

21 HEALTH

Data on the health status of the population, on activities of health service providers, and on congenital malformations are obtained from the National Health Information System (hereinafter only referred to as the NHIS). The NHIS is defined in the Act on Health Services and Conditions of Their Provision. The NHIS is determined for keeping national health registers and processing of data kept therein. The administration of the NHIS has been delegated by the Ministry of Health to the Institute of Health Information and Statistics of the Czech Republic (IHIS CR).

Information on health care expenditure pursuant to the System of Health Accounts is derived from data of the Ministry of Health, the Ministry of Finance, the Ministry of Labour and Social Affairs, the National Register of Reimbursed Health Services (Národní registr hrazených zdravotních služeb – NRHZS), which is part of the NHIS, and data sources of the CZSO.

Data on students of and graduates from health fields of education at universities in the Czech Republic were obtained from data sources of the Ministry of Education, Youth, and Sports, namely from the SIMS database (i.e. Union Information from Students' Registers).

Data on the **self-perceived health** (status) were obtained from results of the Living Conditions (EU-SILC) – 2022 statistical survey (a national round of the EU-SILC within the programme of the European Union – Statistics on Income and Living Conditions (EU-SILC) sample survey in households). The purpose of the survey is to obtain representative data on the income distribution of individual household types, data on the type and quality of housing and on housing costs, on the equipment of households with durable goods, and the working, material, and health conditions of adults living in households.

Health care personnel (health professionals; health workforce) – such a person is considered a health professional, who acquired professional qualification for performance of a health care profession pursuant to the legislation in force and who performs activities pertaining to him/her based on the profession.

The **full-time equivalent (FTE)** is the sum of work hours of individual workers of health establishments converted using the number of hours of work per week of a full-time employment contract as laid down for a given establishment or workplace. The full-time equivalent is given including contract workers.

A **physician** provides preventive, diagnostic, curative, rehabilitative, dispensary, or palliative care.

A **general nurse** provides nursing care to patients based on a diagnosis made by a physician or a dentist. Furthermore, in co-operation with a physician or a dentist, a general nurse participates in preventive, curative, diagnostic, rehabilitative, palliative, and urgent or dispensary care.

A **midwife** provides specialised nursing care to a pregnant woman, to a delivering woman, and a woman (mother) up until the sixth week after the delivery (the puerperium), including care for the newborn and nursing care for women in the area of gynaecology.

A **healthcare assistant** under an expert's supervision or under direct control performs ancillary activities within providing health services. For example, he/she performs hygienic care for a patient (e.g. bathing and toileting), helps with positioning or immobilisation of patients, etc.

Others include other health personnel (health professionals) not classified in the groups above (for example, physiotherapists, radiology assistants, hospital attendants / orderlies, medical assistants, ambulance paramedics, pharmacists).

Cases of hospitalisation are based on individual reports on terminated cases of hospitalisation. Every inpatient department of health establishments in the Czech Republic except for convalescent homes (recovery centres) and balneological institutions is a reporting unit. One case of hospitalisation shall mean every terminated case of hospitalisation at one department either it has been terminated by a release or decease of a patient or the patient has been relocated to other department or other health establishment.

Days of treatment – one day of treatment shall mean a whole calendar day, on which a patient has received all services, which the health services provider provides, i.e. including accommodation and board.

The **average length of stay (days of treatment)** is the average length of stay in a hospital department in days. It is calculated as an average number of days of treatment per one case of hospitalised patients in a department.

A **follow-up care hospital** is a facility that provides care to a patient who has been diagnosed with an underlying condition and has stabilized his or her health, managed a sudden illness or sudden exacerbation of a chronic illness. However, the patient's condition requires follow-up treatment or the provision of, in particular, medical rehabilitation care. Follow-up intensive care may also be provided to patients who are partially or totally dependent on support of vital functions.

Note: Follow-up care can also be provided in another type of establishment than follow-up care hospitals (e.g. in therapeutic institutions for long-term patients or in other specialised therapeutic institutions). Therefore it can happen that in some Region there are not designated establishments and beds for follow-up care, yet cases of hospitalisation and days of treatment are reported for patients to whom this type of care was provided in another type of establishment.

A **mental health hospital (facility)** is a medical facility specialising in the treatment of serious mental illnesses and drug addictions (substance abuse) of hospitalised patients. These are facilities providing long-term psychiatric care, not acute care.

Balneological care is recommended by a physician as an inevitable part of a treatment process and fully covered by health insurance companies. It is also referred to as complete balneological care. Data on the numbers of institutions and of beds for the complete balneological care also include institutions, which terminated their activities during a year. The data source is the questionnaire on the activities of a provider of balneological rehabilitation and care filled in by balneological institutions.

Selected independent surgeries providing outpatient care include all surgeries of respective physicians / general practitioners. The numbers **do not** include detached workplaces.

Selected outpatient care establishments include all surgeries of respective physicians / general practitioners. The numbers **do not** include detached workplaces.

Pooled (combined, associated) **outpatient care establishments** are outpatient (health) care establishments, which provide comprehensive services usually in multiple clinical fields, namely both to children and adult patients.

Other outpatient care establishments are outpatient (health) care establishments not elsewhere classified (for example, home health care).

Incidence of malignant neoplasms is the number of newly captured cases of oncological diseases in a given year (by place of permanent residence of a patient). Data are based on data from the National Cancer Register (in Czech abbreviated as NOR), which is part of the National Health Information System (in Czech abbreviated as NZIS). The National Cancer Register (NOR) is a nationwide population register, which has been in operation since 1976, and the purpose of which is to register oncological diseases and to periodically monitor their further development. In summary tables, all malignant neoplasms are included, **except for other malignant neoplasms of skin, i.e. C00–97 excluding C44** according to the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10).

Data on students of and graduates from health fields of education were obtained from the SIMS database (i.e. Union Information from Students' Registers). The source database of SIMS is continually completed and updated, including retrospective corrections. Data published in this publication correspond to the state of processing as at 20 January 2023. Data on students of universities are always related to 31 December of the relevant year; data on graduates are related to the entire school year.

Students are shown by place of permanent residence. Students and graduates with permanent residence abroad (foreigners) are also included in the figures for the Czech Republic.

Health studies are specified based on the ISCED Fields of Education and Training 2013 classification (the Czech version: CZ-ISCED-F 2013), namely by means of its narrow field 091 Health, which includes the following detailed fields of education:

- Dental studies (0911);
- Medicine (0912);
- Nursing and midwifery (0913);
- Medical diagnostic and treatment technology (0914);
- Therapy and rehabilitation (0915);
- Pharmacy (0916);
- Traditional and complementary medicine and therapy (0917).

Numbers of students and graduates are given as headcount, i.e. each student is included in a particular piece of data only once, including students who study in more study programmes at the same time. The total numbers of students and graduates thus do not have to be equal to the sums of students and graduates of respective types of study programmes.

Births of children with congenital malformations are shown according to the place of permanent residence of the child born.

Incapacity for work – since 2012, the CZSO has obtained the data by processing of data from an administrative data source of the Information System of the Czech Social Security Administration (CSSA). The Information System of the CSSA registers cases of temporary incapacity for work in the Czech Republic, which were reported by a physician electronically by means of the application called in Czech "eNeschopenka" (before 2020, they completed a printed form called "Decision on the temporary incapacity for work"). The statistics of temporary incapacity for work captures all diseases and injuries, which caused at least one-day long incapacity for work of the sickness-insured persons. Administrative data in the Information System of the CSSA contain data reported for all employees of legal and natural persons and separately for the own-account workers (the self-employed).

New notified cases of incapacity for work are registered based on the reported beginning of the incapacity for work (a sick leave) of the sickness-insured persons.

Note: The number of new notified cases of temporary incapacity for work due to disease also includes incapacity for work due to quarantine or isolation. **In January** (as of 17 January) **and February 2022**, while testing employees for COVID-19, **some workers** were given a sickness certificate for quarantine or isolation **in duplicate**. In order to act

expeditiously in dealing with them, both general practitioners and regional public health authorities were issuing sickness certificates. However, it is not possible to identify duplicate cases from the available source databases. This has an impact on the other indicators presented and derived from them (the number of calendar days of incapacity for work, the average percentage of temporary incapacity for work).

Calendar days of incapacity for work show the sum of calendar days, for which sickness-insured employees were incapacitated for work (on a sick leave; based on the reported beginning and end of their incapacity for work (sick leave)).

The **average duration of one case of incapacity for work** expresses how many calendar days of incapacity for work there are on average per one new notified case of incapacity for work.

The **average percentage of incapacity for work** expresses how many of one hundred of the sickness insured are (on average) every day incapacitated for work due to disease or injury. It is calculated as a ratio of the number of calendar days of incapacity for work (multiplied by 100) and the average number of the sickness-insured persons, multiplied by the number of calendar days in the given period.

Occupational injuries are injuries that occurred to employees when they were fulfilling their work assignments or in direct connection with them.

A **fatal occupational injury** is such health damage that occurred to employees while fulfilling their work assignments or in direct connection with the fulfilment of these assignments leading to death of the suffering employee within one year since the day, on which an occupational injury was inflicted. The source of data is the State Labour Inspection Office (in Czech abbreviated as SÚIP).

Expenditure of health insurance companies includes reimbursements from the obligatory public health insurance on health care reported by health establishments and recognised by health insurance companies. All expenses are broken down by place of permanent residence of a patient. Expenditure that cannot be broken down by sex, age, and Region is also included in the total indicator of expenditure per capita of a given sex. Diagnoses or rather chapters of the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD–10) shown in tables represent groups bearing the largest costs for health insurance companies.

Characteristics of self-perceived health status – a long-term disease or a health problem means a disease or limitation, which lasts or it is assumed to last for six months, at least. Long-term limitations in common activities show a share of persons who stated they were limited in activities (that people usually carry out) due to health related reasons for the period of previous six months, at least.