



Zeszyt metodologiczny
Statystyka zdrowia i ochrony zdrowia –
sprawozdawczość GUS

Kraków 2022

Methodological report. Health and health care statistics – Statistics Poland's reports



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Urząd Statystyczny w Krakowie Statistical Office in Kraków

Kraków 2022

Content-related works

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Methodological report approved by the Methodological Commission of Statistics Poland

Publication available on the website stat.gov.pl

When publishing Statistics Poland data – please indicate the source

METADATA

Title of the methodological report	Methodological report Health and health care statistics – Statistics Poland's reports
Author	Statistical Office in Kraków
Scope of the survey/area by subject	<p>Definition of population under study: entities providing health care, pharmacies and pharmaceutical outlet</p> <p>Target population:</p> <ul style="list-style-type: none"> • entities providing health care in the field of primary and specialist outpatient care (outpatient departments, clinics, health centres) registered in the Register of Entities Providing Health Care and doctors conducting professional practices (individual and group) under the contract concluded directly with the National Health Fund; • entities registered in the State Emergency Medical Services System, providing health care within the scope of first aid and emergency medical services; • entities registered in the Register of Entities Providing Health Care, in the field of health resort treatment and inpatient rehabilitation; • generally available pharmacies, dispensaries, pharmaceutical outlet, as of 31 December.
Objective scope of the survey/area	<ul style="list-style-type: none"> • Outpatient consultations, consultations in primary health care, specialist medical consultations, specialist stomatological consultations, consultations in night and holiday health care, adjustments of unit to the needs of disabled persons; • Emergency medical activities, health care benefits provided in an admission room/ hospital emergency ward under the outpatient treatment, inpatient activities of the hospital emergency ward, trauma centre, trauma centre for children, organizational units of a hospital, specialized in providing emergency medical services, personnel composition of selected emergency rescue entities; • Therapeutic activity of health resort facilities, inpatient rehabilitation facilities, adjustments of unit to the needs of disabled persons; • Employed in pharmacy, pharmaceutical outlet in the main workplace, pharmacists, pharmaceutical technicians, conducting the sales of medical products by mail order using the website, having night duties, adjustments of unit to the needs of disabled persons.
The type and method of survey/survey area	Complete surveys are carried out with the use of statistical reports (data sets) with the symbol ZD, filled in under the reporting obligation on an annual basis.
Data collection tools/data sources	<p>Tools of data collection: electronic statistical reports (datasets):</p> <ul style="list-style-type: none"> • ZD-2 Report on therapeutic activity of health resort facilities, inpatient rehabilitation facilities; • ZD-3 Report on outpatient health care; • ZD-4 Report on first aid and emergency medical services; • ZD-5 Report on pharmacy and pharmaceutical outlet.

	Data collection procedure: statistical reports (datasets) in electronic form on the Reporting Portal of Statistics Poland (GUS) filled in under the reporting obligation; in the case of entities with less than 5 employees, the transmission of data in paper form is permitted.
Presentation of survey/area results	Publications: https://stat.gov.pl/obszary-tematyczne/zdrowie/ Internet databases: https://bdl.stat.gov.pl/BDL/start http://swaid.stat.gov.pl/SitePagesDBW/ZdrowieOchronaZdrowia.aspx
Classifications used	National Official Register of the Territorial Division of the Country (TERYT) – http://eteryt.stat.gov.pl/ Identification codes according to the Regulation of the Minister of Health on the system of identification codes for health care providers and detailed rules of assigning them http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20190000173
Date of methodological report	April 2022

Preface

We would like to present you the methodological report entitled "Health and health care statistics – Statistics Poland's reports", prepared by the employees of the Centre for Health and Health Care Statistics of the Statistical Office in Kraków, in order to systematize the methodology of statistical research in the area of health and health care. The description of the surveys contained in this report is based on the statistical survey programme of official statistics for 2020, introduced by the Regulation of the Council of Ministers of 11 October 2019 on the programme of statistical surveys of official statistics for 2020 (Journal of Laws 2019, item 2366, as amended).

The statistical surveys carried out within the framework of thematic block 1.29 *Health and health care* are both permanent and cyclical. The research covers a wide range of issues related to health care, such as: primary and specialist outpatient care, inpatient care, long-term care, health resort treatment, emergency medical services, operation of pharmacies and pharmacy outlets, as well as health condition of the population, blood donation, medical personnel or expenditure on health care.

The presented report is addressed to all those interested in health issues, people who report on them and to all those who use the output information on health and health care published by official statistics.

With this study, we begin a series of publications devoted to the description of statistical research methods in the area of health and health care. This publication presents information on surveys conducted by Statistics Poland (GUS) on the basis of data from statistical reports with the symbol ZD. The methodological report is accompanied by the list of variables in the ZD surveys and the templates of the reports with explanatory notes. The publication contains basic information on the subjective and objective scope of the surveys, the results of which are presented in the annual GUS publication entitled "Health and health care". It also provides the current definitions of key terms in the field of health care statistics. Information on changes compared to the previous edition of the methodological report is included in Annex 4.

The authors of the report hope that this way of presenting the methodology of statistical surveys will meet with your favourable reception. We would be grateful for your comments, which will help us to further improve the methodology of our statistical surveys and adjust their thematic scope to your needs in future editions of the surveys.

Director of
Statistical Office in Kraków



Agnieszka Szlubowska

Kraków, April 2022

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Main abbreviations

EHIS	European Health Interview Survey
Eurostat	Statistical Office of the European Union
GUS	Statistics Poland
ICHA	International Classification for Health Accounts
MSWiA	Ministry of the Interior and Administration
MZ	Ministry of Health
NFZ	National Health Fund
OECD	Organisation for Economic Co-operation and Development
REGON	National Official Business Register
SHA	System of Health Accounts
UE	European Union
WHO	World Health Organization

Introduction

Health and health care statistics provide information on the health status of the population, health needs and the extent to which they are met by health care providers, and on the activities carried out by these providers. The statistical observation covers entities providing health care services. These are facilities with different organizational forms and operating at different levels of care, regardless of the form of financing and the organizational subordination of the service provider.

The legal basis for conducting statistical surveys by Statistics Poland (GUS) is the following:

- Act of 29 June 1995 on Official Statistics (Journal of Laws 2022, item 459);
- Regulation of the Council of Ministers on the programme of statistical surveys of official statistics, issued annually and defining the subject and scope of surveys for a given year, as well as the types, forms and deadlines for making the resulting statistical information available.

The implementation of the statistical surveys also allows Poland to fulfil its obligations resulting from membership in the European Union. The conduct of the European Health Interview Survey and the development of the National Health Account are governed by existing legislation:

- Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work;
- Commission Regulation (EU) 2018/255 of 19 February 2018 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council, as regards statistics based on the European Health Interview Survey (EHIS);
- Commission Regulation (EU) 2015/359 of 4 March 2015 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council as regards statistics on health expenditure and its financing.

The results of the statistical surveys are transmitted to Eurostat, OECD and WHO under the Joint Questionnaires for financial and non-financial data, and used for governmental purposes and published in professional publications.

This study is the first of a planned series of methodological reports dedicated to health and health care statistics. For this reason, it begins with a summary description of all research topics in the area of health and health care conducted by the President of Statistics Poland (GUS) in the context of public statistical surveys. Other parts of this publication are devoted to GUS surveys carried out with the use of statistical reports (datasets) with the symbol ZD.

The first chapter presents the subjective and objective scope of surveys. The second and third chapters describe issues related to the research methodology, data sources that are used to create the information files as well as data collection tools used by the GUS. Chapter four deals with the variables in the surveys, the information collected, and key terms of health statistics. The principles governing the organisation and implementation of GUS surveys are described in chapter five, whereas chapter six explains how the results are published and made available. Finally, the quality assessment of surveys is described.

The study contains a description of the methodology in force in 2021, which applies to the published data for 2020. In case of changes in the survey methodology, the electronic version of the report will be updated and supplemented.

Health and health care statistics

In accordance with the programme of statistical surveys of official statistics, the surveys implemented within the framework of the thematic block *1.29 Health and health care* are conducted by the President of Statistics Poland, the Minister of Health and the Minister of the Interior and Administration. Complementary sources of data are registers and summary studies obtained from institutions operating in the area of health care.

The following permanent studies conducted by the President of Statistics Poland are included in the thematic block *1.29 Health and health care*:

- 1.29.01 *Health status of the population. Health monitoring;*
- 1.29.06 *Medical personnel in health care;*
- 1.29.07 *Health care infrastructure and its functioning;*
- 1.29.09 *Pharmacies;*
- 1.29.17 *National Health Account.*

Statistics Poland's reports

Two out of permanent studies listed above, i.e. survey *1.29.07 Health care infrastructure and its functioning* and survey *1.29.09 Pharmacies* are based on the GUS statistical reports with the symbol ZD:

- ZD-2 *Report on therapeutic activity of health resort facilities, inpatient rehabilitation facilities;*
- ZD-3 *Report on outpatient health care;*
- ZD-4 *Report on first aid and emergency medical services;*
- ZD-5 *Report on pharmacy and pharmaceutical outlet.*

These reports serve as a basis for development and compilation of an outcome data in the area of health resort treatment and inpatient rehabilitation services, outpatient health care, first aid and emergency medical services as well as of pharmacies and pharmaceutical outlets activities. Detailed information on GUS reports is provided in subsequent sections of this paper.

Based on the results obtained from the ministerial surveys of the Ministry of Health and the Ministry of the Interior and Administration, other statistical research of Statistics Poland as well as data from administrative sources and registers, Statistics Poland carries out permanent, secondary research in the area of health, covering the following topics:

- Health status of the population. Health monitoring;
- Medical personnel in health care;
- Blood donation;
- Inpatient health care – activities of general hospitals, psychiatric hospitals and stationary long-term care institutions operating in the health care system;
- National Health Account.

Health status of population. Health monitoring

In order to assess, on an ongoing basis, selected aspects of the health status of the national population and its determinants in relation to demographic and social characteristics, the following topics are subject to examination:

- incidence of selected diseases (e.g. infectious diseases, malignant neoplasms, mental diseases and disorders), causes of hospitalizations and implementation of preventive vaccination plan,
- the health status of Poles and its determinants.

A set of indicators for assessing health, in line with EU Commission mandates and national needs, covers a wide range of statistical data on selected aspects of health, in addition to demographic data on mortality and life expectancy, environment, lifestyle, living and working conditions, and health service performance.

Permanent statistical observation covers the incidence of social diseases and diseases relevant to the assessment of the health situation of the population. These include: acute infectious and parasitic diseases (including tuberculosis and venereal diseases), malignant neoplasms, mental diseases and disorders, and addictions to alcohol and other psychoactive substances.

The source of information on the incidence of disease are the annual statistical reports with the following symbols: MZ-14 *Annual report on patients treated in the dermal-venereological outpatient clinic*, MZ-15 *Report on the activity of the outpatient treatment unit for persons with mental disorders, alcohol and other psychoactive substance addicts*, MZ-56 *Report on incidence of infectious diseases, infections and poisonings*, as well as the data from the National Cancer Registry and the National Tuberculosis Registry.

The data are supplemented by a survey on the causes of treatment in general and psychiatric hospitals, prepared on the basis of individual statistical cards *MZ/Szp-11 General hospital statistical card* and *MZ/Szp-11B Psychiatric statistical card* conducted by the National Institute of Public Health – National Institute of Hygiene.

Information on the health status of the population is also provided by the GUS's periodic statistical studies, discussed further in the next sections.

Medical personnel in health care

Data on medical personnel are taken from reports of the Ministry of Health, the Ministry of the Interior and Administration and Statistics Poland, as well as from registers of the General Medical Chamber, the General Chamber of Nurses and Midwives, the General Pharmacy Chamber and the national Chamber of Laboratory Diagnosticians. The GUS obtains summary data compilations based on the following statistical reports (datasets):

- *MZ-88 Report on employees working in entities performing medical activities,*
- *MZ-89 Report on specialists working in entities performing medical activities,*
- *MZ-88A Report on employment of selected medical personnel in administration and universities,*
- *MSWiA-29 Report on employees working in public health care institutions of the Ministry of the Interior and Administration,*
- *MSWiA-30 Report on specialists working in public health care institutions of the Ministry of the Interior and Administration.*

The information on medical staff working with patients is complemented by the results of Statistics Poland surveys:

- *ZD-5 Report on pharmacy and pharmaceutical outlet,*
- *PS-03 Report on stationary social welfare facilities,*
- *OD-1 Nurseries and kid's clubs.*

The data provided by the GUS on medical staff working directly with patients (by main place of work) refer to persons employed in health care facilities, nurseries and kid's clubs as well as in stationary social welfare facilities where their activity is recognised as a health profession, irrespective of the form of their employment. (self-employment, employment contract, civil-law contract).

Summary tabulation of data presented by territorial division covers:

- health care workers by health professions, main place of work, sex, education level, and employment size;
- employees with higher medical education by specialty, including doctors and dentists by specialty;
- doctors, dentists, nurses and midwives entitled to perform their profession by sex and age;
- pharmacists and laboratory diagnosticians entitled to perform their profession.

Inpatient health care

Information on inpatient health care refers to the operations of hospitals, inpatient long-term care facilities, and psychiatric facilities. Data sources are the annual reports of the Ministry of Health and the Ministry of the Interior and Administration (MSWiA):

- *MZ-29 Report on activities of general hospital,*
- *MZ-29A Report on the activities of long-term health care facilities,*
- *MSWiA-43 Report on activities of general hospital and specialty hospital,*
- *MSWiA-33 Report on the activity of the long-term inpatient health care facility of the MSWiA,*
- *MZ-30 Report on activities of inpatient psychiatric facilities.*

Summary tabulation of data presented by territorial division include, inter alia, the following:

- number of hospitals, beds, day beds, incubators, operating rooms and tables, and dialysis stations;
- number of patients by sex and age (children and adolescents under 18 years), number of patients treated daily, discharged and deceased, number of dialysis and dialysis patients;
- number of births by type of delivery, live births and stillbirths;
- activity of hospital wards by type of wards (beds, patients, patient beddays);
- institutions working in the field of inpatient long-term care (general and psychiatric chronic medical care homes and nursing homes, hospices and palliative care wards), the number of institutions, beds and patients (structure of patients by age groups and sex), patient beddays of treatment;
- psychiatric facilities (psychiatric hospitals, detoxification centres, addiction recovery centres including MONAR centres), number of facilities, beds, treated persons, patient beddays of treatment.

The National Health Account

The National Health Account is a compilation of health care expenditures structured according to the International Classification for Health Accounts (ICHA) and compiled according to the SHA methodology, adopted by the OECD, Eurostat and WHO. In Poland, the National Health Account has been prepared since 2002, and from 2013 onwards – data are compiled according to the new SHA 2011 methodology.

Expenditure on health care presented in the context of the Polish Health Account is compiled on the basis of data collected by:

- the National Health Fund (NFZ),
- the Ministry of Health (MZ),
- the Social Insurance Institution (ZUS),
- the Agricultural Social Insurance Fund (KRUS),
- the Ministry of the Family and Social Policy (MRiPS),
- the Ministry of the Interior and Administration (MSWiA),
- the Ministry of National Defence (MON),
- the Ministry of Justice (MS),
- the State Fund for Rehabilitation of Disabled Persons (PFRON),

and data extracted from the following reports:

- *Rb-28 Reports on the execution of the state budget expenditure plan,*
- *Rb-28S Reports on the execution of the budget expenditure plan of local government units,*
- *SOF-1 Reports on the activities of foundations, associations and other social organizations,*
- *MZ-35A Reports report of doctor conducting preventive examinations of employees,*
- *SP Annual enterprise survey and SP-3 Report on the economic activity of enterprises.*

This information is supplemented with expert estimates of household health care expenditures based on the results of the Household Budget Survey and the Module Survey on Health Care in Households.

Blood donation

Aggregate data sets on blood donation are provided by the National Blood Centre. These data are obtained from:

- Regional Blood Donation and Blood Transfusion Centres,
- the Military Blood Donation and Blood Transfusion Centre,
- the Blood Donation and Blood Transfusion Centre of the Ministry of the Interior and Administration.

Information and data are extracted from the following reports:

- *MZ-42 Report on the Activities of a Regional Blood Donation and Blood Transfusion Centre*
- *MSWiA-44 Report on the Activities of the Blood Donation and Blood Transfusion Centre of the Ministry of the Interior and Administration.*

Datasets by voivodships contain information on the number of blood and blood donation centres, their branches, donors, including voluntary, donations of blood and blood components and production (processing) of blood components.

Questionnaire surveys

In addition to the permanent surveys, the GUS conducts two periodic surveys devoted entirely to health issues:

- 1.29.19 *European Health Interview Survey*,
- 1.29.10 *Health care in households.*

European Health Interview Survey

The European Health Interview Survey (EHIS) is a key tool for achieving one of the main objectives of the European Union in the field of public health statistics, which is to create a system for monitoring the health of the population of the EU member states (EUMS). The survey is conducted periodically in EUMS and covers such aspects as health status, morbidity, mental health, accidents and injuries, health care utilization, health prevention and health determinants. The results of the study provide insight into the current health situation of the EU population and its determinants in relation to demographic and social characteristics and place of residence.

The GUS carried out representative surveys of the health status of the Polish population in 1996 and 2004. They have been drawn up on the basis of the recommendations of international organisations for health statistics. The European Health Interview Survey was conducted in Poland for the first time in 2009 according to Eurostat guidelines. Other EHIS studies were covered by EU legislation¹. They were conducted in 2014 and 2019.

The data collection instruments used in the EHIS are:

- *EHIS-1 Household questionnaire*,
- *EHIS-2 Individual questionnaire for an adult aged 15 years and older*,
- *EHIS-3 Individual questionnaire for a child aged 0-14 years*,
- *Set of cards (special support cards for respondents).*

EHIS covers the thematic areas in the following 4 modules:

1. health status – self-assessment of health status, presence of long-term health problems, chronic diseases, legal and biological disability (subjective), presence of groups of various health conditions, use of assistive devices, efficiency of sensory and motor organs in adults and level of ability to perform self-care and household activities, serious difficulties and health problems of children, feeling of pain,

¹ Regulation (EC) No 1338/2008 of The European Parliament And Of The Council of 16 December 2008 on Community statistics on public health and health safety at work, Commission Regulation (EU) No 141/2013 of 19 February 2013 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health safety at work, as regards statistics based on the European Health Interview Survey (EHIS), Commission Regulation (EU) 2018/255 of 19 February 2018 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council, as regards statistics based on the European Health Interview Survey (EHIS).

- psychological well-being, accidents resulting in external or internal injury, absences from work due to health problems;
2. health care – overnight and day hospital stays, visits to dentists and orthodontists, primary care physicians and specialists, reasons for delays in accessing health care, use of home care services, use of prescribed and non-prescribed medications, preventive health care;
 3. health determinants – weight and height, fruit and vegetable consumption, exposure to tobacco smoke at home, for adults: physical activity, smoking, drinking alcohol, for children: breastfeeding period, participation in physical education classes as well as sports or recreation in leisure time;
 4. demographic and social characteristics of individuals and households – age, sex, country of birth and permanent residence, citizenship, education level, legal and actual marital status, occupational status, and the household's main source of livelihood and its monthly income.

In 2019, an additional module "Disability (participation barriers)" was implemented in the EHIS study, which included questions about the respondent's ability to participate in everyday activities to the extent that he wanted or needed it.

The objective scope of the study is subject to modification, but it is possible to compare most results with the previous study. Generalized survey results are representative at the national level, and selected data – also at the level of voivodships.

Health care in households

Survey on *Health care in households* is conducted by the GUS periodically every 3-5 years, starting from 1994. It is conducted in a cycle of modular surveys on a subsample of households participating in household budget surveys in the fourth quarter of a given year. The purpose of the survey is to obtain information about health needs of households and the extent to which they are met. Significant parts of the survey address household expenditures on health care and subjective assessments of publicly funded health care. The cyclical nature of the survey allows to observe changes occurring in the structure of household demand for health care goods and services, as well as changes in the degree to which they are satisfied. The last survey was conducted in January 2021 and concerned the household demand for health care services in the year prior to the survey.

The data collection tools used in the study are two questionnaires:

- DS-50G *Household questionnaire*,
- DS-50I *Individual questionnaire*.

The questions in the DS-50G questionnaire relate to the household as a whole and focus on household characteristics, purchase of medicines and other pharmaceutical items, and use of selected medical services.

The DS-50I individual questionnaire is designed for the individual members of the sample households. The questionnaire includes questions related to health status (self-assessment of health status, presence of chronic disease, serious health problems, type of medication taken in the last quarter), use of inpatient and outpatient health care, and on the quality of health care as assessed by respondents. Household members are also asked about their eligibility for benefits financed by the National Health Fund (NFZ), for benefits under the additional health insurance and about their eligibility for a disability pension. The thematic scope of the last edition of the study was extended to include information on the occurrence of selected diseases diagnosed by a doctor and the use of medical services in connection with a given disease. Furthermore, additional questions were asked to respondents declaring the degree of disability and / or limited ability to perform activities related to technical problems and difficulties in contacting medical personnel while using medical services. A new issue was the information related to the epidemic of an infectious disease caused by the SARS-CoV-2 virus, referred to as "COVID-19".

The modular survey, which is linked to the household survey, makes it possible to use some of the information collected in this study: on the socioeconomic group, the place of residence, the composition of the household, the characteristics of each member of the household (age, sex, education). The results of the survey, which are generalised to all individual households, are representative only at national level.

The following sections of this study describe in detail the GUS reporting. These include statistical surveys conducted by the President of Statistics Poland using reports with the symbols: ZD-3, ZD-4, ZD-2 and ZD-5.

1. Subjective and objective scope of statistical surveys

Outpatient health care

The GUS survey based on the ZD-3 statistical report (dataset) concerns entities providing health care in the field of primary and specialist outpatient care (outpatient departments, clinics, health centres) registered in the Register of Entities Providing Health Care and doctors conducting professional practice (individual and group) under the contract concluded directly with the National Health Fund. In their activities, medical entities also show consultations provided under contracts for the provision of health services with doctors conducting professional practice.

The report (dataset) includes information on both clinics of primary and specialized care as well as medical consultations provided within each type of clinic, divided by selected age groups and sex of patients. Outpatient activities include only medical consultations provided by doctors and dentists, and from 2016 also medical consultations of psychologists. Due to the changes in the night and holiday health care system, implemented since 1 October 2017, medical consultations of the night and holiday health care was separated within ZD-3 report. The report (dataset) also provides information on the adjustments of the medical units to the needs of disabled, blind and visually impaired as well as deaf and hearing impaired persons.

The ZD-3 report (dataset) is used for data transfer by medical entities (with the exception of entities for which the founding body is the Minister in charge of internal affairs) and by professional medical practices providing health care services financed from public funds (contract with the National Health Fund). At the stage of data processing, datasets of ZD-3 report are combined with datasets of statistical report *MSWiA-32 Report on outpatient activity of public health care institutions of the Ministry of the Interior and Administration*. In addition, general data on the number of outpatient health care consultations are supplemented by data from admission rooms in general hospitals on the number of outpatient consultations given to non-hospitalized patients, reported on statistical report *MZ-29 Report on activities of general hospital*.

First aid and emergency medical services

The ZD-4 report covers entities registered in the State Emergency Medical Services System, providing health care within the scope of first aid and emergency medical services: hospital emergency wards, emergency rescue teams, including medical air rescue teams, trauma centres, trauma centres for children and organisational units of the hospital specialized in providing emergency medical services.

The objective scope of this report includes information on entities of the emergency medical services, emergency medical activities, outpatient and inpatient activities of hospital emergency ward, outpatient activities of admission room, inpatient activities of trauma centre, trauma centre for children and specialized ward of hospital as well as personnel composition of selected emergency rescue entities.

Therapeutic activity of health resort facilities, inpatient rehabilitation facilities

Entities registered in the Register of Entities Providing Health Care, conducting medical activity in the field of health resort treatment or inpatient rehabilitation are covered by the ZD-2 report. The survey provides information on types of facilities, number of beds, medical and therapeutic services, patients by sex and selected age groups, type of stay (inpatient/outpatient), method of financing services, and the facilities' adaptation to the needs of disabled persons.

The report (dataset) does not include medical entities for which the Minister of the Interior and Administration is the founding body (MSWiA). At the stage of data processing, sets of data from ZD-2 reports are combined with data from the *MSWiA-45 Report on health resort facilities and inpatient rehabilitation facilities* obtained from medical entities subordinated to the Minister of the Interior and Administration.

Pharmacies and pharmaceutical outlets

Generally available pharmacies, dispensaries and pharmaceutical outlets, operating as of 31 December, provide data using the ZD-5 statistical report (dataset). The report includes information on the type of pharmacy, the range of services provided (night duties, mail order of medicinal products using a website), and the number of people employed by the main workplace, including pharmacists and pharmaceutical technicians. Reporting units also provide information about the facilities' adaptation to the needs of disabled persons, for blind and visually impaired as well as for deaf and hearing impaired people.

2. Type and method of surveys

2.1. Survey method description of statistical reports with the symbol ZD

Statistical reports (datasets) with the symbol ZD are conducted using the full method on an annual basis. Entities shall submit information on their medical activities for each place where health care services are provided. Both the specific type of activity of entities and the territorial distribution of this activity are observed, which allows for a more accurate presentation of territorial data.

Data collected annually relate to the reference period from 1 January to 31 December or are reported on 31 December (according to the guidelines for each variable). If the entity is not active by the end of the year, it shall provide data for the period between the beginning of the year and the last day of business.

The survey methods and data collection tools are updated on an ongoing basis in accordance with current legal acts that regulate the functioning of the health care system. Records concerning identification codes, used on ZD-2, ZD-3 and ZD-4 reports (datasets) are corrected and updated in accordance with the current regulation of the Minister of Health on the system of identification codes for health care providers and detailed rules of assigning them.

A list of legal acts in force in the field of health and health care is attached as Annex 1.

The main changes in statistical survey methodology in recent years for each research area are described below:

Outpatient health care

- Since 2012 the subjective scope of the survey has been extended – the obligation to provide data on ZD-3 report has been extended to the outpatient clinics subordinated to the Minister of National Defence, while the data on outpatient activity is provided together with the medical facilities of the Ministry of the Interior and Administration.
- Since 2015, the objective scope of the survey has been expanded by adding information on the number of specialist clinics.
- Since 2016, data on the number of medical consultations are reported together with psychologist consultations with a master's degree.
- Since 2017, a question on additional types of adjustments of the units for disabled people has been introduced, the sports medicine clinic captures data on medical consultations given to people aged 65 and more, and a section on night and holiday health care has been added.
- Since 2020, in the sections: *Primary health care*, *Specialist health care*, *Night and holiday health care* a question on teleconsultations provided has been added which covers medical or psychological consultations provided remotely using a telephone connection or other ICT systems.

First aid and emergency medical services

- Since 2012, the administrator of a system unit was no longer indicated by public and non-public units, the water ambulance service was replaced by specialist and basic water emergency rescue team.
- Since 2015: in the section *General data of the entity providing health care*, water emergency rescue teams were added to specialist and basic emergency rescue teams; in the section *Health care benefits provided*

in an admission room/ hospital emergency ward under the outpatient treatment (with no subsequent hospitalization), the codes assigned to the types of scope of services provided were dropped; in the section *Inpatient activities of the hospital emergency ward*, questions regarding the number of day care places and the average number of beds in inpatient activities were omitted; in the section *Personnel composition of selected emergency rescue entities*, the name of the Voivodship Emergency Call Centre was updated to Voivodship Crisis Management Centre, the categories of the Voivodship Emergency Call Centre and Voivodship Crisis Management Centre were merged, the indication of personnel composition was limited only to doctors coordinating emergency medical services at the main place of work, omitting medical dispatchers.

- Since 2016, the category *Personnel composition of selected emergency rescue entities* has been expanded to include paramedics working regardless of their type of employment or working time.
- Since 2017, a new unit – trauma centre for children – was added in the section *General data of the entity providing health care* to the category Cooperating units and a new section *Inpatient activity of the trauma centre for children* was introduced; sanitary transport teams were replaced by medical transport teams, while in the section *Personnel composition of selected emergency rescue entities* appeared a category of coordinator of emergency medical services (physician), working regardless of the form of employment and working time.
- On 1 April 2019, an amendment to the Act on the State Emergency Medical Services entered into force, according to which only public entities are authorised to be administrator of emergency rescue teams (medical entities in the form of independent public health care facilities, budgetary units or a limited companies with at least a majority share of the State Treasury or local government unit). Until 31 March 2019, private entities could also hold such teams. The amendment resulted in taking over the emergency rescue teams between the administrators. Since 2019, a number of changes have been made to the ZD-4 report:
 - In section *General data* category Emergency Call Centre / Voivodship Crisis Management Centre were removed;
 - In section *General data of the entity providing health care*, category Administrator of emergency units was removed and the name of category Cooperating units was transformed into Trauma centre / organizational units of a hospital, specialized in providing emergency medical services. The sub-category Trauma centre for children was detailed by adding hospital wards such as: children's surgery, neurosurgery, orthopaedics and organ movement traumatology and neuro-traumatology;
 - Name of the section was changed from *Medical rescue operation* into *Emergency medical activities*;
 - In section *Health care benefits provided in an admission room/ hospital emergency ward under the outpatient treatment (with no subsequent hospitalization)* one specification was added namely Services in the field of mental health;
 - In section *Inpatient activities of the hospital emergency ward* category of information on patients of day care as well as beddays were removed and new category was implemented namely patients transferred for inpatient treatment;
 - In section *Inpatient activities of trauma centre / organizational units of a hospital, specialized in providing emergency medical services*, wards of trauma centre were removed and category of trauma centre for children was implemented. Hitherto, activities of trauma centre for children was placed in Section 6.1 so due to above mentioned changes the name of the section was modified into *Inpatient activities of trauma centre / trauma centre for children organizational units of a hospital, specialized in providing emergency medical services* and the section 6.1 was removed;
 - In section *Personnel composition of selected emergency rescue entities* there was no longer division in presentation of personnel composition of emergency rescue teams by the type of the team (specialist and basic). In addition, in relation to people working in emergency rescue teams, the name of category others was changed to drivers and in case of medical air rescue teams to pilots. Category Emergency Call Centre / Voivodship Crisis Management Centre was changed into Voivodship office and a new category was added namely Medical dispatch centre.

Therapeutic activity of health resort facilities, inpatient rehabilitation centres

- Since 2012, the subjective scope of survey has been extended – the obligation to provide data on ZD-2 report has been extended to health resort hospitals of MON, and data on medical activity of health resort facilities is provided together with sanatoriums of MSWiA.
- Since 2013, the new type of establishment was introduced: a sanatorium operating in an underground mining excavation, and section 2 was modified by introducing the designations of the wards (codes characterizing the specialty of the organizational division) where the reporting unit has beds.
- Since 2014, a new data grouping "persons aged 65 and more" was added in section 5.
- Since 2016, a new title of ZD-2 report was introduced *Report on therapeutic activity of health resort facilities, inpatient rehabilitation facilities*, which replaced the previous name *Report on health resort treatment, inpatient rehabilitation facilities*.
- In the report for 2017, in section 5 information on self-paid inpatients in relation to foreigners, outpatients from other facilities and pharmacies was dropped, while question on additional types of facilities' adaptations for persons with disabilities was introduced.
- Since 2020, in section 2 the point on natural healing centre operating within the facility was abandoned, which should be additionally marked in a situation where the reporting unit also preformed activity of natural healing centre. In section 4 a question on new type of medical services was added "therapeutic services", which include therapeutic services in the field of psychological and social rehabilitation, such as: psychoeducation, relaxation training, psychotherapy, health education, activities developing interests and talents, classes for independent functioning with disabilities as well as others of a psychological nature.

Pharmacies and pharmaceutical outlets

- Since 2009, questions have been introduced about the type of adjustments to the needs of disabled persons at the pharmacy and pharmaceutical outlet.
- Since 2013, a question have been about the sales of medical products by mail order using the website.
- Since 2017, a question have been introduced about additional types of adaptations to the needs of people with disabilities.

2.2. Data sources for defining target population

The frame for GUS statistical surveys conducted on the basis of ZD reports is created using the Database of Statistical Units. This database fulfils the function of a statistical register of entities and contains all the units covered by the National Official Register of National Economic Entities (REGON) and such that are not registered in REGON, but are subjects of statistical research, e.g. branches, clinics, pharmacies, which are not obliged to have a separate REGON number. For such entities, in order to obtain information about the actual territorial distribution of these units, the so-called contractual REGON numbers are created by the employees of the Office.

To verify the survey frame, data from administrative sources are used to update the entries in the Statistical Unit Database in terms of the classification characteristics adopted in the algorithm for selecting units for the survey:

- The Register of Entities Providing Health Care, which contains information on all entities licensed to provide health care services. It is conducted by the locally competent registration authority, in accordance with the Act of 15 April 2011 on Medical Activity;
- list of health care providers who have signed a contract with the National Health Fund;
- lists of units included in the State Emergency Medical Services System, trauma centres and hospitals with organizational units, specialized in providing emergency medical services covered in the plan, maintained by voivodes;
- The National Register of Permits to Operate Generally Available Pharmacies, Pharmaceutical Outlets and the Register of Permits Granted to Operate Hospital Pharmacies and Dispensaries, hereinafter referred to as the Pharmacy Register, is kept by locally competent voivodship pharmaceutical inspectorates.

The survey files are created based on information about a given entity recorded in the Database of Statistical Units as an annual state, according to algorithms for legal, local and contractual units on the basis of the following characteristics:

1. Type of units surveyed (R)
 - ZD-2 – ZDUZSZ (health resort hospital), ZDUZSA (health resort sanatorium), ZDUZZP (natural healing centre), ZDUZPZ (outpatient health resort unit), ZDUZSR (inpatient rehabilitation facility),
 - ZD-3 – ZDAOPO (outpatient department, health centre, clinic – generally available), ZDAOIPL (individual medical practice), ZDAOGPL (group medical practice), ZDAOIPS (individual dental practice), ZDAOGPS (group dental practice),
 - ZD-4 – ZDPDPR (ambulance service), ZDPDPL (air ambulance service), ZDPDORN (emergency aid unit of a non-public health care facility), ZDPDOR (emergency aid unit of another independent public health care institution), ZDPDIP (emergency aid unit of another entity), ZDPDFPI (branch, department of air ambulance service), ZDPDFIP (branch, department of emergency aid unit of another entity), ZDPDFOR (branch, department of emergency aid unit of another independent public health care institution), ZDPDFORN (branch, department of emergency unit of a non-public health care institution), ZDPDFPR (branch, department of emergency aid unit),
 - ZD-5 – ZDAPOG (generally available pharmacy), ZDAPZA (dispensary), ZDAPPA (pharmaceutical outlet);
2. state of legal and economic activity of entities (APE) – for entities active during the reporting year is described by one of the following symbols:
 - APE 11 – active entity conducting business,
 - APE 12 – entity active under construction,
 - APE 13 – active entity in liquidation,
 - APE 14 – active entity in bankruptcy,
 - APE 21 – inactive entity not yet operational,
 - APE 25 – inactive entity with suspended activity,
 - APE 26 – inactive entity with completed operations, not removed from the registry,
 - APE 30 – enlivening entity.

3. Characteristics of data collection tools

Below is a general description of the content of statistical reports (datasets) with the symbol ZD, which are used to carry out the permanent surveys conducted by the President of Statistics Poland in the field of health statistics:

Report on outpatient health care (ZD-3)

- Section 1. *General data – identification codes* – entities providing health care fill in the identification code fields in accordance with the administrative decision of the registration authority, issued on the basis of the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them (consolidated text Journal of Laws 2019, item 173). Immediately below section 1 is a question about adjustments of unit to the needs of disabled persons. All types of adaptation to disability located in the reporting unit is listed here;
- Section 2. *Primary health care* – contains information on the number of consultations provided within the framework of primary health care by age groups (children and young up to age 18, persons aged 65 and more) and by sex of patients, including the specification of home consultations and teleconsultations;
- Section 3. *Specialist health care* – includes the number of outpatient clinics as of 31 December, as well as the number of consultations by age group (children and young up to age 18, people aged 65 and more)

and sex of patients provided under specialist health care, including the specification of teleconsultations, divided by each type of clinic according to the identification codes;

- Section 4. *Night and holiday health care* – presents information about the number of outpatient clinics as of 31 December as well as the number of consultation provided as night and holiday health care, divided by age groups (children and young up to age 18, people aged 65 and more) and sex of patients, including the specification of consultations provided in ambulatory mode, at patient homes as well as teleconsultations.

Report on first aid and emergency medical services (ZD-4)

- Section 1. *General data* – contains information on entities of the emergency medical service (number of the register book and identification codes in accordance with the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them);
- Section 2. *General data of the entity providing health care* – includes information on the number and types of emergency medical service units, trauma centre / hospital organisational unit, first aid units and medical transport teams;
- Section 3. *Emergency medical activities* – presents data on the number of calls to the occurrence places by place of occurrence and data on the number of persons who received health care benefits by place of occurrence, age groups (children and youth up to 18, persons aged 65 and more) and sex of these persons, as well as the number of persons whose deaths were recorded before or during emergency activities;
- Section 4: *Health care benefits provided in an admission room/ hospital emergency ward under the outpatient treatment (with no subsequent hospitalization)* – includes data on the number of consultations provided in the admission room/hospital emergency ward provided on an outpatient mode and data on persons who received health care benefits by the scope of services, age groups (children and youth up to 18, persons aged 65 and more) and sex;
- Section 5. *Inpatient activity of hospital emergency ward (code 4902)* – presents data on the number of beds (as of 31 December), inpatients by age groups (children and youth up to 18, persons aged 65 and more), persons transferred for inpatient treatment and persons whose deaths were recorded before or during medical treatment;
- Section 6. *Inpatient activity of a trauma centre / trauma centre for children / organizational units of a hospital, specialized in providing emergency medical services* – contains data for trauma centre, trauma centre for children and specialized ward on the number of beds (as of 31 December), average number of beds, number of patients by age groups (children and youth up to 18, persons aged 65 and more), the number of beddays and persons whose deaths were recorded before or during medical treatment;
- Section 7. *Personnel composition of selected emergency rescue entities (as of 31 December)* – presents data on the number and type of medical personnel working within emergency rescue teams, medical air rescue teams, other units as well as medical dispatch centres and persons employed in voivodship offices as a coordinator of emergency medical services.

Report on therapeutic activity of health resort facilities, inpatient rehabilitation facilities (ZD-2)

- Section 1. *General data – identification codes* – entities/facilities providing health care fill in the identification code fields in accordance with the administrative decision of the registration authority, issued on the basis of the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them (consolidated text Journal of Laws 2019, item 173);
- Section 2. *Type of medical facility – beds* – contains information on the type of facility and, in the case of inpatient institutions, data on the number of beds in particular wards (as of 31 December and the average number of beds). In the case of a reporting unit, within the framework of which a natural healing centre operates, the activity of the centre is reported together with the activity of the reporting unit;

- Section 3. *Adjustments of unit to the needs of disabled persons* – includes data on all types of adaptations to the needs of people with disabilities in the facility;
- Section 4. *Medical and therapeutic services* – contains information on the medical services performed by type of treatment. Natural healing centres that belong to a given reporting units also report services provided in that facility;
- Section 5. *Activity of unit* – includes information on inpatients or outpatients by age group (children and young up to age 18, persons 65 and more) and sex, distinguishing, among others, data on foreigners in inpatient care, self-pay inpatients, total number of treatment days (beddays) of inpatients, sources of financing/subsidy.

Report on pharmacies and pharmaceutical outlets (ZD-5)

- Section 1. *General data* – contains information about the type of pharmacy, conducting the sales of medical products by mail order using the website, night duty and its frequency, adjustments of the unit to the needs of the disabled persons and the type of this adaptation;
- Section 2. *Employed in pharmacy, pharmaceutical outlet – by the main workplace* – includes data on all employees, regardless of the form of employment, for whom a given pharmacy, pharmaceutical outlet is the main (first) workplace, with division into pharmacists, trainees and pharmaceutical technicians, specifying the number of women.

Each of the questionnaires consists of an identification part, closed questions organized in thematic sections and explanatory notes containing basic definitions and explanations for completing the report.

Templates of the statistical reports (datasets) with the symbol ZD for 2020 constitute Annex 2 to this study.

4. Variables covered in surveys

4.1. Characteristics of variables derived in the statistical reports with the symbol ZD

The variables found in surveys conducted on statistical reports with the symbol ZD can be grouped by variable type into:

- identifying, e.g. register book number, code of the establishing entity, code of the type of professional practice;
- qualitative, e.g.: type of pharmacy, type of facility, adjustments of unit to the needs of disabled persons;
- quantitative – according to the guidelines for individual variables, given for the reporting period from 1 January to 31 December (e.g. number of calls to the occurrence places, number of medical services) or as of 31 December (e.g. number of beds, number of pharmacists);

In ZD statistical surveys, the basic variables concern the following information:

Outpatient health care

- outpatient departments, medical and dental practices, medical consultations, primary care consultations, specialist medical consultations, specialist dental consultations, night and holiday health care consultations, adjustments to the needs of disabled persons;

First aid and emergency medical services

- emergency rescue teams, hospital emergency wards, admission rooms, trauma centres, trauma centres for children, calls to the occurrence places, persons who received health care benefits, beds, beddays, physicians and nurses of the emergency medical services, paramedics;

Therapeutic activity of health resort facilities, inpatient rehabilitation centres

- health resort hospitals, health resort sanatoriums, outpatient health resort units, natural healing centres, inpatient rehabilitation facilities, beds, patients, beddays, medical and therapeutic services, adjustments to the needs of disabled persons;

Pharmacies and pharmaceutical outlets

- pharmacies, pharmaceutical outlets, employees, pharmacists, pharmaceutical technicians, adjustments to the needs of disabled persons, pharmacies selling of medical products by mail order using the website, pharmacies fulfilling night duties.

A detailed list of the variables in the ZD surveys is provided in Annex 3.

4.2. The output statistical information from annual surveys

On the basis of the results of statistical surveys carried out continuously on the basis of the ZD forms, as well as the reports of the Ministry of Health, the Ministry of the Interior and Administration and other administrative sources, the results are presented by thematic area.:

1. health status
 - 1.1. incidence of selected diseases (morbidity) – incidence is elaborated on the level of country, voivodship and according to International Statistical Classification of Diseases and Health Problems (Revision X – in force since 1997),
2. health care
 - 2.1. medical personnel – data on medical personnel entitled to practise medical profession: doctor, dentist, nurse, midwife, pharmacist, laboratory diagnostician as well as employees by medical profession, level of education, employment relationship, main workplace, doctors specialists by specialization, at the level of country, voivodships and powiats;
 - 2.2. inpatient health care – includes activities of general hospitals, long-term care facilities, hospice and palliative care facilities, inpatient psychiatric care facilities, health resort facilities and inpatient rehabilitation facilities; information is elaborated by type of facility; data on hospital wards in general hospitals are presented for 35 groups of ward types; most data are collected at the level of country and voivodships; on the level of powiats – number of beds in general hospitals; for voivodship cities basic data on hospital activities; data on health resort facilities and inpatient rehabilitation facilities is divided by: country, voivodships, powiats, gminas;
 - 2.3. outpatient health care – data on outpatient departments and medical practices, consultations given by doctors and dentists divided by: primary health care and of specialist health care by type of clinic, based on part VIII of the identification code that characterizes the specialty of the organizational unit of the medical facility, specified in the Regulation of the Minister of Health on the system of identification codes for health care providers and detailed rules of assigning them, elaborated at the level of country, voivodships, powiats and gminas;
 - 2.4. emergency medical services – includes activities of emergency rescue teams, hospital emergency wards, admission rooms, calls to the occurrence places by place of occurrence and persons who received health care benefits on place of occurrence, elaborated at the level of: country, voivodships, and powiats;
 - 2.5. blood donation – includes blood donation centres, blood donors (incl. voluntary), donation of blood units and production of blood products, at the level: country and voivodships;
 - 2.6. pharmacies – data on pharmacies and pharmaceutical outlets as well as employees by types of pharmacies in the following sections: country, voivodships, powiats, gminas;

- 2.7. occupational medicine service – includes basic units of occupational medicine services and their activities in the field of occupational medicine at voivodships level;
3. Economic aspects of the functioning of health care
 - 3.1. National Health Accounts – health care expenditures according to the ICHA international classification at the national level;
 - 3.2. public expenditures on health care – costs of health care services of the National Health Fund (NFZ), expenditures on health care from the state and local governments budget divided by budgetary classification chapters, in the following sections: country, voivodships.

Since 2012, data on the functioning of health care infrastructure and medical personnel are reported together with data on facilities subordinated to the Ministry of National Defence and the Ministry of the Interior and Administration. This means that the output information on medical personnel, outpatient and inpatient health care cannot be directly compared to the figures presented in former editions of the survey (prior to 2012). Output information does not include health care provided in prisons. The source of data on health care in prisons is a report from the Ministry of Justice, and information in this regard is published in justice studies.

In territorial breakdowns, data on patients are presented according to the place where the health care service is provided, and not the place of patient residence. The location of the health care service is assumed to be the location of the surveyed facilities, in some cases other than the location of the legal entity.

The output statistical information is presented primarily in absolute numbers. The numbers describing the resources of the health care system are given as of 31 December, while the numbers describing the activities of the surveyed facilities and institutions refer to the activities undertaken during the year.

4.3. Indicators and methods of their calculations

Output information is presented in both absolute numbers and relative numbers in the form of indicators. Primary indicators may include:

- average population per 1 entity (as of 31 December), e.g.: population per 1 outpatient health care entity, population per 1 generally available pharmacy, population per hospital emergency ward;
- average values of health care infrastructure per 10 thousand or 100 thousand population, characterizing the availability of health care services (as of 31 December), e.g., hospital beds per 10 thousand population, doctors per 10 thousand population, medical rescue teams per 100 thousand population;
- average annual use of health care services per capita, 1 thousand or 10 thousand population (population as of 30 June), e.g. inpatients per 10 thousand population, outpatient consultations per capita, calls of emergency rescue teams to the occurrence places per 1 thousand population;
- indicators characterizing the degree of use of health care services, e.g.
 - average length of patient stay in hospital wards in days, which is the number of beddays divided by the number of inpatients in wards in the year (including patient flow between hospital wards),
 - number of inpatients in hospital wards in relation to the average number of beds in wards,
 - usage of beds in hospitals in the year which is the number of beddays and the average number of beds, in days or converted into a percentage of days in a year, where 100% is 365 days;
- economic relationships, e.g., share of health care expenditure in GDP, share of public expenditure in health care expenditure.

When calculating ratios using population, it is assumed:

- population as of 31 December when elaborating data representing year-end status (e.g. beds),

- population as of 30 June when elaborating data characterizing the size of the phenomenon during the year (e.g. number of inpatients).

4.4. Classifications used

The following classifications are used in annual statistical studies in the area of health and health care:

1. Data on morbidity are recorded and presented according to the International Statistical Classification of Diseases and Related Health Problems (X Revision in force since 1997).
2. In order to group data from entities providing health care, identification codes are used. These codes are specified in the Regulation of the Minister of Health on the system of identification codes for health care providers and detailed rules of assigning them:
 - codes of the founding entities, in the case of a medical entity that is not an entrepreneur (Part III),
 - codes specifying the organizational and legal form of the entity providing health care (Part IV),
 - codes characterizing the specialty of the organizational division of the medical facility of the medical entity (Part VIII).
3. Territorial division – surveys conducted on statistical reports use the identifier of the territorial division unit covered by the survey, according to the National Official Register of the Territorial Division of the Country (TERYT).
4. The system of health accounts according to the SHA 2011 methodology uses the International Classifications for Health Accounts (ICHA) covering expenditure related to: health care functions (ICHA-HC), health care providers (ICHA-HP), health care financing schemes (ICHA-HF) and sources of financing in health care (ICHA-FS).

ICHA–HC

- HC.1 Curative care
- HC.2 Rehabilitative care
- HC.3 Long-term care (health)
- HC.4 Ancillary services' (non-specified by function)
- HC.5 Medical goods (non-specified by function)
 - HC.5.1 Pharmaceuticals and other medical non-durable goods
 - HC.5.2 Therapeutic appliances and other medical durable goods
- HC.6 Preventive care
- HC.7 Governance, and health system and financing administration

ICHA–HP

- HP.1 Hospitals
- HP.2 Residential long-term care facilities
- HP.3 Providers of ambulatory healthcare
- HP.4 Providers of ancillary services
- HP.5 Retailers and other providers of medical goods
- HP.6 Providers of preventive care
- HP.7 Providers of healthcare system administration and financing
- HP.8 Rest of the economy
- HP.9 Rest of the world providers

ICHA-HF

- HF.1 Government schemes and compulsory contributory health care financing scheme
 - HF.1.1 Government (central and other level) schemes
 - HF.1.2 Compulsory contributory health insurance scheme
- HF.2 Voluntary health care payment schemes
- HF.3 Household out-of-pocket payment
- HF.4 Rest of the world financing schemes

ICHA-FS

- FS.1 Transfers from government domestic revenue
- FS.2 Transfers distributed by government from foreign origin
- FS.3 Social insurance contributions
- FS.4 Compulsory prepayment (other than FS.3)
- FS.5 Voluntary prepayment
- FS.6 Other domestic revenues n.e.c.
- FS.7 Direct foreign transfers

4.5. Definitions of key terms used in health statistics

Basic concepts in the field of health statistics are described below. The list of terms is broader than the research areas described in detail and includes the following topics:

- outpatient health care,
- emergency medical services and first aid,
- inpatient health care,
- health resort treatment,
- medical personnel,
- pharmacies,
- blood donation.

Descriptions of terms in the "Health and health care" domain are available on the GUS website: <https://stat.gov.pl/en/metainformation/glossary/terms-used-in-official-statistics/list.html>.

Outpatient health care

Outpatient health care services

Services include the provision of primary health care, or specialized health care and benefits in the field of rehabilitation, provided in conditions not involving the provision of the full-time and all day in a suitably equipped, permanent room.

Outpatient department

Health centres, clinics, ambulatory departments and infirmaries, diagnostic facilities and medical diagnostic laboratories which provide primary health care or specialized health care and benefits in the field of rehabilitation.

Medical practice

Provision of health services by a person with the required qualifications, confirmed by appropriate documents, in particular: examination of health condition, diagnosis and prevention of diseases, treatment and rehabilitation of patients, medical consultation, as well as giving medical opinions and certificates.

Primary health care

Preventive, diagnostic, therapeutic, rehabilitative and nursing health services in the field of general medicine, family medicine and paediatrics, provided within the framework of outpatient health care.

Medical consultation

A health care service provided by a doctor, dentist or psychologist.

Night and holiday health care

Primary health care services provided from Monday to Friday between 6 p.m. and 8 a.m. on the following day, and around the clock on public holidays.

Teleconsultation

Medical or psychological consultation provided remotely using a telephone connection or other ICT systems.

Emergency medical services and first aid**Administrator of a system unit**

A medical entity, as defined in the regulations on medical activity, comprising a unit of the state emergency medical services system, to which belong:

- hospital emergency wards,
- emergency rescue teams, of which medical air rescue teams, included in the medical entity in the form of independent public health care facility, budgetary unit or a limited company with at least a majority share of the State Treasury or local government unit in which the State Treasury or a local government unit hold shares or stocks representing at least 51% of the share capital.

Emergency rescue team

A unit of the state emergency medical services system undertaking emergency medical services in non-hospital conditions, meeting the requirements specified in the Act of 8 September 2006 on State Emergency Medical Services.

Hospital emergency ward

An organizational unit of a hospital as defined in the regulations on medical activity, being a unit of the emergency medical services, providing health care to persons who is in life of health threatening conditions, meeting the requirements specified in the Act of 8 September 2006 on State Emergency Medical Services.

Trauma centre/organizational units of a hospital, specialized in providing emergency medical services

It is a trauma centre or other organizational unit of a hospital, specialized in providing emergency medical services, which is included in the plan of action of the state emergency medical services drawn up by the voivode.

Trauma centre

In the trauma centre, health services (referred to Article 39c (1) of the Act of 8 September 2006 on State Emergency Medical Services) are provided to a trauma patient by a team of doctors specialists, hereinafter referred to as a "trauma team". Trauma centre:

1. secures in the scope of health services referred to in Article 39c paragraph 1 of the above mentioned Act;
2. cooperates with a public university referred to in Article 94, section 3, subsection 6 of the Act of 27 July 2005, The Law on Higher Education;
3. ensures, within its structure, the operation of specialized treatment wards and diagnostic laboratories:
 - a) an anaesthesiology and intensive care ward ensuring the readiness of at least two intensive care stations to provide health services to a trauma patient,
 - b) an operating block providing 24-hour readiness of at least one operating room to provide health services to a trauma patient,
 - c) a diagnostic and surgical endoscopy laboratory open 24 hours a day,
 - d) other wards, in particular:
 - general surgery or multi-organ injuries,
 - orthopaedics and organ movement traumatology,
 - neurosurgery and general surgery with a neuro-traumatology profile,
 - vascular surgery or general surgery with a vascular surgery profile (Articles 39a and 39b of the Act of 8 September 2006 on State Emergency Medical Services).

Trauma centre for children

In the trauma centre for children, health services (referred to Article 39g (1) of the Act of 8 September 2006 on State Emergency Medical Services) are provided to a trauma child patient by a team of doctors specialists, hereinafter referred to as a "trauma child team". Trauma centre for children among others:

1. secures in the scope of health services referred to Article 39g paragraph 1 of the above mentioned Act, a population of not less than 1 million inhabitants, living in an area that allows reaching a trauma centre for children from the occurrence places within 1.5 hours;
2. cooperates with a medical university referred to the Act of 20 July 2018, The Law on Higher Education and Science or another public university that has established or runs a medical entity running the hospital;
3. ensures, within its structure, the operation of specialized treatment wards:
 - a) an anaesthesiology and intensive care ward ensuring the readiness of at least two intensive care stations to provide health services to a trauma child patient,
 - b) an operating block providing 24-hour readiness of at least one operating room to provide health services to a trauma child patient,
 - c) children's surgery ward as well as wards and specialists of neurosurgery or neuro-traumatology, orthopaedics and organ movement traumatology.

Admission room

Complexes of rooms where it takes place registration and medical examination of patients who came alone with a referral for hospital treatment or who were transported as a result of an emergency. Following the medical examination, the doctor may refer the patient to a hospital ward or rule that the patient's condition does not require hospitalization and refer the patient to outpatient treatment. It may also provide one-time first aid.

Specialized hospital ward

A hospital ward included in the voivodship action plan of the system in accordance with the Act on State Emergency Medical Services, providing medical services.

Medical transport teams

Provide health care services to patients if sanitary transport is necessary between healthcare providers performing guaranteed services in the field of hospital treatment, in the following disease states: respiratory failure requiring artificial ventilation, cardiovascular failure, conditions requiring surgical and postoperative intervention, other (e.g. convulsions).

Physician of the emergency medical services

A doctor who has specialization or title of specialist in the field: anaesthesiology and intensive care, emergency medicine or neurology or a doctor who has completed at least the second year of specialization in these fields, who continues specialization training, or
a doctor who has specialization or title of specialist in the field: internal medicine, cardiology, general surgery, children's surgery, orthopaedics and organ movement traumatology, orthopaedics and traumatology or paediatrics, or
a doctor who completed the basic module in the field of internal medicine, paediatrics or general surgery as part of specialization training and continues or completed specialization training and obtained the title of specialist - subject to Article 57 of the Act of 8 September 2006 on State Emergency Medical Services.

Nurse of the emergency medical services

A nurse with the title of specialist or specializing in the field of emergency nursing, anaesthesia and intensive care, surgery, cardiology, paediatrics, as well as nurse having completed a qualifying course in the field of emergency nursing, anaesthesia and intensive care, surgery, cardiology, paediatrics, and having at least 3 years of service in the branches of these specialties, accident and emergency units, admission rooms and ambulance service.

Emergency Medical Technician (Paramedic)

A person performing the medical profession, holding licence in particular to perform medical rescue activities in case of a direct, sudden threat to life or health, who meets the requirements set out in Article 10 and Article 58 (1) of the Act of 8 September 2006 on State Emergency Medical Services.

Inpatient health care**Inpatient health care**

Medical and nursing health care services provided 24-hour in inpatient health care facilities for patients who are formally admitted and require an overnight stay.

Inpatient medical facility

Medical facility/organizational unit of the medical facility/division of the medical facility in which the medical entity performs therapeutic activities and its infrastructure allows to admit patients for a period longer than 24 hours.

Hospitalization

A service provided in an inpatient hospital ward lasting at least one night (the time counted from the time of entry in the general registration book to the time of discharge).

Hospital

A medical facility of a medical entity or a separate organizational unit of a medical entity, in which the entity performs inpatient and round-the-clock hospital health care services, excluding medical facility of medical entities providing exclusively services with the intention of their termination in a period not exceeding 24 hours (day care hospitals).

Chronic medical care home

A medical facility of a medical entity or an organizational unit of a medical entity in which the entity performs inpatient and outpatient health services other than hospital services. The services may consist, in particular, the provision of round-the-clock health care services, which include nursing and rehabilitation of patients who do not require hospitalization, provision of medicinal products and medical devices, premises and meals appropriate to patients health state, conducting health education for patients and their family members, and preparing patients for self-care and self-nursing in a home environment.

Nursing home

A medical facility of a medical entity or an organizational unit of a medical entity in which the entity performs inpatient and outpatient health services other than hospital services. The services may consist, in particular, in the provision of round-the-clock health care services that include nursing, care and rehabilitation of patients who do not require hospitalization, as well as the provision of medicinal products needed to continue treatment, room and board appropriate to the state of health, and health education for patients and their family members, and preparing these people for self-care and self-care in a home environment.

Hospice

A medical facility of a medical entity or an organizational unit of a medical entity in which the entity performs inpatient and outpatient health services other than hospital services. The services may consist, in particular, the provision of comprehensive health, psychological and social care for patients in a terminal condition and caring for the families of these patients.

Inpatient rehabilitation facility

Medical facility/organizational unit of a medical facility/division of a medical facility in which the medical entity performs therapeutic activities in particular consisting in improving activities that serve to preserve, restore and improve health.

Inpatient

A patient who stay in an inpatient facility overnight (usually staying longer than 24 hours).

Inpatients with inter-wards transfers

Number of hospitalised patients registered in individual hospital wards. A patient staying in several wards during one hospital stay is counted independently.

Inpatients excluding inter-ward transfers

Number of hospitalized patients registered in the hospital's general registration book.

Bed

Bed placed in the sick room, regularly maintained and staffed, and immediately available for the care of admitted patients.

Beds in general hospitals do not include day-care beds, beds (couches) that are part of the equipment of a diagnostic, delivery, dialysis sites, etc. as well as auxiliary beds on which a patient is temporarily for instance post-procedure recovery beds. Since 2008 neonatal beds and incubators are included.

Average number of beds

The sum of the number of beds as of the end of each month divided by 12, i.e. the number of months in the year.

Average length of stay in inpatient health care facilities (in days)

The average length of stay of inpatients in health care institutions during a year is computed by dividing the beddays (total number of days of stay of patients treated during the year in a given type of facility) by the total number of patients during the year.

Health resort treatment**Health resort area**

An area where health resort treatment is carried out, separated in order to use and prevent natural healing resources. If the area fulfil conditions described in the law the health resort status is granted.

Health resort treatment

Organized activity of providing health care services in scope of health resort treatment or rehabilitation conducted on the area of health resort by health resort facilities or outside the health resort area in hospitals and sanatoriums located in underground mining excavations using natural conditions (the properties of the natural medicinal raw materials, the healing properties of the climate including talassoterapia and subterraneoterapia and microclimate) as well as accompanying physiotherapy treatments.

Health resort facility

Medical facility/organizational unit of medical facility/division of medical facility in which the entity conducts outpatient or inpatient therapeutic services in scope of health resort treatment or health resort rehabilitation, located on the territory of health resort area.

Medical facility/organizational unit of medical facility/division of medical facility with regard to the registration of health resort facilities in the Register of Entities Providing Health Care.

Health resort sanatorium

Health resort facility. Among the tasks of the sanatorium is the care of the patient who has been referred for health resort treatment or rehabilitation, in particular:

1. 24-hour inpatient health care services;
2. medical care and 24-hour nursing care;
3. natural healing services under treatment program;
4. preventive services;
5. health education.

Health resort hospital

A health resort facility whose task is to offer the patient referred for health resort treatment or rehabilitation, in particular:

1. 24-hour inpatient health care services;

2. 24-hour medical and nursing care;
3. natural healing services under treatment program;
4. use of natural healing resources and health resort treatment devices ;
5. health education.

Health resort outpatient unit

Health resort facility. The health resort outpatient unit's tasks include providing the patient with:

1. outpatient health services, including preventive services, using natural healing resources recommended by a physician;
2. health education.

Natural healing centre

Health resort facility, which provides services in scope of physiotherapy. Natural healing centres acting as independent facilities or organizational units of sanatoria, health resort hospitals or outpatient health resort unit.

Beddays

Total number of days of inpatient stay in a facility during the reporting period. The days of admission and discharge are counted as one day of patient stay in facility.

Natural healing services

Health services provided to patients in health resort facilities and inpatient rehabilitation facilities. Natural healing services include: mineral baths, CO₂ baths, peat treatments, inhalations - including drug inhalations, massages, cryotherapy, electrotherapy, heliotherapy, hydrotherapy, kinesiotherapy, paraffin treatments and other services provided in health resort facilities.

Medical personnel

Doctor

Medical profession that involves the provision of health services by a person having required qualifications, confirmed with appropriate documents, in particular: examining health state, diagnosing diseases and preventing them, treatment and rehabilitation of the sick and ill, providing consultations as well as issuing medical statements and opinions.

Conducting research works in the area of medical sciences or health promotion as well as professional training are also understood as practising the profession of a doctor. The district doctor's chamber grants the right to perform the job of a doctor.

Dentist

A medical profession that involves the provision of health services by a person having required qualifications, confirmed with appropriate documents, in the field of teeth diseases, oral cavity, body face and adjacent areas. The district medical chamber grants the right to performing the profession of a dentist to a person who has obtained the required qualifications, completed the postgraduate internship and passed the National Medical and Dental Examination.

Nurse

A person who holds a license to practice established or granted by the relevant district chamber of nurses and midwives. A nurse provides health services, particularly in the area of care, prevention, diagnosis, therapy, rehabilitation and health promotion. Teaching staff, researchers in the nursing field, persons directing the work of other nurses, employment in welfare homes and facilities, nurseries and children's clubs are also considered as professionally active nurses.

Midwife

A medical profession that involves the provision of health services by a person having required qualifications, confirmed with appropriate documents, and in particular in the scope of nursing, prevention, diagnosis, curative,

rehabilitation and health promotion services, connected with care over a pregnant woman, a childbearing woman, a woman lying-in and an infant.

A midwife becomes professionally qualified after graduating from a midwifery school: post-secondary school, vocational college, university. The profession of midwife can be practiced by a person who has the right to practice the profession confirmed by the district chamber of nurses and midwives. The following are also considered to be midwives: employment in social welfare homes, employment as a midwife in nurseries and children's clubs.

Pharmacist

A medical profession performed by a person who is qualified, graduated from pharmacy, and has undergone professional apprenticeship. A pharmacist protects public health by means of providing pharmaceutical services.

Pharmaceutical services include:

1. supply of medicinal products and medical devices
2. preparation of prescription medicines
3. preparation of pharmaceutical drugs
4. providing information on medicinal products and medical devices.

A pharmacist performs his/her profession when he/she receives his/her license to practice. The right to practice as a pharmacist shall be confirmed by the pharmaceutical chamber competent for the place of pharmacist's occupation.

Laboratory diagnostician

A person who has completed a graduate degree in medical analytics and obtained a master's degree or has completed a graduate degree in:

- 1) biology or pharmacy and have earned a professional degree of master of science,
- 2) chemistry or biotechnology and have earned a professional degree of master of science or master of engineering,
- 3) veterinary medicine and has earned the professional title of veterinarian, and completed postgraduate education confirmed by an examination or obtained the title of specialist in clinical analytics, laboratory diagnostics, microbiology or toxicology.

Pharmacies

Generable available pharmacy

A pharmacy intended to provide medicinal products, pharmaceutical drugs, prescription medicines, medical devices, products having legally required approvals or permits, provided that their storage and sale will not interfere with the primary activities of the pharmacy. These are also places where information on medicinal products and medical devices is provided.

Dispensary

A pharmacy that provides pharmaceutical products and services to the medical entities established by the Minister of National Defence and the Minister of Justice. Dispensary supply doctor's offices, laboratories, sick rooms and therapeutic wards, as well as other units of medical entities performing inpatient and round-the-clock health services.

Pharmaceutical outlet

Pharmaceutical outlets are created for selling prepared medicines and they can be located only in rural areas without generally available pharmacy (article 70, paragraph 3 of the Act of 6 September 2001 – Pharmaceutical Law).

The main workplace

Persons who work in more than one establishment and who declare on the basis of specified criterions that the reporting unit is their main place of work. This notion is used in statistics in order to calculate the number of employed persons, applying the principle of counting persons employed in several places of work only once, i.e.

persons who have two or more jobs should state which place of work they consider as the main one depending, e.g. on the criterion of the number of working hours or the amount of earnings. In case of the employed retiree or pensioner, the main job is his/her place of work, while retirement pay or pension are his/her source of income.

Blood donation

Blood donation

Activities aiming at voluntary (honorary) and free of charge collection of blood and its components for transfusion or processing into blood medicinal products. Blood donation includes promotional activities, donation and preparation of blood, as well as its dispensing.

Blood donor

A person who donated blood or blood components for purposes other than diagnostic tests.

Donation

Collection of blood or blood components for clinical, diagnostic or manufacturing purposes.

Organizational units of the public blood service

Scientific research institutes, regional blood donation and blood healing centres, the Military Centre of Blood Donation and Blood Therapy, and the Blood Donation and Blood Therapy Centre established by relevant Minister of Interior.

The unit of whole blood

Equals 450 ml, one litre of whole blood equals 2.22 units.

The unit of red blood cell concentrate

Equals approximately 250 ml; one liter of red cell concentrate equals approximately 4 units.

The unit of fresh frozen plasma

Equals approximately 200 ml; one liter of plasma equals approximately 5 units.

5. Organisation and management of surveys implementation

The author's units of the statistical research carried out with the use of reports (datasets) with the symbol ZD is the Social Survey Department of Statistics Poland. The unit responsible for the organisation and implementation of the surveys is the Centre for Health and Health Care Statistics at the Statistical Office in Kraków. The implementation of the surveys in the Reporting Portal is being prepared in cooperation with the GUS Statistical Computing Centre.

The detailed division of tasks of the units involved in the organisation and implementation of the surveys using reports (datasets) with the symbol ZD is as follows:

1. Social Survey Department:
 - consultation of the thematic scope of the reports and guidelines of the methodological and organizational studies, analysis and approval of the control and results tables, validation of the national datasets;
2. Statistical Office in Kraków:
 - development of the thematic scope of reports and updating methodological and organizational guidelines for research, development of survey schedules, preparation of assumptions for registration and formal, logical and accounting control of electronic forms, testing of electronic forms, development of research information systems and active PDF reports, creation and updating of files for research, monitoring of completeness, control and correction of data, analysis of control and result tables, data quality analysis, preparation of the completeness report and report on the course of the study,

preparation of quality reports for the ZD surveys, preparation of tables and their provision to statistical offices, preparation of data for the purpose of supplying the Local Data Bank and the Knowledge Database, transfer of the data sets to the IT Storehouse of National Statistical Data;

3. Statistical Computing Centre:

- development of electronic forms, import of a nationwide file to the Reporting Portal, providing the electronic form on the Reporting Portal, notifying entities with an account on the Reporting Portal about the reporting obligation.

A detailed schedule of the surveys organisation in a given year including: collection and processing of data, establishment of control and result tables, provision of results, handling of data sets, covers the timetable for each survey.

The obligatory form of conducting studies is the electronic form. For entities with less than 5 employees, the transmission of data in paper form is permitted. It is also possible to complete the report in an active PDF form that is downloaded directly to the IT system of the survey.

The electronic form is available on the Reporting Portal on the website of the GUS. The entities covered by the study receive a notification of the reporting obligation by e-mail. The information is sent automatically from the Portal to units that have an account in the Reporting Portal. During the audit, reminders are sent about the upcoming date and the need to prepare a report. Reporting units that did not complete the report on time are sent reminders of the imposed obligation. Data from reports that are sent in paper form, by e-mail or by phone, are registered by statisticians in the Reporting Portal, and after the end of the survey edition in the Portal - in the IT systems of the surveys.

The process of checking the correctness and quality of data takes place both in the Reporting Portal at the stage of completing the unit report (current logical and accounting correctness control) and in IT systems of the surveys (comparison with data from the previous period, analysis of control tables). Based on the research results, employees of the Statistical Office in Kraków prepare result tables and data sets that are used to supply the Local Data Bank and the Knowledge Database. In addition, the results of the ZD-5 survey in terms of the number of employees in pharmacies and pharmacy outlets are used to update information in the Statistical Units Base.

6. Method of presenting the survey results

The results of permanent surveys conducted by the President of Statistics Poland in the area of health and health care are presented in studies of public statistics and databases. The studies of official statistics include:

1. news releases that appears first after the completion of surveys carried out with the use of ZD reports (datasets) and presents basic data from a given subject area:
 - “First aid and emergency medical services” (May of the year following the reporting year);
 - “Therapeutic activities of health resort facilities and inpatient rehabilitation facilities” (June of the year following the reporting year);
 - “Outpatient health care” (June of the year following the reporting year);
 - “Pharmacies and pharmaceutical outlets” (June of the year following the reporting year);
2. the branch publication “Health and health care in ...”, with full information on the surveys carried out, to be published in December of the year following the survey year;
3. general editions of the GUS and statistical offices, including the Concise Statistical Yearbook of Poland, the Statistical Yearbook of the Republic of Poland, the Statistical Yearbook of the Regions, the statistical yearbooks published by the Statistical Offices.

GUS and SO publications are available in printed and electronic form on the GUS website <http://www.stat.gov.pl>, news releases only on the GUS website <https://stat.gov.pl/en/topics/health/>.

The survey results are also available in the databases of the Statistics Poland:

1. Local Data Bank, in the field of *Health care and social care* <https://bdl.stat.gov.pl/BDL/start>
2. Knowledge Database *Health and health care* <http://swaid.stat.gov.pl/en/SitePages/StronaGlownaDBW.aspx>

7. Quality assessment of surveys

The aim of the surveys carried out by the Statistics Poland on the statistical reports (datasets) with the symbol ZD is to provide information on entities providing health care and facilities performing medical activities in the field of outpatient treatment, emergency medical services, health resort treatment, as well as pharmacies and pharmaceutical outlets, their types, location, operating time of the facilities, employed persons, including pharmacists.

The survey results are used by ministries and central offices, government and local administration, scientific and educational institutions and other individual recipients, among others, for the purposes of implemented strategies and programs, as well as conducting scientific analyses. In line with the obligations arising from the provisions of international law, the output statistical information is also transferred to Eurostat and other international organizations.

Surveys carried out using statistical reports (datasets) with the symbol ZD are studies for which no data imputation is made. The quality assessment of the 2020 surveys showed that the overlap errors were less than 5%. Under-coverage errors shall be minimised by an annual update of the target population based on administrative register data. The completeness of the surveys is 95-100%. There are no data gaps in the research. The index of available variables is 100% for each survey. The surveys are carried out on schedule and the final data are published electronically in the Local Data Bank and in the Knowledge Database according to the deadlines for the input of the databases.

In order to improve the quality of statistical surveys, in accordance with the Internal Regulation No. 35 of the President of the Statistics Poland of 28 December 2011 on the measurement, evaluation and monitoring of the quality of statistical surveys in official statistics services, for each survey conducted using statistical reports (datasets) with the symbol ZD after its edition, a quality report is prepared containing a description of the basic quality components: usefulness, accuracy, timeliness and punctuality, availability and transparency, comparability and consistency, as well as the amount of research costs and the burden on respondents, confidentiality, transparency and data security. In addition, the surveys conducted on the ZD-3 and ZD-5 reports was covered by a quality review, the element of which was to identify the strengths and weaknesses of the study and to formulate improvement actions. As part of each edition of the survey, completeness reports and reports evaluating the course of the study are prepared at the end of data processing.

Annexes

Annex 1.

List of legal acts in force in the field of health and health care

Annex 2.

Templates of the ZD statistical reports (datasets) for the year 2020

ZD-2 – Report on therapeutic activity of health resort facilities, inpatient rehabilitation facilities

ZD-3 – Report on outpatient health care

ZD-4 – Report on first aid and emergency medical services

ZD-5 – Report on pharmacy and pharmaceutical outlet

Annex 3.

List of variables in the ZD surveys

Annex 4.

Changes in the methodological report