

## Methodological explanations for the press release

- The statistical data on the “Activity of healthcare units in 2018” were obtained through an exhaustive statistical survey annually conducted by the National Institute of Statistics, based on the information collected from administrative sources or directly from healthcare units.
- The statistical data on the activities of healthcare units are collected based on the statistical questionnaire SAN (“The activity of healthcare units”) through self-registration on the web portal by means of an IT application of the National Institute of Statistics or on paper.
- The data presented in the press release cover the situation at the end of 2018 and were collected from January 23rd to February 13th, 2019.
- For the calculation of the relative indicators on the activity of healthcare units in 2018, **the resident population on July 1, 2017 and January 1, 2018, instead of July 1, 2018, was used. Due to this reason, the relative indicators for 2018 are provisional.** The resident population on July 1, 2018 will be available in January 2020. The resident population was estimated under conditions of comparability with the final results of the 2011 Population and Housing Census.
- The statistical data are collected from County Public Health Directorates, from the units of the ministries that have their own healthcare network, from county health insurance houses and from private healthcare units, as well as from healthcare units with beds: hospitals (including medical units assimilated to hospitals – institutes, medical centres and medical clinics with hospital beds), healthcare centres, sanatoria, preventoria, health and social care units, but also from residential units for the elderly or disabled persons that are located in social care facilities which provide medical care within the facility etc. The data are collected in the following manner:
  - each healthcare unit with beds, regardless of ownership, fills in a statistical questionnaire (SAN);
  - the statistical data relating to the healthcare units without beds that belong to the network of the Ministry of Health, as well as those from the private sector are centralised on distinct forms, filled in by County Public Health Directorates and by the Bucharest Municipality Public Health Directorate;
  - local and county councils fill in, in a centralised manner, at locality level, distinct forms for their subordinate units: doctors’ offices (in schools or for students), dentists’ offices (in schools or for students), crèches providing medical care, day centres for disabled persons where, in addition to social care, medical care is provided, as well as for the units that operate in the framework of the child protection system and have in-house medical staff;
  - the ministries and public institutions that have their own healthcare network, the National Health Insurance House, the Health Insurance House of Defence, Public Order, National Security and of the Judicial Authority as well as non-governmental organisations fill in, in a centralised manner, at locality level, the data relating to the healthcare units without beds and to the healthcare staff from their own network.

The total number of healthcare units does not include the units intended for disabled persons and the units intended for elderly persons.

## Basic concepts – methodological notes

- The **units assimilated to hospitals** are healthcare centres, medical centres, diagnosis and treatment centres, institutes and medical clinics which obtained approval to include a number of beds for inpatients and/or day care patients in their organisational structure.
- The **number of hospitals** presented in the press release includes hospitals and medical units assimilated to hospitals – institutes, medical centres and medical clinics with beds for inpatients or day care patients, according to the organisational structure approved by the Ministry of Health. Depending on the indicators presented, the healthcare centres with hospital beds are aggregated into the total number of hospitals or are presented separately.
- The number of independent general practitioner offices, independent family doctors' offices, independent dentists' offices and independent specialised doctors' offices does not include the offices from the structure of other types of healthcare units such as polyclinics, civil medical societies, diagnosis and treatment centres etc.
- **Hospital beds** are beds whose use has been authorised, which are employed to hospitalise patients for diagnosis, treatment or the provision of maternity and neonatal services. The number of hospital beds also includes the beds for newborns in hospitals or gynaecology-obstetrics departments; the beds for accompanying persons are not included.
- The **number of inpatients** is given by the number of cases of admission to hospital for at least one night (overnight hospitalisation), for the patients whose admission forms for treatment and/or care were filled in and who spent at least one night in the hospital.
- The **number of day cases** is given by the number of persons whose admission forms for diagnosis, the provision of medical treatment or the provision of other types of medical care were filled in and who were discharged from the hospital on the same day.
- The **healthcare staff** includes all members of the specialised healthcare staff who work in healthcare units and medical scientific research units, in the public and private sectors. The members of the healthcare staff have only been recorded once, at the healthcare unit where most of their work is performed. The healthcare staff is made up of: healthcare staff with higher medical education, healthcare staff with post-secondary education level, auxiliary healthcare staff. It also includes the healthcare staff from the social protection units where both medical and social care is provided (residential units for elderly persons, residential units and day centres for disabled persons), as well as the healthcare staff that works in public administration units of the healthcare system, performs research activities in institutes and medical institutions without beds or works in health insurance houses, public health directorates etc.
- The **healthcare staff with higher medical education** includes: doctors, dentists, pharmacists, physiokinetotherapists, physiotherapists, nurses with higher education and other healthcare staff with higher education (chemists, biologists etc.). The number of doctors, dentists and pharmacists also includes resident physicians, resident dentists and resident pharmacists.

- The **healthcare staff with post-secondary education level** is made up of: nurses, pharmacy assistants, healthcare technicians, midwives, lab technicians and other categories of healthcare staff with assimilated medium-level qualifications.
- The number of **auxiliary healthcare staff** includes: nurses' aides, the staff in charge of disinfection, disinsectisation and rat extermination, stretcher bearers, the staff in charge of bathing patients, of applying casts, the staff providing mud treatment, laundresses, caretakers, ambulance drivers and other categories of healthcare staff assimilated to the auxiliary healthcare staff.
- The **average length of hospital stay** is calculated as the ratio of the total number of hospitalisation days of inpatients (total recorded hospitalisation days at the end of the year) to the number of inpatients in the reference year.
- The **average number of inhabitants per healthcare staff** is calculated as the ratio of the resident population to the number of healthcare staff of a particular category.
- The **average number of healthcare staff per 10,000 inhabitants** is calculated as the ratio of the number of a certain category of healthcare staff to the resident population and is expressed as the number of staff per 10,000 inhabitants.