



**The National School of Public Health, Management
and Professional Development (NSPHMPDB)**

ANNUAL REPORT

2012

Content

I. Synthetic presentation	2
1. Training and professional development activities for health system professionals	3
2. Research activities - studies - projects	5
3. Dissemination of research results.....	30
4. Increasing and developing institutional performance.....	31
5. Collaboration with other public health organizations.....	32
II. Annexes	
Annex 1 Publications 2012	34
Annex 2 Papers presented in 2012.....	40

I. Synthetic presentation

The activities that were developed by the National School of Public Health, Management and Professional Development (NSPHMPDB) during 2012, led towards the successful achievement of objectives and targets set for this year, which would further contribute to the achievement of NSPHMPDB development strategy for the period 2010-2015. School aim is to achieve a maximum level of quality and always diversify its activities, in order to meet the needs and requirements of partners and collaborators.

Main achievements for 2012:

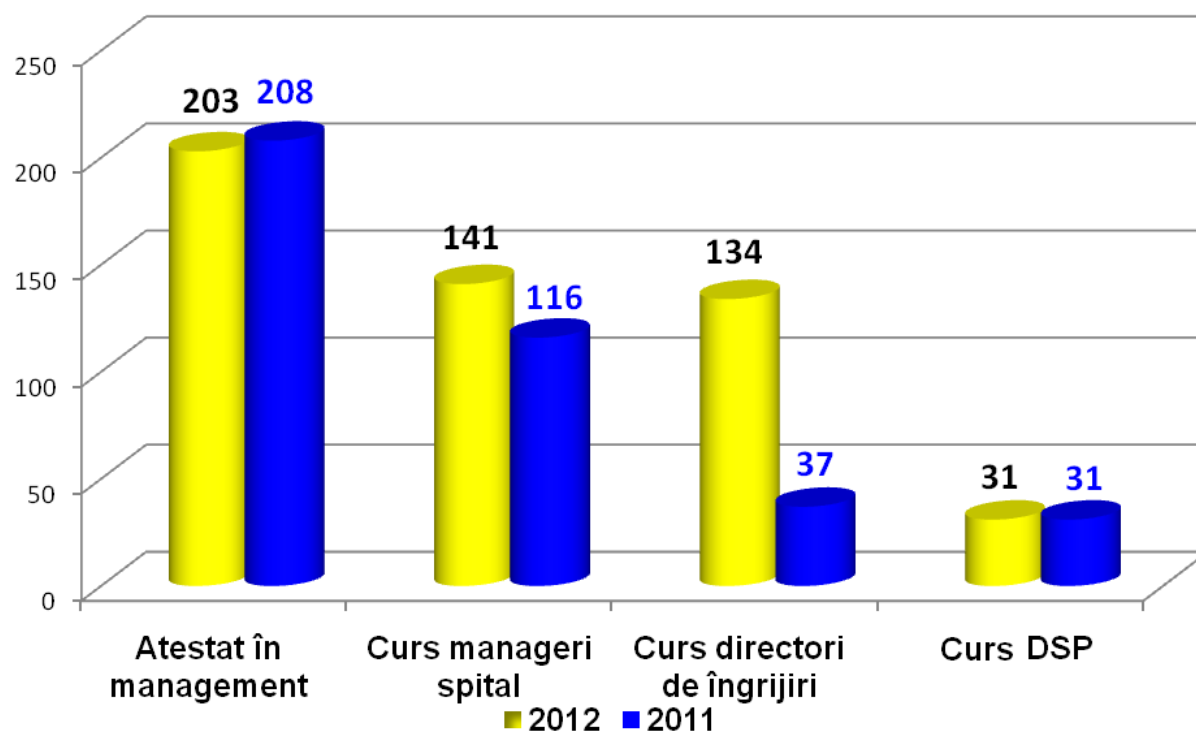
- Improvement of existing training programs and developing new programs;
- Successful finalization of four projects, the beginning of two new projects, and the funding selection for another two;
- Updating of DRGNational application and performing analyzes in order to help service providers improve performance of health care services;
- Elaborating the Strategy Project for case-based financing in the Romanian hospitals during 2012 - 2015;
- 23 publications, from which 12 of them in ISI/SSI journals, and 9 participations in national and international conferences;
- Improving internal management control;
- Increasing the research capacity by training the staff in the systematic reviews and health technology assessment domain;
- Developing Center for excellence in process performance improvement in healthcare system domain;
- Training provider authorized by CNFPA for the following courses: community nurse courses, process improvement manager and process improvement specialist courses.

1. Training and professional development activities for health system professionals

In 2012 the Training Center in Public Health, Health Services Administration and Management (Training Center) held 16 courses, with a total of 509 students, more than 23% in 2011 (Figure 1). The distribution for each training program offered by the school was the following:

- **Certificate training program in Health Services Management** – 6 course series: 3 in Bucharest, 1 in Timișoara, 1 in Brăila, and 1 in Bacău (it will be finalized in 2013), with a total number of 203 participants;
- **Training course in Hospital Management for hospital managers** – 4 course series, with a total of 141 students;
- **Training course in Hospital Management for hospital nursing staff** – 5 course series, as follows: 2 in Bucharest, 2 in Oradea and 1 in Brăila, with a total number of 134 participants;
- **Courses on specific topics organized for the Public Health County Departments** – 1 course with the following themes: „Health Economics” and „Internal management control” organized in Bacău with a number of 31 students.

Figure 1. Distribution of the students' number by type of course, comparison 2011 to 2012



During 2012, three new programs were developed within the School covering the health management services domain, as follows:

- **Hospital quality management** - modular course (15 days), coordinated by the Training center, the course aims to provide theoretical and practical training of the staff that will work within the quality management in healthcare system; the course is organized according to the WHO no. 975/2012 regarding the organization of the quality management for healthcare structures subordinated to the Ministry of Health and local authorities. The course started in January 2013;
- **MDSP (minimum data set per patient) – from coding to hospital indicators analysis**, intensive course (2 days), developed by the Center for Health Services Research and Evaluation

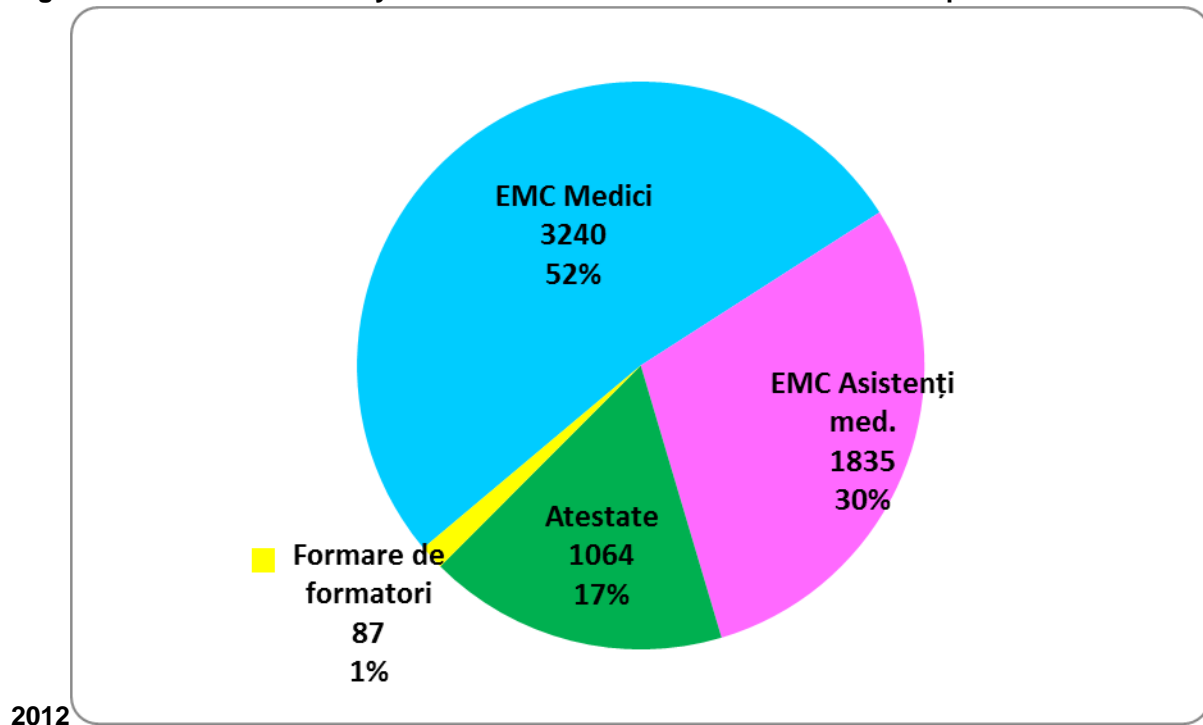
- the course is designed especially for hospital staff with responsibilities for coding, reporting and data analysis. The course started in February 2013;
- **Prevention of drug abuse and drug addiction treatment principles**, (2 days) course developed by the National Center for Health Promotion for family physicians and / or other target groups in the health or social care system. The course will be conducted in 2013.

In order to optimize training programs and adapt them to the requirements of students and the changing needs of the health system, two training programs were reviewed and updated: hospital management training course for hospital managers and certificate training program in health services management.

The School becomes CNFPA authorized training provider for two training programs (see also Section 2. Activities Research - studies - projects):

- **Training programs in community healthcare**, coordinated by the National Center for Health Promotion and developed within the SOP HRD project "Promoting social inclusion by developing human and institutional resources in community health care";
- **Manager process improvement and specialist process improvement courses** developed under the SOP HRD project "The Regional Centers of Excellence to improve process performance in the Romanian Health Care System", coordinated by the Centre for Health Services Management.

Figure 2. Distribution of participants in the training and professional development programs organized and / or certified by the National Centre for Professional Development in Health



The National Centre for Professional Development in Health has organized and/ or certificates, in 2012, a total of 335 training programs for 6226 participants. Distribution of students in each program is as follows (Figure 2):

- **Continuing medical education programs** attended by 3240 graduate professionals in the health system, with the exception of nurses, midwives and other assimilated professional categories;

- 179 **Continuing medical education programs** attended by a total of 1835 participants; the programs were addressed to the following professional categories: nurses, midwives, and other professionals (ambulance personnel, nurses, statisticians, medical registrars, optometrists / medical opticians);
- 64 **certificate training programs in health services management** - attended by a total number of 1064 participants; the programs were addressed to doctors, dentists and pharmacists;
- 7 programs for **training of trainers**, with a total of 87 participants (doctors and nurses);
- **Practical internships** were organized for 105 people in the following specialties: endoscopy, bronchoscopy, autopsy, sterilization.

2. Research activities - studies - projects

During 2012 the National School of Public Health, Management and Professional Development (NSPHMPDB) had in progress 9 projects:

- 4 projects financed by the European Commission

“Assessment of patient payment policies and projection of their efficiency, equity and quality effects. The case of Central and Eastern Europe”

Project acronym: ASSPRO CEE 2007

Grant Agreement no. 217431

A collaborative research project funded by the European Commission under the Socio-economic Sciences and Humanities theme of the 7 Framework Programme

Project duration: 2008 - 2013

Project Website: <http://www.assprocee2007.com/>

The aim of the project is to identify a comprehensive set of tangible evidence-based criteria suitable for the assessment of patient payment policies and to develop a projection tool that can be used to analyze the efficiency, equity and quality effects of these policies. The criteria set, as well as the projection tool developed within this project are validated by their application in the following Central and Eastern Europe countries, countries that are project partners: Poland, Romania, Bulgaria, Lithuania, Ukraine and Hungary. The comparison between these countries will help to establish to what extent the country



context influences the evolution of patient payment policies. The project results contribute to the overall progress in research focused on the application of the economic and simulation for policy evaluation tools, as well as in the research focused on the analysis of the Central and Eastern European health care reforms.

ASSPRO CEE 2007 is a research project focused on the mechanisms analysis regarding patient payments, especially the ones in Central and Eastern Europe. The project is mostly financed by the European Commission. The European Commission grants negotiated for this project nearly reaches 1.5 million Euro.

Project consortium ASSPRO CEE 2007

The consortium contains 7 research profile organizations, presented in table 1: 3 universities (UM, MU-Varna and UJ CM), other 3 partners are small research institutes (MTVC, SOZ and CPASF) within or affiliated to other universities, and one partner – (NSPHMPDB) which is a national center for training, research and consultancy in health services domain.

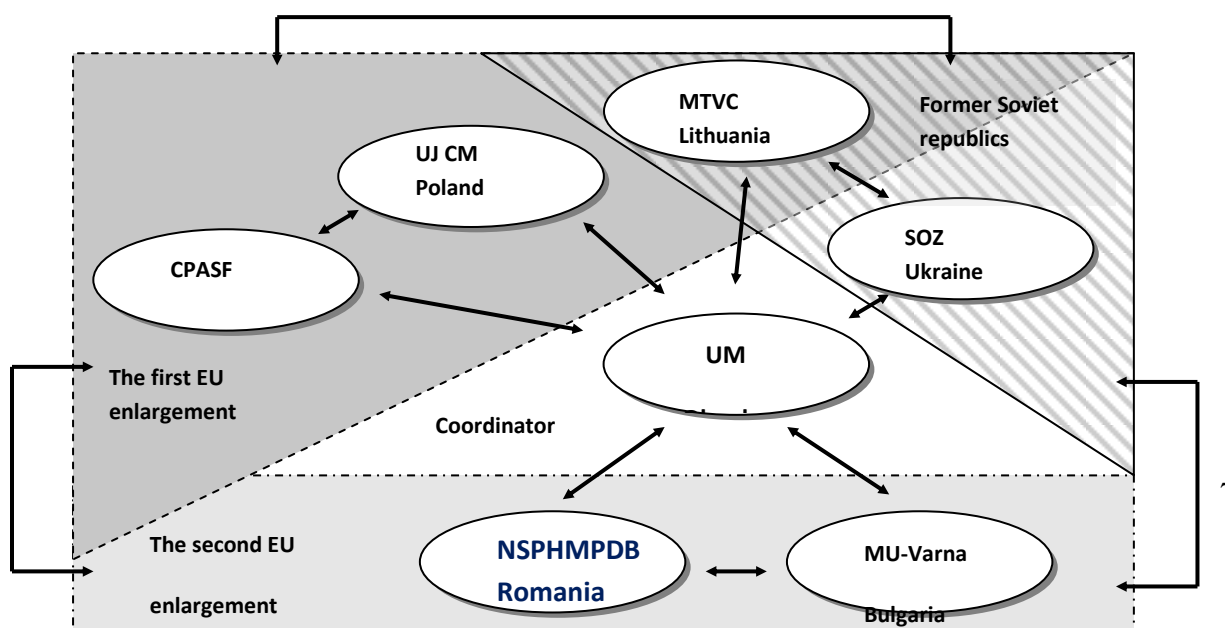
Table 1: The organizations that form the Project consortium ASSPRO CEE 2007

Partner no.	Partner full name	Abbreviation	Country
Coordinator 1	Universiteit Maastricht	UM	Netherlands
Partner 2	Medical University of Varna	MU-Varna	Bulgaria
Partner 3	Public Enterprise “MTVC”	MTVC	Lithuania
Partner 4	<i>National School of Public Health, Management and Professional Development (NSPHMPDB)</i>	<i>NSPHMPDB</i>	<i>Romania</i>
Partner 5	Shkola Ohorony Zdorovia	SOZ	Ukraine
Partner 6	Uniwersytet Jagiellonski Collegium Medicum	UJ CM	Poland
Partner 7	Center for Public Affairs Studies Foundation	CPASF	Hungary

The partner's selection made by the coordinator organization wasn't random, being a representative consortium for Central and Eastern Europe (Figure 3):

- Central European countries that joined the EU in the first enlargement (Hungary and Poland)
- Eastern European countries that joined the EU in the second enlargement (Bulgaria and Romania)
- Former Soviet republics in Europe, in different development stages (Lithuania and Ukraine).

Figure 3: Consortium structure and relation between ASSPRO CEE 2007 partners



Each partner is represented in the project, by experts in the following areas:

- Health Economics, welfare economics, microeconomics and econometrics;
- Political science, health management, public health, sociology and health psychology;
- Informatics, computer modeling and simulation.

The diversified professional profile of project members is facilitating a comprehensive approach to patient payment policy analysis, which involves both economic and political results and a number of social consequences.

Project requirements and directions

The research activities developed within *ASSPRO CEE 2007* project followed three main directions:

- The evaluation of patient payments mechanisms (*policies evaluation*)
- Predicting the effects of patient payments (*policies projection*)
- Comparative analysis of health reform in Central and Eastern Europe (*CEE countries*).

These three main research directions give the project the English acronym - *ASSPRO CEE 2007*, where, 2007 stands for the year when the project started. The project idea came as a result of two important issues broadly discussed in the literature [1, 2, 3]:

- Given the worldwide lack of systematic research on patients payment polices, this leads to the introducing or amending payment mechanisms through a purely political process, instead of a rational decision-making process;
- the urging need of re-evaluating the mechanisms of patient payment policies in Central and Eastern Europe due to the widely spread informal patient payments, which are causing a double financial burden for consumers.

The project coordinator and Council members scientific interest had played a major role in defining the project theme: further work in the field of patient payments [4, 5] as well as applying economic models and simulations in the analysis of health policy issues [6, 7].

Project goal and objectives

The *aim* of the project is to identify a comprehensive set of tangible evidence-based criteria suitable for the assessment of patient payment policies and to develop a policy projection tool that can be used to analyze the efficiency, equity and quality impacts of these policies, specifically for Central and Eastern Europe.

The project research *objectives*:

- To identify a comprehensive set of tangible evidence-based criteria (incl. economic, social, institutional, historical geographical, ethical, cultural, demographic and sector-specific criteria) for the assessment of patient payment policies, and to validate them in an application in Central and Eastern Europe;
- To develop a reliable and valid research instrument for studying the level and type of informal payments for health care services and to apply this instrument in Central and Eastern European countries to analyze the pattern of informal patient payments, as well as their effect on health care consumption;
- To develop a model of consumer demand for health care services under official patient payments that accounts for the potential impact of informal payments for health care services, the behavior of health care providers, and consumer preferences, and to validate this model in an application to Central and Eastern European countries for studying the micro-level effects of official patient payments;
- To develop a projection tool for the analysis of macro-level efficiency, equity and quality effects of patient payment policies using the model of consumer demand for health care services under official patient payments, and to validate this projection tool in an application in Central and Eastern Europe.

Additional objectives of the research:

- Extensive dissemination of the project results among policy makers, health providers and the general population;
- Effective and efficient project management for prompt delivery of research results.

The research objectives relied on research methods from a broad range of fields related to socio-economic science and humanities. It was followed in particular the application of quantitative techniques (such as modelling, trend analysis, revealed and stated preference methods) combined with qualitative techniques and data to study micro and macro outcomes of patient payment policies.

The steps necessary to meet project objectives were grouped into 8 work packages (PA), presented in Table 2. The first six packages refers to the project research activities, following the basic steps of any systematic study: developing conceptual models, preparing data collection, collecting and entering data (two-stage collection), data analysis and interpretation, as well as the evaluation and policy projection. The last two work packages refer to the dissemination of project results, and management of its activities. Each package is divided into general tasks of the project and specific tasks for each partner, about the working period and specific deadline. Research packages takes up to a year and a half, and those related to project dissemination results and to project management activities throughout its entire duration.

Table 2: Work packages for ASSPRO CEE 2007 project

Work package No. (PA)	Name of the work package	Types of activity and the connection with project objectives
PA 1	Developing conceptual models	Research activities Project objectives: 1÷ 4
PA 2	Preparing data collection	
PA 3	First stage of data collecting and entering	
PA 4	Second stage of data collecting and entering	
PA 5	Data analysis and interpretation	
PA 6	Evaluation and policy projection	
PA 7	Dissemination of project results	Dissemination activities The 5 th project objective
PA 8	Project management activities	Management activities The 6 th project activities

Expected results of the project

ASSPRO CEE 2007 project contributes to the development of scientific knowledge in two main directions: proper evaluation of health reforms regarding patients payments in Central and Eastern European countries, as well as the development of a methodology for evaluation of patient payments at international level. Specifically, the project develops a new framework, based on evidence, to analyze health policy issues, including the development of:

- The methodology of policies evaluation on patients payments;
- Demand model to predict the effects of patient payments at the micro level;
- Policies simulation tool for patient payments effects projection at macro level;

Regarding the analysis of health reforms from Central and Eastern Europe, the project contributes to:

- The comparative analysis of official patient payments in Central and Eastern Europe;

- Systematic analysis of informal patient payments in Central and Eastern Europe;
- Creating a database creation of a database containing microeconomic data in health sectors for Central and Eastern Europe countries.

Other expected results of the project, results that are related to the European Commission objectives:

- Establishing a new researchers network for Central and Eastern Europe;
- Training young researchers from Central and Eastern European countries;
- Harmonization of health systems in the EU on the free movement of patients;
- Women's participation in research projects.

NSPHMPDB activities and results within ASSPRO CEE for 2012

2012 was by excellence a period of analysis, interpretation and practical application of primary and secondary data obtained in this research project from the specific qualitative and quantitative studies and from the tools and methodologies application, that were developed in the project, thus achieving a key objective of the project : dissemination of results. **NSPHMPDB** carried out the following activities:

- acquisition, processing and correction of the database (SPSS) resulting from quantitative research conducted under ASSPRO CEE project in Romania on a sample of 1000 persons, nationally representative, in July 2012, based on specific questionnaire developed and validated by the project in order to study *The availability and ability of patients payments for medical services*. Acquisition and use of the database were performed under a specific protocol and an official agreement established between the project coordinator (University of Maastricht) and each of the consortium;
- Proper analysis of the database on Romanians attitudes and practices regarding patients payments for health services in order to achieve the project research objectives and the analysis of the phenomenon specific on formal and informal patient payments in Romania: elaboration of the analysis plan, establishing and defining variables, establishing the correlations that were considered relevant, database inquiry, obtaining intermediate analyzes, discussion of intermediate results, re-querying database, obtaining results, interpretation of results, comparisons;
- Research, development, review and submission to ASSPRO CEE project coordinator of the research papers and communications made by NSPHMPDB representatives within the project, according to the agreed schedule for expected results:
 - Policy brief no. 2 - NSPHMPDB - Romania, entitled „*Direct patient payments in Romania: between burden and willingness to pay – a quantitative research*” (8 pg.);
 - Policy paper qualitative no. 1 - NSPHMPDB - Romania, entitled „*The patient payments policy in Romania – to be Nasreddin’s oven or not?*” (18 pg.);
 - Policy paper quantitative no. 2 - NSPHMPDB - Romania, entitled „*OOP patient payments in the Romanian health care system: between burden and willingness to pay – a quantitative research*” (25 pg.);
 - „*Romanian consumers’ perspective on medical services payments*, authors Florescu S., Mihaescu-Pinția C., Galaon M., Constantinescu V., NSPHMPDB - ASSPRO CEE, the paper was accepted at the annual international conference „European Public Health Association” 2012 in Malta, whose abstract was published in the European Journal of Public Health (Impact factor = 2.728 influence score = 1,56801), vol.22/November 2012, suppl.2, pp.136;
 - The article *Consumers’ perspective on copayment for medical services in Romania (I)*, authors Florescu S., Mihăescu-Pinția C., Gălăon M., Constantinescu V., NSPHMPDB-ASSPRO CEE, published in Management in Health journal XVI/2/2012; pp. 35-46 (BDI);



- The article *Consumers' perspective on copayment for medical services in Romania (II-continuation)*, authors Florescu S., Mihaescu-Pinția C., Gălăon M., Constantinescu V., NSPHMPDB-ASSPRO CEE, published in *Management in Health journal XVI/3/2012*; pp. 24-31 (BDI).
- Participation of both project members in EUPHA Conference in Malta, 7-10 November 2012, where Constanța Mihaescu-Pinția has presented the poster: *Romanian consumers' perspective on medical services payments*, authors Florescu S., Mihaescu-Pintia C., Galaon M., ConstantinescuV. (NSPHMPDB-ASSPRO CEE).



- Participation of both NSPHMPDB project members in the 5th project meeting and conference, that took place in Vilnius, 2-4 December 2012, where Constanța Mihaescu-Pinția had sustained the following presentation: „*OOP patient payments in Romania: between burden and willingness to pay*”.

Bibliographic references:

1. Maynard, A. (2005). European health policy challenges. *Health Economics* 14: S255-S263.
2. Pawson, R. (2002). Evidence-based policy: in search of a method. *Evaluation* 8 (2): 157-181.
3. Thompson, R. and Witter, S. (2000). Informal payments in transitional economies: implications for health sector reform. *International Journal of Health Planning and Management* 15: 169-187.
4. Pavlova, M., Groot, W. and van Merode G. (2002). Public attitudes towards patient payments in Bulgarian public health care sector: Results of a household survey. *Health Policy* 59(1): 1-24.
5. Pavlova, M., Groot, W. and van Merode G. (2004). Willingness and ability of Bulgarian consumers to pay for improved public health care services. *Applied Economics* 36: 1117-1130.
6. Groot, W. and Maassen van den Brink, H. (2006). The compensating income variation of cardiovascular disease. *Health Economics* 15: 1143-1148.
7. van Merode, G.G., Groothuis, S., Schoenmakers, M. and Boersma, H.H. (2002). Simulation studies and the alignment of interests. *Health Care Management Science* 5(2): 97-102.

“European Science Advisory Network for Health – Improving Science Advice for health”

Project acronym: EUSANH-ISA

Grant Agreement no. 229716

Collaborative research project is supported by funding under the Seventh Framework Programme of the European Commission

Project duration: 2009-2012

Website: <http://www.eusanh.eu/>

CORDIS information:

http://cordis.Europa.eu/search/index.cfm?fuseaction=proj.document&PJ_LANG=EN&PJ_RC�=10603489&pid=129&q=FD8A9BBC079BD5FCECD584ADBD3CE6A7&type=adv

The idea of this kind of project came as a result of the commune efforts made by the EuSANH (European Science Advisory Network for Health) members in order to develop, elaborate and promote at European level the commune, efficient and quality practices in science advice on health. The National School of Public Health, Management and Professional Development (NSPHMPDB) is an **EuSANH** member since 2007. EuSANH is structured in institutions from 13 countries (Figure 4), having as a target to promote

independent science advice on health problems and to sustain evidence based health policies for national and European health authorities, for health professionals and also for each and everyone - general public. By this mean EuSANH encourages: information exchange at European level on national reports, national expert consultancy, program coordination and team work.

Figure 4. EUSANH network (13 countries)



NSPHMPDB was partner in FP7 project „Improving Science Advice for Health in Europe” EUSANH-ISA, being mainly responsible with thematic analysis on network project member scientific reports (PA 2.2) and with the organization of the project final conference and taking part in the elaboration of some publishing (PA 6.3) – see table 3.

EUSANH-ISA is a project financed through the European Seventh Framework Programme, the most part of the project financing coming from the European Commission. Thus, the project total budget was 1.046.940 Euro; from which 943.271 Euro represent the European Commission contribution. The financial plan for NSPHMPDB was 80.775 Euro; from which 72.777 Euro represent the European Commission contribution. EUSANH-ISA project received official approval starting with the 1st of February 2009, for three year duration and finalizing with the 1st of February 2012, in accordance with the European Commission plan and negotiated coordinates.

The project **partners** were:

Netherlands: (Coordinator) Health Council of the Netherlands - GR

Spain: Instituto de Salud Carlos III Spania - ISCIII

Belgium: Superior Health Council - SHC

Sweden: Swedish Council on Technology Assessment in Health Care - SBU

Poland: National Institute of Public Health - National Institute of Hygiene - NIPH-NIH

Romania: The National School of Public Health, Management and Professional Development (NSPHMPDB)

Project aim and objectives

The project *aim* was to improve the quality, efficacy and efficiency in health scientific consultancy at European level. In order to overcome the project aim, experience exchange was established for needs assessment, and the practice exchange was established for the activities that are providing scientific consultancy, all that having the purpose to inform public health and health care political decision makers, both at national and European level. The action plan was developed around a cooperation structure (EUSANH – European Science Advisory for Health in Europe) established between structures/organizations which develop scientific advice on health (NSPHMPDB being already one of the 13 members affiliated to EUSANH).

Objectives:

- Description of the present situation: a) the structures, the functions and the role of the scientific advice institutions within the decision making process b) thematic analysis of at least two representative reports for each EUSANH member;
- Establishing a commune methodology for the elaboration of scientific advice reports;
- Developing a communication and cooperation EUSANH structure (knowledge and practices exchange);
- Developing a pilot study for the elaboration of a scientific advice report at European level.
- Results dissemination: intern and extern dissemination; organizing a project final conference.

Table 3: Activity packages for EUSANH-ISA project

Activity packages(PA) no.	Name of the Activity packages(PA)
PA 1	Project management
PA 2	Policy and thematic reports analysis
PA 3	Methodological frame
PA 4	Network development
PA 5	Case study (pilot study)
PA 6	Results dissemination: Final conference

NSPHMPDB contribution

The activities that were technical coordinated by NSPHMPDB:

- Thematic analysis of the scientific reports published by the 13 EUSANH members (August 2009 - September 2010);
- Organizing and developing the project final conference that took place in October 2011.

Other project activities that NSPHMPDB participated were:

- The meetings for project planning and monitoring (phone-conferences, work meetings), or results dissemination actions (scientific conferences);
- Technical support for the activities mentioned in PA1, PA3, PA4 and PA5;
- Report elaboration on the project final conference;
- Writing project technical and financial reports.

Project results were presented in the following papers:

Technical and scientific reports. Methodological guides.

- Technical report on 2.2/PA2 activity, presented to the European Commission: “*Thematic analysis of science advisory reports*”

- Technical report on 6.3 activity; “*Report on Final Conference of the EUSANH-ISA Project*”
- Sarría-Santamera A, Schoten EJ, Coenen D, Gunning L, Pauwels A, Allander SV, Skiba M, Ciutan M, Segovia C: *A Framework for Science Advice on Health: Principles and Guidelines*. 2011. The brochure was elaborated within EuSANH-ISA partnership
http://www.eusanh.eu/wp/wpcontent/uploads/2011/12/EuSANH_principlesandguidelines.pdf
- “*Improving Science Advice on Health Issues*” brochure was elaborated in 2012 having the role for promoting the project and to facilitate the connections between professionals and scientific institutions outside the network http://www.easac.eu/fileadmin/docs/EuSANH_brochure_web.pdf
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Scientific articles

- “*Scientific collaboration for a healthier Europe - Press release information*”; May 2009;
<http://www.snsps.ro/UserFiles/File/press%20release%20for%20general%20media.doc>
- Marius Ciutan; “*Briefing: Scientific cooperation for a healthier Europe – a translated abstract of the information*” *Management in Health Journal*; year XIII, No 1/2009, pp 10
- Ciutan M., Skiba M, Sasu C, Florescu S, Angheluță C, Coenen TMM, Gunning LG, Segovia C, Pauwels A, Allander S, Knottnerus JA, Vlădescu C “*The profile of the Scientific Advice on Health reports, in Europe*” *Management in Health Journal*; year XIII, No 4/2011, pp 5-8
<http://journal.managementinhealth.com/index.php/rms/article/viewFile/206/591>
- A.Sarría-Santamera, E.J.Schoten, T.M.M.Coenen, L. J. Gunning-Schepers, A.Pauwels, S. V.Allander, M. J Wysocki, M. Ciutan and C. Segovia, “*A framework for scientific advice on health: EuSANH’s principles and guidelines*”; *Health Research Policy and Systems* 2013, 11:6 doi:10.1186/1478-4505-11-6; <http://www.health-policy-systems.com/content/11/1/6>

The papers that were presented at conferences

- Marius Ciutan; “*The characterization of science advisory reports published by EUSANH members in 2006-2010 on methodological issues - preliminary results*”; EuSANH-ISA First Annual Meeting; Warsaw/Poland; 27-29 April 2010; The National Institute of Public Health – National Institute of Hygiene; Warsaw/Poland
- Marius Ciutan; “*Profile of science advisory reports on health in European member states: results of a survey*”; 3rd European Public Health Conference, 2010, Amsterdam, 10-13 November 2010, within the 6.2 Workshop: Translating science into policy - first results from the FP7 project, Improving Science advice for Health in Europe (EuSANH-ISA).

“European Union Network for Patient Safety and Quality of Care”

Acronym project: PaSQ

Collaborative project funded by the European Commission through the Health Programme

Duration: 2012-2015.

Project Website: www.pasq.eu

European Union Network for Patient Safety and Quality of Care project officially started in May 2012, at Roskilde, Denmark, in the presence of Mrs. Astrid Krag, Denmark Minister of Health. The objective for improving patient safety and quality of care will be reached by states members experience exchange with the European Commission and with organizations that are specialized in the management of patient safety and quality care, in order to ensure an adequate expertise transfer. The project target groups are the

countries representatives (National contact point) and other relevant actors: health administrators, experts, patients associations, health organizations.

Partners

The project is developed by a consortium that has in its structure health organizations from European Union countries and also organizations that are in charge with the EU health services quality (38 partners). Romania is represented in this partnership by NSPHMPDB. The project coordinator is Haute Autorite de Sante (HAS). Table 4 and table 5 presents NSPHMPDB and the partners that are part of working team.

Project aim and objective

The project *aim* is to promote the platforms organization for patient safety and quality care, within all European countries, through information and experience exchange and through the implementation of patient safety and quality care good clinical practices.

The project *general objective* is to contribute at improving the patient safety and quality care, by sustaining the implementation of "The recommendation made by the Patient Safety Council", through the cooperation between the state members, EU quality organizations and international organizations, for issues related to patient safety and quality care. All these will be achieved through knowledge, experience and good practices sharing, a good transfer of all these between countries, with the support of the European Commission and other relevant organizations.

Project specific objectives:

- Creating a mechanism for the exchange of good safety clinical practices (SCP - safety clinical practices) and quality management strategies (GOP - good operational practices) for health organizations in the member states;
- Creating a web platform in order to facilitate the SCP and GOP exchange;
- Implementation of good safety clinical and good operational practices in member states (taking into account the following criteria: feasibility, transfer, and patient involvement, etc);
- Collecting information on the implementation impact of some good safety clinical and quality practices;
- Improving the cooperation mechanism and the good practices exchange.

Expected results

Health experts (clinicians, administrators, and quality management responsible) will gain new knowledge and expertise in safety clinical practices and will also have the opportunity to exchange experience on clinical practices. An interactive web tool will be available and also a system designed for the exchange of practices and experiences. Through an extensive collaboration between countries, each project partner will be able to find the information and the practices that most fit their clinic or hospital specific needs.

For health administrators, decision makers and experts there will also be made a web platform – that will contain the best practices for quality management systems, which will also create an excellent system for experience exchange - collaboration between member states that show their availability to know and share these experiences. Project partners will have the opportunity to choose the exact branch of the quality management domain that most suite their particular country issues, like: (accreditation, risk management, patient involvement, etc).

The European Commission aims to support the collaboration between states, fact that will give Europe an overcome value both at national and regional level. The expected impact for an overcome value is the trustworthy establishment of a permanent network for patient safety in Europe.

NSPHMPDB participates in two activity packages

- PA 4 - Patient Safety Good Clinical Practices - definition, identification, creating the mechanism for sharing good practices;
- PA 6 - Quality health care system collaboration - definition, identification, developing a collaboration and sharing mechanism for good practices regarding quality health care system management;
- Information dissemination – conferences organizing, workshops, etc for the country clinicians and decision makers with the support of state members’ experts regarding the presentation of the good practices that were selected.

Table 4: Partners in PA 4

Country	Acronym	Organization
Austria	PMU	Paracelsus University Salzburg
Bulgaria	NCPHA	National Center for Public Health and Analyses
Croatia	AQAH	Agency for Quality and Accreditation in Health Care and Social Welfare
Finland	THL	National Institute for Health and Welfare
France	HAS	Haute Autorité de Santé
Germany	IfPS	Universitätsklinikum Bonn - Institute for Patient Safety
Greece	NKUA	National and Kapodistrian University of Athens
Hungary	GYEMSZI	National Institute for Quality and Organisational Development in Health Care and Medicines
Italy	Agenas	National Agency for Regional Healthcare Services
Latvia	REUH	Riga East University Hospital
Lithuania	VASPVT	State Health Care Accreditation Agency
Malta	MHEC	Ministry for Health, the Elderly, and Community Care
Netherlands	RUNMC	Scientific Institute for Quality of Healthcare, Radboud University Nijmegen Medical Centre
Romania	NSPHM	The National School of Public Health and Health Management
Slovakia	HCSA	Health Care Surveillance Authority
Spain	UMH	Universidad Miguel Hernandez de Elche
UK	DH	Department of Health
UK	NHSI	NHS Institute for Innovation and Improvement
EU	CED	Council of European Dentists
EU	CPME	Standing Committee of European Doctors
EU	EFN	European Federation of Nurses Associations
EU	EPF	European Patients’ Forum
EU	HOPE	European Hospital and Healthcare Federation
EU	PGEU	Pharmaceutical Group of the EU

Table 5: PA 6 partners

Country	Acronym	organization
Austria	PMU	Paracelsus University Salzburg

Denmark	DSPS	Danish Society for Patient Safety
Finland	THL	National Institute for Health and Welfare
France	HAS	Haute Autorité de Santé
Germany	AQuMed	German Agency for Quality in Medicine
Germany	IfPS	Universitätsklinikum Bonn - Institute for Patient Safety
Greece	NKUA	National and Kapodistrian University of Athens
Hungary	GYEMSZI	National Institute for Quality and Organisational Development in Healthcare and Medicines
Ireland	HIQA	Health Information and Quality Authority
Italy	ULSS10	Local Health Authority n° 10, Veneto Region
Italy	ITMoH	Ministry of Health
Latvia	REUH	Riga East University Hospital
Netherlands	NIVEL	Nederlands Instituut voor Onderzoek van de Gezondheidszorg
Poland	NCQA	National Center for Quality Assessment in Healthcare
Romania	NSPHM	National School of Public Health and Health Management
Slovakia	SKMoH	Ministry of Health
Spain	FAD	Avedis Donabedian Foundation
UK	DH	Department of Health
EC	EFN	European Federation of Nurses Associations
EC	EPF	European Patients' Forum
EC	HOPE	European Hospital and Healthcare Federation
EC	PGEU	Pharmaceutical Group of the EU

Current results and NSPHMPDB contribution

- Elaboration of the glossary terms;
- Elaboration of the survey forms for: clinical practices, quality management systems, good practices exchange, project sustainability;
- Selecting good clinical practices in Romania and also good practices regarding quality management systems and placing them on the project website;
- Completed survey forms validation/corroboration;
- Literature review regarding good clinical practices.

„European Network for HTA - Joint Action 2”

Project acronym: EUnetHTA JA2

Collaborative project funded by the European Commission through the Health Programme

Duration: 2012-2015

Website network: www.eunethta.eu

Project information: <http://www.eunethta.eu/activities/EUnetHTA%20Joint%20Action%202%2020%282012-15%29/eunethta-joint-action-2-2012-2015>

The current collaboration is the continuation of the first project - EUnetHTA Joint Action 1, developed during 2010-2012 period. This project second phase is focused on instruments establishment, developed in the first project, and on the development of trans-boundary collaborative activities between network members, resulting three HTA reports, based on the standardized type elaborated in the first project – base line pattern (“Core Model HTA”), next following that the network members to adapt and apply the

pattern to the current existing conditions at local level. Total project budget is 9.428.549 Euro. NSPHMPDB budget is 68.559 Euro, from which European Commission contribution is 47.992 Euro.

Partners

EUnetHTA JA 2 project is developed by a consortium formed of 38 partners (Figure 5) from 28 countries (26 EU state members, Norway and Croatia), coordinated by the National Health Council in Denmark. EUnetHTA network has in its structure associated members and collaborative members (Table 6).

Figure 5. EUnetHTA partners JA2

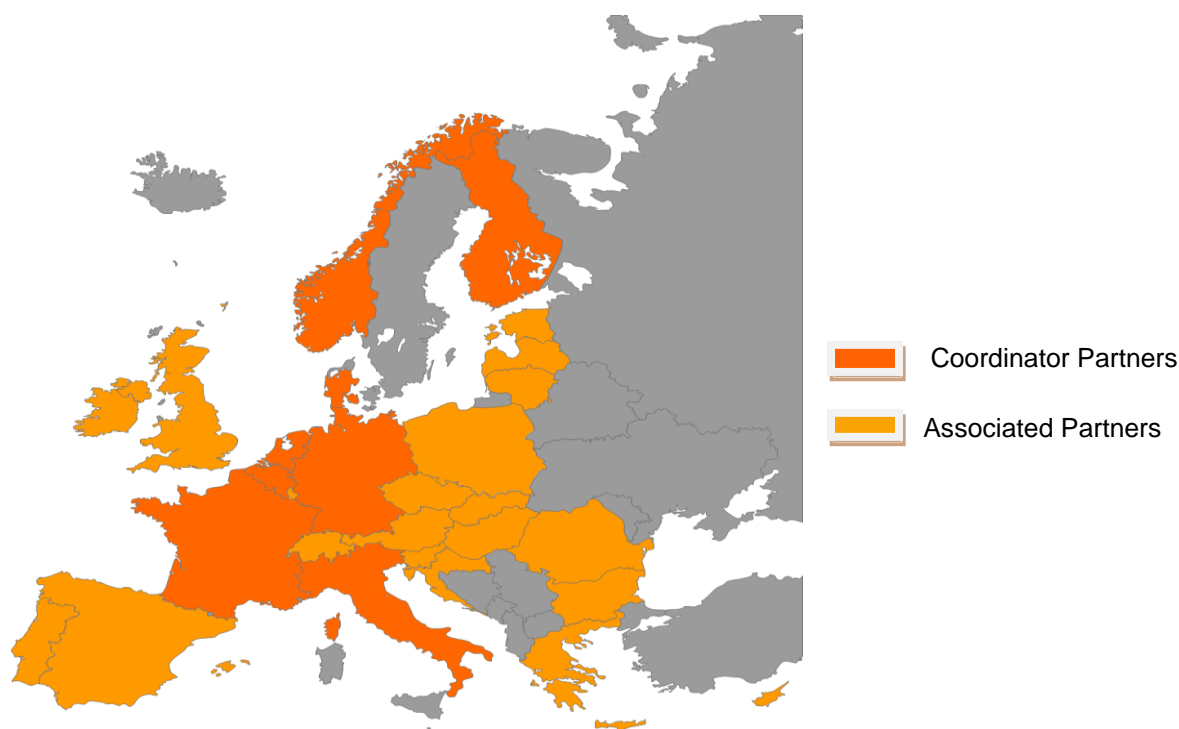


Table 6: EUnetHTA network members

Country	Associated members	Collaborative members
Austria	1. Hauptverband der Österreichischen Sozialversicherungsträger, HVB	
	2. Gesundheit Österreich GmbH/Geschäftsbereich BIQG/GÖG	
	3. Ludwig Boltzmann Institut für Health Technology Assessment, LBI	
		1.Private Universität für Gesundheitswissenschaften, Medizinische Informatik und Technik
		2. Donau Universität Krems
Belgium	4. Belgian Health Care Knowledge Center, KCE	

		3. Rijksinstituut voor Ziekte- en Invaliditeitsverzekering RIZIV
Bulgaria	5. National Centre of Public Health Protection, NCPHP	
		4. Medical University of Sofia MU Sofia
Cyprus	6. Ministry of Health, Department of Pharmaceutical Services MoH Cyprus	
Czech Republic	7. Ministry of Health of the Czech Republic MoH Cz Rep	
Denmark	0. Danish Health and Medicines Authority, DHMA	
	8. HTA and Health Services Research, Centre for Public Health, Central Denmark Region CR.DK	
Estonia	9. Tartu University Department for Public Health, UTA	
Finland	10. National institute for health and welfare, THL	
	36. Finnish Medicines Agency Assessment of Pharmacotherapies Process FIMEA	
France	11. Direction générale de Santé/ Haute Autorité de Santé, HAS	
Germany	12. Deutsches Institut für Medizinische Dokumentation und Information, DIMDI	
	13. Institute for Quality and Efficiency in Health Care, IQWiG	
		5. Medical Valley EMN University of Erlangen-Nuremberg
Greece	14. National School of Public Health, NSPH	
Hungary	15. GYEMSZI (National Institute for Quality- and Organizational Development in Healthcare and Medicines)	
Ireland	16. Health Information and Quality Authority HIQA	
Italy	17. Agenzia Nazionale per i Servizi Sanitari Regionali, AGENAS	
	18. Agenzia Italiana Del Farmaco, AIFA	
	19. Regional Agency for health and social care – Emilia Romagna	
	20. Regione Veneto	
		6. Centre for Economic and International Studies. University of Roma Tor Vergata), CEIS
		7. Laziosanità – Agenzia di Sanità Pubblica, Regione Lazio
		8. University Hospital “A. Gemelli”
Latvia	21. National Health Service, NHS (Centre of Health Economics, VEC)	
Lithuania	22. State Health Care Accreditation Agency (VASPVT)	
Luxembourg		9. Ministère de la sécurité sociale Inspection générale de la sécurité sociale Cellule d’expertise médicale, CEM
Malta	23. Ministry for health, the elderly and community care	

	SSD/MHEC	
Netherlands	24. College voor zorgverzekeringen, CVZ	
Poland	25. Agency for HTA in Poland, AHTAPol	
Portugal	26. National Authority of Medicines and Health Products, INFARMED	
Romania	27. National School of Public Health, Management and Professional Development NSPH MPD	
Russia		10. RC CEE& PHHTA
Slovakia	28. SLOVAHTA n.o. (Slovak agency for HTA)	
Slovenia	29. National Institute of public health, NIPH	
	30. Institute of Economic Research IER	
Spain	31. Instituto de Salud Carlos III, ISCIII	
		11. Spanish Ministry of Health, Social Policy and Equality, MSPSI
		12. Directorate General for Pharmacy and Health Care Products (Spanish Ministry of Health, Social Policy and Equality), DGFPS MSPSI
		13. Basque Office for HTA Osteba
		14. Catalan Agency for Health Information, Assessment and Quality CAHIAQ
Sweden	32. Swedish Council on Health Technology Assessment, SBU	
UK	33. National Institute for Health and Clinical Excellence, NICE	
	34. NIHR Health Technology Assessment Programme, NETSC	
Croatia	35. Agency for quality and accreditation in health, AAZ	
Norway	36. Norwegian Knowledge Centre for the Health Services, NOKC	
Switzerland		15. Swiss Federal Office for Public Health SNHTA
USA		16. Center for Medical Technology Policy, CMTF

Project aim and objectives

The project *aim* is to put into practice an efficient and continuous collaboration within evidence based medicine through which there will be gain a plus to the European national and regional value.

EUnetHTA JA2 general objective is to sustain the evidence based medicine instruments implementation and the collaboration between countries in HTA domain. In JA 2 there will be developed the strategy, the principles and the proposal for the implementation of HTA continuous collaboration, according to the 15th article of the trans-boundary directive.

Project strategic objectives:

- Sustaining the evidence based medicine instruments implementation and the collaboration between countries in HTA domain;

- Facilitate a high level collaboration, with a better understanding, by the European Commission and the state members, for the ways that should create a continuous structure in the European Union;
- Developing a general strategy, for some principles and implementation proposals concerning continuous collaboration, according to the 15th article of the trans-boundary directive.

Planned activity packages for EUnetHTA JA2 project:

PA 1 – project coordination and management;

PA 2 – project dissemination;

PA 3 – project assessment;

PA 4 – evaluate HTA information as a collaboration result, in order to be adapted and reported at national level;

PA 5 – applying HTA base pattern for Quick Assessment, in order to be adapted and used at national level;

PA 6 – the infrastructure and services for the information management;

PA 7 – methodology development and evidences: guides elaboration and their use;

PA 8 – maintaining HTA base pattern infrastructure in order to sustain and the elaboration and dissemination of HTA information.

The National School of Public Health, Management and Professional Development contribution and the expected results

NSPHMPDB participates in WP2, 4 and 8.

- PA2 is in Norwegian Knowledge Center for the Health Services coordination

Intermediary results: HTA instruments management courses (HTA base pattern and Adaptation Toolkit), HTA methodology courses organized for partners and other target groups, developing an E-learning data/information for EUnetHTA instruments.

Final result: annual report on EUnetHTA instruments and methodologies management courses.

- PA4 is in AGENAS (Agenzia Nazionale per i Servizi Sanitari Regionali) coordination

Intermediary results: a methodological guide for partners' collaboration and an evaluation that should be made in collaboration with the participating countries for three health technology assessments.

Final result: full reports on the three assessments.

- PA8 is in THL (National Institute for Health and Welfare) Finland coordination

Intermediary results: updated versions for HTA base pattern, a new version for the pattern that is used in pharmaceutical products assessment, a new version for the online tool/instrument and its database and also the final version of all these.

Final result: updated package for HTA base patterns.

Activities in 2012

During 2012, the SNSPMPDSB team has become familiar with project activities, participated in various consultations, as follows: on the format of the reports, on the work plan established for 3 years, the topics for HTA reports launched by packages of activities where SNSPMPDSB has tasks to accomplish, but also on other packages of activities that needed consultation. SNSPMPDSB also participated in planned project meetings (tele-conferences, meetings, conferences), tested at the request of JA2 management the access and the use of EVIDENT and POP database. The activities that were developed in 2012 were able to prepare the institution active involvement in carrying out the activities for the subsequent years, starting with 2013.

- **3 projects funded by the European Social Fund programs:**

“Promoting social inclusion by developing human and institutional resources in community health care” ID 18786

The project was funded by SOP HRD 2007-2013 – Social European Fund and has been developed at multi-regional level, rural and urban, in West and Centre developing regions, namely in the following counties: Arad, Caraș-Severin, Hunedoara, Timiș, Alba, Brașov, Covasna, Harghita, Mureș, Sibiu.
Project duration: 2009 - 2012

Partners

The National School of Public Health, Management and Professional Development (NSPHMPDB) (Main partner)

Western University Timișoara

Timiș County Department of Public Health

Public Health Institute in Timiș – the Regional Public Health Center in Timiș

Sibiu Mureș County Department of Public Health

Mureș County Department of Public Health

Public Health Institute in Mureș – the Regional Public Health Center in Mureș

Project goals and objectives

The goal was to reduce existing disparities and inequalities in the access to primary health care services, improving access and quality for health and social services among vulnerable population, especially in rural areas, fair allocation and also improving the training of human resources in the national network of community healthcare.

The project aimed at the development of community health care network, improving access and quality of community health care services for vulnerable groups and the general population, with the following objectives:

- The establishment and endowment of pilot center for community health care services;
- Promoting the development of these services at decentralized level;
- Allocation of financial resources for specific activities according to the needs of beneficiaries;
- Strengthening the response capacity of the community by building local partnerships for community support of vulnerable populations;
- Developing and promoting training programs for professionals engaged in community health service system in order to strengthen the skills and knowledge to work in multidisciplinary teams;
- Development and promotion of appropriate tools and methods for providing community healthcare services in a flexible way as an alternative to hospital services system;
- Prevent and combat situations that can lead to social exclusion within the health services system.

Obtained results

- Achieving a qualitative research and a questionnaire-based surveys to achieve a database with the obtained results, regarding:

- The level of service coverage;
- access to community healthcare services;
- health and services needs per vulnerable groups and communities;
- study of existing disparities and inequalities between counties / communities in urban and rural areas;



- formulating a profile of the consumer of such services;
 - the necessary human resources to meet the needs of community healthcare services beneficiaries;
 - Assessment of the training needs of employees in community healthcare network.
- Establishing, equipping and putting into service a number of 26 community health care centers in urban and rural localities of the 10 counties;
 - Development of a model for community health care services coordinated with social and long-term health care services provided in an integrated system;
 - Based on the decentralization principle, the development of a bi social inclusion services system, health - social, locally coordinated;
 - Promoting the development of decentralized public services by developing local partnerships for community support in vulnerable populations and also for supporting and funding of community health care activities;
 - Development of a model for the allocation of human and financial resources for specific activities, depending on the needs of beneficiaries;
 - Assess of the situation regarding the required number of community nurses and roma health mediators calculated for each urban and rural village in the 10 counties;
 - Needs analysis study of health services access among general population in West and Central Development Regions, rural - urban;
 - Making the occupational analysis for community nurse specialization;
 - Development of occupational standard for the community nurse specialization by introducing it in the Nomenclature of Occupations in Romania, during 2011, approved by the MMFPS through MO1832/06.07.2011 and by the National Institute of Statistics (INS) through INS President's Order No. 856 / 11.07.2011, published in the Official Journal, Part I, no. 561 / 08.08.2011, page 30 325 301 group (basic profession being the general nurse's clinical profile);
 - Elaboration of intervention Catalogue for healthcare Community nurse within the Community;
 - Developing practical guide in healthcare community services;
 - Elaborating a standard electronic reporting model for community healthcare activities;
 - Developing and promoting training programs for professionals engaged in the healthcare system and social community to strengthen the skills and knowledge to work in multidisciplinary teams;
 - A total of 488 people were trained and received certificates of specialization in community healthcare domain;
 - NSPHMPDB obtained the status for CNFPA authorized training provider to sustain training courses in community health care;



- Wide results dissemination at 6 regional conferences, 5 programs on local media stations and 16 articles in the local press;
- Given that the project was conducted in two regions there were organized two conferences on the project finalization in Timisoara 17 to 19 May 2012 and Târgu Mureș 24 to 26 May 2012.

“The Regional Centers of Excellence to improve process performance in the Health Care System” – ID 59384

The project was financed by SOP HRD 2007-2013 2007 – 2013 - Social European Fund, and has developed in: Bucharest-Ilfov, Center (namely the following counties: Alba, Sibiu, Mureș, Harghita, Covasna, Brașov) and North-East (namely the following counties: Iași, Botoșani, Neamț, Suceava, Bacău, Vaslui) and focused on implementing innovative concepts to optimize the process by developing skills in quality management, performance and efficiency of health services and on the development of projects to improve processes in hospitals. NSPHMPDB participated in all of the project phases, providing technical and scientific competence, organization and the certification training, but also sought and achieved institutional capacity growth in improving the quality, performance and efficiency health care system domain.

Project duration: December 2010 – December 2012.

Partners

CRED foundation (main partner)

The National School of Public Health, Management and Professional Development (NSPHMPDB)

Advanced Thinking SRL

Freiburg University

Project goals and objectives

The overall objective of the project "The Regional Centres of Excellence to Improve Process Performance in the Health Care System in Romania" was to increase adaptability and flexibility among medical staff and healthcare managers by implementing innovative concepts and cost-efficiency optimization processes that lead to the development of professional skills in health management and quality management in particular, to improve performance, efficiency and quality of health services.

The *specific objectives* defined for achieving the general objective:

- Establishment and operationalization of a network of Regional Centers of Excellence (a National Center and three Regional Centers) in improving process performance of the health care system in Romania, with the aim to promote and implement new methods of quality management;
- Identification and implementation of modern organizational forms in order to ensure the quality and efficiency of the public health system management at local level, based on the outcome of the current situation regarding the organization and implementation processes within hospital services domain;
- Training and skills transfer to implement innovative methodologies optimization and cost-efficiency of processes within the hospital units (Lean Six Sigma), according to the training needs identified among the target group regarding the quality management, having as a result the creation of a core of professionals in the centers of excellence and of a specialist teams in hospitals for 3 development regions;
- Facilitating the transfer of "know-how" knowledge and internationally recognized best practices by promoting transnational experiences exchange, in order to increase the adaptability of human resources working in the public health sector.

The steps and activities undertaken to introduce new methodologies for processes optimization, were as follows:

- Assessment of current situation on the organization and implementation processes in the hospital services provision, legislative context, issues and barriers identified, and the training needs assessment in quality management domain;
- Establishment and operationalization of the concept of regional centers of excellence network in improving processes performance in healthcare system in Romania that should facilitate the

target group access to continuous training programs, experiences exchange on improving processes in hospitals;

- Development of a practical guide for process improvement in hospitals in Romania, comprising improvement projects elaborated by participants during the "Process improvement manager" course;
- The skill transfer regarding the implementation of innovative methodologies for the optimization and cost-efficiency of processes within the hospital units by a proposed number of 435 people in developing regions covered by the project. Finally, this indicator has been exceeded;
- A transfer of knowledge and best practices established at European and international level through experiences exchange with University Hospital in Freiburg, Germany, in order to align managerial procedures designed to optimize hospitals service delivery to international standards.

The project responded to health reform measures of the Law 95/2006, concerning the improvement of clinical standards and practice patterns in order to increase patient satisfaction, medical monitoring and evaluation for the work carried out in the hospital, with a direct effect on improving professional performance and efficient use of the allocated resources.

Project results

- Evaluation report of the current situation on the organization and implementation processes in the provision of hospital services, describing the legislative framework, regulations, major key factors in the system, the current implementation of the regulations on quality assurance and improvement processes in hospitals, gaps, barriers, etc. comments and recommendations from the system-level and quality improvement organization-level, success factors, measures to improve the regulatory framework for quality and efficiency in health services.
- Assessment report and identify training needs in the field of quality management, focusing on process optimization and cost-efficiency in hospital, to make recommendations on specific training adapted to the needs of the healthcare system in quality improvement processes.
- Based on the results of the evaluation of the current situation regarding the organization and implementation processes in hospital services field, as well as training needs assessment results, the operating framework for the Centers of Excellence was founded and the development of two curricula course - "Manager improvement process" and "specialist improvement process" and a set of proposals for the harmonization of legislation on health care quality. Using the research results on training needs of medical staff on quality management in adapting curriculum and methods of training, aimed to meet the requirements of health professionals in quality improving program.

- 40 training internships "Manager process improvement " and "Specialist process improvement " were conducted; designed to provide the necessary education to adapt to the quality requirements, efficiency and decentralization of the health system. The training programs have been provided free of charge and students skills have been recognized by awarding CNFPA diplomas and Continuous Medical Education certificates. 506 people were formed: hospital managers, health care services director, medical director, administrative/ economic, heads of department, chief assistant, responsible for quality, health care personnel with high and medium studius with tasks in



in this field - from the developing regions where the project is implemented Bucharest-Ilfov, Center (Alba, Sibiu, Mures, Harghita, Covasna, Braşov) and North - East (Iasi, Botosani, Neamt, Suceava, Bacau, Vaslui). The direct results of the training program compared to the expected indicators are very good, exceeding the number of people trained, initially proposed. At the end of the course all

participants (100%) showed a high degree of acquired knowledge, obtaining as a result of their test - grades between 8 and 10. Taking into account the direct beneficiaries preferences and recommendations on the training specialist and manager process improvement course was a factor that ensured the course quality.

- Establishment and operationalization of a network of centers of excellence, which includes a National Center (National School of Public Health, Management and Professional Development Bucharest) and 3 Regional Centres (one in each region of the project implementation, ie North - east, Centre and Bucharest-Ilfov). Centers of Excellence are designed to promote and implement new methods of quality management based on continuous quality improvement methodology, facilitating the experience exchange between different hospitals regarding the continuous process improvement in order to improve the quality and safety of health services, to eliminate waste, to optimize processes and reduce costs.
- A transfer of knowledge and best practices established on the European level through experiences exchange with the University Hospital in Freiburg, Germany, through which, Romanian experts have benefited from sharing best practices on quality improvement organization structures, the tools used for improving, as well as specific projects to improve processes.
- Practical guidance developed and disseminated in the project included practical methods to improve processes in public health units. 15 projects were developed and included in this guide in order to improve processes in hospitals. Within the projects there were identified and improved hospital important processes such as: processes running in the emergency units, eye screening in preterm infants at risk of developing retinopathy of prematurity, the flow of people and vehicles in the hospital courtyard pavilion, filling the chronic patient's observation chart hospitalized in a medical department, reducing the time between two surgery interventions, decreased expenses related to transport clean linen from central laundry to hospital departments, reducing the rate of nosocomial infections in a normal weight infants at term department, improving the time and conditions of ambulatory medical services in a hospital, etc.
- NSPHMPDB obtained CNFPA authorization to provide training in quality improvement domain, including Lean Six Sigma methodology (manager and specialist process improvement).
- Creating partnerships in the project has facilitated the exchange of experience and dissemination of good practice for training in quality management the health sector personnel and also to increase the efficiency of the management system on local public health.
- Project final conference took place in Bucharest from 8 to 9 November 2012.



„ Quality care doctors” – ID 56573

The project is financed by SOP HRD 2007 – 2013 Social European Fund.

Project duration: July 2010 – June 2013.

Partners:

Medright Experts (Main partner)

The National School of Public Health, Management and Professional Development

College of Physicians in Romania

College of Dentists in Romania

Development Consulting Group

Project goals and objectives

The overall project objective aims to develop, at national level, a unified, efficient, modern and integrated system of continuous professional training and consultancy in the prevention and the management malpractice cases and institutional management for specialist doctors in surgery, obstetrics, anesthesia and intensive care and dentists.

Specific objectives:

- Direct training of 1572 physicians (approximately 23.38% of the total number at national level) of the following medical specialties: surgery, obstetrics - gynecology, anesthesia and intensive care on the prevention and management of malpractice cases at both medical and institutional level;
- Direct training of 2408 dentists (about 16% of the national total) in the office management, prevention and the malpractice management situations at both medical and institutional level;
- Create a national network of 90 trainers and 86 people - a resource capable of providing sustainability for the training structure, consulting and staff support;
- Develop an online portal for medical assistance and advice;
- Elaboration of 2 guides regarding good practice on medical practice alignment to the legal requirements and procedural mechanisms on civilian accountability assumption for medical personnel.



Courses are conducted in October 2010 - May 2013, in training workshops lasting two days and have the following themes: vulnerability areas of current medical practice, techniques for avoiding malpractice accusations, legal requirements applicable to the medical profession, methods negotiation of malpractice insurance.

- **1 project funded by a research grant awarded by competition from Bristol Myers Foundation**

„Innovative strategy for bridging cancer care in Romania”

The project aims to adapt an innovative model used in the U.S., "oncology nurse navigator" in health care oncology, which approaches integrated prevention, treatment, rehabilitation and palliative services by developing and providing a specific training program, which addresses both to oncology nurses and community health care and family medicine nurses. The project is developed in the South-West region of Romania, an area with more pronounced socio-economic problems (5 counties - Dolj, Olt, Valcea, Gorj, Mehedinti) with reduced access to prevention and education services, screening and early diagnosis of cancer, but also to treatment and palliative services.

Project duration: 2011-2013

Partners

The National School of Public Health, Management and Professional Development Bucharest (coordinator)

Romanian Association of Nursing

Project goals and objectives

The project *aims* to improve the care of patients with oncological diseases, through the introduction of the "oncology nurse navigator"- ONN in Romania, which will be achieved by developing new skills for oncology nurses and community health care nurses, in terms of knowledge, skills, teamwork within the hospital and in the community, so that cancer patients receive treatment, counseling, guidance, care and monitoring, community and family support in all phases of the disease.

The project *objectives* are: to develop an innovative model for cancer care, to increase education and training of nurses in oncology and community services, to share experiences and to disseminate the project.

The main project activities aim at:

- Assessment of the current situation from the professionals and patients perspective on medical services for prevention, treatment, and monitoring of patients with oncological diseases in poor economic areas, with a high unemployment rate among the population with low education level;
- Adapting and defining the ONN model in accordance with the conditions in Romania, by the project team, with the support of an American consultant and specialists consulting that are working in cancer care system in Romania (physicians, oncology nurses, nurses from the family doctor, psychologists, sociologists);
- Adapting and developing a training curriculum with the support of an American consultant and specialists consulting that are working in the cancer care system in Romania, which will include both the ONN training skills and specific skills for patient management with various oncological diseases;
- Develop a training handbook and training materials that are necessary to educate nurses. The training handbook will have two parts: one that will develop ONN skills and the second will provide information and guidance related to patient care skills with specific oncologic diseases;
- Leaflets and posters will be elaborated for the education regarding the prevention of the 10 most common cancers in Romania;
- Training sessions will be held for oncology and community nurses, with duration of 4 days, having as a support the handbook that was elaborated within the project. 60 nurses will benefit from project training, who will receive OAMGMAMR crediting;
- The experience acquired in the project is disseminated through presentations at the Annual International Conference of Oncology Nursing and through the publishing of articles.

Expected results

At the end of the project it is expected that nurses receiving the training program to be able to interact in a better way with patients and educate him in the treatment prescribed by the doctor, the consequences, planning visits to specialists, the diet, lifestyle, care, and to provide to the patient the guidance and support options in the community and at home.

The project is a "pilot" intervention aimed at increasing the skills of nurses in cancer care network. By involving them in key points of the network of care (community, family physician, oncology ambulatory, oncology hospital department), through the direct involvement of the patient, the health promotion approach, encouraging a healthy lifestyle and early detection, the project impact could be very important: improving oncology patient monitoring, results of treatment, patient life quality, improving the early rate of cancer detection. Through professionals and decision makers' support, after the pilot experience, the model could be applied to regional and even national level.

The roles and responsibilities of both partners are in compliance with the specific expertise

The National School of Public Health, Management and Professional Development in Bucharest is the project coordinator and has responsibilities as follows:

- Development of the needs assessment study for improving the cancer patients services, organizing workshops for curriculum development for the training of the nurses involved in cancer care services

in Romania, development of training materials and training programs in oncology patient communication;

- Elaboration of a set of informative materials for the prevention of 10 most common cancers types in Romania addressed to family doctors and patients in rural areas economically disadvantaged;
- to develop with the U.S. partner and consultant of an integrated model of early detection, care and support for oncology patients, and also of a curriculum and a textbook.

The Romanian Association of Nursing has the following responsibilities:

- Participation in the development of curriculum and training materials on issues related to health care and providing training sessions for nurses working in oncology departments in the medical units from the South West country area, especially in rural areas economically disadvantaged;
- Organizing a national conference at the end of the project, and results dissemination.



During 2012 the following results were achieved:

- A study on oncology services in Romania, from prevention to treatment, access to services for people living in economically undeveloped areas with a high unemployment rate, along with a description of the most common types of cancer by gender, age and geographic location.
- An outline of integrated oncology care model to improve the chances of these persons to access quality medical care based on existing human resources, with new innovative skills covered during the session "The oncology nurse navigator system in clinical oncology services and community team".
- A set of informative materials for the prevention of the 10 most common cancers in Romania.
- A training curriculum for nurses and the selected persons from the local communities.
- An outline of the training textbook for nurses participating in the course in order to provide the necessary skills to form teams capable of providing a better access to oncology services and care continuity for patients in economically disadvantaged areas in the South West region of Romania.
- The training textbook is currently being elaborated, the course location is being established and also the participants identification (40 nurses in oncology wards trained to be a "Clinical Oncology Nurse Navigator", to which there will be added a total of 20 persons from selected counties, who will become a team with "The Clinical Oncology Nurse Navigator " and they will provide integrated support for cancer patients after their return home.
- The project achievements are to be known through the Conference for the results dissemination, by presentations at the International Conference of Oncology Nursing, through publishing articles and presenting on institution website.

- **1 project developed with self/auto funding**

„European school survey project on alcohol and others drugs”

Acronym: ESPAD

Project duration: May 2011 – May 2012

Project website: <http://www.espad.org/>

The project aimed to consolidate the scientific evidence in policy decisions for the prevention and combat of tobacco, alcohol and drugs use, the policy for reducing health consequences among young population, the organization of effective interventions, and the development of appropriate services in order to promote healthy behaviors. The survey purpose is to estimate the prevalence of alcohol, tobacco, drugs among teenagers in schools and to estimate the prevalence of the risk factors associated with consumption. The project was initiated in 1993 by the CAN-Swedish Council for Information on Alcohol and Other Drugs, Stockholm / Sweden and Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs - Pampidou Group.

Partner

The study is individually developed by 36 European countries. Within the ESPAD study are implicated countries like: Albania, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Malta, Monaco, Moldova, Montenegro, Norway, Poland, Portugal, Romania, Russian Federation, Serbia, Slovak Republic, Slovenia, Sweden, Ukraine, United Kingdom.

The national component for ESPAD study was conducted during 2011-2012 by *The National School of Public Health, Management and Professional Development in Bucharest* (project coordinator) and the National Antidrug Agency (NAA) who carried out the field collection phase and establishment of database. In this study, the National School of Public Health, Management and Professional Development and NAA received during data collection support from the Ministry of Education, Youth and Sports, through the county school inspectorates, school principals and head teachers for the selected classes.

Project goals and objectives

The aim of the study is to obtain comparable data at European level on the knowledge, attitudes and practices among high school students (16 years old) on drug use, thus making it possible to outline some trends in consumption patterns for this age group, at national and European level. The study is conducted every four years, on target groups consisted of 16 years old teenagers who attend the day schools postgimnazial institutions. For the ESPAD study conducted in Romania were taken into consideration adolescents born in 1995, the sample being the 2770 students (from which 1279 boys and 1491 girls), selected from a sample of 149 schools (268 classes IX and X). The period for data collection was June 2011.

The results - conclusions of the survey conducted in Romania

Decreases in alcohol, tobacco, drugs use among teenagers in schools in 2011 compared to 2007, below the European average:

- Prevalence of tobacco use in teenagers under 16 years old dropped slightly to 52%, by 2 percent below the European average (54%).
- Consumption of any alcoholic beverages in a lifetime period is 79%, down 2 percent from the previous study (81%) and 8 percent below the European average (87%).
- About three-quarters of students (72%) said they had consumed alcohol in the past 12 months, a figure lower by 2 percent compared to 2007 (74%) and the value being 5 percent below the average of 79% recorded for all countries involved in the study.
- Consumption of any alcoholic beverage in the past 30 days decreased in 2011 compared to 2007 by 3 percent (49% versus 52%), falling 8 percent below the European average of 57%..
- The prevalence of drunkenness in teenagers under 16 years old, fell in 2011 compared to 2007 (33% versus 35%) hovering 14 percent below the European average.
- The consumption prevalence in teenagers less than 16 years old of tranquilizers or sedatives based on physician recommendation, decreased at a rate of 5% in 2007 to 4% in 2011, falling to half the European average value of 8%.

- A lower prevalence of lifetime use of tranquillizers or sedatives without a medical prescription by 1 percent, from 4% in 2007 to 3% in 2011 and is half the European average (6%).
- The consumption of alcohol with pills decreased with one percent (from 4% in 2007 to 3% in 2011). Drinking alcohol with pills is approximately half the European average (3% versus 5%).

Increase in 2011 compared to 2007, above the European average was recorded for:

- Cigarette consumption in the last 30 days recorded in 2011, an increase of 4 percent, being 29%, with a rate above the European average (28%).

Increases in alcohol, tobacco, drugs consumption in high school teenagers in 2011 compared to 2007, below the European average:

- The consumption of more than 5 drinks on one occasion in the past 30 days increased by 3 percent in 2011 compared to 2007 (36% versus 33%), remaining 3 percent below the European average of 39%.
- The behavior to drink in excess (more than 5 drinks on one occasion, more often than 3 times in the last 30 days), increased by 2 percent in 2011 compared to 2007 (10% versus 8%), remaining 4 percent below the average European 14%.
- Although it is below the European average (18%), at national level, there is to be noticed a doubling of the prevalence of illicit drug use throughout life - 10% in 2011, compared to 5% in 2007.
- Although it is still more than 3 times lower than the European average (i.e. 7%), the prevalence of cannabis use in the last 30 days in adolescents 16 years old has doubled since 2007, rising from 1% to 2%.
- Lifetime cannabis use increased by 3 percent as 7% in 2011, compared to 4% in 2007, a difference of 10 percent compared to the European average of 17%.
- The consumption of cannabis in the past 12 months is increasing (6% in 2011, compared to 2% in 2007, a threefold increase in the proportion of teenagers who declare the consumption in the past 12 months), is but half the European average (13%).
- Inhalant consumption almost doubled in 2011 compared to 2007 (7% vs. 4%), but being 2 percent below the European average of 9%.
- The Ecstasy consumption throughout life has doubled in 2011 compared to 2007 (2% versus 1%), being by one percent below the European average of 3%.

National characteristics - the consumption of new psychoactive substances - NPS ("ethno botanical"):

- High prevalence in NPS consumption throughout life, the last year and last month placed these substances among the most consumed drugs among 16 year olds in Romania in 2011, along with cannabis / hashish, and inhalants;
- High availability of these types of substances on the market, both through specialized stores, and through online stores, represents one of the factors that favored / favors the development of this type of consumption;
- The consumption of such substances among friends and / or family are risk factors for the onset of NPS own use, moreover as it was observed that such consumption is an activity developed especially among the group.
- Regarding the perception of the risks associated to consumption, it is registered a relatively small percentage of people that associate increased risk for NPS consumption once / twice or occasionally / rarely compared to the risk associated with the consumption of other drugs examined in the study (cannabis / hashish, amphetamines and ecstasy), which may lead to a more permissive behavior among adolescents in experiencing these types of substances.

Other project development activities - studies - analysis

Two of the five project proposals that were developed during 2012 were accepted and selected for funding:

- 1 project developed with the Ministry of Health and submitted for funding from the European Social Fund - OP Administrative Capacity Development: COSTSPITPAC
- 1 project developed with several European partners coordinated by the National Institute for Health and Welfare in Finland applied for funding from the European Commission - DG Research and Innovation – FP7 program: CEPHOS-LINK

A series of studies and analyzes were performed within the contract with the National Health Insurance House or different service providers in order to update the DRGNational application and to identify solutions that would help to improve the performance of the health care service providers. The DRGNational application update consisted of adding the function to display the results of the online grouping RO DRG v1 system in xls. type and the function to group day care cases. Also, there have been a number of proposals for improving the performance of the health care services providers after performing the following analysis:

- Patients analysis reported as emergency cases based on the admission criteria and admission type;
- Top 50 hospitals had the highest proportion of DRG with high level weights of total cases reported and validated;
- Analysis of the first 10 surgical procedures that generate the greatest differences in the classification of cases, in terms of associated relative weights;
- Analysis of the average length of stay at the wards level;
- Analysis of top 10 causes for the invalidation at hospital and national level;
- Analysis of the reporting and coding errors that indicate problems with an impact on the reimbursement;
- Analysis of the case-mix index variation (case-mix index - ICM) in bed type medical institutions accomplished in the similar period 2011-2012 and the amounts carried for ed type medical institutions financed by DRG system in 2012;
- Analysis of case-mix index variation in bed type medical units conducted during the first trimester of 2012 compared to the same period in 2011 and the amounts taken for bed type medical units entered into the DRG system starting with 2012;
- Comparative analysis of the length of stay for similar diseases (same DRG groups) between bed type units of the same kind;
- Analysis of day care cases incorrectly reported based on errors reporting the types.

A big part of the results of these studies led to the elaboration of the project concerning the Development Strategy regarding case reimbursement for the hospitals in Romania during 2012 -2015, document submitted to the Ministry of Health and the National Health Insurance House.

3. Dissemination of research results

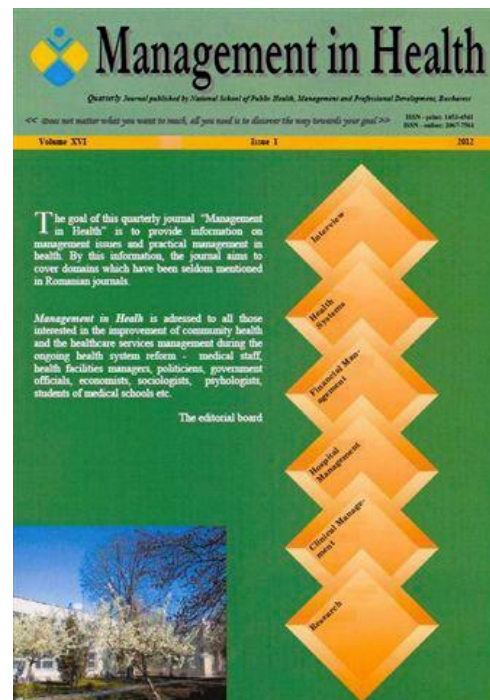
The main ways for research results dissemination conducted by the School are: articles published in its own journal or other specialized publications and organizing or participating in conferences.

The journal “Management in Health” (<http://www.managementinhealth.com>) is a quarterly scientific publication, providing specialized information in general and applied management in the health domain. Since 2010, the journal "Management in Health" became part of the B + journals category with scores of recognition by the National Council of Scientific Research in Higher Education and continues to take steps forward in order to maintain the journal in this category and also to meet the conditions to become part of a higher category. In 2010, the journal was already included in international databases: Google Scholar, Index Copernicus, DOAJ (Directory of Open Access Journals). Since 2011, the journal is being ISI Thompson evaluated, and in 2012 the journal was included in SCOPUS and Elsevier. The journal is also credited by the College of Physicians of Romania with 5 points.

The four numbers published in 2012 contain 28 articles and four interviews. Ten of the articles had as authors or co-authors School personnel, six articles had foreign authors and two of the interviews were of international personalities (James Chauvin - the President of the World Federation of Public Health Associations 2012 - 2014 and Professor Günther Leiner - President of the International Health Forum Gastein 1998-2012).

The results of scientific work carried out by the National School of Public Health, Management and Professional Development in 2012 were disseminated through (see Annexes 1 and 2):

- 24 articles published in journals indexed in international databases, of which 12 in the ISI or SSI;
- Two book chapters - one of the books being published by Palgrave Macmillan;
- Contribution to ESPAD Report 2011 - Alcohol, tobacco, and drugs consumption in high school teenagers in 36 European countries;
- 12 scientific papers, from which 7 of them in international conferences.



Together with the projects finalization "Promoting social inclusion by developing human and institutional resources in community health care" and "The Regional Centers of Excellence to improve process performance in the Health Care System" (see also Section 2. Activities Research - studies - projects), the School organized three conferences where the results of these projects were presented.

4. Improving institutional performances and development

Improved performance and institutional development has been an ongoing concern of the National School of Public Health Management and Professional Development leaders. In order to achieve these goals there have been developed a number of activities to ensure the legal and managerial framework and to gain the necessary expertise.

First of all, due to legislative stipulations introduced by the Government decision (GD) no. 1093 of 2 November 2011 and GD 560 of May 30, 2012 that changed the GD 1421 of 18 November 2009 regarding the establishment, organization and functioning of the National School of Public Health, Management and Professional Development Bucharest were taken appropriate measures for amending the subsequent legislation and for the implementation of new legislative requirements.

In 2012 the process of improving internal management control has continued within the institution through a review of procedures and elaboration of new procedures (currently reaching a total of 72 procedures), filling in the Risk Register, implement and begin implementing standards set out in the OMFP 946/2005 for the approval of the Code of internal control / management, including standards for internal / managerial control in public entities and to develop internal control systems / management, as supplemented and amended. Thus, at the end of 2012, the NSPHMPDB reached a degree of conformity in the internal control system / managerial according to the statutory standards in a proportion of 80%.

In order to develop and increase institutional research capacity, training and technical assistance, about 20 people attended various training programs, thereby complementing existing expertise in the School systematic reviews and health technology assessment, human resources and internal management control.

In the context of the project "The Regional Centers of Excellence to improve process performance in the Health Care System" the necessary knowledge and skills were accumulated for the operation of the National Centre of Excellence in Process Improvement in the health care system in Romania, and through the project "Promoting social inclusion by developing human and institutional resources in community health care" there have developed specific skills necessary for the training, research and healthcare community consultancy activities (see Section 2. research Activity - studies - projects). For both areas were developed training programs which have been accredited and the School has achieved the status of CNFPA authorized training provider.

5. Collaboration with other public health organizations

NSPHMPDB is a member of several international networks and partnerships and concluded a number of cooperation agreements with various national and international organizations that provide joint research, exchange of information, participation in conferences and other activities leading to professional and institutional development for the ones that are involved.

Collaboration and partnerships

JB I - Joanna Briggs Institute Australia

<http://www.joannabriggs.edu.au/România%20Public%20Health%20%28JBC%29>

The Romanian Academy - Institute of Economic Forecasting <http://www.ipe.ro/romain.html>

The National Institute for Statistics in Romania <http://www.insse.ro/cms/rw/pages/index.ro.do>

The Institute for Public Policy in Romania <http://www.ipp.ro/pagini/index.php>

Medicine University in Pleven, Bulgaria

School of Public Health Management in Chisinau, Moldova <http://www.public-health.md/>



Working group for the development of systematic reviews in partnership with the Joanna Briggs Institute

The professional networks where the NSPHMPDB is a member

ASPHER - Association of Schools of Public Health in the European Region <http://www.2011.aspher.org/>

EUPHA – European Public Health Association <http://www.eupha.org/>

EHMA – European Health Management Association <http://www.ehma.org/>

EUSANH - European Science Advisory Network for Health

<http://www.eusanh.eu/about-eusanh/members>

EUnetHTA - European Network for Health Technology Assessment <http://www.eunetha.eu/>

GIN - Guidelines InterNational Network www.g-i-n.net

PCSI - Patient Classification System InterNational <http://pcsinterNational.org/>

**Our colleague Nona Delia Chiriac
on graduation of the PCSI Case
Mix 2012 Winter School Course
“Design and Implementation of
Activity Based Funding”, Dublin,
Ireland, March 12-16**

[http://www.pcsinterNational.org/
vents/case_mix/](http://www.pcsinterNational.org/events/case_mix/)



Annex 1

Published 2012

No.	Title	Authors	Journal	Impact factor ISI/SSCI	Other categories CNCSIS/BDI
2012					
1	Dissociation in Posttraumatic Stress Disorder: Evidence from the World Mental Health Surveys.	Stein, D.J., Koenen, K.C., Friedman, M.J., Hill, E., McLaughlin, K.A., Petukhova, M., Ruscio, A.M., Shahly, V., Spiegel, D., Borges, G., Bunting, B., Caldas-de-Almeida, J.M., de Girolamo, G., Demyttenaere, K., Florescu, S. , Haro, J.M., Karam, E.G., Kovess-Masfety, V., Lee, S., Matschinger, H., Mladenova, M., Posada-Villa, J., Tachimori, H., Viana, M.C., Kessler, R.C.	Biological Psychiatry (published online 11 October 2012). doi:10.1016/j.biopsych.2012.08.022 http://www.sciencedirect.com/science/article/pii/S0006322312007718	8.283	
2	Early-life mental disorders and adult household income in the World Mental Health Surveys.	Kawakami, N., Abdulrazaq Abdulghani, E., Alonso, J., Bromet, E., Bruffaerts, R., Caladas De Almeida, J.M., Chiu, W.T., De Girolamo, G., De Graaf, R., Fayyad, J., Ferry, F., Florescu, S. , Gureje, O., Hu, C., Lakoma, M.D., Leblanc, W., Lee, S., Levinson, D., Malhotra, S., Matschinger, H., Medina-Mora, M.E., Nakamura, Y., OakleyBrowne, M.A., Okoliyski, M., Posada-Villa, J., Sampson, N.A., Viana, M.C., Kessler, R.C.	Biological Psychiatry, Vol 72, Issue3, 228-237. 2012 April 20. PMID: 22521149 [Epubahead of print]. http://dx.doi.org/10.1016/j.biopsych.2012.03.009 http://www.sciencedirect.com/science/article/pii/S0006322312002363	8.283	
3	Drop out from outpatient mental healthcare in the World Health Organization's World Mental Health Survey Initiative.	Wells, J.E., Oakley Browne, M., Aguilar-Gaxiola, S., Al-Hamzawi, A., Alonso, J., Angermeyer, M.C., Bouzan, C., Bruffaerts, R., Bunting, B., Caldas-de-Almeida, J.M., de Girolamo, G., de Graaf, R., Florescu, S. , Fukao, A., Gureje, O., Hinkov, H.R., Hu, C., Hwang, I., Karam, E.G., Kostyuchenko, S.,	British Journal of Psychiatry. Published online ahead of print November 22, 2012, doi: 10.1192/bjp.bp.112.113134 http://bjp.rcpsych.org/content/early/2012/11/15/bjp.b	6.62	

		Kovess-Masfety, V., Levinson, D., Liu, Z., Medina-Mora, M.E., Nizamie, S.H., Posada-Villa, J., Sampson, N.A., Stein, D.J., Viana, M.C., Kessler, R.C.	p.112.113134		
4	Role of common mental and physical disorders in partial disability around the world.	Bruffaerts, R., Vilagut, G., Demyttenaere, K., Alonso, J., Alhamzawi, A., Andrade, L.H., Benjet, C., Bromet, E., Bunting, B., De Girolamo, G., Florescu, S. , Gureje, O., Haro, J.M., He, Y., Hinkov, H., Hu, C., Karam, E.G., Lepine, J.P., Levinson, D., Matschinger, H., Nakane, Y., Ormel, J., Posada-Villa, J., Scott, K.M., Varghese, M., Williams, D.R., Xavier, M., Kessler, R.C.	British Journal of Psychiatry, 200 (6), 454-461. Published online 2012 April 26. PMID: 22539779 [Epubahead of print] http://bjp.rcpsych.org/content/200/6.toc	6.62	
5	Parent psychopathology and offspring mental disorders in the WHO World Mental Health Surveys.	Mclaughlin, K.A., Gadermann, A.M., Hwang, I., Sampson, N.A., Al-Hamzawi, A., Andrade, L.H., Angermeyer, M.C., Benjet, C., Bromet, E.J., Bruffaerts, R., Caldas-De-Almeida, J.M., De Girolamo, G., De Graaf, R., Florescu, S. , Gureje, O., Haro, J.M., Hinkov, H.R., Horiguchi, I., Hu, C., Karam, A.N., Kovess-Masfety, V., Lee, S., Murphy, S.D., HaqueNizamie, S., Posada-Villa, J., Williams, D.R., Kessler, R.C.	British Journal of Psychiatry, 200(4), 290-9Appendixtables Published online: 8 March 2012 PMID: 22403085. http://bjp.rcpsych.org/content/200/4/290.short	6.62	
6	Cross-National differences in the prevalence and correlates of burden among older family caregivers in the WHO World Mental Health (WMH) Surveys.	Shahly, V., Chatterji, S., Gruber, M.J., Al-Hamzawi, A., Alonso, J., Andrade, L.H., Angermeyer, M.C., Bruffaerts, R., Bunting, B., Caldas-de-Almeida, J.M., de Girolamo, G., de Jonge, P., Florescu, S. , Gureje, O., Haro, J.M., Hinkov, H.R., Hu, C., Karam, E.G., Lépine,	Psychological Medicine Published online: 09 Aug 2012 DOI: http://dx.doi.org/10.1017/S0033291712001468 http://journals.cambridge.org/action/displayAbstract	6.159	

		J.-P., Levinson, D., Medina-Mora, M.E., Posada-Villa, J., Sampson, N.A., Trivedi, J.K., Viana, M.C., and Kessler, R.C. (epub 2012).	?fromPage=online&aid=8857819		
7	Irritable mood in adult Major Depressive Disorder: Results from the World Mental Health Surveys.	Kovess-Masfety, V., Alonso, J., Angermeyer, M., Bromet, E., de Girolamo, G., de Jonge, P., Demyttenaere, K., Florescu, S. , E., Gruber, M., Gureje, M.J., Gureje, O., Huang, Y., Karam, E.G., Jin, R., Lépine, J.-P., Levinson, D., McLaughlin, K.A., Medina-Mora, M.E., O'Neill, S., Ono, Y., Posada-Villa, J., Sampson, N.A., Scott, K.M., Shahly, V., Stein, D.J., Viana, M.C., Zarkov, Z., Kessler, R.C. (in press).	Depression and Anxiety (<i>The official journal of ADAA</i>) Article first published online: 30 Jan 2013 DOI:10.1002/da.22033 http://onlinelibrary.wiley.com/doi/10.1002/da.22033/abstract	4.184	
8	The importance of secondary trauma exposure for post-disaster mental disorder.	Kessler, R.C., McLaughlin, K.A., Koenen, K.C., Petukhova, M., Hill, E.D., Aguilar-Gaxiola, S., Alonso, J., Andrade, L.H., Bromet, E., Bunting, B., Chatterji, S., de Girolamo, G., Demyttenaere, K., Florescu, S. , Gureje, O., Karam, E.G., Kawakami, N., Lepine, J.-P., Liu, Z., Matschinger, H., Medina Mora, M.E., Mladenova, M., Ormel, J.H., Posada-Villa, J.A., Scott, K., Shalev, A.Y., Sinha, S.K., Stein, D.J., Xavier, M. (2012).	Epidemiology and Psychiatric Sciences Vol 21, Issue 01, 35-45. Published online: 10 January 2012. DOI:10.1017/S2045796011000758 http://journals.cambridge.org/acton/displayAbstract?fromPage=online&aid=8484323	3.16	
9	Mental comorbidity as predictor of suicidal behavior	Florescu S., Sasu C., Galaon M., Popovici G., Firuleasa I., Mihaescu-Pintia C.	European Journal of Public Health Vol.22 supplement 2, pp.193-194, Nov. 2012	2.728	
10	Romanian consumers' perspective on medical services payments	S. Florescu, C. Mihaescu-Pintia, M. Galaon, V. Constantinescu	European Journal of Public Health, Vol.22, supplement 2, pp.136, Nov.	2.728	

	November 7-10, 2012		2012, ISSN 1101-1262		
11	Social inequalities in mental health: results from the EU contribution to the World Mental Health Surveys Initiative.	Pinto-Meza, A., Moneta, M.V., Alonso, J., Angermeyer, M.C., Bruffaerts, R., Caldas de Almeida, J.M., de Girolamo, G., de Graaf, R., Florescu, S. , KovessMasfety, V., O'Neill, S., Vassilev, S., Haro, J.M.	Social Psychiatry and Psychiatric Epidemiology. (published online June 2012). DOI:10.1007/s00127-012-0536-3 http://link.springer.com/article/10.1007%2Fs00127-012-0536-3?LI=true#	2.696	
12	Utilization of Teaching Modules Published in a Series of Handbooks for Teachers, Researchers and Health Professionals in the Frame of the "Forum for Public Health in South Eastern Europe - Programmes for Training and Research in Public Health" Network	Zaletel-Kragelj L, Kovacic L, Bjegovic V, Bozиков J, Burazeri G, Donev D, Galan A, Georgieva L, Pavlekovic G, Scintee SG , Bardehle D, Laaser U	Slovenian Journal of Public Health, Vol.51, Issue 4, October 2012, pp. 237-250 http://www.degruyter.com/view/j/sjph.2012.51.issue-4/v10152-012-0027-7/v10152-012-0027-7.xml?format=INT	0,452	
13	An updated global picture of cigarette smoking persistence among adults.	Troost, J.P., Barondess, D.A., Storr, C.L., Wells, J.E., Al-Hamzawi, A.O., Andrade, L.H., Bromet, E., Bruffaerts, R., Florescu, S. , de Girolamo, G., de Graaf, R., Gureje, O., Haro, J.M., Hu, C., Huang, Y., Karam, A.N., Kessler, R.C., Lepine, J.-P., Matschinger, H., Medina Mora, M.E., O'Neill, S., Posada-Villa, J., Sagar, R., Takeshima, T., Tomov, T., Williams, D.R., Anthony, J.C.	Journal of Epidemiology and Global Health. Vol 2, Issue 3 , September 2012, Pages 135–144 http://dx.doi.org/10.1016/j.jegh.2012.06.003 http://www.sciencedirect.com/science/article/pii/S221060061200041X		Elsevier
14	A framework for scientific advice on health: EuSANH's	A.Sarría-Santamera, E.J.Schoten, T.M.M.Coenen, L. J. Gunning-Schepers,	Health Research Policy and Systems 2013,		Global Health, Google

	principles and guidelines	A.Pauwels, S. V.Allander, M. J Wysocki, M. Ciutan and C. Segovia	11:6 doi:10.1186/1478-4505-11-6 http://www.health-policy-systems.com/content/11/1/6		Scholar, IndexCopernicus, MEDLINE,
15	Evaluation of the hospitals services use after applying the reorganization measures, Romania, May 2011	Ciutan M., Preda A. L., Chiriac N.D., Dosius M., Vladescu C.	Management in health XVI/4/2012: pp. 15-25 http://journal.managementinhealth.com/index.php/rms/article/viewFile/248/780		B+ Google Scholar, Index Copernicus Directory of Open Access Journal, SCOPUS
16	Survey regarding the development and implementation of the optimal model of care, for the organisation of integrated mental health services, in a psychiatric medical ward	V. Manasi, D. Vâlceanu	Management in health XVI/3/2012; pp. 9-13 http://journal.managementinhealth.com/index.php/rms/article/viewFile/237/739		B+ Google Scholar, Index Copernicus Directory of Open Access Journal, SCOPUS
17	Study on the process quality in hospitals – health professional and decision makers perspective	C. Angheluță, M. Ciutan, G. Popovici, C. Sasu	Management in health XVI/3/2012: pp. 14-20 http://journal.managementinhealth.com/index.php/rms/article/viewFile/238/743		B+ Google Scholar, Index Copernicus Directory of Open Access Journal, SCOPUS
18	Aspects of clinical coding	A. L. Preda, N. D. Chiriac, S. N. Mușat	Management in health XVI/3/2012: pp. 21-23 http://journal.managementinhealth.com/index.php/rms/article/viewFile/239/747		B+ Google Scholar, Index Copernicus Directory of Open Access Journal, SCOPUS
19	Consumers' perspective on copayment for	Florescu S., Mihăescu Pinția C., Gălăon M, Constantinescu V.	Management in sănătate XVI/3/2012: pp.		B+ Google Scholar,

	medical services in Romania (II)		24-31 http://journal.managementinhealth.com/index.php/rms/article/viewFile/240/751		Index Copernicus Directory of Open Access Journal, SCOPUS
20	Interregional disparities – rural-urban distribution of health services in two regions (West and Central) of Romania	Daniela Vâlceanu, Marian Matei, Cristina Critea, Irina Dobândă	Management in health XVI/2/2012; pp. 23-29 http://journal.managementinhealth.com/index.php/rms/article/viewFile/231/708		B+ Google Scholar, Index Copernicus Directory of Open Access Journal, SCOPUS
21	Consumers' perspective on copayment for medical services in Romania (I)	Florescu S., Mihăescu Pinția C., Gălăon M, Constantinescu V.	Management in health XVI/2/2012: pp. 40-46 http://journal.managementinhealth.com/index.php/rms/article/viewFile/234/722		B+ Google Scholar, Index Copernicus Directory of Open Access Journal, SCOPUS
22	Study of cost-effectiveness analysis of community healthcare services in the assisted communities in 2010 in Sibiu County	Doina Merla, Marian Matei	Management in health XVI/1/2012; pp. 22-26 http://journal.managementinhealth.com/index.php/rms/article/viewFile/218/646		B+ Google Scholar, Index Copernicus Directory of Open Access Journal, SCOPUS
23	Neuroblastoma in Romania, where we stand and what we have to do	Popoiu M. C., David V.L., Boeriu E, Popoiu A.V., Arghirescu S., Viădescu C., Chiriac N.D., Mușat S.N., Boia E.S.	Management in health XVI/1/2012: pp. 27-29 http://journal.managementinhealth.com/index.php/rms/article/viewFile/219/648		B+ Google Scholar, Index Copernicus Directory of Open Access Journal, SCOPUS
24	The development of the healthcare community assistance - a	V. Constantinescu, M. Moldovan, R. Sfetcu	Management in health XVI/1/2012: pp.31-34		B+ Google Scholar, Index

	community need and support		http://journal.managementinhealth.com/index.php/rms/article/viewFile/220/654		Copernicus Directory of Open Access Journal, SCOPUS
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Books/chapters

No.	Chapter title	Authors	Book title Editor/Coordinator	Publishing House
1	Primary Health Care in Romania after 20 Years of Reforms	Scîntee, S.G., Vlădescu, C.	<i>Health reforms in South East Europe.</i> Bartlett, W., Bozиков, J. and Rechel, B.	(eds.) New perspectives on South-East Europe Series. Palgrave Macmillan, UK, 2012
2	The analysis of population health” (p.7-34)	Mihăescu-Pinția C	<i>Health and quality of life</i> Tascu A. (coordinator), Airini R., Drăgănescu C.I., Ionescu D., Marinescu A., Mihăilă V., Pârvu A., Rioux L., Voinea L.	Universitary, Bucharest 2012
3		S. Florescu (“with the contribution of”)	<i>The 2011 ESPAD Report Substance Use Among Students in 36 European Countries/</i> BjörnHibell, Ulf Guttormsson, SalmeAhlström, Olga Balakireva, ThoroddurBjarnason, Anna Kokkevi, Ludwig Kraus	The Swedish Council for Information on Alcohol and other Drugs (CAN), The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group), May 2012, ISBN 978-91-7278-233-4 (print)

Annex 2

Papers presented in 2012

Papers presented at international events

1. **Pintia C.M., Florescu S.**, „*Patient payments in Romania, between willingness and burden*”, ASSPRO CEE project conference, Vilnius, December 2-5, 2012
2. **Isar C, Bucurenci M, Panait C L., Florescu S**, „*The effect of The Practical approach of lung health on the clinical management of the respiratory patients*”; 8th Biennial Joanna Briggs InterNațional Colloquium, Channelling the Rivers of Knowledge to Improve Global Policy and Practice, Chiang Mai; Thailand; November 12th - 14th, 2012
3. **Florescu S., Mihaescu-Pintia C., Galaon M., Constantinescu V**; „*Romanian consumers' perspective on medical services payments*” 5th European Public Health Conference All Inclusive Public Health St Juliens; Malta; 7-10 November 2012
4. **Florescu S., Sasu C., Galaon M., Popovici G., Gheorghe I., Mihaescu-Pintia C**; „*Mental comorbidity as predictor of suicidal behavior*”; 5th European Public Health Conference All Inclusive Public Health St Juliens; Malta; 7-10 November 2012
5. **Chiriac N.D., Musat S.N., Vladescu C.**, "*Tracheostomy or ventilation>95hours: causes and consequences of the variability of length of stay in Romanian hospital*", PCSI 2012 AVIGNON 17-19 OCTOBER 2012 -Case Mix From Present to Future "
6. **Angheluță C., Ciolompea T.**, „*Innovative strategy for bridging cancer care in Romania*”, Bridging Cancer Care Grantee Summit, Prague, September 8-9, 2012
7. **Scîntee S.G., Vlădescu C.**, "*Perspectives for licensing public health professionals in transition countries. The example of Romania*", 13th World Congress on Public Health "Towards Global Health Equity: Opportunities and Threats", World Federation of Public Health Associations, Addis Ababa, Ethiopia, April, 23-27, 2012

Papers presented at national events

1. **Ciutan M.**, „ *Streamlining and improving the flow of people and vehicles in the pavilion hospital courtyard*”, Regional Centers of Excellence – International Forum, Bucharest, November 8-9, 2012
2. **Angheluta C.**, „ *Improved time and conditions of medical services in a hospital ambulatory*”, Regional Centers of Excellence – International Forum, Bucharest, November 8-9, 2012
3. **Popovici G.**, „ **Popovici, G.**, *Filling in the observation chart, in a optimal way, for chronically hospitalized patient in a medical profile ward*”, International Forum, Bucharest, November 8-9, 2012
4. **Chiriac N.D.**, „ *A descriptive analysis of cases with lower limb amputations*", oral presentation. Symposium on management of patients with lower limb amputations, Bucharest October 26, 2012
5. **Ciolompea T.**, "*Addiction a medico-social problem, a public health priority.*" First National Conference on addiction: Addiction a multidisciplinary approach, medical and psychosocial implications, Bucharest, October 2012