

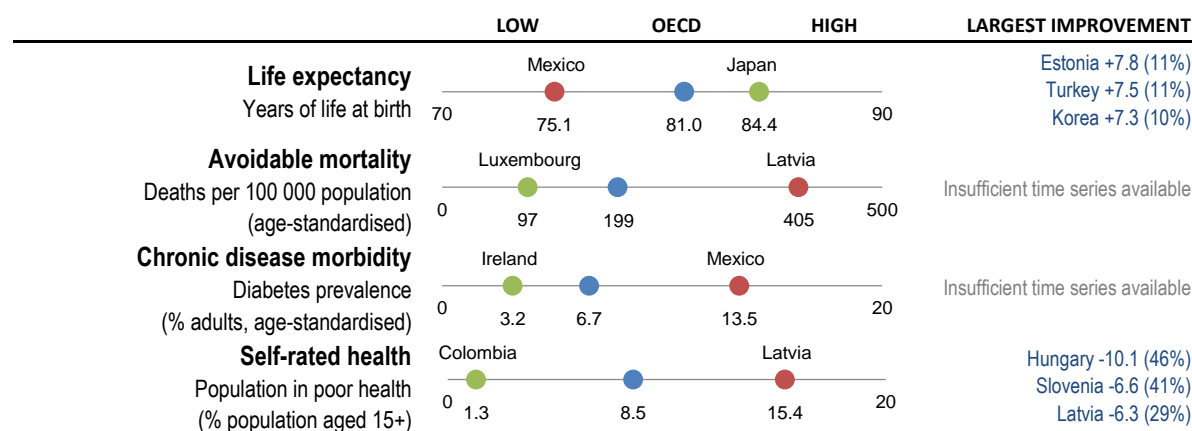
Corrigendum

CHAPTER 1: INDICATOR OVERVIEW: COUNTRY DASHBOARDS AND MAJOR TRENDS

Page 22: Health Status

Figure 1.2. Health status across the OECD, 2019 (or nearest year)

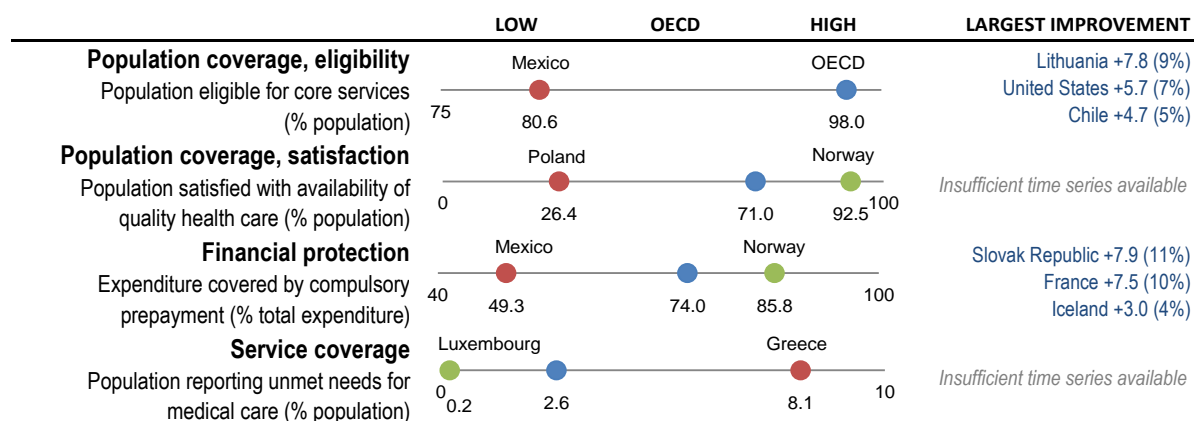
Israel was deleted from Largest Improvement



Page 26: Access to care

Figure 1.4. Access to care across the OECD, 2019 (or nearest year)

United States was deleted from Largest Improvement for financial protection only



Pages 28-29: Quality of care

Figure 1.5. Quality of care across the OECD, 2019 (or nearest year)

The value for for Estonia for the indicator “Safe primary care” has been corrected and now reads **8.3**.

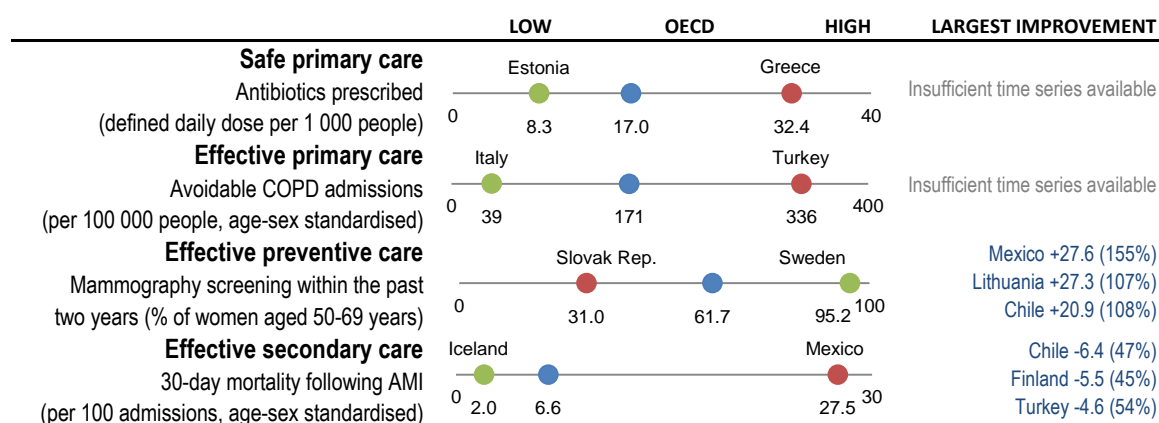


Table 1.5. Dashboard on quality of care, 2019 (or nearest year)

The unit used for the indicator “Effective secondary care” has been corrected and now reads “per **100 admissions**, age-sex standardised”.

CHAPTER 2: THE HEALTH IMPACT OF COVID-19

Page 45:

The beginning of the third paragraph has been corrected and now reads as follows:

Across 30 OECD countries, the total number of excess deaths was much higher than recorded COVID-19 deaths in all weeks from March 2020 until end of 2020 (Figure 2.8).

Page 61:

The following bullet points have been corrected and now read as follows:

- Screenings for colorectal cancer dropped by **58%** in the Czech Republic in **April**, ...
- In France, breast cancer screening dropped markedly in the second quarter of 2020 (**-56%** compared to Q2/2019).

CHAPTER 3: HEALTH STATUS

Page 82: Life expectancy by sex and education level

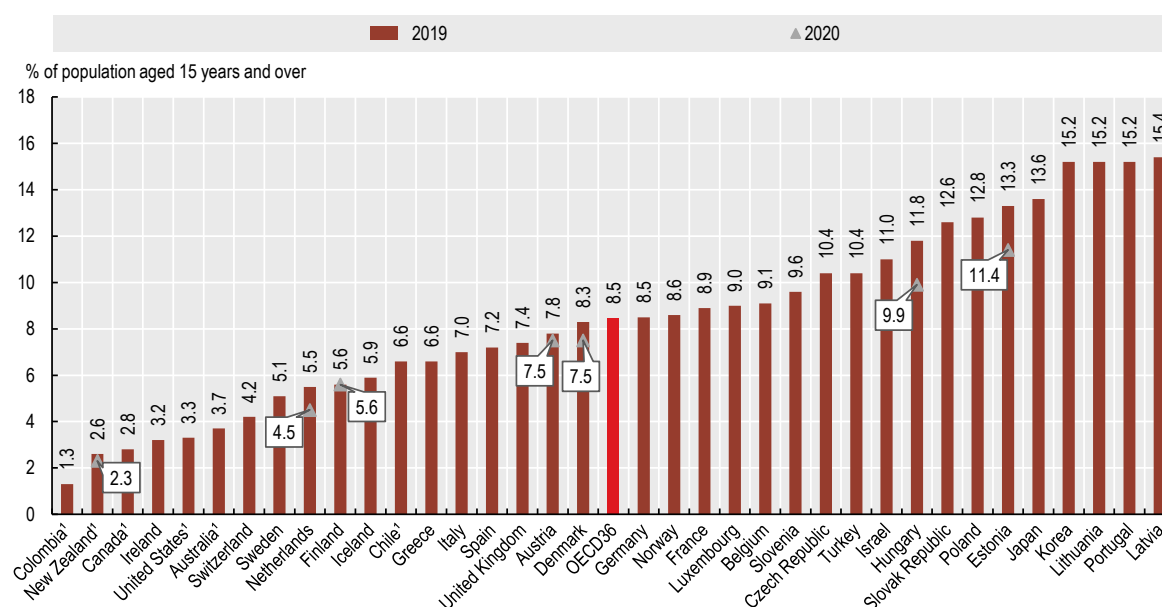
Paragraph 2 has been corrected and now read as follows:

In 2019, life expectancy at birth for men in OECD member countries ranged from around 71 years in Latvia and Lithuania to 81 years or higher in Switzerland, Japan, Iceland, Sweden, Italy, Norway, Spain and Israel. For women, life expectancy reached 87.4 years in Japan, but was less than 80 years in Mexico, Hungary and Colombia.

Page 101: Self-rated health

Figure 3.22. Adults rating their own health as bad or very bad, 2019 (or nearest year) and 2020

Superscript ¹ has been added for Colombia.

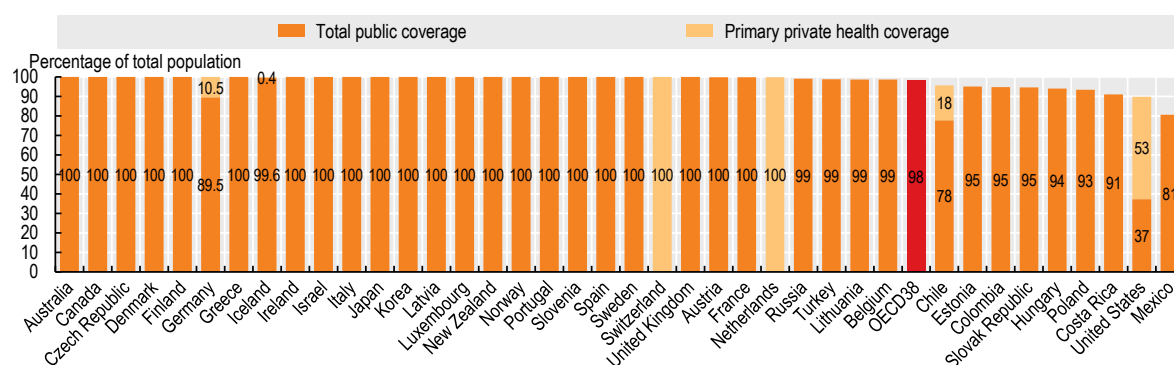


CHAPTER 5: ACCESS: AFFORDABILITY, AVAILABILITY AND USE OF SERVICES

Page 127:

Figure 5.1. Population coverage for a core set of services, 2019 (or nearest year)

The bar for the Netherlands has been recoloured yellow, indicating Primary private health coverage.



Page 131:

Figure 5.7: The figure title of has been corrected and now reads as follows:

Figure 5.7. Extent of coverage, 2019 (or nearest year)

Page 134: Consultations with doctors

The Definition and comparability box, has been corrected and now reads as follows:

Data come mainly from administrative sources, although in some countries (including Ireland, **Italy**, the Netherlands, New Zealand, Spain and Switzerland) they come from health interview surveys.

Page 148: Waiting times for elective surgery

Paragraph four has been corrected and now reads as follows:

Since the end of the 2000s, Denmark has used maximum waiting times, together with patient choice of provider.

CHAPTER 6: QUALITY AND OUTCOMES OF CARE

Page 156: Safe prescribing in primary care

The first sentence has been corrected and now reads as follows:

Safe prescribing can be used as an indicator of health care quality, complementing information on consumption and expenditure (see **Chapter 9**).

The reference to the figure at the beginning of the third paragraph has been corrected and now reads as follows:

Figure 6.3 indicates that, across OECD countries, the average volume of opioids prescribed in primary care in 2019 was **15** defined daily doses (DDDs) per 1 000 population per day. Iceland and Norway reported volumes more than twice the OECD average; Turkey and Korea reported the lowest volumes.

Page 158: People-centredness of ambulatory care

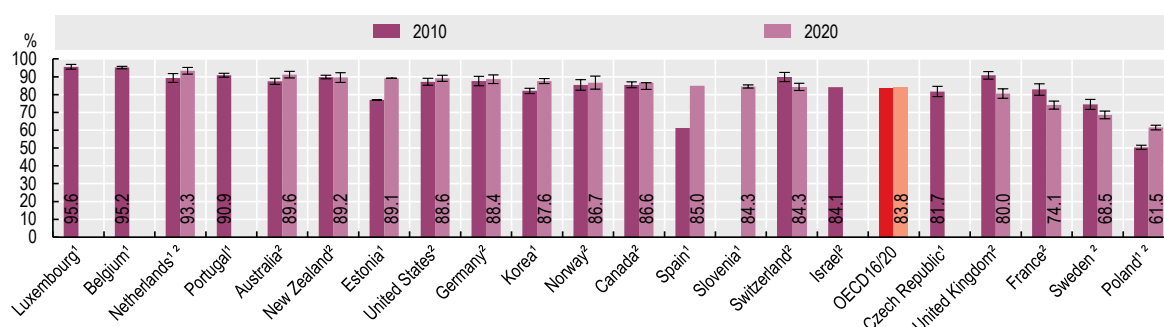
Paragraph 3 has been corrected and now reads as follows:

Japan has a particularly low rate for patient perception of the time spent with a doctor; this is likely to be associated with a high number of consultations per doctor (see indicator “Consultations with doctors” in **Chapter 5**).

Page 159:

Figure 6.8. Doctor involving patient in decisions about care and treatment, 2010 and 2020 (or nearest year)

Notes 1 and 2 have been added to data for the Netherlands.



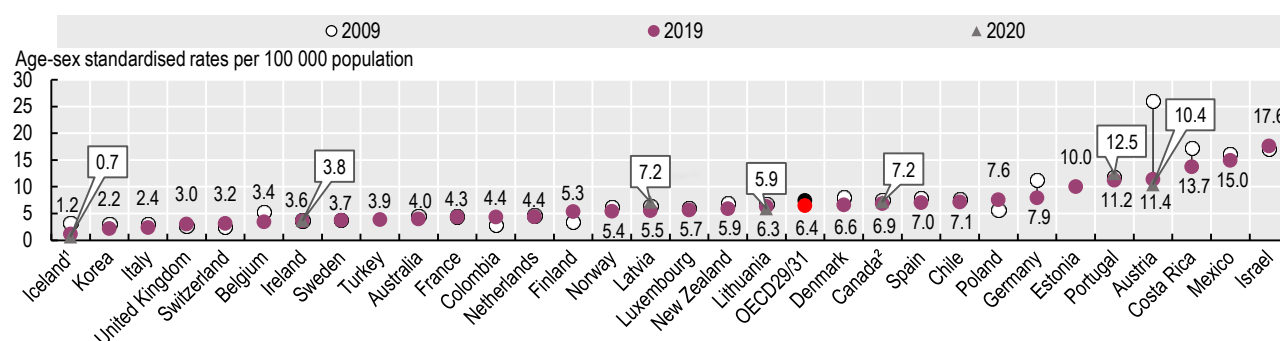
Page 162: Diabetes care

Paragraph six has been corrected and now reads as follows:

Figure 6.14 shows the rates of amputation among adults with diabetes. The international variation is **18-fold**. Iceland, Korea and Italy reported rates lower than 3 per 100 000 general population, while Israel, Mexico and Costa Rica reported rates between 13 and 18 per 100 000.

Figure 6.14. Major lower extremity amputation in adults, 2009, 2019 (or nearest year) and 2020

The figures notes have been corrected and now read as follows:



Note: 1. Three-year average. 2. 2020 estimate based on provisional 1 April to 30 September data from all jurisdictions except Quebec.

Page 164: Mortality following acute myocardial infarction (AMI)

Sentences in paragraphs 4 and 5 have been corrected and now read as follows:

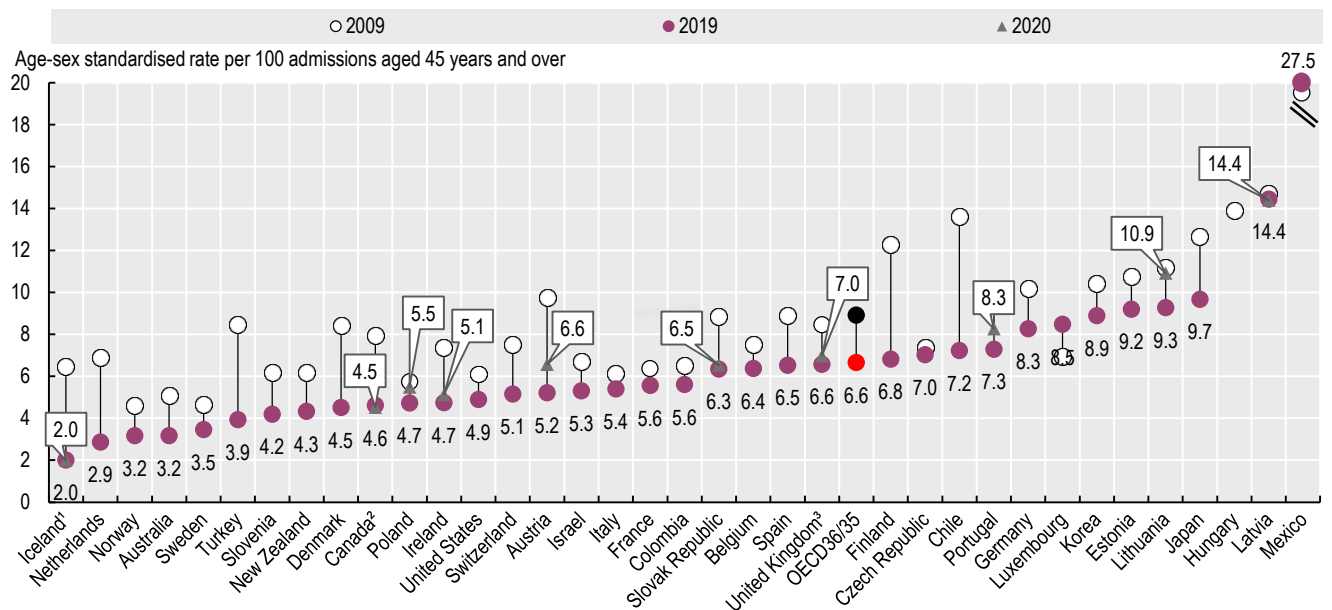
Based on these linked data, the AMI mortality rates in 2019 ranged from 3% in the Netherlands to 17% in Latvia.

Case fatality rates for AMI decreased substantially between 2009 and 2019, according to both datasets (Figure 6.15 and Figure 6.16). Across OECD countries, the average rate fell from 8.7% to 6.6% for same-hospital deaths and from 11.4% to 8.8% for deaths in and out of hospital.

Page 165: Mortality following acute myocardial infarction (AMI)

Figure 6.15. Thirty-day mortality after admission to hospital for acute myocardial infarction based on unlinked data, 2009, 2019 (or nearest year) and 2020

The figure has been updated to include the data label for Iceland.



Page 166: Mortality following ischaemic stroke

Paragraph 4

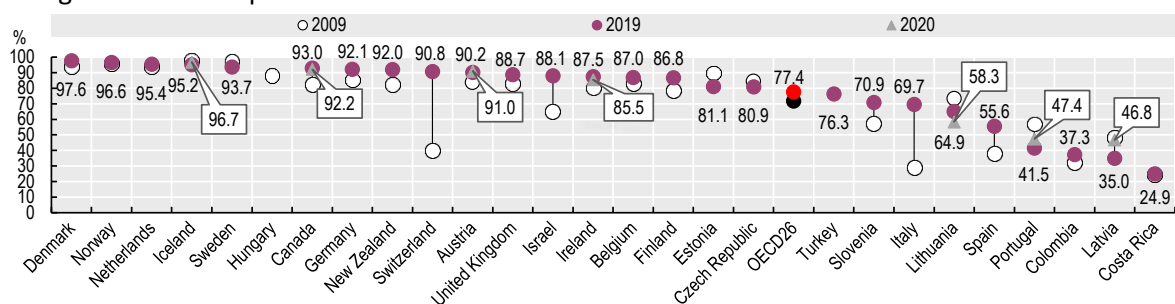
A sentence has been corrected and now reads as follows:

Across the 26 countries that reported linked data, **12%** of patients died within 30 days of being admitted to hospital for stroke (Figure 6.18).

Page 169: Hip and knee surgery

Figure 6.19. Hip fracture surgery initiation for patients aged 65 and over within two days of admission, 2009-19 (or nearest years) and 2020

The Figure has been updated to include revised 2019 data from the Netherlands



Page 171: Safe acute care – surgical complications and obstetric trauma

Figure 6.22: Foreign body left in during procedure, 2019 (or nearest year) and 2020

The figure has been updated to include 2019 data from the Netherlands (8.8 for unlinked data).

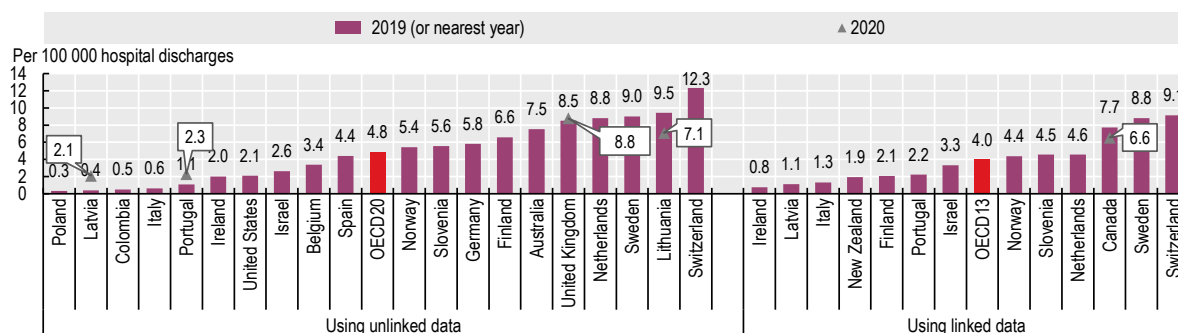
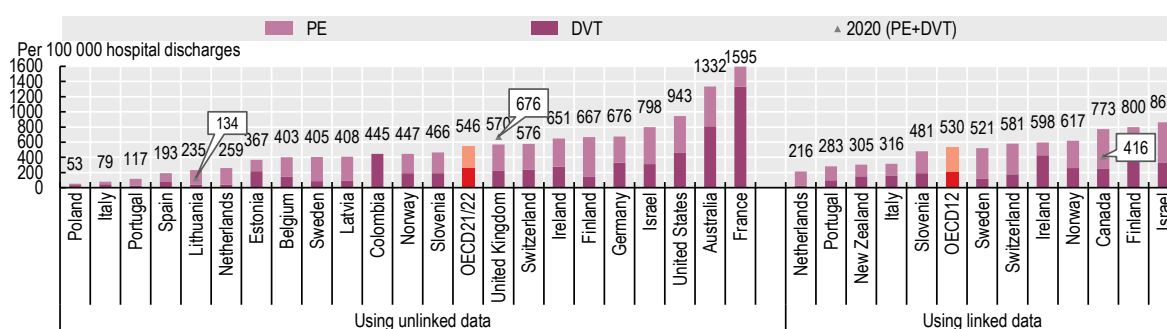


Figure 6.23: Adverse events in hip and knee surgeries: postoperative pulmonary embolism or deep vein thrombosis in hip and knee surgeries, 2019 (or nearest year) and 2020

The figure has been updated to include 2019 data from the Netherlands



Page 172: Safe acute care – workplace culture and patient experiences

The final sentence of the second paragraph in the **Definition and comparability box** has been corrected and now reads as follows:

Several differences in data reporting across countries may influence the calculated rates. These relate primarily to differences in the scope and methods used in the patient safety culture measurement, including differences in the total number of survey respondents, types and number of participating hospitals, response rates and required vs. voluntary reporting (more information can be found in OECD (forthcoming[37])). Careful interpretation of patient safety culture indicators is required due to these differences. **Data from France is from the region of Bourgogne-Franche-Comté.**

Patient reported data from the Commonwealth Fund survey were collected from people aged 18 and over; national surveys based on the pilot instrument (OECD, 2021[38]) were collected from hospitalised patients aged 18 and over, so they are not directly comparable.

Page 178: Survival for other major cancers

The final paragraph should read as follows:

For adults diagnosed during 2010-14, the highest five-year net survival was in Korea (31.3%) and Japan (36.0%), and the lowest in Estonia (5.4%) and Lithuania (5.6%) (Figure 6.37).

Page 180: Integrated care

Paragraph 5 should read as follows:

1-year readmissions of stroke patients surviving one year or more ranged from 1% in **Italy** to 6% in Norway for stroke-related reasons, and from 0% in Costa Rica to 28% in the Czech Republic for non-stroke causes.

In the of the Definition and comparability box, the reference to Figures 6.18-19 should read as follows:

As shown in Figure 6.11 and Figures **6.17-18**, CHF hospitalisations and ischaemic stroke mortality demonstrate substantial variability between countries.