

Methodological explanations for the press release

- The statistical data on the “Activity of the medical and healthcare protection network in 2020” 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 the medical and healthcare protection network”) 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 2020** and were collected from January 20 to February 17, 2021.
- For the calculation of the relative indicators on the healthcare activity in 2020, **the resident population on July 1, 2019 and January 1, 2020, instead of July 1, 2020, was used. Due to this reason, the relative indicators for 2020 are provisional.** The resident population on July 1, 2020 will be available in January 2022.
- 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, from private healthcare units, as well as from healthcare units with beds: hospitals (including medical units assimilated to hospitals – institutes, healthcare centres, medical centres and medical clinics with hospital beds), sanatoria, preventoria, health and social care units, but also from units that provide medical care services related to social protection: units for the elderly or disabled persons. The statistical 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 by the 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 activity of 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, the units intended for elderly persons and other social care facilities that also provide medical care.

Basic concepts – methodological notes

- A **hospital** is a healthcare unit (public, public with private sections or private) with beds, of public use, with legal personality, that mostly provides medical services to admitted persons. Although their main activity is the provision of inpatient care services, hospitals can contain units that provide specialised ambulatory care services, day care hospitalisation services, home care and ambulatory paraclinical services.

According to Law No 95 of 2006 on the healthcare reform, as subsequently amended and supplemented, hospitals provide preventive, curative, rehabilitative and palliative care. The organisational structure of a hospital can include, as the case may be: wards, laboratories, diagnosis and treatment services, technical, economic or administrative departments, services or offices, pre-hospitalisation assistance services and emergency transport, emergency units. Hospitals have the obligation to conduct medical education and research activities for doctors, nurses and other healthcare staff.

- The **units assimilated to hospitals** are healthcare centres, medical centres, diagnosis and treatment centres, institutes, medical clinics which obtained approval for day care beds in their organisational structure. In order to give a more detailed picture of the healthcare network, the medical units that are assimilated to hospitals according to Law 95/2006 and which obtained approval only for day care beds in their organisational structure are analysed separately.
- The **number of hospitals** presented in the press release includes the hospitals and all medical units assimilated to hospitals that provide inpatient care and day care hospitalisation services or only inpatient care services. 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, medical civil 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 and the dialysis beds are not included. Hospital beds may be for inpatient care or for day care hospitalisation.
- 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 upper secondary/post-secondary non-tertiary education, auxiliary healthcare staff. It also includes the healthcare staff from the social protection units where both medical care and social care are 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, physiotherapists, nurses with higher education and other healthcare staff with higher education (biologists, chemists, medical physical culture professors,

logopedists, psychologists etc.). The number of doctors, dentists and pharmacists also includes resident physicians, resident dentists and resident pharmacists.

- The **healthcare staff with upper secondary/post-secondary non-tertiary education** is made up of: nurses with specialised post-secondary non-tertiary studies, nurses with a medical high school degree, pharmacy assistants, health and social care assistants with secondary education, community nurses with secondary education, health mediators with secondary education, dental technicians, medical technicians, educators-child carers, health unit clerks, midwives, laboratory technicians with a medical high school degree or a post-secondary non-tertiary school degree, emergency operators, masseurs, autopsy assistants, medical recorders, medical statisticians, medical physical culture trainers, ergotherapy trainers and other categories of healthcare staff with assimilated secondary studies.
- 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, health mediators, ambulance attendants, 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 and is expressed as the average number of hospitalisation days/patient.
- The **average number of inhabitants per healthcare staff member** is calculated as the ratio of the resident population to the number of healthcare staff of a particular category and is expressed as the average number of inhabitants/healthcare staff member.
- The **average number of healthcare staff per 10,000 inhabitants** is calculated as the ratio of the number of persons of a certain category of healthcare staff to the resident population and by multiplying by 10000, and is expressed as the average number of healthcare staff/10,000 inhabitants.