

11. AGEING AND LONG-TERM CARE

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.

On average across OECD countries, there were 45 beds in LTC institutions and five beds in LTC departments in hospitals per 1 000 people aged 65 and over in 2013 (Figure 11.19). Belgium had the highest number of LTC beds in 2013, with around 72 beds per 1 000 people aged 65 and over in LTC institutions. On the other hand, there were fewer than 20 beds per 1 000 people aged 65 and over in LTC institutions or in hospitals in Italy and Poland.

On average across all OECD countries, there has been a slight increase in the number of LTC beds per 1 000 population over 65 since 2000 (Figure 11.20). This increase consists entirely of beds in LTC institutions, with the number of hospital beds remaining constant on average. However, this masks a lot of variation. At one extreme, some countries with well-established, comprehensive LTC systems have been reducing residential LTC capacity. Sweden has reduced the number of LTC beds by 2.4 per year per 1 000 population over 65, as part of a drive to move LTC out of residential facilities and into the community (Colombo et al., 2011). The Netherlands, Denmark and Norway have also made significant reductions in the number of beds available. At the other end of the scale, Korea has seen a massive increase in capacity since 2000, adding 4.5 beds per year per 1 000 population over 65, with the increase particularly marked since the introduction of a public LTC insurance scheme in 2008. In contrast to many other countries, a significant proportion of the LTC beds added in Korea are in hospitals. Spain has also increased its number of LTC beds significantly, although all of the additional beds are in LTC institutions rather than hospitals.

While most countries allocate very few beds for LTC in hospitals, others still use hospital beds quite extensively for LTC purposes. Despite recent increases in the number of beds in LTC institutions in Korea, the majority of LTC beds are still in hospitals. In Japan many hospital beds are used for long-term care, but recently the number has been decreasing. Some European countries, such as Finland, Hungary and Estonia, still have a significant number of LTC beds in hospitals, but in general there has been a move towards replacing hospital beds with institutional facilities, which are often cheaper and provide a better living environment for people with LTC needs. Finland, France and Iceland have all seen significant increases in LTC beds in institutions and decreases in hospital LTC beds since 2000 – although in the case of Iceland, this is partly due to changes in how beds are categorised.

Providing LTC in institutions can be more efficient than community care for people with intensive needs, due to economies of scale and the fact that care workers do not

need to travel to each person separately. However, from the point of view of public budgets, it often costs more, since informal carers make less of a contribution and LTC systems often pick up board and lodging costs as well as care costs. Moreover, LTC users generally prefer to remain at home and most countries have taken steps in recent years to support this preference and promote community care (see Figure 11.13). However, depending on individual circumstances, a move to LTC institutions may be the most appropriate 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. It is therefore important that countries retain an appropriate level of residential LTC capacity, and that care institutions develop and apply models of care that promote dignity and autonomy.

Definition and comparability

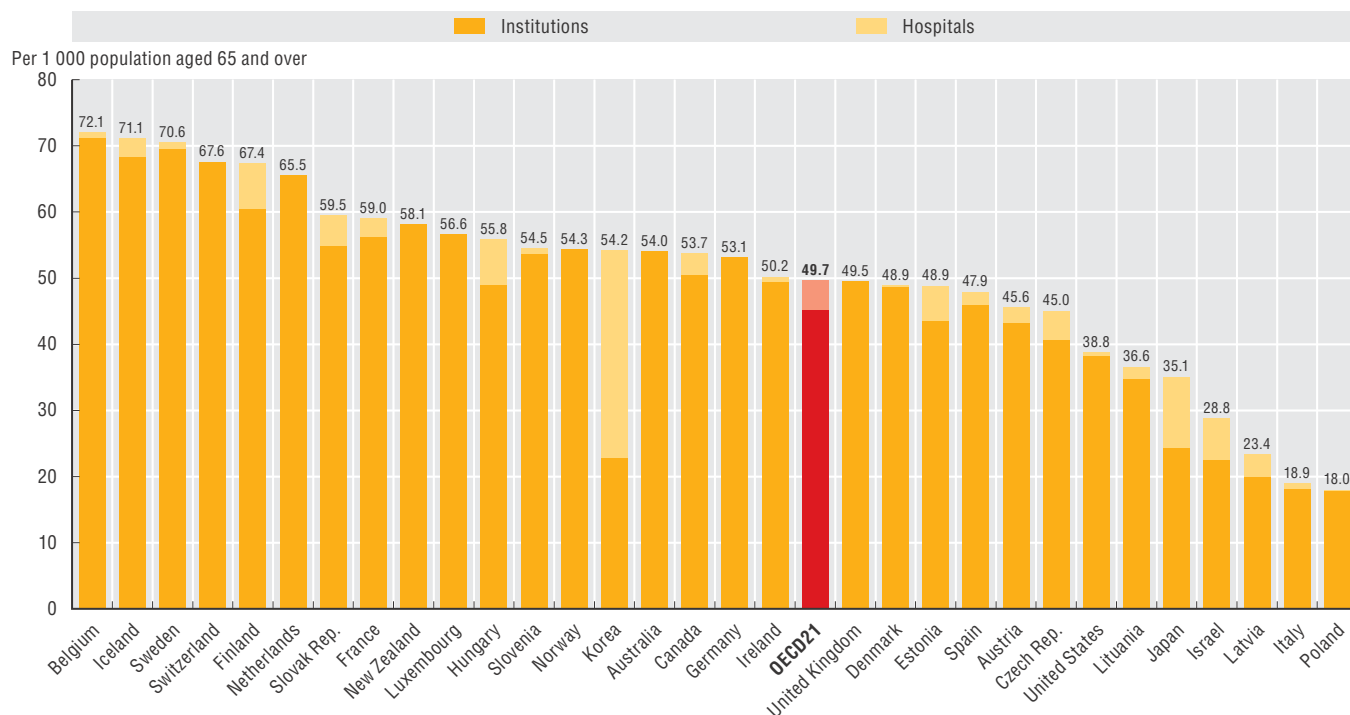
Long-term care institutions refer to nursing and residential care facilities which provide accommodation and long-term care as a package. They include specially designed institutions or hospital-like settings where the predominant service component is long-term care for people with moderate to severe functional restrictions. 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, they should not include beds in rehabilitation centers.

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. Australia does not collect data on the numbers of beds provided for LTC. Data on Australian LTC beds in institutions are estimated from aged care database.

References

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- Wiener, J. et al. (2009), “Why Are Nursing Home Utilization Rates Declining?”, Real Choice System Change Grant Program, US Department of Health and Human Services, Centres for Medicare and Medicaid Services, available at www.hcbs.org/files/160/7990/SCGNursing.pdf.

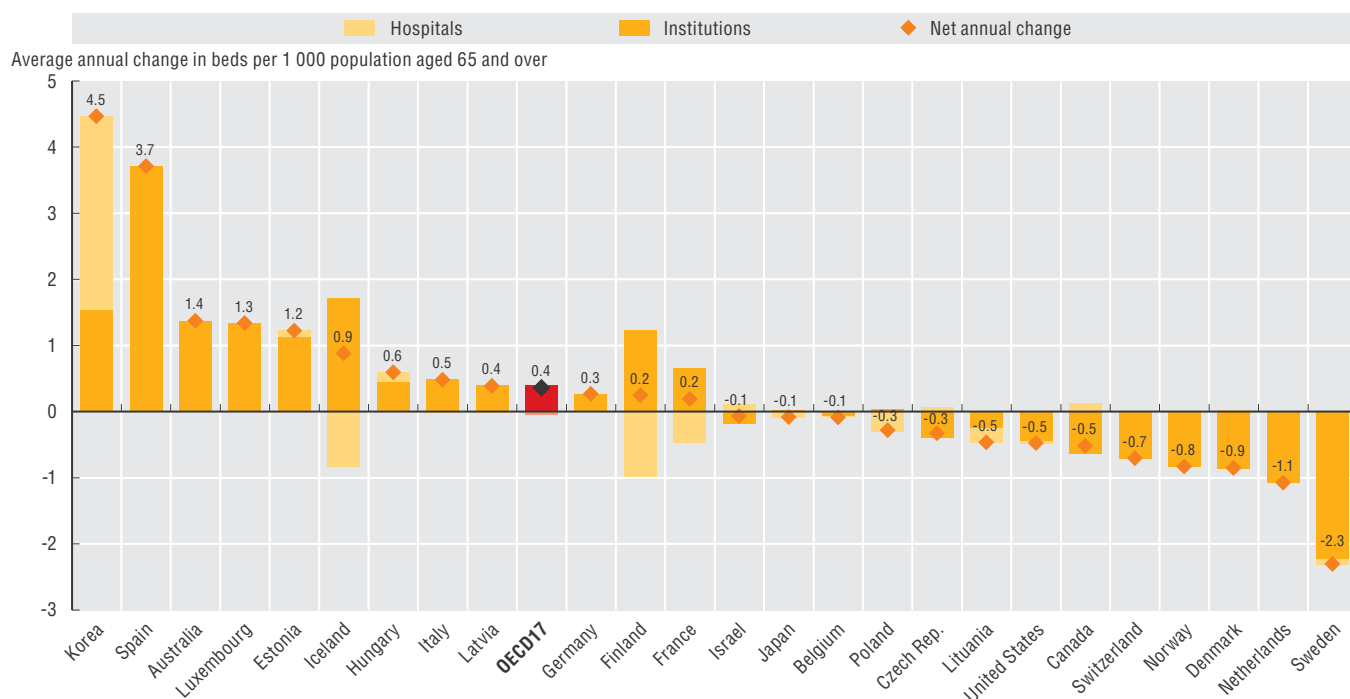
11.19. Long-term care beds in institutions and hospitals, 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281448>

11.20. Trends in long-term care beds in institutions and in hospitals, 2000-13 (or nearest year)



Note: The OECD average includes only countries with data for both institutions and hospitals.

1. Australia, Germany, Luxembourg, the Netherlands, Norway and Switzerland do not report any long-term care beds in hospital.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933281448>

Information on data for Israel: <http://oe.cd/israel-disclaimer>



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