

# OECD Health Statistics 2023

## Definitions, Sources and Methods

### Beds in residential long-term care facilities

**Residential long-term care facilities** comprise establishments primarily engaged in providing residential long-term care that combines nursing, supervisory or other types of care as required by the residents. In these establishments, a significant part of the production process and the care provided is a mix of health and social services, with the health services being largely at the level of nursing care, in combination with personal care services. The medical components of care are, however, much less intensive than those provided in hospitals.

Inclusion	Exclusion
<ul style="list-style-type: none"> <li>- Long-term nursing care facilities (HP.2.1)</li> <li>- Other residential long-term care facilities (HP.2.9)</li> </ul>	<ul style="list-style-type: none"> <li>- Beds in hospitals (HP.1) dedicated to long-term care</li> <li>- Beds in residential settings such as adapted housing that can be considered as people's home.</li> </ul>

#### Sources and Methods

##### Australia

###### Source of data:

- 2020-21 Report on the Operation of the *Aged Care Act 1997*, 1 July 2020-30 June 2021, available at <https://www.health.gov.au/news/announcements/report-on-the-operation-of-the-aged-care-act-2020-21>.
  - 2019-20 Report on the Operation of the *Aged Care Act 1997*, 1 July 2019-30 June 2020, available at [https://www.gen-agedcaredata.gov.au/www\\_ahwgen/media/ROACA/ROACA-Summary-2020.pdf](https://www.gen-agedcaredata.gov.au/www_ahwgen/media/ROACA/ROACA-Summary-2020.pdf).
  - 2016-17 to 2018-19: **Department of Health** administrative systems. - 2015-16: **Department of Health** administrative systems. 2015-16 Report on the Operation of the *Aged Care Act 1997*, 1 July 2015-30 June 2016, and for earlier years, available at <https://www.gen-agedcaredata.gov.au/Resources/Reports-and-publications/2016/December/2015%E2%80%932016-Report-on-the-Operation-of-the-Aged-Care-A>.
  - 2011-2014: **Department of Social Services** administrative systems.
  - 2008-2010: **Department of Health and Ageing** administrative systems.
  - Until 2007: **Australian Institute of Health and Welfare 2010**. Residential aged care in Australia 2008-2009: a statistical overview. AIHW Cat. No. AGE 58. Canberra: AIHW (and previous issues). Also at [www.aihw.gov.au](http://www.aihw.gov.au).
- Reference period:** Data refer to the first year of a financial year which covers 1<sup>st</sup> July to 30<sup>th</sup> June. For example 2018-19 is referred to as 2018.

###### Coverage:

- From 2008 onwards: From 20<sup>th</sup> March 2008, new appraisals of care needs of residential aged-care recipients (to determine subsidy levels) have been through the Aged Care Funding Instrument (ACFI) which has components dealing with activities of daily living, behaviour, and complex health needs. Data are estimates for residential care places for all permanent residents excluding those with RCS 8 rating or nil on all three ACFI components. The number of beds is calculated by [Total operational places x (permanent non-NNN or S8 residents/total residents)]. All data refer to 30<sup>th</sup> June of the time period examined.
- Data are for mainstream facilities that receive funding subsidies for individual care from the Australian Government only. Multipurpose Services and services receiving funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program are excluded.
- For 2007: Data are estimates for beds for all permanent residents with a Resident Classification Scale (RCS) 1-7, calculated by [Total operational places x (permanent residents/total residents) - residents with RCS 8 category].
- Data are for mainstream facilities that receive funding subsidies for individual care from the Australian

Government only. Multipurpose Services and services receiving funding under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program are excluded.

- From 2005-2006, all Australian expenditure on residential aged-care facilities is now classified to welfare services. Refer to Australia's notes on Expenditure on long-term nursing care (total, public, private) for more information.

**Aged care environment:**

- These data solely reflect the provision of long term care through the Australian Government-funded residential aged care system. Caution should be exercised when comparing these data with LTC data from other jurisdictions that may include other, non-aged care, data.

- In Australia the aged care system is separate from the health system. The aged care system has its own policies, legislation, funding and delivery arrangements. At the same time, there are close links between the two systems given the nature of the care provided by health professionals in the aged care system. Responsibility for policy and funding of aged care services rests with the Australian Government. Clients who are able to do so may be asked to provide a co-contribution towards the cost of their care.

- Aged care services range from basic assistance, such as the delivery of home meals and social support, to coordinated packages of tailored care to assist older people with complex care needs to stay in their own homes, through to residential care including for people who need 24 hour care and assistance with most activities of daily living. The level of care provided is based on on-going assessments of the person's care needs.

- There is also a range of short-term or intermittent aged care services that contribute to the effectiveness of longer term care, including by helping to delay the need to move to higher levels of care. These include services such as respite, physiotherapy and podiatry. Other care services help older people to transition out of hospital to their homes or to aged care, or from insecure housing to sustainable and affordable housing and access to home care and support.

**Inclusions/exclusions:**

- Australia does not collect data on the numbers of beds in government-funded residential aged care facilities. Instead, approved providers of residential aged care services are allocated places that may be used for permanent (long-term) or respite (short-term) care. To provide data for this measure, an estimate of the number of beds is derived using this number of operational places in conjunction with the proportion of all residents who were permanent and assessed as having ADL-related care needs.

- Australian data for this measure only includes residential aged care facilities: other residential programmes or services, such as mental health and substance abuse facilities, are not included.

**Break in time series:**

- Prior to 2007: Note that the data from 1998-2006 are for high-care places (Resident Classification Scale categories 1-4) in residential aged-care services. High-care places are estimated based on the total number of residents with a Resident Classification Scale category 1-4 and occupancy rates (for aged-care services with over 80% high-care residents) as of 30<sup>th</sup> June. Occupancy rates were published in the Report on Government Services (annually).

Canberra: Productivity Commission. Due to the policy of ageing in place, there are many high-care residents occupying low-care beds. While less common, it is also possible for low-care residents to occupy high-care beds.

- An additional break in series is noted for 2008 due to the introduction of the ACFI for appraisal of care needs.

Note: data for 2022 appear down on previous years, however, in Australian data there is not an actual reduction in residential care places overall, there is a reduction in those places which we can relate to the OECD definition. The cause is multifactorial; permanent resident numbers were down a bit on prior years (COVID-19 being a likely contributing factor) but there was also a considerably higher number of permanent residents not having an ACFI appraisal. There have been some operational transitions over the period that could have contributed to this.

## **Austria**

**Source:**

- From 2012 onwards: **Statistics Austria**, Statistics on care services.

- 2004, 2007, 2009, 2011: **Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection** (Gesundheit Österreich GmbH, Austrian Healthcare Structure Plan 2006, 2008, 2010).

Reference period: 31<sup>st</sup> December (both sources).

**Coverage:**

- The Austrian Healthcare Structure Plan includes nursing beds in long-term nursing and long-term residential care facilities. Data are available on the regional level for the years 2007, 2009, 2011 and on the national level additionally for the year 2004.

- The Statistics on care services include inpatient long-term care services and short-term care in long-term nursing care facilities.

Deviation from the definition: Statistics on care services cover all care beds that are (partially) financed with public funds (which accounts for the vast majority of all long-term nursing care facilities).

Break in time series:

- 2012: Changes in classification due to change of data source in 2012.
- 2017: Since 2017, alternative forms of housing in long-term care institutions (HP.2) are reported as residential long-term care throughout Austria. Until 2016, beds in alternative forms of housing in Viennese HP.2. facilities were not included.

## Belgium

Source of data:

- For data up to 2012: **INAMI**. <http://www.riziv.fgov.be/care/fr/residential-care/specific-information/stats.html>.
- For data since 2013: **Ministry of the Flemish community, Ministry of the German speaking Community, Ministry of the French Community, Kenniscentrum**.

Reference period:

Coverage:

- Data include beds in rest and care homes ("maisons de repos et de soins pour personnes âgées", MRS) and rest homes for the elderly ("maisons de repos pour personnes âgées", MRPA). Numbers correspond to licensed beds.
- Data from 2013 are based on regional authorities data.
- 2013, 2014 and 2015 include estimates for German speaking community and Brussels Region.
- 2016 onwards: data include estimate for the Brussels Region.

Break in time series: 2013.

## Canada

Source of data:

- **Statistics Canada**, Residential Care Facilities Survey, for data until 2010/2011 outside of Quebec and until 2008/2009 in Quebec.
- **Statistics Canada**, Long-term Care Facilities Survey, for 2011-12 and 2012-13 data.
- **Statistics Canada**, 2016 and 2021 Census of Population, bed estimate for 2016 and 2021 based on the population in the following three types of collective dwelling: 1. Nursing homes, 2. Facilities that are a mix of both a nursing home and a residence for senior citizens, and 3. Residential care facilities such as group homes for persons with disabilities and addictions.

### Residential Care Facilities Survey

- This is a combination survey of self-completed mail-out/mail-back questionnaire outside of Quebec and administrative data from Quebec. Generally, only facilities which have four beds or more are surveyed. The exception is some composite reporting, where a head office reports on all of its residential care facilities, some of which may have fewer than four beds. For Quebec facilities, Statistics Canada received administrative data files from the Ministère de la Santé et des Services sociaux. These are obtained from public and private facilities through the M-30 system for financial data and from forms AS-478, AS-480, AS-484 and AS-485 for statistical data.
- Includes beds staffed and in operation in facilities which have four beds or more and which are approved, funded or licensed by provincial/territorial departments of health and/or social services and where the principal characteristic of the predominant group of residents is aged, physically challenged, psychiatrically disabled or developmentally delayed. Facilities include homes for the aged, persons with physical disabilities, persons who are developmentally delayed, persons with psychiatric disabilities, persons with alcohol and drug problems, transients, young offenders and others. These facilities offer "Type I" care (supervision and/or assistance with activities of daily living and meeting psycho-social needs) or higher.
- Some of these facilities are maintained for chronically ill or disabled people who reside there more or less permanently. The other categories of residential care facilities provide shelter for a shorter period of time, often combined with a program of service. Data do not include long-term care beds in hospitals or beds in "Room and Board" type facilities.
- Those data on beds are for the exact same facilities for which the data series on long-term care recipients in institutions (other than hospitals) is provided.
- "Beds staffed and in operation" refer to the number of beds that are either occupied or available for new resident admissions on the last day of the reference period.

- For fiscal year 2010/2011 (April 1<sup>st</sup>, 2010 – March 31, 2011), total number of bed staffed and in operation in Quebec province was unavailable. It was estimated based on the average proportion of total Quebec beds out of all other provinces' using fiscal year 2007/2008 and 2008/2009 RCF survey.

### **Long-term Care Facilities Survey**

- For fiscal year 2011/2012 (April 1<sup>st</sup>, 2011 – March 31, 2012) and 2012/2013 (April 1<sup>st</sup>, 2012 – March 31, 2013), there was no total number of beds reported for Quebec. The facilities included in the surveys were the ones providing certain levels of services (excluding type I service facilities providing supervision and/or assistance with daily living and meeting psycho-social needs). The response rates for these 2 years were much lower for pre-2010. The estimation process thus had 3 steps: 1. Using the same process for fiscal year 2010/2011 to estimate total bed numbers locating in Quebec province. 2. Based on fiscal year 2007/2008 and 2008/2009 RCF survey numbers, estimation of beds in facilities providing type I care was calculated. 3. Estimation of growth rate per year for the total number of facilities was also calculated based on fiscal year 2006/2007 to 2007/2008 and 2007/2008 to 2008/2009. The estimated beds in Quebec and in facilities providing type I care as well as percentage increase of facility counts were then used to calculate the total estimated beds for Canada.

- Starting in 2013/2014, when the Long-term Care Facilities Survey was discontinued, until 2015-16, estimates were made for all provinces based on the annual growth rate in the preceding ten years.

### **2016 Census of Population**

Break in time series: 2016.

- The number of beds in 2016 is an estimate based on Census data on population in the following 3 types of collective dwelling:

\* *Nursing homes:* Also known as long-term care facilities, provide healthcare services including professional health monitoring and skilled nursing care and supervision 24 hours a day, 7 days a week, for people who are not independent in most activities of daily living.

\* *Facilities that are a mix of both a nursing home and a residence for senior citizens:* Facilities for elderly residents that provide healthcare services to some residents (i.e., to residents that are not independent in most activities of daily living), but only support services/assisted services to other residents (i.e., to residents that are independent in most activities of daily living).

\* *Residential care facilities such as group homes for persons with disabilities and addictions:* Residential facilities that provide accommodations with healthcare and/or social assistance services, such as counselling, supervision or custody, personal support or assisted living care, diagnosis or treatment. Generally, residential care facilities provide a level of care that is below that found in hospitals. Included are group homes or institutions for the physically disabled, treatment centres, group homes for children and youth, and group homes or institutions for people with psychiatric disorders or developmental disabilities. Excluded are facilities that accommodate elderly residents who require services, and facilities for persons who need shelter or assistance. These facilities have a separate collective type category. Private dwellings with foster children are also excluded and are still considered private dwellings.

- Percentage occupancy was assumed to be 95% based on historical data. The large increase in the numbers of beds in 2016 may be due to the inclusion of facilities that are a mix of both a nursing home and a residence for senior citizens.

### **2017, 2018 and 2019 Estimates**

- Estimates for 2017, 2018 and 2019 were made in applying to the 2016 Census data on population in the 3 types of collective dwelling the annual percentage changes, in 2017, 2018 and 2019, in the number of residents (service recipients) in residential long-term care facilities as reported in the **Continuing Care Reporting System (CCRS) of the Canadian Institute for Health Information** for six jurisdictions: Newfoundland and Labrador, Ontario, Manitoba, Alberta, British Columbia and Yukon. CCRS data were missing or incomplete for other jurisdictions. Beds for Canada as a whole were assumed to change at the same rate as service recipients in the six jurisdictions. Percentage occupancy was assumed to remain unchanged at 95% over the 2016-2019 period. The six jurisdictions whose annual percentage changes were used in the calculation of the service recipients and bed estimates include about two thirds of the Canadian population aged 65 and over.

### **2021 Census of Population**

- The number of beds in 2021 is an estimate based on Census data on population in the same 3 types of collective dwelling as in 2016: 1. Nursing homes, 2. Facilities that are a mix of both a nursing home and a residence for senior citizens, and 3. Residential care facilities such as group homes for persons with disabilities and addictions.

- Percentage occupancy was assumed to be 95% based on historical data.

**Comparability of the 2021 Census data with the 2016 Census data:** While the collective dwelling concepts and classification in the 2021 Census have remained the same as in the 2016 Census, changes in the collection and processing procedures of collective dwelling data as a result of the COVID-19 pandemic may have had an impact on the historical comparability. Consequently, caution must be used when making historical comparisons. In 2021, in the context of the COVID-19 pandemic, no Census employee was permitted to visit or enter most collective dwellings, especially those housing residents who are vulnerable to COVID-19, such as hospitals, nursing homes, long-term care facilities, residences for senior citizens. Administrators of these facilities were required to complete a series of questions about their facility using the 2021 Census' Collective Dwellings electronic questionnaire.

## Chile

Data not available.

## Colombia

Data not available.

## Costa Rica

Data not available.

## Czech Republic

### Source of data:

- Beds in social care sector: **Ministry of Labour and Social Affairs** (Annual report on social care establishments and provision of social care services).

- Beds in healthcare sector: **Institute of Health Information and Statistics of the Czech Republic** (until 2009 Survey on bed resources of health establishments and their exploitation, since 2010 National Registry of Reimbursed Health Services).

Reference period: 31<sup>st</sup> December.

### Coverage:

#### *Beds in social care sector:*

- Until 2006, data refer to the total number of beds in the following establishments of social care services: Pensioners' houses (including common establishments of pensioners' houses and pensioners' lodging houses), establishments for handicapped, homes for nuns.

- From 2007 (a new act on social services came into effect), data refer to the number of beds for yearlong and week stays in the following establishments of social care services: week care centres, homes for disabled persons, homes for the elderly, special regime homes.

#### *Beds in healthcare sector:*

- Long-term care beds encompass all beds in institutes for long-term patients (existing since 1973) and beds in hospices (existing since 1996).

- Since 2000, data cover all health services.

Break in time series: 2007, 2010.

- Since 2007, change in the structure of social care services provision.

- Since 2010, change in the data source - data refer to the number of contracted beds with health insurance companies.

## Denmark

Source of data: **Statistics Denmark**, table RESP01 (Clients in nursing dwellings and dwellings for the elderly by region, age and type of measure), up until 2020. From 2021 onwards, the data source is the Nursing Home Data (Plejhjemdata).

Reference period:

- Up until 2020: Annual average.

- From 2021: by January 1<sup>st</sup>.

Coverage: Table RESP01 covers all nursing dwellings and dwellings for the elderly. In the data, dwellings for the elderly are excluded.

Break in time series: 2007, 2010, 2017, 2021.

- In 2007, there is a break in time series as data from 2007 have been updated in 2021 by Statistics Denmark. The period 2007-2020 is using data from table RESP01.

- In 2010 nursing beds preferably for citizens with mental/physical disabilities are included.

- In 2017 nursing beds preferably for citizens with mental/physical disabilities are no longer included.

- In 2021, there is a break in time series due to a change in data source.

## Estonia

Source of data:

- **HP.2.2, HP.2.3, HP.2.9 data** – Ministry of Social Affairs, Analysis and Statistics Department: annual service centred statistical reports submitted by social welfare service providers. .

- **HP.2.1 data** – National Institute for Health Development, Department of Health Statistics: annual statistical reports submitted by healthcare providers.

Reference period: End of the year.

Coverage:

- Until 2012 incl, there are figures for HP 2.3 and HP 2.2 beds (SHA1.0); none of the institutions have been defined as HP 2.1 in Estonia.

- For 2013, data cover facilities of HP2.1, HP2.2 and HP2.9 (SHA 2011).

- Until 2013 incl, beds in institutions providing 24-hour care services for the persons with special psychiatric needs and the elderly are included.

- Since 2014, HP.2.1 and HP.2.9 are included according to the general change in data coverage.

Break in time series:

- 2013 – Previous long-term care hospitals (HP.1) were classified as long-term nursing care facilities HP.2.1 according to the SHA2011.

- 2014 – due to the general change in data coverage HP.2.1 and HP.2.9 facilities are covered, excluding HP.2.2.

Note: The increase in number of beds in 2012 resulted mainly from the increase in residential long-term care beds for the elderly (467 beds). The number of beds in special care homes increased by 63.

In Estonia, hospitals that provided only in-patient long-term care services (long-term care hospitals) were reorganised to the nursing care hospitals. This restructuring came into force in the beginning of 2013. Previous long-term care hospitals (HP1) were classified amongst long-term nursing care facilities (HP2.1) according to the SHA2011. Therefore, the number of long-term nursing care facilities increased in 2013. Previous long-term care hospitals had 725 beds and nursing care facilities 9650 beds, in total 10375 beds in the end of 2013.

## Finland

Source of data: **THL Finnish Institute for Health and Welfare**, Care Register for Institutional Healthcare and Care Register of Institutional Social Care.

Estimation method: Since 1996, calculated beddays/365 or 366.

## France

Source of data: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques** (DREES). Annual report “STATistiques et Indicateurs de la Santé et du Social (STATISS - Les régions Françaises)”.

Coverage:

- Data refer to metropolitan France and D.O.M. (overseas departments).

- Data account for beds in EHPAD (“Établissements d'Hébergement pour Personnes Agées Dépendantes”, institutions for dependent elderly people under specific agreement).

- Since 2008, due to legal modifications, many beds formerly counted in hospitals are now considered as beds in nursing and residential care facilities.

## Germany

Source of data: **Federal Statistical Office**, Statistics on long-term care 2021; Statistisches Bundesamt 2022,

*Pflegestatistik 2021*, Pflege im Rahmen der Pflegestatistik - Deutschlandergebnisse, table 3.3;

<http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: Data are collected every other year as at 15<sup>th</sup> December.

Coverage:

- Long-term care beds comprise beds in nursing homes (HP.2) in all sectors (public, not-for-profit and private).
- Data contain the number of places available in nursing homes for the elderly and disabled. In this context, "Long-term care" is defined by the long-term care insurance act - Code of Social Security Legislation XI.
- The result for Germany, for the reporting year 2009, contains estimated data for Bremen. The estimation is sufficiently exact for a reasonable result for Germany, but not acceptably exact for a description of the situation in Bremen.
- Care statistics were completely reorganised in Germany in 1999. Therefore, comparable data are not available before 1999.

## Greece

Source of data: **Ministry of Health-Direction of Mental Health & Addicts Treatment Center (NGO)**.

Coverage:

- Data for years 1980-2000 were derived from a survey concerning institutions for social anticipation. After 2000, this survey ceased.

## Hungary

Source of data:

- **Hungarian Central Statistical Office** (KSH in Hungarian), Yearbook of Welfare Statistics. <http://www.ksh.hu>.

Coverage: Since 1999, data include the capacity of social institutions providing permanent and temporary accommodation. Data contain the capacity of permanent or temporary accommodation for elderly people, psychiatric patients, disabled people and addicted people, and do not contain the permanent and temporary accommodation for the homeless.

Break in the series: Before 1999, data included figures for any social institution providing permanent and temporary hospitalisation, including the institutions providing permanent or temporary accommodation for the homeless.

## Iceland

Source of data:

- 1990-1992: **Directorate of Health**.
- 1993-2006: **Statistics Iceland**.
- 2007 onwards: The **Ministry of Welfare**.

Reference period: December.

Coverage:

- 1990-1992: Beds in nursing homes and nursing wards of retirement homes.
- 1993-2006: Beds in nursing homes and nursing wards of retirement homes based on data on authorised beds from the Ministry of Health and Social Security and data collected from the institutions by Statistics Iceland. Beds in retirement homes that are not for nursing care are excluded.
- 2007 and onwards: Beds in nursing homes and nursing wards of retirement homes, beds in healthcare facilities (not hospitals) both LTC beds and some curative care beds. Beds in retirement homes that are not for nursing care are excluded. Beds for LTC in hospitals are excluded.
- Data do not include beds in special institutions for the disabled.

Break in time series: 2007.

## Ireland

Source of data:

- From 2010: **Health Information and Quality Authority (HIQA)** (<https://www.hiqa.ie/>).
- Up to 2009: **Department of Health and Children**, Annual Survey of Long-Stay Units.

Reference period: Figures as at end of December.



Coverage:

- Data refer to HP2 facilities providing residential care for older people, which are registered as “designated centres” as defined by the Health Act 2007 with the Health Information and Quality Authority (HIQA). All residential settings for older people are required by law to register with HIQA. Data refer to the registered capacity of a centre.

Break in time series:

- Break in series occurs in 2014 due to the basis for counting capacity changed during the year following a change in the Registration Regulations.

- Break in series occurs in 2010, where data prior to 2010 was sourced from the Annual Survey of Long-Stay Units. Approximately 80% of long-stay units respond to this survey each year. For facilities where no data was received, bed numbers were rolled forward from the previous year.

- Break in series occurs in 2009, where data also includes beds in district and community hospitals. Beds for limited stay (rehabilitation, convalescence, palliative and respite) were also included from 2009.

- Prior to 2009, figures include long-stay beds in long-stay geriatric homes, welfare homes and private nursing homes.

## Israel

Source of data: Data are based on the Medical Institutions License Registry maintained by the Department of Medical Facilities and Equipment Licensing and the Health Information Division in the **Ministry of Health**.

Reference period: End of the year.

Coverage:

- Includes all licensed beds in nursing and residential care facilities. The nursing and residential care institutions include mainly beds for geriatric nursing care and the mentally frail.

- It does not include long-term care beds or nursing and residential care beds in hospitals.

- In 2022 report, the whole time series has been adjusted due to a change in classification of some residential long-term care facilities to hospitals.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

## Italy

Source of data:

- For public and private facilities accredited with NHS: **Ministry of Health - General Directorate of digitalisation, health information system and statistics - Office of Statistics**. [www.salute.gov.it/statistiche](http://www.salute.gov.it/statistiche).

- For private facilities not accredited with NHS: **ISTAT, National Institute of Statistics**. Census of health and social residential care facilities. <https://www.istat.it/it/archivio/7786>.

Reference period: Annual average.

Coverage:

- Data up to 2017 refer to all public and private residential care facilities accredited by the National Health Service. Private facilities not accredited by the National Health Service are excluded. Since 2018 all residential care facilities are included (public and private).- Beds in public and private residential long-term care facilities. Rehabilitation centers are excluded.

Deviation from the definition: Up to 2017 data don't include beds in private facilities not accredited by the National Health Service.

Estimation method: Beds in private facilities not-accredited with NHS are calculated considering the facilities not censused in the Ministry of Health's data source, that meet the following criteria: they are private and they do not receive NHS funding; they have at least one unit of health personnel (doctors, nurses, rehabilitation personnel, socio-medical workers); the social protection function is 'Healthcare'; recipients are elderly (independent and non-independent), persons with disabilities, persons with psychiatric pathologies.

Break in time series: Since 2018 also beds in private facilities not accredited with NHS are included.

## Japan

Source of data: **Ministry of Health, Labour and Welfare**, “Survey of Institutions and Establishments for Long-



term Care”.

Coverage: Data refer to a total capacity in “Long-term care and health service facilities for the elderly” and “Long-term care and welfare service facilities for the elderly”.

Break in time series:

- 2009. The survey was conducted by prefectures and major cities until 2008 and via mail by commissioned private businesses from 2009 onwards.
- 2018. The method of the survey has changed to sampling from year 2018, and the survey result is estimated value.

## Korea

Source of data: **Ministry of Health and Welfare**, Yearbook of Health and Welfare Statistics.

## Latvia

Source of data: **Ministry of Welfare of the Republic of Latvia** and the **Central Statistical Bureau of Latvia**.

Reference period: 31 December.

Coverage:

- Data include: Beds in nursing care facilities (HP.2.1 and specialised children's social care centres and specialised state social care centres for mental -ill persons HP.2.2).
- Beds for palliative care are included in HP.1.
- Due to the fact that in the data source for HP.2.2 only planned beds are indicated, we use indicator "actual number of persons" thus equating this indicator to beds in nursing and residential care facilities.

Deviation from the definition: Inclusion of beds in HP 2.2. institutions.

Break in time series: 2014. Starting from 2014, data exclude short-term social care beds in hospitals and persons with disability in HP.82.

## Lithuania

Source of data: **Statistics Lithuania**, Health Information Centre of Institute of Hygiene, data of entire annual survey of health establishments.

Available on Official Statistics Portal of Statistics Lithuania <http://osp.stat.gov.lt/en>.

Reference period: 31<sup>st</sup> December.

Coverage:

- Number of beds in nursing homes for disabled adults.
- Number of children in special boarding schools and centres for special training.
- Number of beds in care homes for disabled children and youth (boarding school).
- Number of beds for the children with disability in county and municipality child care homes (since '2006').
- Number of beds in care institutions for the elderly.
- Number of beds in nursing hospitals or nursing departments of general hospitals.

## Luxembourg

Source of data:

- Until 2012 : **Inspection Générale de la Sécurité Sociale**, Cellule d'évaluation et d'orientation de l'assurance dépendance.

- Since 2014: Ministère de la Famille, de l'Intégration et à la Grande Région, Division personnes âgées.

Reference period: data as of December 31.

Coverage:

**Until 2012:**

- The number of long-term care beds reported refers to the number of beneficiaries covered by the long-term care insurance (“assurance dependence”).
- Institutions for dependent persons accommodate both non-dependent and dependent persons. There is no information concerning the number of beds for dependent persons only.
- Data for 2012 are preliminary.

**Since 2014:** Data based on approvals and controls realised by the Ministry of family and integration for long-term care facilities (HP 2.1 and HP 2.9).

Break in time series: 2014.

## Mexico

Data not available.

## Netherlands

### Source of data:

- From 2006: DigiMV, data from annual reports of publicly financed institutions.
- From 2002: Centraal Bureau voor de Statistiek, Long-term care institutions surveys.
- Until 2002: Centraal Bureau voor de Statistiek, Intramurale Gezondheidszorg, table 3 (several issues).

### Coverage:

- From 2021 onwards: There is a change in financing for long-term care in psychiatric care. Previously, these beds were covered by the Wet Maatschappelijke Ondersteuning (WMO; Social Support Act) which is not included in the data. Currently, they are covered by the Wet Langdurige Zorg (WLZ; Long-term Care Act), which is included in the data. Therefore, there is a sharp increase in long-term care beds and beds for psychiatric care.
- From 2012 onwards: Beds in nursing homes and residential care homes for the elderly and long term care residences for the disabled.
- Until 2011: Beds in nursing homes and residential care homes for the elderly.

Break in time series: 2012, 2021.

## New Zealand

### Source of data: **Ministry of Health, Provider Regulation and Monitoring System Reporting Database.**

HealthCERT is the team within the Ministry of Health that is responsible for regulating healthcare providers as required under the Health and Disability Services (Safety) Act 2001 (the Act). The Act defines the types of healthcare services required to be certified.

Providers are required to apply to HealthCERT for certification. On this application, premise details, bed numbers and capacity relating to the service type is provided. This application is made to the Provider Regulation Monitoring System (PRMS) database.

The providers certification application is the primary source of the premise information. It is important to note that certification is rolling based on certification period and the start date (i.e. every 3 – 4 years).

The OECD data relating to the number of hospitals and bed numbers, and total beds for aged care is extracted from the PRMS database, which is supplied by the provider on their certification application.

In addition to premise information supplied at the time of the providers certification application, the provider can notify of increase/decrease in capacity at any stage. This information is updated in the PRMS database based on the provider's notification.

Reference period: Number as at 31<sup>st</sup> December 2009, 2010, 2011, 2012; 9 December 2013, 16 January 2015, 15 January 2016, 5 January 2017, 23 January 2018, 5 February 2019, 14 January 2020, 29 January 2021, 2 February 2022 and 14 February 2023.

### Coverage:

- Providers certified under the Health and Disability Services (Safety) Act 2001 (the Act).
- Premises for those certificates with a primary service type of Aged Care.
- Aged Care includes both Rest Home, Dementia and Hospital Level aged residential care services.
- Certificates with primary service types of Public Hospital, NGO Hospital, Residential Disability or Fertility excluded.
- Bed numbers are collected at time of application for re-certification (usually once every 3 years).

## Norway

Source of data: **Statistics Norway.** Statistics on Specialist Health Services and Nursing and Care Statistics. The figures in HP2 are based on two different survey-based statistics, partly on "Nursing and Care" statistics and partly on "Specialist Health Services". The statistics are collected annually for all nursing and residential care facilities in Norway. See <https://www.ssb.no/en/helse/helsetjenester/statistikk/sjukeheimar-heimetenester-og-andre->

[omsorgstenester](#).

Reference period: Annual average.

## Poland

Source of data: **Statistics Poland, the Ministry of Health, the Ministry of Interior and Administration and the Ministry of National Defence** (until 2011).

Reference period: 31<sup>st</sup> December.

Coverage:

- Beds in nursing and residential care facilities comprise beds in chronic medical care homes and nursing homes, (also psychiatric types), hospices, beds in social welfare facilities for chronically ill with somatic disorders, chronically mentally ill, mentally retarded, and physically handicapped.
- From 2008 onwards beds in nursing and residential care facilities (HP.2.1) comprise chronic medical care homes, nursing homes, hospices, beds in social welfare facilities for chronically ill with somatic disorders, mentally retarded, and physically handicapped as well as (since 2013) also palliative care wards.
- Since 2008, HP.2.2 mental health and substance abuse facilities are excluded (i.e. psychiatric nursing homes, psychiatric chronic medical care homes, facilities for chronically mentally ill, addiction recovery centres, *Monar* centres and detoxification centres).

Break in time series: 2008 - psychiatric beds are excluded.

## Portugal

Data not available.

## Slovak Republic

Source of data: **Record of the Statistical Office of the Slovak Republic**, No. Soc 1-01.

Coverage:

- Data refer to chosen kinds of social service facilities and their capacity.
- Data refer to beds/places in social service homes, specialised facilities, homes for seniors and nursing facilities.
- Data refer only to beds dedicated to long-term care in social facilities where can be provided nursing care (not healthcare service).

## Slovenia

Source of data: **Association of Social Institutions of Slovenia**.

Reference period: calendar year.

Coverage: Institutions, that provide institutional care for adults with mental health problems, adults with mental and physical disabilities and adults with physical and sensory disabilities who, due to their specific circumstances, are unable to live in their own home environment (Homes for elderly and Special social welfare institutions).

## Spain

Source of data: **Ministerio de Derechos Sociales y Agenda 2030** (Ministry of Social Rights and Schedule 2030). **Instituto de Mayores y Servicios Sociales (IMSERSO) – Institute of Elder People and Social Services**. See at: <http://www.imserso.es>.

Reference period: Annual average.

Coverage:

- The LTC beds in residential long-term care facilities data refer to all people, whether or not they have a recognized long term care, therefore these data do not have to be similar to the LTC recipients in institutions data, which only include people recognised through the provision of Autonomy System and the Unit Prevention (of any age).
- 2021 provisional data.
- Since 2011, total geographical coverage.
- 2005 data underestimated by partial geographical coverage.
- There are multiple factors affecting comparability in figures: variability of management, budget swings in public/private supply of nursing beds, absence of formal records of the information. (This explains the sharp increase 2010-2011).

Deviation from the definition: Beds for palliative care in all types of nursing and residential care facilities (HP.2) are not included. Total data may be under-estimated.

## Sweden

Source of data:

- The **National Board of Health and Welfare**, Care and services to elderly persons 1990- onwards, (National Register of care and Social Services for the Elderly and Persons with Impairments).
- The **National Board of Health and Welfare**, Care inputs for persons with impairments according to the Social Services Act and the Health and Medical, 1990- onwards.
- The **National Board of Health and Welfare**, Persons with certain functional impairments – measures specified by LSS Act 1995- onwards, (LSS means National Register of Municipal Support and Service for Persons with Certain Functional Impairments).
- **Federation of Swedish County Councils**, Basic Year Statistics (local nursing homes operated by the county councils).

Reference period:

- 1990-2009: 1<sup>st</sup> October.
- 2010 1<sup>st</sup> November.
- 2011 and onwards 1<sup>st</sup> October.

Coverage:

- Data include long-term beds in residential homes for the elderly over 65 years old and for persons with functional impairments 0-64 years which provide medical care as well as daily living services. Total long-term care (LTC) includes the “social” and “health” components of long-term care (HC.3 and HC.R.6.1).
- Data also include beds for need-tested short-term care. For the year 1998, data were missing on beds for need-tested short-term care. Until 1997, data also include local nursing homes operated by the county councils as an effect of the Ädel Reform. Those beds have decreased since the Ädel Reform in 1992, and since 1998 they have all been transferred to the municipalities.
- The number of institutional care beds belonging to the Health Service decreased in 1992 because of the 'Ädel-reform' which transferred about 31000 beds to the social sector (municipalities). These beds are now referred to as beds in nursing and residential care facilities. In 1994, additional care beds have been taken over by the municipalities. After the Ädel Reform, the local levels and the municipalities are responsible for and perform most of the long term care services.
- Data exclude LTC beds in hospitals.
- In 2010, there was a shift in measuring methods for beds in nursing and residential care facilities. Data from 1990-2009 are based on group data collected from the Swedish municipalities. Date of measurement is 1 October each year. From 2010 data are based on individual data (including consumers' national registration numbers) collected from the Swedish municipalities. The information refers to conditions on 1 November. That means that there could be some differences between 2010 and previous years.
- For the year 2013, the National Board of Health and Welfare did not publish any data based on individual data. Therefore the figures for 2013 are based on group collected data.
- For the year 2014, the National Board of Health and Welfare data is based on individual data.

Deviation from the definition:

Estimation method:

Break in time series: 1992, 2010, 2013 and 2014.

## Switzerland

Source of data: **Federal Statistical Office (FSO)**, Neuchâtel; Statistics of Medical-social Institutions; yearly census.

Reference period: Annual average.

Coverage: Full coverage (full-survey).

## Türkiye

Source of data: **Ministry of Family and Social Services.**

Reference period: 31<sup>st</sup> December.

Coverage: - Data cover beds in nursing homes in Türkiye under the governance of the Ministry of Family and Social Services, as well as private institutions which are licensed by Ministry of Family and Social Services.

## United Kingdom

### Source of data:

- **England:** Care Quality Commission Database.
- **Northern Ireland:** Department for Health, <https://www.health-ni.gov.uk/topics/doh-statistics-and-research/care-not-home-statistics>. The information provided refers to financial years, i.e. the 2010 figure refers to the financial year 2009/10. Since 2005, information has been provided by the Regulation and Quality Improvement Authority (RQIA). Data from 1999 to 2005 refers to the position as at 31 March. For 2006 the position is as at 30 September. From 2007 on, figures relate to the position as at 30 June.
- **Scotland:** Scottish Care Homes Census <https://beta.isdscotland.org/find-publications-and-data/health-and-social-care/social-and-community-care/>.
- **Wales:** Health Statistics Wales, <http://wales.gov.uk/cssiwsbssite/newcssiw/publications/annualreports/0809report/annrep/?lang=en>.

### Coverage:

- Data for **England** relate to registered places. 2003-10 data are based on Care Standards Act, for care homes registered at the specified dates between 1<sup>st</sup> April 2003 and 31<sup>st</sup> March 2010. Data for 2011 onwards are total care home bed numbers under the Health and Social Care Act, for care homes active at the specified dates. 2017 England data taken from CQC database as at 3 April 2017.

### Notes:

- Regulation under the Care Standards Act ended on 30 September 2010 and regulation of providers under the Health and Social Care Act began on 1 April 2010. Thus, up until 30th September 2010 care homes were regulated under Care Standards Act and from 1st October 2010 all providers were required to register under the Health and Social Care Act. Therefore, there was a transition of these services during this period meaning services deregistering and reregistering. The registration process took a few months which may explain a false dip in **2010**.
- Please note bed numbers are as at date of data extraction and may not accurately reflect bed numbers at the year-end date.
- Care homes include 'Care home service with nursing' and 'Care home service without nursing'. Details about service types can be found at website at this [link](#).
- The total number of beds provided is the total for residential and nursing homes combined.
- Data include beds or places in all nursing homes and those registered for personal care.
- Time series data have been amended so that data reflect the definition more accurately.
- **Scotland:** Information published on the number of registered places (i.e. beds) in care homes as at 31<sup>st</sup> March in any census period. This information is obtained for care homes registered with the Care Inspectorate.
- **Wales:** The number provided is the **maximum** registered beds in care homes for adults, and includes 'personal care' beds as well as 'nursing care' beds.
- For **Northern Ireland** figures for the Southern HSC Trust were unavailable in 2005. Data for Northern Ireland relate to the number of available nursing care beds in nursing homes. In 2016 Northern Ireland provided revised data for the period 2003-2015. Data were revised to include Residential care as well as Nursing care beds.

### Estimation method: Data from 2003 onwards are UK data.

- 2003: Data for Wales unavailable, hence UK estimate obtained by using Wales data from 2004.

Note: Regulation under the Care Standards Act ended on 30 September 2010 and regulation of providers under the Health and Social Care Act began on 1 April 2010. Thus, up until 30th September 2010 care homes were regulated under Care Standards Act and from 1st October 2010 all providers were required to register under the Health and Social Care Act. Therefore, there was a transition of these services during this period meaning services deregistering and reregistering, explaining the lower number in 2010.

## United States

### Source of data:

- 2017 and later: CMS Provider of Services file as reported in the *Quality Improvement Evaluation System (QIES)* database.

- 2016: Harrington C., Carillo H., Garfield R., and Squires E., *Nursing Facilities, Staffing, Residents, and Facility Deficiencies, 2009 through 2016*, Kaiser Family Foundation.
- 2015: Harrington C. , Carillo H., and Garfield R., *Nursing Facilities, Staffing, Residents, and Facility Deficiencies, 2009 through 2015*, Kaiser Family Foundation.
- 2011-2014: Harrington C. , Carillo H., and Garfield R., *Nursing Facilities, Staffing, Residents, and Facility Deficiencies*, Department of Social and Behavioral Sciences, University of California, San Francisco and Kaiser Family Foundation.
- 2004-2010: Harrington C., Carillo H. and Blank B., *Nursing Facilities, Staffing, Residents, and Facility Deficiencies*, Department of Social and Behavioral Sciences, University of California, San Francisco.
- 1998-2003: Harrington C., Carillo H. and LaCava C., *Nursing Facilities, Staffing, Residents, and Facility Deficiencies*, Department of Social and Behavioral Sciences, University of California, San Francisco.

Coverage: The universe of nursing homes that provides some level of nursing care and excludes home care, providing only personal or domiciliary care.

- The estimates of long-term care beds in nursing homes include certified nursing facility beds.
- United States estimates refer to beds maintained (i.e. open and ready to receive patients).
- Any bed that is set up and staffed for use by inpatients is counted as a bed in a facility.

Deviation from the definition: Data match the OECD definition.

Estimation method: Census.

Break in time series: 2017.

- Data for 2017 and later are from the Centers for Medicare and Medicaid Services' (CMS) Provider of Services file as reported in the *Quality Improvement Evaluation System (QIES)* database.

## NON-OECD ECONOMIES

### Bulgaria

Source of data: **National Statistical Institute**, Exhaustive annual survey.

Reference period: 31<sup>st</sup> of December.

Coverage: All disclosed beds in hospices and Homes for medico-social care for children.

Estimation method: The types of activities as residential mental retardation, mental health and substance abuse care are predominantly done in specialized hospitals and dispensaries and are reported as HP 1.

Notes: Decrease in 2013: As a part of the implementing measures of the National Strategy "Vision for Deinstitutionalization of Children in Bulgaria" in 2013 one home for medico-social care has been closed and the number of beds in some of the remaining establishments has decreased.

Decrease in 2015: As a part of the implementing measures of the National Strategy "Vision for Deinstitutionalization of Children in Bulgaria" in 2015, 11 homes for medico-social care has been closed and the number of beds in some of the remaining establishments has decreased.

### Croatia

Source of data: **Ministry of Social Policy and Youth**, Statistical Reports 2003-2012.

Reference period: Status on December 31<sup>st</sup>.

Coverage: Data include beds in long-term nursing care departments of:

- combined long-term nursing care and other residential long-term care facilities (HP.2.1/HP.2.9 according to SHA 2011).

- combined long-term nursing care and mental health facilities (HP.2.1 and until 2014 HP.2.2 according to SHA 2011).

Beds in residential departments of mentioned facilities are not included.

Break in time series: H.P. 2.2. was included up to 2014 and excluded from 2015 onwards.

### Romania

Source of data: **National Institute of Statistics**, the activity of the sanitary and healthcare network – annual survey performed by NIS.

Reference period: data as of 31<sup>st</sup> December.

Coverage:



- Includes beds in medico-social units and beds in social care facilities for the disabled adult people. Until 2015, excludes beds in homes for elderly.
  - Starting with 2010 data include: beds in medico-social units and beds in social care facilities for the disabled (adult and children) people.
  - The increase in the number of beds in 2010, compared to 2009, is due to inclusion in NIS statistical survey, of units that provide medical and social care for children with disabilities.
  - Until 2010, data were collected only for entities that provide medical and social care for adults with disabilities.
- Break in time series: 2010, 2015.
- Since 2015, the nursing beds also include the residential units for the elderly in which medical care is provided.