Long-term care settings

While countries have increasingly taken steps to ensure that people in need of LTC services who wish to live in their homes for as long as possible can do so, many people will at some point require LTC services that cannot be delivered at home. The number of beds in LTC facilities and in LTC departments in hospitals offers a measure of the resources available for delivering LTC services to individuals outside their home.

Across OECD countries, there were 46 beds per 1 000 people aged 65 and over in 2019 (Figure 10.22). The vast majority of beds – 43 per 1 000 people aged 65 and over – were located in LTC facilities, with just 3 in hospitals. The number of LTC beds per 1 000 people aged 65 and over varies enormously between OECD countries. Luxembourg – the country with the highest number (81.6 beds) – had nearly 20 times more beds per capita aged 65 and over than Greece, which had the lowest number (4.1 beds) in 2019. Five countries – Italy, Latvia, Poland, Turkey and Greece – had fewer than 20 beds per 1 000 adults aged 65 and over. Two – Luxembourg and the Netherlands – had more than 70 beds per 1 000 adults aged 65 and over.

Between 2009 and 2019, OECD countries reduced the number of LTC beds in facilities by an average of 3 beds per 1 000 people aged 65 and over (Figure 10.23). However, the change in the number of beds varied significantly between OECD countries. Over the ten-year period, Norway, Iceland, Finland and Denmark each reduced the number of beds in LTC facilities by 15 or more per 1 000 people aged 65 and over. At the other end of the spectrum, Korea and Luxembourg increased the number of LTC beds by more than 25 over the same period. These substantial changes were largely driven by changes in policies over the period. Reductions in the number of facility-based LTC beds in Sweden were driven by a move towards community-based LTC service provision, while the massive increase in capacity in Korea followed the introduction of a public LTC insurance scheme in 2008.

Many people receiving LTC wish to remain at home for as long as possible, and most countries have taken steps in recent years to support this preference and promote community and home-based care. However, depending on individual circumstances, a move to LTC facilities may – at least eventually – be the most appropriate option. For example, people living alone and requiring round-the-clock care and supervision (Wiener, 2009[11]), or people living in remote areas with limited home care support, may find it difficult to manage at home as their needs increase. It is therefore important that countries retain an appropriate level of residential LTC capacity.

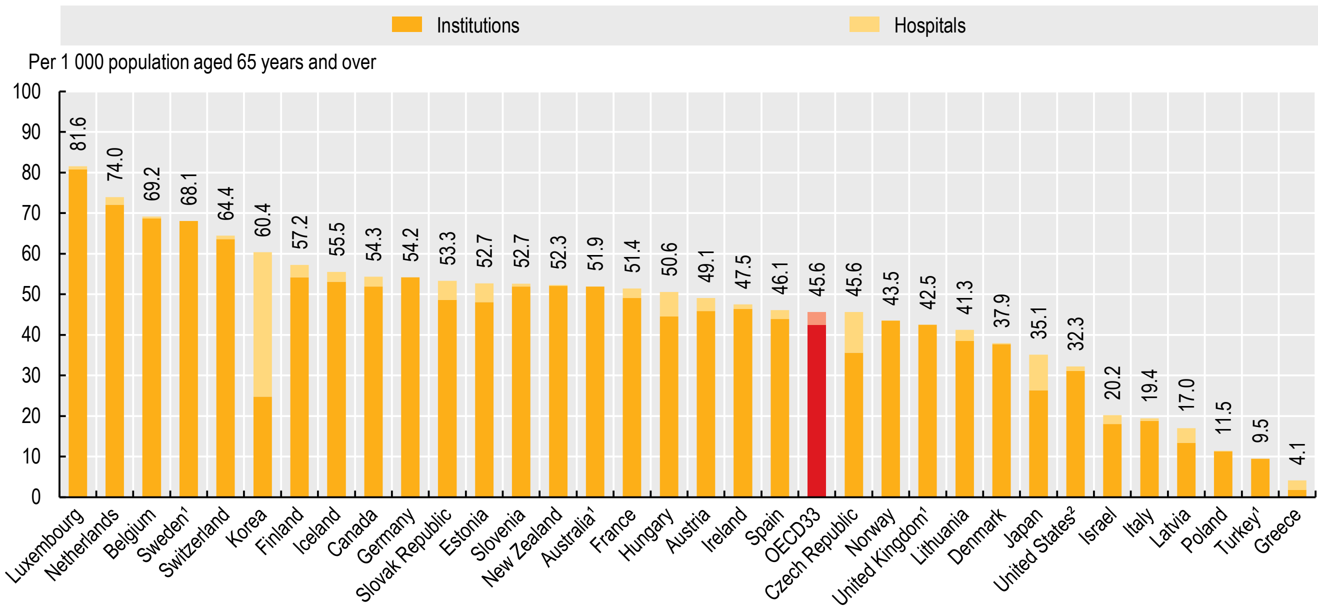
Residents of LTC facilities were badly hit during the COVID-19 pandemic: across 25 OECD countries, more than 40% of COVID-19 deaths occurred among nursing home residents. Moreover, containment measures – including strict bans on visitation in most countries – dramatically affected the well-being of many residents, even beyond the direct health impact of the virus. Developing and applying models of care that respect the resident's wishes and promote dignity and autonomy is a critical aspect of high-quality care. This includes ensuring that staff working in LTC facilities are appropriately trained, and that facilities receive the support they need to deliver high-quality care, reduce high turnover and facilitate the recruitment and retention of high-quality care workers (see indicator "Long-term care workers").

Definition and comparability

LTC facilities refer to nursing and residential care facilities that provide accommodation and LTC as a package. They include specially designed facilities or hospital-like settings where the predominant service component is LTC for people with moderate to severe functional restrictions. They do not include beds in adapted living arrangements for people who require help while guaranteeing a high degree of autonomy and self-control. For international comparisons, they should also not include beds in rehabilitation centres.

However, there are variations in data coverage across countries. Several countries only include beds in publicly funded LTC facilities, while others also include private facilities (both for-profit and not-for-profit). Some countries also include beds in treatment centres for addicted people, psychiatric units of general or specialised hospitals, and rehabilitation centres.

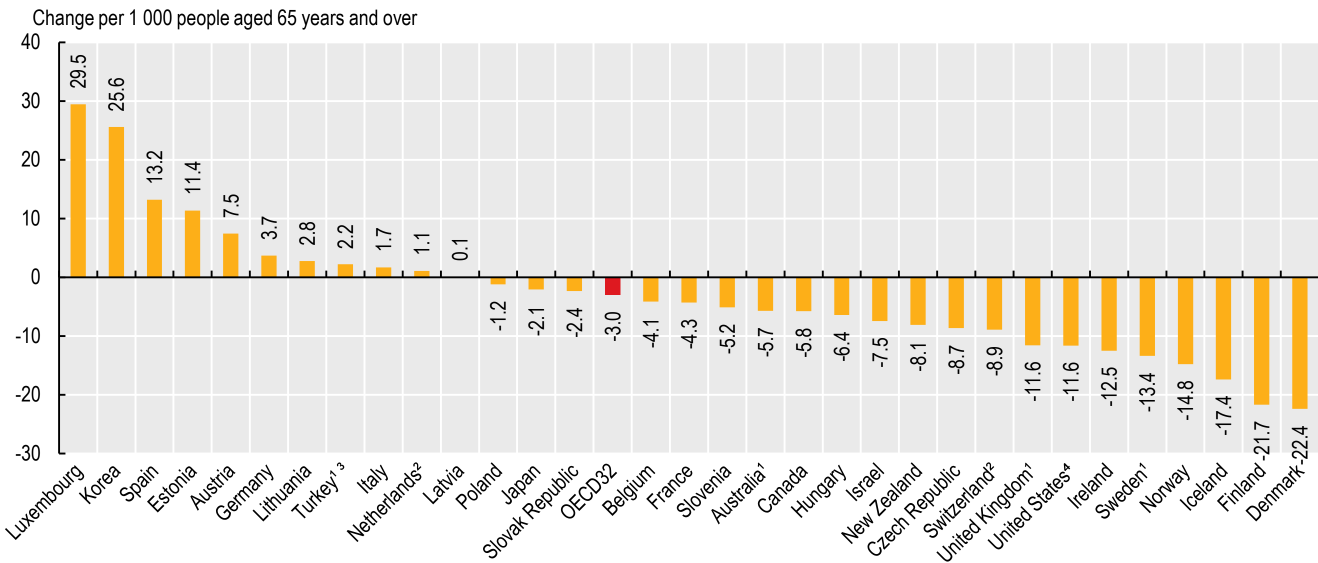
Figure 10.22. **Long-term care beds in institutions and hospitals, 2019 (or nearest year)**



1. Numbers of LTC beds in hospitals are not available in these countries. 2. Data refer to 2018.
Source: OECD Health Statistics 2021.

StatLink https://stat.link/2rxe9v

Figure 10.23. **Trends in long-term care beds in institutions and hospitals, 2009-19 (or nearest year)**



1. Numbers of LTC beds in hospitals are not available in these countries. 2. The comparator numbers of LTC beds in hospitals refer to 2010. 3. The comparator number of LTC beds in institutions refers to 2011. 4. Data refer to 2018.
Source: OECD Health Statistics 2021.

StatLink https://stat.link/of2r1s

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