

## Methodological explanations

- The statistical data on the “Activities of healthcare units in 2016” were obtained through an exhaustive statistical survey annually conducted by the National Institute of Statistics on the basis of 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 activities 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 refer to the situation at the end of 2016 and were collected from 31 January to 17 February 2017.
- For the calculation of the relative indicators on the activities of healthcare units in 2016, **the resident population on January 1, 2016, instead of July 1, 2016, was used and, due to this reason, the data are provisional.** The resident population on July 1, 2016 will be available in January 2018. 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 private healthcare units as well as from healthcare units with beds (hospitals, sanatoria, preventoria, residential units for elderly persons that provide medical care within the unit etc.) in the following manner:
  - each healthcare unit with beds within the healthcare system, 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 system are centralised on distinct forms, completed by County Public Health Directorates and by the Bucharest Municipality Public Health Directorate;
  - local and county councils fill in, in a centralised manner, distinct forms for their subordinate units: units for disabled persons and residential units for elderly persons – where, in addition to social care, medical care is provided, doctors’ offices (in schools or for students), dentists’ offices (in schools or for students), crèches, 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.

## Basic concepts – methodological notes

- 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, 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 one-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. The healthcare staff from the social assistance and child protection network, from residential units for elderly persons, from units for disabled persons and from crèches is also included in this category.
- The **healthcare staff with higher medical education** includes: doctors, dentists, pharmacists, physiokinetotherapists, nurses with higher education and other healthcare staff with higher education.
- 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** was given by the ratio of the total number of inpatient hospital days (total recorded hospitalisation days at the end of the year) to the number of inpatients in the reference period.
- The **number of inhabitants per healthcare staff** was given by the ratio of the resident population to the number of healthcare staff of a particular type.

- The **number of healthcare staff per 10,000 inhabitants** was given by the ratio of a certain type of healthcare staff to the resident population and is expressed as the number of staff per 10,000 inhabitants.