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I. SCIENTIFIC RESEARCH AND TECHNOLOGICAL DEVELOPMENT ACTIVITIES IN THE PUBLIC HEALTH DOMAIN AND MEDICAL MANAGEMENT

1. PILOT STUDY “POLICIES IN THE MENTAL HEALTH DOMAIN”

The project financed by the Ministry of Health and carried on in NIHRD, is part of the World Mental Health Initiative international study, led by WHO and Harvard Medical School, USA. The project develops until April 2006.

Study’s goal

Obtaining national information regarding the behavioural turmoils prevalence, mental ones and the ones produced by alcohol and drug consuming, in order to elaborate policies in the mental health area.

Study’s objectives

- evaluation of mental turmoils prevalence
- evaluation of the risk factors
- studying the disease models as well as the obstacles encountered in the services’s use

Methodology

- Target population: 18 years old persons and older. The persons that are in institutions are not eligible
- Probable multistate sample in households. At the national level a sample of 6500 households (5000 filled in questionnaires) from which there are tackled, in a first stage, a number of 2500 households (1800 filled in questionnaires).

Activities

adjusting the working instrument

negotiation regarding the insurance of a probable multistate sample

training field operators

Blaise reading of the instrument

starting data collection

elaboration of the control indicators regarding the quality of data collection

Results in 2005

Molders’s training and certifying from NIHRD in Ann Arbor University, Michigan, USA

WHO/Harvard Medical School certification of NIHRD's institutional capacity for the project's implementation
Translation, adjustment, review of the work instrument
Acquiring all the necessary elements (soft, PC, operators, sample's establishment)
Training interview operators

2. DETERMINANTS FOR THE PHENOMENON OF UNWANTED PREGNANCIES: ACCESS TO FAMILY PLANNING; DETERMINANTS FOR ABANDONMENT

The project treats an important issue of the transitional society, namely, the interrelationship between the low degree of access to family planning, the phenomenon of unwanted pregnancies and the one of children's abandonment, especially of the ones under 10 years old, with a big impact on the society.

This project involves a complex perspective which combines both the specific approaches of the medical domain, and of the social one.

The project's complexity consists in the corroborated action of the institutions involved in the research in public health domain, of the institutions and NGOs which have as an activity object the children social protection and family planning.

Project's purpose is represented by the evaluation of the phenomenon of unwanted pregnancies and the one of children's abandonment under 10 years old in three pilot districts, as well as the degree of access to family planning for the risk groups. The evaluation will be the basis of the measures and law modifications proposals, which will lead in the end at the decrease of the phenomena of unwanted pregnancies and abandonment.

Objectives:

- The analyses of the phenomenon of children abandonment, especially of the ones under 10 years old
- Identifying the social groups with a high risk of unwanted pregnancies and family abandonment
- Identifying the needs of families with a low socio-economical status in the family planning domain and social protection
- The analysis of the ensemble of social benefits for women during pregnancies and the child first year of life
- Evaluation of the degree access to the services of family planning for the persons in the risk groups
- Distinguishing the relationship between the phenomenon of unwanted pregnancies and the one of abandonment

- Elaboration of the necessary recommendations in order to create and improve the existing programs regarding the access increase in family planning offices of the persons with a low socio-economical status, as well as proposals of emergency social policy regarding the decrease of the number of unwanted pregnancies and children abandonment especially under 10 years old.

Activities

a) Setting up the project's director committee and creating the project's strategy, review of literature and existing documents

- Establishing the director committee and the work group
- Establishing the partnerships, NGOs collaborators and other institutions which develop activities related to family planning, child's protection, especially the protection of the abandoned child
- Meeting between the director committee and the work group
- Review of literature, documents and existing data base in the domain, establishing the pilot districts

b) Developing proper research activities – evaluating the phenomenon of under 10 years old children's abandonment, the needs and the access degree to the services of family planning, distinguishing the relationship between the phenomenon of unwanted pregnancies and abandonment regarding:

- The evaluation of the phenomenon of children's abandonment in the three pilot districts
- The identification of the social groups with a high risk for unwanted pregnancies and family abandonment
- The identification of the needs in the area of family planning and of the ones for the social protection of the risk groups in the established locations
- The ensemble analysis of the social benefits for women during pregnancy and the first year of child's life

Conclusions

Main reasons invoked for the appearance of unwanted pregnancies:

- no use of contraceptive methods,
- hiding the pregnancy and not being able to intervene in time,
- serious lacunae in the ultimate education and lack of information regarding the sexual life,
- lack of money,
- lack of support from the father's child and from the family's mother.

Regarding what will happen to the child after giving birth, most of the mothers's options are inclining towards child's placing or giving him/her into relatives's care, then adoption; these options are less valid for the the mothers in the maternal centres who in most cases wish to keep the baby.

The information about contraception are quite widespread, they do not come from authorized sources but from the level of the entourage. The contraceptives's acceptability is quite large, being necessary an educational campaign which should insist on the correct presentation of the different types of contraceptives together with their advantages and disadvantages. Among women there is a lack of information regarding the possibility to obtain free contraceptives.

There are significant differences between the reasons for the children's abandonment Experts's opinion is that the lack of information and general education regarding the family planning is situated in the first place among the factors that favour the abandonment. Financial uncertainty (lack of a secure income and home), poverty is the main reason invoked by the mothers in order to justify the children's abandonment. The lack of support from the family's side, lack of a home or living in an inadequate and insanitary home, plays an important role which leads to abandonment. In many cases there are health problems for the mother, but also for the baby, which overlap the financial and living problems and leading in the end to abandonment.

The legislative support for the child's protection, for the mother in difficulty may be and must be submitted to multiple improvements, also, the benefits offered by the state to the mothers in difficulty must be diversified and arguable.

In practice the activities for the abandonment's prevention come up against both the conceptions, lack of education, ill-will, principles, attitudes and practices of parents and large families from which the abandoned children come up or the risk of being abandoned is present, and also the conceptions and lack of the certain community's implication.

3. THE MEDICO-SOCIAL CAUSES FOR INFANTILE MORTALITY

Aim coming up with solutions and giving out proposals in order to reduce the amplitude of infantile mortality phenomenon.

Objectives:

- identifying the main social and medical causes for infantile mortality, respectively of those factors that determine a risk way of living for the family,
- identifying those solutions that can be applied for the studied population, regarding the reduction of the level of infantile mortality,
- dissemination of the obtained information regarding the best and applicable proposals and recommendations, in order to contribute in the development of specific programs, aiming at the level diminution of the studied phenomenon.

Activities:

- obtaining and processing the data regarding infantile mortality at national level;
- comparing the data found on the spot (Bistrița) with the ones obtained through data research in the last 5 years and in the country
- elaborating general conclusions and recommendations
- elaborating the final report and the booklet for the dissemination of the study's results among political, informational and orientation authorities, in the local context, district's and Bucharest's authorities.

Practical solutions and methods for the decrease of the frequency of infantile deaths

- Taking into evidence the pregnant women in the first three months of pregnancy
- Registering and making a periodical check-up for new-born children with high risk
- Registering and making a periodical check-up for pregnant women with high risk and/or birth complication
- Setting up the control and the precocious antenatal diagnosis for all pregnant women
- Developing educational and improving campaigns of knowledge for women at a fertile age, pregnant and mothers
- Developing and improving the maternal-infantile emergency assistance

4. THE IMPLEMENTATION PLAN FOR THE MONITORING MODEL OF THE NOSOCOMIAL INFECTIONS AND FOR THE EVALUATION OF THE NEGATIVE CONSEQUENCES OF THESE REGARDING THE QUALITY OF THE PROVIDED SERVICES WITHIN THE SURGERY DEPARTMENTS.

Objective:

Elaboration of an implementation plan of the monitoring model of the nosocomial infections and for the evaluation of the negative consequences of these regarding the quality of the provided services within the departments with a surgical profile.

Activities

Stage 1:

- Analysis of the utility and advantages of an existing surveillance model and evaluation of the negative consequences of the nosocomial infections
- Elaboration of the instruments and indicator's set which will represent the testing object regarding the standardization
- Elaboration of the eligibility criteria set for the unit's selection
- Wide dissemination of the selected instruments and indicators

Stage 2:

- Selecting the study units
- Concluding the collaboration agreements between the research unit and the selected ones
- Team's training: a brief course for the local teams appointed for the instrument's application, followed by the evaluation of professional's performance; team's finalizing.

Stage 3:

Testing the instruments and indicators in different locations, through prospective data collection, data processing and analyzing

The report regarding the final form of the standardized instruments and the monitoring and evaluating indicators.

Stage 4:

- Obtaining the specialist's agreement regarding the standardization of the elaborated instruments
- Feasibility analysis regarding the ability of the implementation model: (human resources, physical, location, possibilities, competencies)

Stage 5:

- Elaborating the intervention plans adapted to the context, The potentialities and local desirability (the intervention plans will consist of a resources set which can assure the implementation model)
- Identifying the possible obstacles (human and material nature) that could intervene during the implementation model process.

Results

- Elaborated instruments and set of indicators
- There has been obtained the specialist's agreement regarding the standardization of the instrument and the elaborated set of indicators
- The eligibility criteria set has been elaborated and the selection of the medical units for the testing of the elaborated instruments has been accomplished
- There has been accomplished the training of the work team in the certain units for the instrument's application
- The prospective data collection, data processing and analyzing has been achieved
- Elaboration of the intervention plans adapted to the local level
- Identifying the possible obstacles that could be encountered during the implementation of these plans

5. THE DEMOGRAPHY OF THE HOSPITAL CARE NEEDS

The demography of the hospital care needs represents an essential theme in the medical management field, in general, and in the hospital one, in particular. The theme's importance is highlighted by the specific of the hospital care needs, which are essential for health and even for the patient's life and, at the same time, consumers of significant resources. Two of the characteristics of the hospital care fully explains the interest given to these, meaning the knowledge and quantity of the necessary services and indicators that lead to the request of these services.

Study's aim is the quantification of the relationship between the social-demographical characteristics of the population and the hospital cares provided for this, so that these knowledge may later be useful for the evaluation, classification and planification activity made by the authorities.

The study's general objective consists in the determination of the acute hospital cares type and volume used in 2004 by the Romanian population, according to the social-demographical characteristics of this.

Study's results, under the form of a specific indicators set, were included an application for their presentation. The application was delivered to the potential users after a previous session for the presentation of the way of usage.

The main structure of the application is made up by the reports in which are presented information regarding the hospital services provided to the population. In order to highlight the correlation between the services and needs, these informations simultaneously include aspects for both dimensions.

The hospital dimension is represented by the service's quantitative and qualitative characteristics, and the population dimension is represented by the population's qualitative characteristics.

Difinitely, the reports answer to the following question: *how many and what kind of services is given to each population group?*

6. EARLY PREVENTION STRATEGIES IN HEALTH REPRODUCTION DOMAIN AND THE STATUS OF THE REPRODUCTIVE BEHAVIOUR IN TEENAGE GIRLS

Study's goal

The study mainly followed to highlight the position of the health reproduction in teenage girls within the analyzed districts, namely Mureş and Maramureş, in comparison with the rest of the country. Also, there has been achieved an analysis of the attitudes and conceptions towards reproductive behaviour and the practices within the health reproduction field, classified on sexes, strategy proposals for the promotion of health reproduction in adolescence.

Results

In order to help different country areas, with high rates of natality and fertility at 15-19 years, to develop prevention strategies regarding the health reproduction in teenage girls, there should be taken into account 5 principles, namely:

- Adult's and especially parent's involvement in discussing the sexual and sexuality issues
- Abstinence until reaching the age when one can take fair decisions
- Future clear strategies
- Community's involvement
- A permanent support of the undertaken actions

The following things should also be taken into account:

- Providing services teenagers with risk, especially for the ones in the rural area
- Increase boy's responsibility regarding a pregnancy
- Programs for virgin girls (9-14 years old) that should combine different elements with the message "do not use", regarding alcohol and drug consumption, insisting on physical activity, nutrition, abstinence, mental health, social development and future career.
- The sexual education programs should insist on the assumed risk, in the case in which the youth are relying only upon luck or in the case in which they are not aware of the risk of not using contraception.
- Within the same programs there should be followed the configuration of some attitudes that should eliminate the shame/embarrass feeling of teenagers when they want to procure contraceptives.
- The beliefs/principles regarding the group's sexual behaviour influences the individual behaviour. The information are best going about through friends, therefore using this "channel" for the knowledge's dissemination in health reproduction domain is an extremely efficient technique.

- The sexual education programs should also have as a goal the parent's attitude modification; to provide them information regarding the place's and role's importance of sexual training of their own children.
- Collaboration between the local and public-private agencies or the community organizations, in which the teenager's pregnancy rate is high. Collaboration between the organizations that worked together for at least two years for the development of a community action plan.
- The efforts coordination in order to reduce the teenagers' pregnancies, the identification of the current program deficiencies and services, identification of resources and elaboration of an evaluation plan.
- Pay special attention to those districts where the natality and fertility rate for teenage girls is high and special care given to these communities for the resources' mobilization and organization for an effective support and teen's pregnancy's prevention programs. Such districts would be Călărași, Giurgiu, Mehedinți, Ialomița, Dolj, Teleorman, Vaslui, Caraș-Severin, Dâmbovița, Olt, Mureș.
- Training programs for family planning in teenagers.
- Diagnosis services for STI (Sexual transmitted infections).
- Pregnancy prevention services.
- Healthy schools, healthy communities in order to serve the health and education needs
- Giving mass community services will allow the local community agencies to provide consultance for the population with low incomes, including the youth with risk, regarding the working place, summer jobs for young people, information delivery and referrals towards health services and other kind of services.
- Implementation of health programs in schools for the prevention of early sexual activity, STI transmission, AIDS, drugs consumption and alcohol and tobacco abuse.
- Services for the prevention of the first pregnancy and of the recurrent pregnancies in teenage girls.

7. EVALUATION STUDY OF THE HOSPITAL'S COSTS PER PATIENT

Study's goal is the improvement of the hospital management and of the case-based financing through the documentation with real costs at the level of DRGs and Romanian relative values, and through this, the adaptation of the DRG system at the Romanian pathology and medical practice characteristic features.

Study's objectives

Defining the legal frame

Hospital's evaluation and selection for the costs estimation per patient

The establishment and approval of the costs estimation per patient
Cost data collection per patient from the selected hospitals
Elaboration of the cost reports and results' communication

Methodology

In order to achieve the goal and the above mentioned objectives, the Minister's of Health Order no. 1625 from December 9th, 2004, approved the study's application as an experiment within a restricted number of hospitals.

The study takes into account the experience of 27 hospitals which voluntary registered themselves, which are now already estimating, taking into consideration their own methods, the costs per patient.

Out of these, in order to finalize the list of eligible hospitals, there was also taken into account the capacity of the hospitals that keep evidence of consumptions and afferent costs per patient, at least for the strict medical costs. The initial gathered information about the registered hospitals contain the following: types of representative costs per patient, the number and type of patients for whom the costs have been estimated, electronic form of the collecting and estimating, period.

The main followed aspects for the technical evaluation were:

the ability of making evident the expenses per hospital/department

the ability of making evident the expenses per patient

the ability of collecting in an electronic form the cost data per hospital/department

the ability of collecting in an electronic form the cost data per patient

In order to complete this information, the hospitals received a matrix for bookkeeping in which the hospitals could specify on budgetary articles the evidence of expenses per hospital, department, and patient.

The calculation methodology has as a basis the principle of *lower to upper collecting* of the direct costs per patient, the indirect costs being *allocated* per each clinical department and patient. The general proposed calculation formula was:

Total cost per case = direct collected cost (per types) + indirect allocated cost

Direct costs collected per hospitals should at least contain the total cost along with the drugs per patient, the costs along with the sanitary materials per department, the total paraclinical costs per patient, the personnel and hotel costs per hospital, better per department. This is necessary for an uniformity of the indirect costs allocation.

Taking into account the proposed calculation method, the process of analysis of the obtained hospital data was made on the basis of the following criteria:

personnel expenses per departments

drugs expenses per patient

expenses for sanitary materials per patient

apart evidence of day admission

electronical evidence of the expenses

the possibility of electronical data transmission

the evidence of drugs and materials or paraclinical investigations made outside the hospital

the evidence of direct expenses or aggregated through an allocation program hospital's availability for the study

if the hospital uses an application for MSCDP (The Minimum Set of Clinical Data per Patient) and the name of this (Access/SQL)

if the hospital uses a personal application and its origin

if the hospital has an evidence application for the costs per patient

From all hospitals that transmitted data only 14 of them affirmed that they have some evidences for the expenses per patient.

Because there were differences between the initial information and the ones transmitted within the bookkeeping matrix a telephonic contact took place with all hospitals in order to clarify them and there were also paid visits to 10 hospitals. The final selection took into account a number of 14 hospitals that could provide the study's necessary information.

The debates on the methodology took into account the need to receive in time and with accuracy the cost data per patient, after a relevant structure. Therefore, simultaneous with the minimum set of data per patient (MSCDP) there was also necessary to obtain a minimum set of cost data per patient (MSCDP). The MSCDP structure takes into account the main types of direct costs that are made for the patient (drugs, sanitary materials, investigations, procedures, medical personnel expenses) and an indirect cost. On this structure there has been elaborated an application for cost data collection and set up in the selected hospitals. As identifying elements for the two sets of data (SMDP și SMCP) there were established the following: ID case, ID hospital and department, number of the observation chart, admission and discharge date.

The hospitals were requested to introduce the expenses data for one month, at the hospital's option, September, October or November 2005. For the data per patient were requested data for discharged patients during the month in which the report is made similar to the monthly report of the data from the minimum set of data per patient.

The reported data by the hospitals were collected in a commune base to which were added through identification per patient the data from SMDP. The data analysis followed the proportion between the different types of expenses per hospital in comparison with the national proportion, the most frequent DRGs for which the cost data were sent, for each of these DRGs the proportion of the direct and indirect expenses, the direct costs per case, indirect costs for day admission for each hospital and medium costs per case with associated relative values.

Results

The list for the eligible hospitals to provide data for the evaluation study of the hospital costs per patient, evaluated in terms of costs bookkeeping.

Approved methodology of calculation of the hospital costs per patient, taking into account the actual hospitals stage.

Minimum set of costs per patient (SMCP) for the acute discharged patients in the study's hospitals.

Medium costs per case for the most frequent diagnosis reported in a month at the eligible hospitals.

Conclusions

The accomplished evaluations and analyses allowed the identification of some difficulties encountered in the determination of the medium costs and the associated relative values based on the data that can now be provided by hospitals. Part of these difficulties consist in either the lack of identification elements between the two data sets SMDP and SMCP, or of the discontinuities in completing the expenses related to the budgetary articles, depending on the hospitals' technical capacity.

Taking into consideration the voluntary aspect of hospitals' participation in this project and their shown availability during the project's period, it can be noticed that direct cost data per patient can be obtained only for drugs and part of the sanitary materials. The improvement of the quality of the provided data needs on the one hand information that at the moment are not collected by the hospitals (e.g. separate evidence depending on the origin of the funds), and on the other hand the motivation and support of the hospitals that are part of this project.

8. DEVELOPING A SOFTWARE APPLICATION FOR COST DATA COLLECTION AND PROCESS PROVIDED BY THE HOSPITALS

Study's goal

The final goal of this project is represented by the development and implementation of the applications and monthly cost data collection per hospital, regarding the use of the hospital costs per patient within the evaluation study.

Objectives

The objectives of this project are the following:

Defining the process and accomplishing the technical specifications of the application

Application's development

Setting up the application for the eligible hospitals from the evaluation Study of the hospital costs per patient.

Beginning the data collection

Refining the application and the collection process and the data analysis

Methodology

After the Study's team debates the idea of accomplishing two software applications has been materialized, one that could afford data collection from the hospitals level and another one that would allow the reunion in an unique data base of all cumulated information of the ncost data with the ones from the minimum set of data per patient.

In order to achieve the mentioned objective the following stages were ran over:

- There were established the indicators for which there are collected data within applications and budgetary articles, on three levels of aggregation (hospital, department, patient).
- There was established the ebb and flow of the information collected within the application: the manner in which these information were introduced through the application at the hospitals level, the report method in NIHRD, as well as the mechanisms for the data identification with the ones from the minimum set of data per patient (ID case, ID hospital and department, number of the observation chart, admission and discharge date).
- There has been established the administration system of the data base, depending on the information collecting manner, on the estimated volume of the collected and centralized data and there has been chosen an application, desktop type, using a Microsoft Access 2000 safe data base.
- The client interface through which the data can be collected in the base has been accomplished by using Microsoft Visual Basic 6.0. The data tables per hospital and department can be filled in with data through the provided interface and the ones per patient need the import of any other application used by the hospital, taking into account the technical specified specifications.
- The collected data may generate reports files for hospitals, regarding the correctness of the introduced data.
- The data process application, through the Access program, gathers in a commune data base the costs data and the ones from the minimum data set per patient.
- There has been developed a reporting manner that could allow the effectuation of analyses based on the data.

After the collecting and analyzing the first data sent by hospitals, the applications have been improved as interface, in order to obtain as specific as possible the information needed for the costs calculation. Also, in order to cover the necessity of ulterior reporting improvement, there has been decided that the program should take in

supplementary fields that should be collected at the local level and centralized at NIHRD's level.

Results

The electronic specified data collecting and their centralization have as a result the providing of all necessary information regarding an estimation, as precise as possible, of the medium costs per case and of the relative values afferent to these. The inconveniences that were encountered in the implementation of his program are connected to the existence, in most hospitals, of some working stations with old methods of installed programs and the lack of Internet connection, what made impossible the programs up- dating.

9. ANALYSES REGARDING THE PERFORMANCE/ACTIVITY OF THE HOPITAL UNITS

According to its responsibilities – the population health and the good progress of the health care system – the Ministry of Health must elaborate health policies that will harmoniously combine the two aspects.

The first condition in order to achieve this objective is the availability of some correct and precise information about the health system, including both the care needs and the providede cares.

Study's aim

Study aims to make available for the Ministry of Health all the necessary information for the decisions substantiation.

Study's objectives

Study's *general objective* is to obtain an indicators set regarding the hospital care needs at the national level, district and type of department and diagnosis catogory, the distribution study for the hospital cares within districts and the evaluation of differences between dictrics under the aspect of the indicators for the clinical activity.

Study's specific objectives:

1.1 Situation analysis

1.1.1 The indicators for the hospital services use at the national level, at the level patient's residence district, the district where the hospital is located, department type, diagnosis major category (DMC), diagnosis group (DRG) and department during the current year.

1.1.2 Hospital morbidity – The most frequent diagnosis major categories (DMC) and diagnosis groups (DRGs) – at the national level, at the level of patient's residences district, the district where the hospital is located and the department during the current year.

1.1.3 The interhospital distribution of the cases at the level of patient's residence district and the district where the hospital is located during the current year.

1.1.4 The interhospital distribution of the surgery cases at the level of patient's residence district and the district where the hospital is located during the current year.

1.1.5 The data quality per department in the current year.

1.2 Evaluation

1.2.1 District's distribution according to the clinical activity indicators registered during the current year at the level of patient's residence district and the district where the hospital is located.

1.2.2 Districts' evaluation from the hospital's morbidity point of view.

Methodology

The study is descriptive, retrospective. The study population is represented by discharged patients during 2005 in the Romanian hospitals.

Results

The study's results were quarterly presented to the main beneficiary (Ministry of Health) and were used for the monitoring and evaluating of the hospital services sector.

Conclusions

The study is an useful tool for the planning, organization and evaluation of the hospital services sector through the provided information regarding the performance of the hospital units.

10. STUDY REGARDING THE ELABORATION OF HOSPITALS' CASE-BASED FINANCING FOR 2006

Study's aim

The final goal of this study is represented by the elaboration of some financing options of the hospitals based on solved case (diagnoses groups – DRGs) in 2006 which would lead towards a more objective and transparent allocation of resources by the hospital servicers.

Objectives

The study's objectives are as it follows:

- Providing periodical information for the financer (the National Health Insurance Fund) regarding the relationship between the hospitals' clinical activity and the financing resources necessary for them in order to develop their activities in good order.
- Elaboration of some proposals regarding the case-based tariffs for 2006 for all 276 case-based financing hospitals.

Methodology

For achieving the mentioned objective, periodically (monthly and quarterly) the hospitals' clinical activities were analyzed and compared with the activity level needed for the current year. The clinical data are the ones that are used and monthly reported by hospitals through the DRG National application, as well as the financial ones periodically provided by the National Health Insurance Fund (NHIF). Relying on the monthly evolution of the clinical activity there has been accomplished an activity forecast that will be accomplished for the whole year, so that during the year the possible budgetary modifications allocated to the hospitals by NHIF may be established, according to the recommendation. Quarterly, the amounts situation realized by the afferent hospitals of the DRG activity is compared with the quarterly budgetary execution (when it was available), in order to follow also the share of personnel expenses within the hospitals' budget.

Together with the clinical data reporting after 9 months of activity, the case-based financing (DRG) hospitals' activity was analyzed and there were elaborated the first simulations for case-based tariffs I 2006. The data used for the tariffs' simulations were: number of discharged and validated patients, the complexity index of cases (CIC), the coefficient of the cases with extreme cu durate de spitalizare extreme – K, as well as the hospitals' budgets for the previous year, the budgets allocated for the current year, budgetary execution, and the contracted amounts and decoupled on services types (acutes, chronics, day hospitalization, residents). There was also taken into account the inflation's forecast rate.

Results

The simulations of case-based tariffs pe caz ponderat and the budgets for the hospitals' case-based financing had as an output the supply of 9 documented financing options, as well as the recommendation regarding the use of one of them.

Conclusions

The effectuation of monthly analyses and tariffs' simulations for the following year contributes to the development of the mechanisms for the allocation of the available resources for the acute hospital cares depending on the number and type of discharged patients in hospitals, in order to maintain the financial balance for hospitals and in the same time to insure the equity in the resources distribution.

11. ANALYSES REGARDING THE HOSPITAL'S ACTIVITY AND THE QUALITY OF THE PROVIDED SERVICES, BASED ON PATIENT DATA TRANSMITTED BY THE HOSPITAL USING "NATIONAL DRG" APPLICATION

The hospital's cares represent an essential theme in the medical management domain, in general, and of the hospital one, in particular.

Obtaining, using and, in the end, putting into good use some of these information in the administrative frame of the health system, more precisely in the evaluation processes, forecast and planning, makes up the essence of the management based on information and, accordingly, are desiderata of any manager.

Study's aim

The study's aim is to make available for the authorities the useful information regarding:

- *The characteristics of the hospital cares sector* both in the aspect of their needs and in the aspect of their procurement
- *Permanent monitoring of the sector* which will allow to point out in time the "hot" aspects
- *The far along evolution of indicators* for distinguishing the evolution's tendencies
- *Indicators' comparison* in order to highlight the possible differences and/or discrepancies
- *Establishing the ordinary values* (typical/common) that will might be used for the norms and standards elaboration and for distinguishing the excessive variations towards these

Also, these information may constitute the starting point for more complex analyses for:

- *The investigation of the phenomena' causes*, which will allow the introduction of proof-readers' measures
- *Impact's evaluation for some possible interventions*, which will facilitate the process of making decisions.

Study's objectives

The general objective of the study is to obtain an indicators' set that should answer the customary questions regarding the hospital cares:

- For whom (are the services provided)? → patients' social-demographical features
- For what (are the services provided)? → interned pathology
- In what state does the patient reaches the hospital? → admission circumstances
- Where? → providers type (hospital, department)
- What king and how many services? → indicators for the activity's volume and intensity
- What is the result of the hospital cares? → discharge type and status

In order to answer in a proper way to the needs of information for the National Health Insurance Fund (NHIF), the informations are provided both at the level of district health insurance house and at the hospital level.

Study's specific objectives:

1.1. Status analysis

- 1.1.1. Indicators of using the hospital services at the national level, HIH (Health Insurance Houses) level and at hospital level for the current year and month
- 1.1.2. Hospitalized morbidity – The most frequent major diagnosis categories and the diagnosis groups (DRGs) – at the national level, at the HIH level and at hospital level for the current year and month
- 1.1.3. Interhospital distribution of the cases at the HIH level for the current year and month
- 1.1.4. Interhospital distribution of the surgery cases at the HIH level for the current year and month
- 1.1.5. The data quality at the hospital level for the current year and month
- 1.1.6. Monthly evolution of the main clinical activity indicators at the hospital level for the current year

1.2. Monitoring

- 1.2.1. Special cases per hospital for the current month
- 1.2.2. Indicators' variation in the current month in comparison with the precedent month at the hospital level
 - 1.2.2.1. Clinical activity indicators
 - 1.2.2.2. Data quality indicators



1.3. Evaluation

- 1.3.1. Hospital's distribution according to the clinical activity indicators registered during the current year and month
- 1.3.2. HIH's distribution according to the clinical activity indicators registered during the current year and month
- 1.3.3. Hospital's distribution according to the quality data indicators registered during the current year and month
- 1.3.4. Hospital's distribution according to the clinical activity indicators' variation registered during the current year and month (all cases with continuous hospitalization)
- 1.3.5. The evaluation of the district insurance houses from the hospitalized morbidity point of view
- 1.3.6. Analysis for the surgery activity
- 1.3.7. Medium duration of hospitalization
- 1.3.8. Hospital mortality
- 1.3.9. Requested discharges
- 1.3.10. Discharges through interhospital transfer
- 1.3.11. The evolutive tendency of the case complexity index

Methodology

The study is *descriptive, retrospective*; the study population is represented by discharged patients during 2005 from the Romanian hospitals.

Results

The study's results were monthly presented to the main beneficiary (The National Health Insurance Fund) and were used for the process of taking decisions regarding the hospitals financing.

Conclusions

The study is an useful base for the decisions' substantiation for hospital financing through the information that it brings regarding the performance of these.

12.FESABILITY STUDY FOR A PPRIVATE CLINIC FOR WOMEN

Study's objectives:

- Accomplishing a fesability study in order to open a clinic for women in Bucharest,
- Brief presentation of the health Romanian system features and of the medical education, relevant for the clinical domain,
- Analysis of the health reproduction indicators in Romania, in comparison with the european countries,
- Analysis of the hospitalized morbidity relevant for the clinic's profile,
- Analysis of the market's profile services in the country and in Bucharest,
- Competition's status in the private sector,
- Analysis of the actual legislative frame, of interest for the clinic,
- Presenting the terms and the steps that should be followed in order to open the clinic,
- Identifying the obstacles and the opportunities for the clinic,
- Clinical configuration on consulting rooms and services; human resources plan.

Results:

- Accomplishing the study plan and choosing the instruments,
- Study's intermediary reports elaborated on each component,
- Up dated legislative diagram for all study's components
- Study's final report, elaborated in Romanian and English
- Substantiation note for the clinic.

13. EVALUATION STUDY OF THE ACTIVITIES DEVELOPED BY THE VOLUNTEERS OF THE “YOUNG PEOPLE FOR YOUNG PEOPLE” FOUNDATION, WITHIN THE CAMPAIGN FOR STI, HIV/AIDS PREVENTION AMONG YOUTH WITH AGES BETWEEN 15-18 YEARS

Study's aim:

Qualitative evaluation of the effectuated activity by the hired volunteers of the “Young people for Young people” Foundation.

Study's objectives:

- Evaluation of the quality process for interpersonal communication in the volunteers' activity
- Efforts of the volunteers' team
- Impact's evaluation for beneficiaries
- Evaluation of the volunteers' opinions
- Determination of the degree of reaching the 60% of young people involved in the outreach activities which points out the application of two sex practices with no risk

Methodology

The study's population: The youth with ages between 15-18 years old, participating to the activities developed by the foundation's volunteers in the high schools in 7 districts: Bucharest, Teleorman, Vaslui, Iași, Timiș, Constanța and Botoșani.

The quantitative component relied on the application of a questionnaire to a sample of Xth grade students, random, systematic and numbered sample.

The qualitative component relied on the technique of the qualitative semi structured interview.

Activities:

- The instruments were elaborated.
- The data were collected through the application of the questionnaires to youth with ages between 15-18 years old and through the interviewing of the hired foundation volunteers in the 7th locations.

Results:

- Reaching the project's indicator that foresaw that 60% out of the interviewed persons to know two sex practices with no risks.
- The students have more knowledge about HIV/AIDS than the STI, probably because of a better publicity.

The students took part in few health educational programs; the hours held by the foundation's volunteers are the first of the kind, being very important in this way.

- The students' opinions are that the best teaching methods are the ones with audio-video methods (video cassettes, video materials on electronic form)
- In general, the students were pleased by the volunteers' developed activities and there was a good communication between the volunteers and the program's attendants
- Volunteers said that they are always implied in decisions' taking for the ones that affect their activity and they are well accepted by the organization's beneficiaries.

14. STUDY REGARDING STI/HIV/AIDS PREVENTION WITHIN THE MILITARY UNITS AND SCHOOLS OF THE MINISTRY OF ADMINISTRATION AND INTERIOR IN ROMANIA – quantitative and qualitative socio-medical research KAP type (knowledge, attitudes and practices)

Study's aim:

The study had as a purpose to identify the real level of knowledge, attitudes and practices of the soldiers, students in the education units with military profile, regarding STI/HIV/AIDS.

Study's objectives:

- Identifying the knowledge, attitudes and practices of the target group: soldiers (19-25 years old), students in military high schools (14-18 years old) and students in MAI post secondary-schools and Police Academy (19-25 years old) regarding sexual life and STI/HIV/AIDS prevention
- Verifying the indicator's reach that foresees the growth up to 30% of the soldiers' number and respectively of the students' number that know at least three risks of unsafe sex
- Verifying the indicator's reach that foresees the growth up to 20% of the soldiers number and respectively of the students' number who affirm the condom's use

Methodology

The research took place between 2004-2005 and consisted in a quantitative *base-line* study made in 2004 and a final study elaborated in 2005 after the intervention of the "Young people for Young people" Foundation.

The quantitative component relied on the application of a questionnaire autoadministred to a sample of soldiers and professional soldiers legally hired and to a sample of pupils and students in military units and schools.

The target population was defined as it follows:

- Soldiers, with ages between 19-25 years old who develop military training for 1 year within 8 units included in the project
 - Pupils and students who go to training courses in 8 educational units with military profile, with ages between 14-18 years old for pupils in military high schools and 19-25 years old for pupils and students in military post secondary-schools and the Police Academy who beneficiated of the educational program
- The chosen sample was a probable and random type.

Within the qualitative component there were used two techniques, namely: the focus-group and the nominal group technique. There were applied three focus-groups, one for the doctors, assistants and officers.

Activities:

Instruments' elaboration
Applying the questionnaires
Data analysis

Results:

- Soldiers, pupils and students' knowledge improvement regarding STI, including HIV/AIDS.
- Reaching the project's indicator which foresaw the growth with 30% of the soldiers' number, respectively pupils/students, who answer correct to the question "Give three consequences of unsafe sex".
- Reaching the project's indicator which foresaw the growth with 20% of the soldiers number, respectively pupils/students, who affirm the use of condoms.

15. STUDY REGARDING STI/HIV/AIDS PREVENTION WITHIN THE MILITARY UNITS IN ROMANIA – quantitative and qualitative socio-medical research KAP type (knowledge, attitudes, practices) –

Study's goal:

The study had as a purpose the identification of the real level of the knowledge, attitudes and practices of the soldiers, regarding STI/HIV/AIDS.

Study's objectives:

- Identification of the knowledge, attitudes and practices of the soldiers who develop compulsory military training for 1 year and the legally hired soldiers regarding the sexual life and STI/HIV/AIDS prevention;

- Verifying the reaching of the project's indicator which foresaw the growth with 30% of the soldiers' number who know at least three risks of unsafe sex;
- Verifying the reaching of the project's indicator which foresees the growth with 20% of the soldiers' number who affirm the condom's use.

Methodology

The research took place between 2004-2005 and consisted in a quantitative *baseline* study made in 2004 and a final study elaborated in 2005 after the intervention of the "Young people for Young people" Foundation.

The quantitative component relied on the application of a questionnaire autoadministred to a sample of soldiers.

Target population: soldiers and professional soldiers, with ages between 19-25 years old within 20 units included in the project.

The chosen sample was multi strata.

Within the qualitative component the focus group technique was used. There was applied a focus group for the medical personnel (doctors, medical assistants) and officers who participated to the training process for the soldiers within the project.

Activities:

- Instruments' elaboration
- Applying the questionnaires
- Data analysis

Results:

- Soldiers, pupils and students' knowledge improvement regarding STI, including HIV/AIDS.
- Reaching the project's indicator which foresaw the growth with 30% of the soldiers' number, respectively pupils/students, who answer correct to the question "Give three consequences of unsafe sex".
- Reaching the project's indicator which foresaw the growth with 20% of the soldiers number, respectively pupils/students, who affirm the use of condoms.

16. QUALITATIVE STUDY FOR THE EVALUATION OF THE NATIONAL PROGRAM FOR HEALTH EDUCATION IN ROMANIAN SCHOOLS

Study's aim:

The study's aim was to evaluate the program's results according to the well-known stages of evolution of child and teenager and with the school syllabus.

Study's objectives:

- Data collecting in order to take decisions

- Estimation of the program's utility
- Evaluation of the need for information for pupils
-

Methodology

The study's population was made up by youth with ages between 7-18 years old, involved in the Romanian educational system.

It was used the qualitative sampler procedure, momentary sample or adequate sample, regarding the selection of some cases found at a certain moment during the field research and which are relevant for the theme's research.

The research techniques that were used were direct, intensive, deep and with free answers.

Activities:

Finalizing the research instruments that were used elaborating the final form of the interview guide

Applying the structured interview guide

Analyzing the answers given within the interview to the questions regarding the specific cycles existing within the Romanian educational system

For the application and development of the research we obtained the acceptance of the participants and of the teachers and we had the support of the District School Inspectorate.

Results:

- The people are now aware of the importance of the National Education Program for Health in the Romanian School.
- The scientific character of the transmitted information was appreciated; the information came from authorized sources.
- The same appreciation received the transition from the knowledge transmitting system focused on the teacher, to the system focused on the student.
- The alternative methods of data transmitting were also appreciated.
- The students thought about this interactive method of approaching the teaching as it follows:
 - That it stimulates their creativity and way of thinking;
 - That they make the lessons more alluring;
 - Transition of the learning method based on reproduction to the practice learning;
 - The lack of stress and tension specific to other disciplines facilitate the interaction and transmission of knowledge.
- Both the teachers and the students appreciated the utility of using some didactic materials; the students wish for the continuation of this program.
- Both the students and the teachers wish for the compulsory introduction of the subject of health education in the school syllabus.
- The thematic content is accessible to the level of development and understanding of these.

17. QUALITATIVE STUDY REGARDING THE POPULATION KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS THE REDUCTION OF TB MORBIDITY AS A RESULT OF THE INFORMATION-EDUCATION-COMMUNICATION CAMPAIGNS, DEVELOPED DURING 2004, IN THE DOMAIN FIGHTING AGAINST TB

For the information and data collection it was used the focus group method as an instrument of evaluation of knowledge, attitudes and practices regarding smoking.

The target population was represented by teenagers with ages between 14-19 years old, parents (with children with ages between 0-18 years old) and specialists.

The study developed in Bucharest. The questionnaire for the focus group contained a number of 16 questions related to the general knowledge, attitudes, mentalities and behaviours related to TB.

The concrete domains contained:

- The way of perceiving health;
- Knowledge regarding TB, and its transmission;
- Attitudes and behaviours towards TB sick people;
- believes, attitudes and behaviours within the family life regarding TB.

18. QUALITATIVE STUDY REGARDING THE POPULATION KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS THE DECREASE OF TB MORBIDITY AS A RESULT OF THE INFORMATION-EDUCATION-COMMUNICATION CAMPAIGNS, DEVELOPED DURING 2004, IN THE DOMAIN FIGHTING AGAINST TABACCO CONSUMPTION

For the information and data collection it was used the focus group method as an instrument for evaluation of the knowledge, attitudes and practices regarding smoking. The target selected population was the one of high school students with ages between 14 and 19 years old. There was elaborated the focus group guide which was pretested on a group of 9 high school students, bringing the necessary adjustments.

In the end, the research instrument contained 17 questions which can be classified as questions that evaluate the general knowledge about smoking, and explore the persons' attitudes regarding active and passive smoking and their practices related to smoking. On the whole, there were accomplished 14 focus groups in different high schools in Bucharest, which contained a total number of 102 pupils, meaning 7,4 participants on an average per focus group. The analysis of the 14 focus groups followed the "KAP" (*knowledge – attitudes – practices*) characteristics, namely the evaluation of the general knowledge about the subject, the participants' attitudes regarding smoking

and their practices. More over there was evaluated the exposing to information about smoking, within antitabacco campaigns and their messages.

II. OTHER ACTIVITIES RELATED TO THE SCIENTIFIC RESEARCH ACTIVITIES AND TECHNOLOGICAL DEVELOPMENT IN THE PUBLIC HEALTH AND SANITARY MANAGEMENT DOMAIN

A. TRAINING AND PERFECTING ACTIVITIES FOR THE SCIENTIFIC AND TECHNICAL PERSONNEL IN THE PUBLIC HEALTH AND SANITARY MANAGEMENT DOMAIN

1. MASTER COURSE IN “THE MANAGEMENT OF SOCIAL AND HEALTH SERVICES”

During January 1st, 2005 – July 1st, 2005, the 7th series of the Program for thoroughly studies Master in the Management of Social Services and Health continued. This Program is developing in collaboration with the Bucharest University – the Sociology and Social Assistance University. This course has an objective the integration of the social services with the health ones, so that it could be ensured the quality of the cares given to the population and at the same time to contribute to the medical assistance degreavation from the costs involved in the social cases. In 2005, the 6th series graduated, in all 30 students, and the other two series that are still in development totals 67 students.

2. COURSE FOR OBTAINING THE CERTIFICATE IN THE “THE MANAGEMENT OF HEALTH SEREVICES”

During January 1st - April 30, 2005 the last moduli of the Program for obtaining the certificate in the Management of Health Services took place, the 9th series, (the 1st series and the 2nd series/ 92 students /360 hours of course per series), the series of graduates 2005, (including the final exam, April 2005 examination).

In June 2005 began another crew, the 12th series of the Program for obtaining the certificate in the Management of Health Services, (the 1st series and the 2nd one/ in all 66 students / 360 hours of course per series).

In the course’s curriculum there were included notions about the general management, medicine based on evidence and Internet navigation, epidemiology and biostatistics, health promoting, financial management and sanitary economics,

comparative analysis of the health systems, organizational management, human resources management, organization and evaluation of the services and health programs, leading skills and the quality management.

This course is part of the National Program of Training and Perfecting for the Personnel in the Sanitary System.

3. TRAINING PROGRAM AT REGIONAL LEVEL REGARDING THE CLINICAL DATA COLLECTION PER PATIENT

In order to increase the knowledge regarding the introduction in hospitals of the system of data collection per patient, as a first step regarding the introduction of case-based financing, the Ministry of Health and the National Health Insurance Fund approved, through address no. 546/03/2005, the development of a „Training program at regional level for clinical data collection per patient” organized by the National Institute for Health Research and Development, Bucharest.

In this training program took part each district: a representative from the District Public Health Department, a representative from the District Health Insurance House, 2 representatives of each hospital from the respective district, a representative of the District College of Physicians. The regional programs developed during March 23rd – April 14th, 2005, in the following locations: Bucharest, Târgu Mureş, Iaşi, Cluj, Baia Mare, Medgidia, Timișoara and Craiova.

Total of participants: 731 (leaders, physicians, informaticieni, programatori, operatori-statisticieni etc.).

Program's aim

The detailed presentation of the concept for solved case-based financing for the hospitals, of the implementation plan at a national and regional scale approved through common orders by Ministry of Health and National Health Insurance House, the new codification of the medical procedures, modifications of the DRG-National application, clinical activity reports of the hospitals, hospital medical services' contracting and discounting in the DRG system.

Evaluation of the training program, achieved through a questionnaire distributed to the participants, showed that they were pleased by the organization, lecturers' work and by the delivered materials (printed and on CD). From among the expressed suggestions, the one that was the most frequent was that to periodically (quarterly or half-yearly) organize such programmes.

4. TRAINING PROGRAM REGARDING CASE-BASED FINANCING FOR THE HOSPITALS THAT WILL BEGIN THE UTILIZATION OF THIS MECHANISM STARING WITH 2006

In the training program took part at least one representative of each hospital from the Ministerului Transporturilor, Construcțiilor și Turismului network. The program developed in Bucharest in May 30th, 2005, in NIHRD's headquarters.

Program's aim

The general synthetic presentation of the concept for case-based financing of the hospitals and the practical aspects of this financing mechanism from the hospitals' perspective.

Program's evaluation, accomplished through a questionnaire delivered to the participants, showed that they were pleased by the organization, lecturers' work and the distributed materials (printed and on CD). From among the expressed suggestions, the one that was the most frequent was that to periodically (quarterly or half-yearly) organize such courses, including at regional level (some attendants being dissatisfied by the official trip in Bucharest) .

5. THEORETICAL TRAINING AND PRACTICAL GUIDANCE OF THE RESIDENT DOCTORS OF PUBLIC HEALTH

During 2005, 8 residents of Public Health and Management were trained in NIHRD. The training consisted in the allocation of specific tasks to our own research works, scriere de rutine, instructions which should allow executing them in such manner that their lack of experience would not affect the accomplishment of the tasks, the work along with them in order to explain the examples of draw up plan of analysis, of interpretation. This way of working made them to go beyond the competence with success, so that they accomplished several things beyond their actual training.

6. ENHANCING OF THE NIHRD'S LIBRARY

The enhancing of the library's collections was achieved on the grounds of the recommendations made by the NIHRD's Scientific Committee, of the employees' reading preferences and the activity of market's search regarding the Romanian and foreign book. With the approval of the Scientific Committee it has been developed the

new procedure of assent for the acquisitions' proposals. It has been proposed and approved by the Comisia de achiziții publicații.

During 2005, there have been bought 231 tomes from which 125 tomes were in Romanian. The documents were primary analyzed in the Registrul de mișcare a fondurilor and in the inventory Register. The publications were secondary analyzed, according to the procedure, in the library's electronic systematic catalogue, taking into account the norms of the Decimal Universal Classification.

A quantitative analysis of the borrow activity within the library points out the fact that, during 2005, the library was frequented by a number of 112 readers who borrowed a total of 890 tomes. In this way, the library is characterized through an annual index of reading of 7,9.

There have been made collections of normative documents with a certain specific, for the different research and consultancy projects (e.g. drugs, tobacco, alcohol, private clinical feasibility etc.).

During 2005, there has been developed a visual campaign for readings' stimulation, with the slogans: "What book do you read?", "Change the book...at the library", "Read books".

7. WEB DEVELOPMENT

Internet informational resources and relevant materials for the projects developed in NIHRD were searched and provided to the solicitants. The virtual library was enriched with 1000 articles (and books). There have been made all the steps in order to insure the access, also in 2006, to the base of the medical journals included in the HINARI (WHO) project. The access for 2005 has been insured through the Cochrane library for the complete text of the articles. For the NIHRD's employees there are weekly provided electronic information regarding the normative documents up dated now adopted of interest for the institute's activity.

8. DEVELOPMENT OF THE INSTITUTE'S WEB PAGE AND OF THE DRG WEB PAGE

The purpose of developing these web pages is represented by their use for information and study.

Results

The number of the site's visitors is monitored by the "Trafic.ro" service. Within the section named "health" the www.drg.ro site is placed on the 70 position, and the www.incds.ro is placed on the 259 position (in January 31st, 2006).

B. ACTIVITIES OF TECHNICAL-METHODOLOGICAL ASSISTANCE AND CONSULTANCY REGARDING HEALTH SERVICES PROVIDERS AND THE ACTIVITIES OF PUBLIC HEALTH AND HEALTH MANAGEMENT

1." IMPROVING TB CONTROL IN CHILDREN"

Project's main objectives:

- to improve the specialists' knowledge regarding the TB diagnosis and treatment in children;
- to diagnose and treat TB in children according to a guide;
- to inform and educate TB sick children, their family members and the general population about TB: symptoms, treatment, cure, preventive actions, health education etc.

Main activities developed in order to achieve these objectives were as it follows:

- Elaboration of a diagnosis and treatment guide for TB in children IN Romania, in accordance with the experience/tradition in Romania and with the experiences and valid recommendations at international level. According to the international recommendations, the guide was elaborated in two versions: the specialists' guide and the patient's guide. The patients' guide represents an abridged version and adjusted to the level of understanding of the non specialists.
- Elaboration of a story book regarding TB within the information, education, communication campaign (IEC).
- Training the specialists that are responsible for the TB diagnosis and treatment in children regarding this guide. There have been organized face to face training sessions in three centres with pneumology specialists.
- Developing an educational program (IEC) for TB sick children and for the general population.

Within this project a KAP (knowledge, attitudes, practices) study has been accomplished, with the following objectives:

- Identifying the needs for information, education and communication of the target population;
- Identifying thr key messages for the IEC campaign;
- Identifying the communication channels that are the best adjusted for the target population;

Methodology

For the qualitative study were used the following:

- The focus groups technique
- Interviews with key persons
- Direct observation

The study developed in the following districts: Iași, Brașov, Cluj, Sibiu and also in Bucharest.

- There have been organized 29 focus groups.
- There have been accomplished 26 interviews with key persons, 5 interviews in 3 districts and in Bucharest and 6 interviews in Iași.
- There have been achieved 5 direct observations of the departments of pediatric pneumo - ftiziologie.

2. CHANGING TEENAGERS' ATTITUDE AND BEHAVIOR WITH THE PURPOSE OF REDUCING THE TRANSMISSION OF STI/HIV/AIDS

Within the study “Knowledge, attitudes and practices of youth with ages between 15-24 years old regarding the infection and transmission of STI/HIV/AIDS and the consequences of practicing unsafe sex” accomplished in 2004, it was also developed a mass media campaign named “**Fii dotat**”, which purpose was to change the attitudes, practices and knowledge of the general population regarding the sexual behavior.

In 2005, within the „Fii dotat” campaign the following things were accomplished:

- The broadcasting of the campaign’s message on different radio and TV channels: Radio România Actualități, Europa FM; TV K Lumea, MTV, TVR 1, TVR 2, TVR Cultural, Prima TV, Național TV and Realitatea TV. About 15 million young people were exposed to the message of this campaign.
- The elaboration and transmission of the press statements:
 - “Pleasure without trouble”
 - “The condom - over 750 years of resistance in front of the STI”
 - “In the last five years, the age when the first sexual contact happens has constantly decreased”
 - “Good news, bad news!”
- The publication of articles in newspapers: Adevărul, Cronica

Română, Curentul, Rompres, Libertatea, Campus, Tonica, Medic.ro, Ultima Oră, Șapte Seri, Lumea Femeilor, Curierul Național, Ziarul, Media&Advertising, Imagoo, Evenimentul Zilei, Evenimentul Zilei Ghid TV, E Știri Medicale, Jurnalul de Sănătate, AM Press, PRO TV Magazin, Observatorul Medical, Azi, Top Business, Sănătatea la îndemâna tuturor, Bani Noștri, Știrile PRO TV .

- The *recall* study has developed in 8 districts in Romania, including Bucharest. The research team has been made up by 510 persons (young people from the general population with ages between 14 and 25 years old) in the urban and rural areas. At the level of each district the data collection has been achieved through a questionnaire structured by a team of 2 operatori.
- The promotional materials with the campaign's sigle and logo (500 note books (agenda), 500 calendars, 500 ball pens, 500 planners).

3. CONTINUOUS IMPROVEMENT OF THE DRG-NATIONAL PROGRAMME OF CLINICAL DATA COLLECTION PER PATIENT

Study's aim

The final goal of this project is represented by the application's improvement in accordance with the users' requests and its harmonization with the reporting standards towards other institutions in the health system.

Objectives

The objectives of this project are the following:

- The requests' analysis of the final users.
- The modification of the DRG-National application.
- To put the improved version of the application on www.drg.ro.
- The support for the hospitals regarding the installation of a new application version.

Methodology

There have been collected the improving requests of the DRG-National 4.0 application from the final users. Afterwards there have been rigorously analysed and it has been established the implementation of the improvements that have been justified.

Also, many debates took place with the heads of the Centre for Calculation and Health Statistics (CCHS) in order to discuss the format of the reports that centralize the quarterly and half-yearly diagnoses and procedures made by the hospitals. There has been established such a format for each centralizing report and an electronic mechanism which will also allow the

export of these reports as a data base towards the District Public Health Authority (DPHA).

Technical debates also took place with the members of the CCHS Informatics Department, regarding their support in order to elaborate an application that will allow centralizing collection, electronically sent to the DPHA by the hospitals.

In conclusion, the collaboration with CCHS had as a purpose the replacement of the standard centralizing reports manually filled in by each hospital with the electronic reports that have the same format and are automatically generated by the DRG-National 4.0 application, on the basis of the data introduced in the program.

Results

There have been achieved two improvement variants of the DRG-National 4.0 application, one, after the first quarter of using the application and the second after the first semester of use. The second variant also contains the centralizing reports for diagnoses and procedures for CCHS. Besides the centralizing reports, there have been brought other improvements like attaching new reports, through little proofs at the interface level and appending new facilities for an easier administration of the application.

In collaboration with the members of the Informatics Department from the CCHS, there have been accomplished tests in order to convince ourselves of the correctness of the transfer and basis reports collection at the level of DPHA.

The new variants of the application have been put on the www.drg.ro web page, together with complete indications for usage. It has been insured a technical continuous telephonic support and e-mail for the ones that had vaguenesses regarding the installation and the use of the new versions of the DRG-National application.

4. STUDY REGARDING THE POSSIBILITY OF INTRODUCING THE DRG SYSTEM FROM AUSTRALIA STARTING WITH 2006, AS A BASIS OF THE CASE-BASED FINANCING OF THE HOSPITALS FROM ROMANIA

Study's aim

The final goal of this study is represented by the identification of the advantages and the possible problems related to the introduction of the Australian AR-DRG system in 2006, and, after that, the development of a personal DRG system on the basis of the Australian one.

Objectives

The objectives of this study are the following:

- The parallel grouping of a sample of cases reported by hospitals in 2005 with the grouper HCFA v.18.0 and AR-DRG v.5.0.
- The elaboration of some financial analyses that can be used by NHIH as work instruments in the process for establishing the hospitals' way of financing.

Methodology

In order to achieve the mentioned objectives, it has been selected a data sample reported by the hospitals during 2005, which has been classified in DRGs with the help of the AR-DRG v.5.0 grouper. The results of this process will be compared and analysed through some clinical and activity indicators with the results obtained with the help of the HCFA v.18.0 grouper. Afterwards it will be chosen a set of relative values for the new diagnosis groups and it will be elaborated financial analyses that will be provided to the National Health Insurance House as a work basis in order to establish the concrete ways of hospitals' financing in the next stage.

Results

- It has been obtained from the Ministry of Health the sublicence regarding the use of the AR-DRG classification system in order to prepare its official introduction in grouping and financing starting with 2006.
- It has been obtained from an accredited provider of the Australian Government a software for the patients' grouping (grouper), that has incorporated the AR-DRG classification system licentiated to Romania, on the basis of a research agreement.
- Within the preparation process of the AR-DRG v.5.0 grouper's implementation, NIHRD ascertained that there is a series of diagnoses codes ICD-10 (WHO 1994), used in nowadays in Romania without coresponce (mapping) along with the diagnoses codes ICD-10-AM v.3.0. This situation has appeared because the World Health Organization has up dated and refined the codification system during the time since the translation and the putting into practice of this list took place in our country.
- In this way, for the parallel grouping of a sample of reported cases by the hospitals in 2005 with the HCFA v.18.0 and AR-DRG v.5.0 groupers it has become necessary, as a momentary solution, in order to accomplish the correspondence between the ICD-10 version used

at present in Romania and ICD-10-AM v.3, passing through ICD-10 the 2nd edition (WHO 2003), process that has been finalised.

Conclusions

Because of the delays that appeared during the process of acquiring the AR-DRG v.5.0 grouper, the financier has decided the postponement with one year of the financing on the basis of this new classification, so that there will be the necessary time for the elaboration of more ample studies and the substantiation of the concrete ways for providers' payment.

This study must continue, but NIHRD proposed as an optimum future solution either the adoption of the ICD-10-AM diagnoses classification (in order to avoid the correspondence tables and the possible errors that these imply), or the up-dating of the ICD-10 list and putting it into practice, along with the support of the CCHS.

5. ANALYSES REGARDING THE INDEBTED HOSPITALS DURING 2003 AND 2004

Study's aim

The purpose of these analyses is represented by the observation of the hospital care providers who registered debts during 2003 and 2004, and distinguishing those who increased these debts along the way, as well as the ones that have registered payment commitments that have outran the approved budgetary stipulations.

Objectives

The objectives of this study are the following:

- The identification of the hospitals that have registered debts during 2003 and 2004, and their evolution analysis in time
- The identification of the hospitals that have registered payment commitments that have outran the approved budgetary stipulations

Methodology

The methodology had a series of stages, namely:

1. The classification of the public hospitals (431 hospitals) that have contracted services during 2004, depending on the moment of accomplishing the accumulated debts.
2. Taking out of the analyses the hospitals that have debts only from 2004, within 180 days (<180 days), because these hospitals are part

of the legal mechanism of acquisition and payment of drugs and sanitary materials.

3. Taking out of the analyses the hospitals that have debts only from 2003, debts made within the diabetes program, because of the disfunctions that occurred during the diabetes program in 2003.
4. Evaluation of the 44 hospitals with debts in 2003 from the hospital activity, through the comparison of the debts in 2003 and in the beginning of the year 2004, with debts from 2003 and 2004 >180 days in March 1st, 2005.
5. Evaluation of the hospitals without debts in 2003, from the hospital activity, but with debts from 2004 >180 days in March 1st, 2005 (209 hospitals).
6. Evaluation of the 52 hospitals which have due commitments for 2004 over the limit of the approved budgetary stipulations for the certain year.

Results

After the results of the analysis that has been effectuated by NIHRD Bucharest for the 431 hospitals with debts from 2003 and 2004 there have been elaborated work hypotheses regarding the causes which determined their apparition.

C. PUBLISHING AND PRINTING ACTIVITIES OF THE SPECIALIZED PUBLICATIONS

1. THE ELABORATION AND THE QUARTERLY PUBLISHING OF THE JOURNAL "HEALTH MANAGEMENT"

The goal of this quarterly journal is that of being:

- the information instrument regarding the scientific contributions of NIHRD in the health system domain;
- formator de opinie and support given to the professionals/authorities from the system;
- support in the training/education process provided by the institute;
- scientific debate forum regarding the current problems of the system.

"Health Management" provides informations in the domain of public health and general management applied in the health domain.

The journal "Health Management" is the only publication with this profile in Romania. This journal is addressed to all the persons that are interested in improving the population' health status and in the management of the health

services, on the terms of the reform of the Romanian health system: physicians, health institutions' managers, Members of Parliament, Members of Government, economists, Medicine students etc.

Results

There have been published and publicated 4 numbers of the journal. Theses have been delivered to all hospitals in Romania, to all the District Public Health Authorities from the Ministry of Health, according to the signed contract with the Ministry of Health.

2. THE ELABORATION AND THE QUARTERLY PUBLISHING OF A DRG BULLETIN

The DRG bulletin contains information and news regarding the implementation of the case-based financing system at the level of hospitals. This publication was delivered to the District Public Health Authorities as well to the hospitals and is now on the www.drg.ro web page.