiin.de/

| ndicator  | Year | Value                                   | Source          |
|---|------|---|-----------------|
|   |      |   | (see References |
| Population and Life Expectancy  |      |   |                 |
| Mid-year population   | 2003 | 82.476.000                              | [2]             |
| % of population aged 0-14 years   | 2001 | 15.42                                   | [2]             |
| % of population aged 65+ years  | 2001 | 16.85                                   | [2]             |
| Crude death rate per 1000 population  | 2001 | 10.06                                   | [2]             |
| Life expectancy at birth, in years  | 2001 | 78.76                                   | [2]             |
| Life expectancy at birth, in years (M)  | 2002 | 75.4                                    | (-)             |
|   |      | (75.8 for 15-country<br>Europe in 2002) | [5]             |
| Life expectancy at birth, in years (F)  | 2002 | 81.2                                    | [5]             |
|   | 2002 | (81.6 for 15-country<br>Europe in 2002) | (o)             |
|   |      | Luiope in 2002)                         |                 |
| ealth Expenditure   |      |   |                 |
| otal health expenditure as %  | 2002 | 10.9                                    | [2]             |
| gross domestic product  |      |   |                 |
| eneral Government expenditure on health as %                                      | 2001 | 74.9                                    | [3]             |
| total expenditure on health   |      |   |                 |
| eneral Government expenditure on health as %                                      | 2001 | 16.6                                    | [3]             |
| total general government expenditure  |      |   |                 |
| er capita government expenditure on health  | 2001 | 2,113                                   | [3]             |
| International dollars   | 0001 | 0.1.0                                   | 101             |
| octal security expenditure on health as %   | 2001 | 91.8                                    | [3]             |
| general government expenditure on health<br>sternal resources for health as %     | 0001 | .0                                      | 101             |
|   | 2001 | .0                                      | [3]             |
| total expenditure on health   | 2001 | 25.1                                    | [3]             |
| rivate expenditure on health as %<br>fotal expenditure on health                  | 2001 | 25.1                                    | [3]             |
| rotal expenditure on health<br>repaid plans as % of private expenditure on health | 2001 | 33.5                                    | [3]             |
| ut-of-pocket expenditure on health as %   | 2001 | 42.40                                   | [3]             |
| private expenditure on health   | 2001 | 42.40                                   | [5]             |
|   |      |   |                 |
| ealth Care Personnel  | 2002 | 333.8                                   | IE1             |
| hysicians per 100,000 population  | 1998 |   | [5]             |
| urses per 100,000 population  | 1998 | 957                                     | [4]             |
| eds and Admissions  |      |   |                 |
| Hospital beds per 100,000 population  | 2001 | 901.9                                   | [5]             |
|   |      | (630.7 for 15-country                   |                 |
|   |      | Europe in 1999)                         |                 |

Federal Association of German Intensive Care Doctors (Berufsverband Deutscher Internisten e.V., BDI)

The Federal Association of German Intensive Care Doctors is the largest European association of specialised doctors with more than 26,000 members. It was founded in 1959 and its mission is to represent the German community of intensive care doctors. All members receive both publications ,"Der Internist" and "BDI aktuell" and can make use of the many other services offered by the association, such as legal counselling and educational seminars.

Website: http://www.bdi.de/



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