

## 8. LONG-TERM CARE

### 8.7. Long-term care beds in institutions and hospitals

The number of beds in long-term care (LTC) institutions and in LTC departments in hospitals provides a measure of the resources available for delivering LTC services to individuals outside of their home. Long-term care institutions refer to nursing and residential care facilities which provide accommodation and long-term care as a package. They include specially designed institutions or hospital-like settings where the predominant service component is long-term care for people with moderate to severe functional restrictions.

On average across OECD countries, there were 44 beds in LTC institutions and 6 beds in LTC departments in hospitals per 1 000 people aged 65 and over in 2009 (Figure 8.7.1). Sweden had the highest number of LTC beds in 2009, with 80 beds per 1 000 people aged 65 and over in LTC institutions, but only a small number of beds allocated for LTC in hospitals. In Italy and Poland, there were relatively few beds in LTC institutions or in hospitals per 1 000 people aged 65 years and over in 2009. Most LTC services in these two countries are provided at home by informal care givers (see Indicator 8.5 “Informal carers”).

While most countries report very few beds allocated for LTC in hospitals, some countries continue to use hospital beds quite extensively for LTC purposes. In Korea, there are nearly as many LTC beds in hospitals as there are in dedicated LTC institutions. However, the number of beds in LTC institutions has increased in recent years, especially following the introduction of Korea’s public long-term care insurance programme in 2008. In Japan, there is also a fairly large number of hospital beds that have traditionally been used for long-term care, but there have also been recent increases in the number of beds in LTC institutions. Among European countries, Finland and Ireland maintain a fairly large number of LTC beds in hospitals. In Finland, local governments are responsible for managing both health and long-term care services, and have traditionally used hospitals to provide at least some long-term care. In both Finland and Ireland, there has been however a recent rise in the number of beds in LTC institutions which has been accompanied by a reduction in LTC beds in hospitals.

Many other OECD countries have developed the capacity of LTC institutions to receive LTC patients once they no longer need acute care in hospitals, in order to free up costly hospital beds. The number of LTC beds in institutions has increased more rapidly than the number of LTC beds in

hospitals in most countries (Figure 8.7.2). It has grown particularly quickly in Korea and Spain, although it started from a relatively low level and still remains well below the OECD average. In Australia also, the number of beds in institutions has increased rapidly over the past ten years. In Sweden, both the number of LTC beds in hospitals and in LTC institutions has declined slightly over the past decade, although the capacity still remains the highest of all countries. Sweden has implemented various measures in recent years to promote home-based care, including the use of cash benefits to promote home living and the expansion of community-based LTC (Colombo *et al.*, 2011).

Providing LTC in institutions is generally more expensive than home-based care, if only because of the additional cost of board and lodging. However, depending on individual circumstances, a move to LTC institutions may be the most appropriate and cost-effective option, for example for people living alone and requiring round the clock care and supervision (Wiener *et al.*, 2009) or people living in remote areas with limited home-care support.

#### Definition and comparability

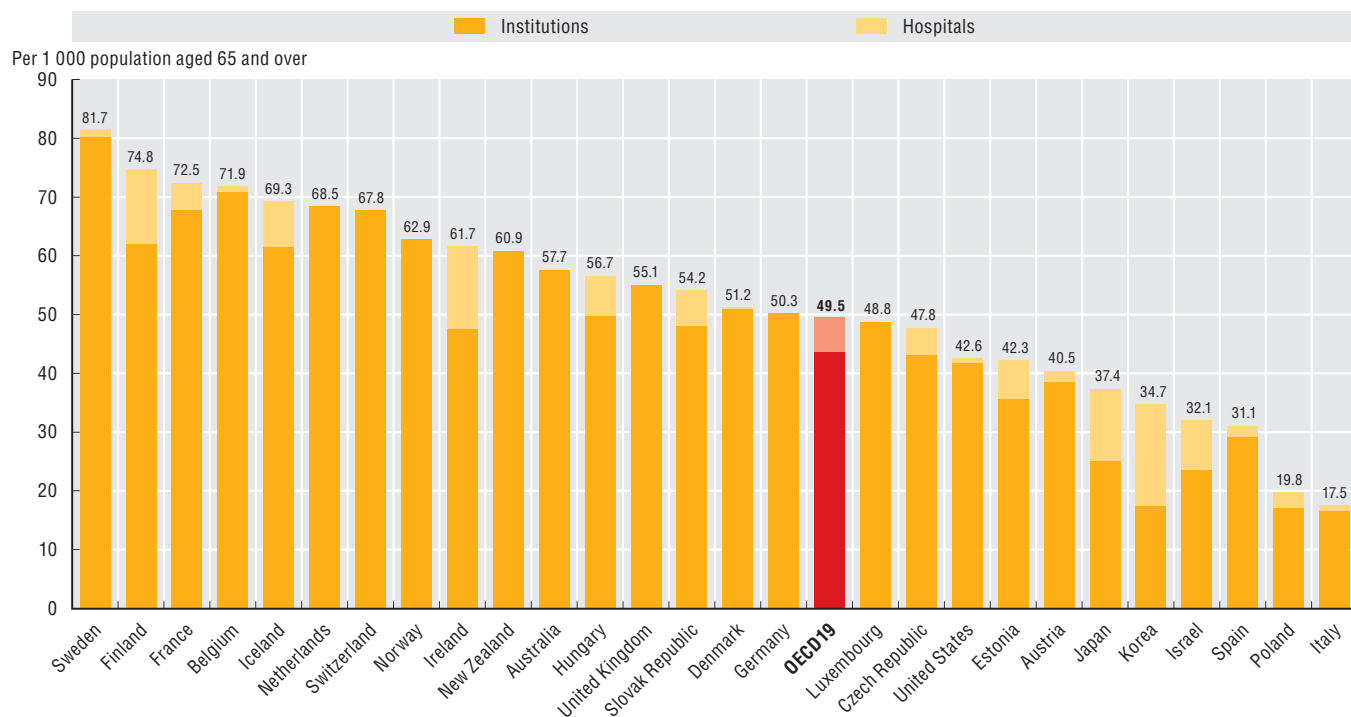
Long-term care institutions refer to nursing and residential care facilities which provide accommodation and long-term care as a package. Beds in adapted living arrangements for persons who require help while guaranteeing a high degree of autonomy and self control are not included. For international comparisons, beds in rehabilitation centers are also not included.

However, there are variations in data coverage across countries. Several countries only include beds in publicly-funded LTC institutions, while others also include private institutions (both profit and non-for-profit). Some countries also include beds in treatment centers for addicted people, psychiatric units of general or specialised hospitals, and rehabilitation centers.

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

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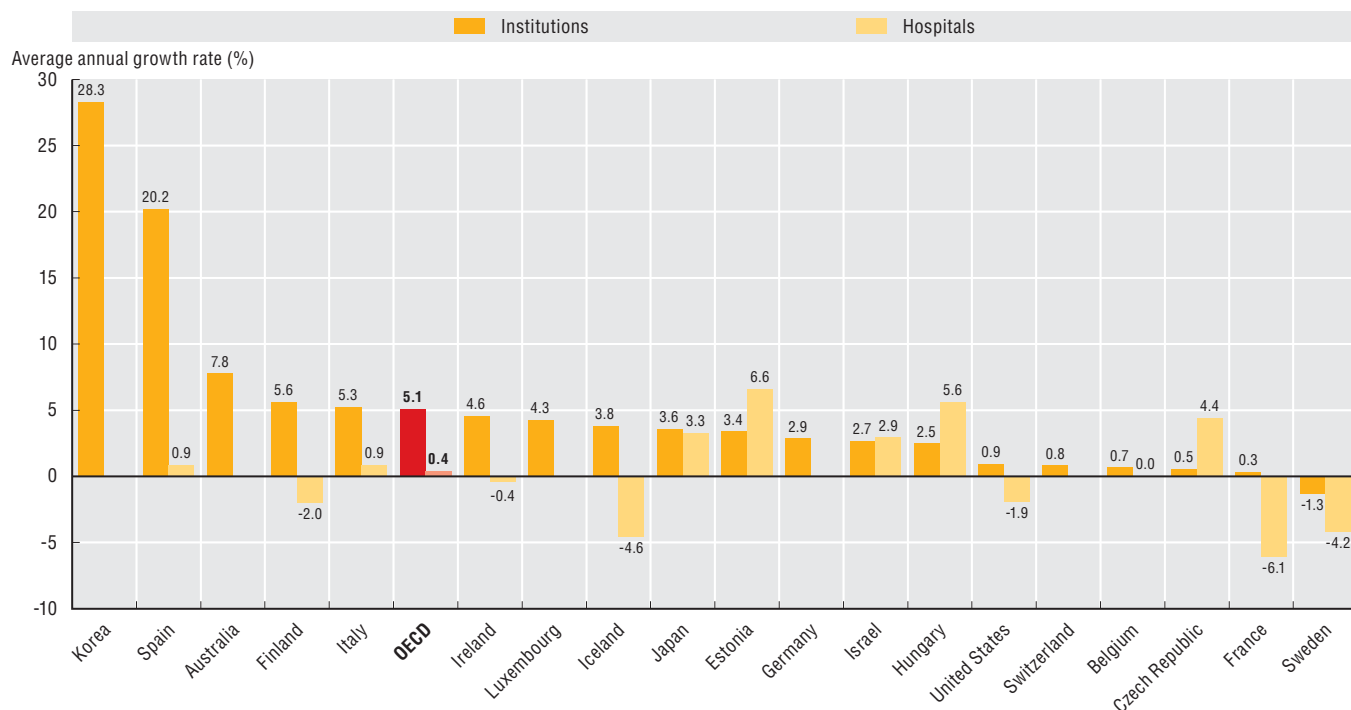
## 8.7.1 Long-term care beds in institutions and hospitals, per 1 000 population aged 65 and over, 2009 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932526654>

## 8.7.2 Trends in long-term care beds in institutions and in hospitals, 2000-09 (or nearest year)



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932526673>



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