



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



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

Statistical Office in Kraków

Kraków 2026

Content-related works

Statistical Office in Kraków – Centre for Health and Health Care Statistics

Editorial team

Sylvia Duda, Joanna Jurek, dr Anna Jasiówka, Ilona Kowal, Maria Penpeska, Grzegorz Ruta, Agata Sańka

Cooperation

Employees of the Health Statistics Division – the Social Surveys Department of Statistics Poland

Translation

Sylvia Duda, Dorota Kawiorska, dr Anna Jasiówka, Maria Penpeska

Supervisor

Agnieszka Szlubowska

Methodological report approved by the Methodological Commission of Statistics Poland

Publication available on the website stat.gov.pl

When publishing Statistics Poland data – please indicate the source

METADATA

Title of the methodological report	Methodological report Health and health care statistics – Statistics Poland's reports
Author	Statistical Office in Kraków
Scope of the survey/area by subject	Definition of population under study: entities providing health care. Target population: • entities providing health care in the field of primary and specialist outpatient care (outpatient departments, clinics, health centres) registered in the Register of Entities Providing Health Care and doctors conducting professional practices (individual and group) under the contract concluded directly with the National Health Fund; • entities registered in the State Emergency Medical Services System, providing health care within the scope of first aid and emergency medical services, voivodship offices, medical dispatch centres; • entities registered in the Register of Entities Providing Health Care, in the field of health resort treatment and inpatient rehabilitation.
Objective scope of the survey/area	• Outpatient consultations, consultations in primary health care, specialist medical consultations, specialist dental consultations, consultations in night and holiday health care, adjustments of unit to the needs of disabled persons; • Emergency medical activities, health care services provided in an admission room/hospital emergency ward resulting in the patient's discharge, health care services provided in the hospital emergency ward resulting in the patient's transfer to hospital treatment or death, inpatient activity of a trauma centre, trauma centre for children, organizational units of a hospital, specialized in providing emergency medical services, personnel composition of selected emergency rescue entities; • Therapeutic activity of health resort facilities, inpatient rehabilitation facilities, adjustments of unit to the needs of disabled persons.
The type and method of survey/survey area	Complete surveys are carried out with the use of statistical reports with the symbol ZD, filled in under the reporting obligation on an annual basis.
Data collection tools/data sources	Tools of data collection: electronic statistical reports: • ZD-2 Report on therapeutic activity of health resort facilities, inpatient rehabilitation facilities; • ZD-3 Report on outpatient health care; • ZD-4 Report on first aid and emergency medical services. Data collection procedure: statistical reports in electronic form on the Reporting Portal of Statistics Poland (GUS) filled in under the reporting obligation. In justified cases (exclusively where it is not possible to use the electronic form), the forms may be completed in paper form and then sent by post within the deadline and to the address specified in the form or in

	the explanatory notes to the form, after prior agreement with the recipient regarding this method of data submission.
Presentation of survey/area results	Publications: https://stat.gov.pl/obszary-tematyczne/zdrowie/ Internet databases: https://bdl.stat.gov.pl/BDL/start https://dbw.stat.gov.pl/
Classifications used	National Official Register of the Territorial Division of the Country (TERYT) – http://eteryt.stat.gov.pl/ Polish Classification of Activities PKD 2007 – https://klasyfikacje.stat.gov.pl/Pkd2007 Identification codes according to the Regulation of the Minister of Health on the system of identification codes for health care providers and detailed rules of assigning them http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20190000173
Date of methodological report	September 2026

Preface

We would like to present you the methodological report entitled "Health and health care statistics – Statistics Poland's reports", prepared by the employees of the Centre for Health and Health Care Statistics of the Statistical Office in Kraków, in order to systematize the methodology of statistical research in the area of health and health care. The description of the surveys contained in this report is based on the statistical survey programme of official statistics.

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

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

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

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

Director of
Statistical Office in Kraków



Agnieszka Szlubowska

Kraków, September 2026

Contents

	Page
Metadata	3
Preface	5
Main abbreviations	7
Introduction	8
Health and health care statistics.....	10
1. Subjective and objective scope of statistical surveys.....	17
2. Type and method of surveys	18
2.1. Survey method description of statistical reports with the symbol ZD	18
2.2. Data sources for defining target population	20
3. Characteristics of data collection tools.....	21
4. Variables covered in surveys	23
4.1. Characteristics of variables in the statistical reports with the symbol ZD.....	23
4.2. The output statistical information from annual surveys	24
4.3. Indicators and methods of their calculation	25
4.4. Classifications used	26
4.5. Definitions of key terms used in health statistics	27
5. Organisation and management of surveys implementation.....	36
6. Method of presenting the survey results	37
7. Quality assessment of surveys	37
Annexes	39

Main abbreviations

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

Introduction

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

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

- Act of 29 June 1995 on Official Statistics (consolidated text, Journal of Laws 2026, item 851);
- Regulation of the Council of Ministers on the programme of statistical surveys of official statistics, issued annually and defining the subject and scope of surveys for a given year, as well as the types, forms and deadlines for making the resulting statistical information available.

The implementation of the statistical surveys also allows Poland to fulfil its obligations resulting from membership in the European Union. The conduct of the European Health Interview Survey and the development of statistics on health care infrastructure and its functioning, medical personnel and the National Health Account are governed by existing legislation:

- Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work;
- Regulation (EU) 2019/1700 of the European Parliament and of the Council of 10 October 2019 establishing a common framework for European statistics relating to persons and households, based on data at individual level collected from samples, amending Regulations (EC) No 808/2004, (EC) No 452/2008 and (EC) No 1338/2008 of the European Parliament and of the Council, and repealing Regulation (EC) No 1177/2003 of the European Parliament and of the Council and Council Regulation (EC) No 577/98;
- Commission Regulation (EU) 2021/1901 of 29 October 2021 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council as regards statistics on health care expenditure and financing;
- Commission Regulation (EU) 2022/2294 of 23 November 2022 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council as regards statistics on health care facilities, health care human resources and health care utilisation;
- Commission implementing Regulation (EU) 2023/2529 of 17 November 2023 specifying the technical items of the data set, establishing the technical formats for transmission of information and specifying the detailed arrangements and content of the quality reports on the organisation of a sample survey in the health domain pursuant to Regulation (EU) 2019/1700 of the European Parliament and of the Council;
- Commission delegated Regulation (EU) 2024/297 of 31 October 2023 supplementing Regulation (EU) 2019/1700 of the European Parliament and of the Council by specifying the number and the titles of the variables for the health domain.

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

This study begins with a summary description of all research topics in the area of health and health care conducted by the President of Statistics Poland (GUS) in the context of public statistical surveys. Other parts of this publication are devoted to GUS surveys carried out with the use of statistical reports with the symbol ZD.

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

The study contains a description of the methodology in force in 2026, which applies to the published data for 2025. In case of changes in the survey methodology, the electronic version of the report will be updated and supplemented.

Health and health care statistics

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

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

- 1.29.01 Health status of the population;
- 1.29.06 Medical personnel in health care;
- 1.29.07 Health care infrastructure and its functioning;
- 1.29.09 Pharmacies;
- 1.29.17 Health Accounts: National Health Account, Satellite Health Account;
- 1.29.21 Disabled persons with legal confirmation.

Statistics Poland's reports in the area of health and health care

Survey 1.29.07 Health care infrastructure and its functioning is based on the GUS statistical reports with the symbol ZD:

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

These reports serve as a basis for development and compilation of an outcome data in the area of health resort treatment and inpatient rehabilitation services, outpatient health care, first aid and emergency medical services.

Statistics Poland's research in the area of health based on administrative data

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

- health status of the population;
- medical personnel in health care;
- blood donation;
- inpatient health care – activities of general hospitals, psychiatric hospitals and stationary long-term care institutions operating in the health care system;
- pharmacies;
- health accounts: National Health Account, Satellite Health Account;
- disabled persons with legal confirmation.

Population health research

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

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

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

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

The source of information on the incidence of disease are the annual statistical reports with the following symbols: MZ-13 Annual report on patients treated in tuberculosis and lung disease clinics, MZ-14 Annual report on patients treated in the dermal-venereological outpatient clinic, MZ-15 Report on the activity of the outpatient treatment unit for persons with mental disorders, alcohol and other psychoactive substance addicts, MZ-56 Report on incidence of infectious diseases, infections and poisonings, as well as the data from the National Cancer Registry and the National Tuberculosis Registry. The source of information on vaccinations is the annual statistical report with the symbol MZ-54 Report on preventive vaccinations.

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

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

Research of medical personnel in health care

Data on doctors, dentists, nurses and midwives (from 2019), and physiotherapists (from 2022) are estimated solely based on administrative sources (including registers): the list of Social Insurance Institution contribution payers, the Register of Entities Performing Medicinal Activities (RPWDL) and registers of medical, nurses, midwives, physiotherapists practices, the list of entities with which the National Health Fund has signed a contract for the provision of medical services, the Central Register of Nurses and Midwives, the Central Register of Doctors and Dentists, the National Register of Physiotherapists, as well as PESEL and the Central Register of Insured Persons. The data for previous years were taken from reports by the Ministry of Health, the Ministry of Interior and Administration, as well as the results of Statistics Poland surveys.

Data on medical personnel other than doctors, dentists, nurses, midwives, and physiotherapists are taken from reports of the Ministry of Health, the Ministry of the Interior and Administration, as well as from registers the General Pharmacy Chamber and the national Chamber of Laboratory Diagnosticians. The GUS obtains summary data compilations based on the following statistical reports:

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

The information on pharmacists working with patients is supplemented by the results of Statistics Poland survey 1.29.09 Pharmacies.

The data on medical personnel presented by the Statistics Poland by territorial division include those entitled to practice medical profession according to the place of residence and those working directly with patients, according to the main place of work, and concern all persons (both women and men), regardless of the definitions adopted in the acts on medical professions (doctor, dentist, nurse, midwife, physiotherapist).

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

Summary tabulation of data presented by territorial division covers:

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

Research of inpatient health care

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

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

Summary tabulation of data presented by territorial division include, among others, the following:

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

Research of pharmacies

From 2024, data on generally available pharmacies and pharmaceutical outlets, as well as the pharmacists and pharmaceutical technicians working there, are compiled based on administrative sources:

- the National Register of Permits for Access to Public Pharmacies and Pharmacy Outlets, administered by the Chief Pharmaceutical Inspectorate;
- data on pharmacists and pharmaceutical technicians dispensing reimbursed prescriptions in pharmacies and pharmaceutical outlets from the IT system of the National Health Fund;
- lists of insured persons and contribution payers from the Social Insurance Institution and the Agricultural Social Insurance Fund (for 2024).

Based on administrative sources the following data are compiled:

- the number of generally available pharmacies and pharmaceutical outlets;
- the number of pharmacies conducting mail-order sales of medicinal products via their website;
- the number of pharmacies and pharmacy technicians working in generally available pharmacies and pharmaceutical outlets as their primary place of work, by gender and age group.

The output statistical information also includes prescription dispensing (including data on the number of prescriptions, packages, the value of prescription medicines sales, reimbursements, and patient co-payments), which is provided by the Medical Information System of the Ministry of Health. Territorial data is compiled by the location of the pharmacy dispensing the prescription and includes only dispensed medications

(prescriptions dispensed); it does not include undispensed prescriptions. Prescription medicines sales data are presented according to the Anatomical-Therapeutic-Chemical Classification (ATC), approved by the WHO.

Until 2023, the data source on pharmacies and pharmaceutical outlets was the Statistics Poland questionnaire ZD-5 Report on pharmacy and pharmaceutical outlet.

Health Accounts: National Health Account, Satellite Health Account

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

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

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

and data extracted from the following reports:

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

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

Satellite Health Account estimates provide comprehensive information on the financial aspects of the health care sector at the national economic level. The purpose of developing the satellite accounts is to meet the need for specific data not presented in the national accounts system. The Satellite Health Account uses the structure of accounts from the system of national accounts (the integrated accounts sequence, the goods and services account), while also adopting concepts specific to the system of health accounts (ICHA classifications and related definitions of the health care sector and health care providers). By using the health accounts classifications, it is possible to determine the actual role of the health care sector and the contribution of health care providers to GDP, thus estimating its economic importance.

Satellite Health Account estimates consist of a basic set of economic transactions related to the production activities of health care providers (production account and generation of income account), the supply and use of health care goods and services, and supplementary data on health care investment outlays.

The main sources of data for estimates of the Satellite Health Account are the research results conducted on the basis of statistical reports: Annual survey of enterprises (SP), Report on the economic activities of enterprises (SP-3), Report on the activities of shops, pharmacies and gas stations (H-01a), Annual report on finances of entities performing medical activities in the public sector (MZ-03), Report on the status and movement of fixed assets (F-03), Municipal statistics - Fixed assets (SG-01 part 4), Report on the activities of foundations, associations and other social organizations (SOF-1) and information systems of the Ministry of National Defence

and the Ministry of the Interior and Administration regarding the profit and loss account of independent public health care facilities, the information system of the Ministry of Finance regarding the reporting of public finance sector entities (on the basis of Rb reports), reports on the implementation of the state budget in the field of health care or financial reports of entities of the general and local government sector. The estimations also used detailed data calculated for the purposes of national accounts and the National Health Account.

Blood donation

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

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

Information and data are extracted from the following reports:

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

Datasets by voivodships contain information on the number of blood and blood donation centres, their branches, donors, including voluntary, donations of blood and blood components and production (processing) of blood components. Data obtained from the Military Blood Donation and Blood Transfusion Centre and the Blood Donation and Blood Transfusion Centre of the Ministry of the Interior and Administration are available at the national level.

Disabled persons with legal confirmation

The purpose of the research 1.29.21 Disabled Persons with legal confirmation is to provide information on the socio-demographic situation of disabled persons with legal confirmation.

The study covers the entire population of disabled persons with legal confirmation, meaning those with a valid disability certificate issued by the Disability Assessment Board (on disability or the degree of disability) or an equivalent certificate issued by the Social Insurance Institution (ZUS) (on the degree of incapacity for work), the Agricultural Social Insurance Fund (KRUS) (on incapacity for farm work until December 31, 1997), the Ministry of Interior and Administration, and the Ministry of National Defence (on disability group until December 31, 1997).

The research provides information on the number of disabled persons with legal confirmation and their characteristics, such as gender, age, place of residence, and underlying health conditions. Data on the functioning of district disability assessment boards is also collected.

The study is conducted based on administrative data sources. Data from five disability assessment systems in Poland are combined:

- The National Electronic Disability Assessment Monitoring System;
- The EMIR and RENTIER pension and disability systems of the Social Insurance Institution;
- The Agricultural Social Insurance Fund's Comprehensive Pension and Disability Benefit Management System;
- The Pension and Disability Benefits Institution of the Ministry of Internal Affairs and Administration;
- The information system of the Ministry of National Defence.

The study uses data from the Civil Status Register (on deceased persons) and the PESEL Register (on living persons) from the information systems of the Ministry of Digital Affairs as auxiliary sources to update the integrated data from the five disability assessment systems.

Additionally, the following data are used to present the social situation:

- on individuals registered for insurance with the Social Insurance Institution by contribution payers who have declared a disability, a degree of disability, or a degree of incapacity for work;

- on the education of persons with disabilities and persons with special educational needs;
- on the adaptation of cultural infrastructure to the needs of persons with disabilities;
- on the adaptation of health care infrastructure to the needs of persons with disabilities;
- on the adaptation of road passenger transport to the needs of persons with disabilities.

The data obtained are used to prepare news releases, infographics, a dashboard, and to calculate the prevalence of certified disabilities among persons aged 0-14 and 15 years and older at the national level, which are submitted to the State Fund for the Rehabilitation of Persons with Disabilities. The data can be used by local government units, for example, to assess regional needs or to plan appropriate support for persons with disabilities, including seniors, for example, through personal assistance programs or support services.

Questionnaire surveys in the area of health and health care

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

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

European Health Interview Survey

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

The GUS carried out representative surveys of the health status of the Polish population in 1996 and 2004. They have been drawn up on the basis of the recommendations of international organisations for health statistics. The European Health Interview Survey was conducted in Poland for the first time in 2009 according to Eurostat guidelines. Other EHIS studies were covered by EU legislation¹. They were conducted in 2014, 2019 and 2025.

The data collection instruments used in the EHIS are:

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

EHIS covers the thematic areas in the following 4 modules:

1. health status – self-assessment of health status, presence of long-term health problems, chronic diseases, legal and biological disability (subjective), presence of groups of various health conditions, use of assistive devices, efficiency of sensory and motor organs in adults and level of ability to perform self-care and household activities, serious difficulties and health problems of children, feeling of pain, psychological well-being, accidents resulting in external or internal injury, absences from work due to health problems;

¹ Regulation (EC) No 1338/2008 of The European Parliament And Of The Council of 16 December 2008 on Community statistics on public health and health safety at work, Commission Regulation (EU) No 141/2013 of 19 February 2013 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council on Community statistics on public health and health safety at work, as regards statistics based on the European Health Interview Survey (EHIS), Commission Regulation (EU) 2018/255 of 19 February 2018 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council, as regards statistics based on the European Health Interview Survey (EHIS), Regulation (EU) 2019/1700 of the European Parliament and of the Council of 10 October 2019 establishing a common framework for European statistics relating to persons and households, based on data at individual level collected from samples, amending Regulations (EC) No 808/2004, (EC) No 452/2008 and (EC) No 1338/2008 of the European Parliament and of the Council, and repealing Regulation (EC) No 1177/2003 of the European Parliament and of the Council and Council Regulation (EC) No 577/98.

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

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

Health care in households

Survey on Health care in households is conducted by the GUS periodically every 3-5 years, starting from 1994. It is conducted in a cycle of modular surveys on a subsample of households participating in household budget surveys in the fourth quarter of a given year. The purpose of the survey is to obtain comprehensive data on the use of health care services by households and their members, including the availability and quality of services and related expenditure. The cyclical nature of the survey allows to observe changes occurring in the structure of household demand for health care goods and services, as well as changes in the degree to which they are satisfied. The last survey was conducted in January 2024. The information covered by the survey was collected from 3,374 households and 6,287 individuals.

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

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

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

The DS-50I individual questionnaire is designed for the individual members of the sample households. The questionnaire includes questions related to health status (self-assessment of health status, presence of chronic disease, serious health problems, type of medication taken in the last quarter), use of inpatient and outpatient health care, and on the quality of health care as assessed by respondents. Household members are also asked about their eligibility for benefits financed by the National Health Fund (NFZ), and for benefits under the additional health insurance. A significant part of the survey consists of questions about respondents' expenditures related to health care services. The survey's thematic scope includes information on the occurrence of selected diseases diagnosed by a doctor and the use of medical services in connection with a given disease.

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

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

1. Subjective and objective scope of statistical surveys

Outpatient health care

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

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

Medical entities for which the founding body is the Minister in charge of internal affairs, do not use the ZD-3 report for data transfer. At the stage of data processing, datasets of ZD-3 report are combined with datasets of statistical report MSWiA-32 Report on outpatient activity of public health care institutions of the Ministry of the Interior and Administration. In addition, general data on the number of outpatient health care consultations are supplemented by data from admission rooms in general hospitals on the number of outpatient consultations given to non-hospitalized patients, reported on statistical reports MZ-29 Report on activities of general hospital and MSWiA-43 Report on activities of general hospital and specialty hospital.

First aid and emergency medical services

The ZD-4 report covers entities registered in the State Emergency Medical Services System, providing health care within the scope of first aid and emergency medical services: hospital emergency wards, emergency rescue teams, including medical air rescue teams and motorcycle rescue units, trauma centres, trauma centres for children and organisational units of the hospital specialized in providing emergency medical services. The ZD-4 report is also completed by voivodship offices and medical dispatch centres regarding the number of coordinators of medical rescue services and the number of medical dispatchers.

The objective scope of this report includes information on entities of the emergency medical services, emergency medical activities, activities of hospital emergency ward and admission room resulting in the patient's discharge, activities of hospital emergency ward resulting in the patient's transfer to hospital treatment or death, inpatient activities of trauma centre, trauma centre for children and specialized ward of hospital as well as personnel composition of selected emergency rescue entities.

Therapeutic activity of health resort facilities, inpatient rehabilitation facilities

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

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

2. Type and method of surveys

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

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

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

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

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

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

Outpatient health care

- Since 2012 the subjective scope of the survey has been extended – the obligation to provide data on ZD-3 report has been extended to the outpatient clinics subordinated to the Minister of National Defence, while the data on outpatient activity is provided together with the medical facilities of the Ministry of the Interior and Administration.
- Since 2015, the objective scope of the survey has been expanded by adding information on the number of specialist clinics.
- Since 2016, data on the number of medical consultations are reported together with psychologist consultations with a master's degree.
- Since 2017, a question on additional types of adjustments of the units for disabled people has been introduced, the sports medicine clinic captures data on medical consultations given to people aged 65 and more, and a section on night and holiday health care has been added.
- Since 2020, in the sections: "Primary health care", "Specialist health care", "Night and holiday health care" a question on teleconsultations provided has been added which covers medical or psychological consultations provided remotely using a telephone connection or other ICT systems.
- Since 2024, in the "Specialist health care" section psychological clinic has been added, which was reported under the "Other" clinic category.
- Since 2025, the "Preventive consultations provided to pregnant women" has been removed in the "Primary health care" section.

First aid and emergency medical services

- Since 2012, the administrator of a system unit was no longer indicated by public and non-public units, the water ambulance service was replaced by specialist and basic water emergency rescue team.
- Since 2015: in the section "General data of the entity providing health care", water emergency rescue teams were added to specialist and basic emergency rescue teams; in the section "Health care benefits provided in an admission room/ hospital emergency ward under the outpatient treatment (with no subsequent hospitalization)", the codes assigned to the types of scope of services provided were dropped; in the section "Inpatient activities of the hospital emergency ward", questions regarding the number of day care places and the average number of beds in inpatient activities were omitted; in the section "Personnel composition of selected emergency rescue entities", the name of the Voivodship Emergency Call Centre was updated to Voivodship Crisis Management Centre, the categories of the

Voivodship Emergency Call Centre and Voivodship Crisis Management Centre were merged, the indication of personnel composition was limited only to doctors coordinating emergency medical services at the main place of work, omitting medical dispatchers.

- Since 2016, the section "Personnel composition of selected emergency rescue entities" has been expanded to include paramedics working regardless of their type of employment or working time.
- Since 2017, a new unit – trauma centre for children – was added in the section "General data of the entity providing health care" to the category Cooperating units and a new section "Inpatient activity of the trauma centre for children" was introduced; sanitary transport teams were replaced by medical transport teams, while in the section "Personnel composition of selected emergency rescue entities" appeared a category of coordinator of emergency medical services (physician), working regardless of the form of employment and working time.
- On 1 April 2019, an amendment to the Act on the State Emergency Medical Services entered into force, according to which only public entities are authorised to be administrator of emergency rescue teams (medical entities in the form of independent public health care facilities, budgetary units or a limited companies with at least a majority share of the State Treasury or local government unit). Until 31 March 2019, private entities could also hold such teams. The amendment resulted in taking over the emergency rescue teams between the administrators. Since 2019, a number of changes have been made to the ZD-4 report:
 - In section "General data" category Emergency Call Centre / Voivodship Crisis Management Centre were removed;
 - In section "General data of the entity providing health care", category Administrator of emergency units was removed and the name of category Cooperating units was transformed into Trauma centre / organizational units of a hospital, specialized in providing emergency medical services. The sub-category Trauma centre for children was detailed by adding hospital wards such as: children's surgery, neurosurgery, orthopaedics and organ movement traumatology and neuro-traumatology;
 - Name of the section was changed from "Medical rescue operation" into "Emergency medical activities";
 - In section "Health care benefits provided in an admission room/ hospital emergency ward under the outpatient treatment (with no subsequent hospitalization)" one specification was added namely Services in the field of mental health;
 - In section "Inpatient activities of the hospital emergency ward" category of information on patients of day care as well as beddays were removed and new category was implemented namely patients transferred for inpatient treatment;
 - In section "Inpatient activities of trauma centre / organizational units of a hospital, specialized in providing emergency medical services", wards of trauma centre were removed and category of trauma centre for children was implemented. Hitherto, activities of trauma centre for children was placed in Section 6.1 so due to above mentioned changes the name of the section was modified into "Inpatient activities of trauma centre / trauma centre for children organizational units of a hospital, specialized in providing emergency medical services" and the section 6.1 was removed;
 - In section "Personnel composition of selected emergency rescue entities" there was no longer division in presentation of personnel composition of emergency rescue teams by the type of the team (specialist and basic). In addition, in relation to people working in emergency rescue teams, the name of category others was changed to drivers and in case of medical air rescue teams to pilots. Category Emergency Call Centre / Voivodship Crisis Management Centre was changed into Voivodship Office and a new category was added namely medical dispatch centre.
- Since 2022, medical dispatch centres are organizational units of Voivodship Offices. Therefore, Voivodship Offices provide data on voivodship coordinators of emergency medical services and medical dispatchers in Section 7 "Personnel composition of selected emergency rescue entities".
- Since 2024, information on the total number of employed persons (regardless of the form of employment and working time) for the medical personnel of air rescue teams has been added to the "Personnel composition of selected emergency rescue entities" section.

- Since 2025, in the sections: "General data on the entity providing health care" and "Personnel composition of selected emergency rescue entities", a new type of emergency rescue team has been added: the motorcycle rescue unit. The titles of sections 4 and 5 have been changed: "Inpatient activity of the hospital emergency ward" to "Health care services provided in the hospital emergency ward (code 4902, 4903) resulting in the patient's transfer to hospital treatment or death" and "Health care benefits provided in an admission room/hospital emergency ward under the outpatient treatment (with no subsequent hospitalization)" to "Health care services provided in an admission room/hospital emergency ward resulting in the patient's discharge". Information about patients treated in sections 4 and 5 is not comparable to previous years.

Therapeutic activity of health resort facilities, inpatient rehabilitation centres

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

2.2. Data sources for defining target population

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

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

- The Register of Entities Providing Health Care, which contains information on all entities licensed to provide health care services. It is conducted by the locally competent registration authority, in accordance with the Act of 15 April 2011 on Medical Activity (consolidated text, Journal of Laws 2026, item 156, as amended);
- list of health care providers who have signed a contract with the National Health Fund;
- data from the information systems of the Ministry of Health regarding emergency medical teams, hospital emergency wards, trauma centres, trauma centre for children and organizational units of hospitals, specialized in providing emergency medical services.

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

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

3. Characteristics of data collection tools

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

Report on outpatient health care (ZD-3)

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

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

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

- Section 1. General data – contains information on entities of the emergency medical service (number of the register book and identification codes in accordance with the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them).
- Section 2. General data of the entity providing health care – includes information on the number and types of emergency medical service units, trauma centre/hospital organisational unit, first aid units and medical transport teams.
- Section 3. Emergency medical activities – presents data on the number of calls to the occurrence places by place of occurrence and data on the number of persons who received health care benefits by place of occurrence, age groups (children and youth under age 18, persons aged 65 and more) and sex of these persons, as well as the number of persons whose deaths were recorded before or during emergency activities.
- Section 4. Health care services provided in an admission room/hospital emergency ward resulting in the patient's discharge – includes data on the number of consultations provided in the admission room/hospital emergency ward and data on persons who received health care benefits by the scope of services, age groups (children and youth under age 18, persons aged 65 and more) and sex.
- Section 5. Health care services provided in the hospital emergency ward (code 4902, 4903) resulting in the patient's transfer to hospital treatment or death – presents data on the number of beds (as of 31 December), patients by age groups (children and youth under age 18, persons aged 65 and more), persons transferred for inpatient treatment and persons whose deaths were recorded before or during medical treatment.
- Section 6. Inpatient activity of a trauma centre / trauma centre for children / organizational units of a hospital, specialized in providing emergency medical services – contains data for trauma centre, trauma centre for children and specialized ward on the number of beds (as of 31 December), average number of beds, number of patients by age groups (children and youth under age 18, persons aged 65 and more), the number of beddays and persons whose deaths were recorded before or during medical treatment.
- Section 7. Personnel composition of selected emergency rescue entities (as of 31 December) – presents data on the number and type of medical personnel working within emergency rescue teams, motorcycle rescue units, medical air rescue teams, other units as well as medical dispatch centres and persons employed in voivodship offices as a coordinator of emergency medical services.

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

- Section 1. General data – identification codes – entities/facilities providing health care fill in the identification code fields in accordance with the administrative decision of the registration authority, issued on the basis of the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them.
- Section 2. Type of medical facility – beds – contains information on the type of facility and, in the case of inpatient institutions, data on the number of beds in particular wards (as of 31 December and the average number of beds). In the case of a reporting unit, within the framework of which a natural healing centre operates, the activity of the centre is reported together with the activity of the reporting unit.
- Section 3. Adjustments of unit to the needs of disabled persons – includes data on all types of adaptations to the needs of people with disabilities in the facility.

- Section 4. Health resort treatments and therapeutic activities – contains information on the medical services performed by type of treatment. Natural healing centres that belong to a given reporting units also report services provided in that facility.
- Section 5. Activity of unit – includes information on inpatients or outpatients by age group (children and young under age 18, persons 65 and more) and sex, distinguishing, among others, data on foreigners in inpatient care, self-pay inpatients, total number of treatment days (beddays) of inpatients, sources of financing/subsidy.

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

Templates of the statistical reports with the symbol ZD for 2025 constitute Annex 2 to this study.

4. Variables covered in surveys

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

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

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

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

Outpatient health care

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

First aid and emergency medical services

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

Therapeutic activity of health resort facilities, inpatient rehabilitation centres

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

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

4.2. The output statistical information from annual surveys

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

1. Health status

- 1.1. incidence (morbidity) of selected diseases (including tuberculosis and venereal diseases), malignant neoplasms, mental disorders, including addiction to alcohol and other psychoactive substances. Incidence is elaborated on the level of country, voivodship and according to International Statistical Classification of Diseases and Health Problems (ICD-10).

2. Health care

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

3. Economic aspects of the functioning of health care

- 3.1. National Health Accounts – health care expenditures according to the ICHA international classification at the national level;
- 3.2. Satellite Health Account – production account and generation of income account for health care providers, output, intermediate consumption, final consumption, gross capital formation, exports, imports for health care functions (HC), according to the ICHA classification at the country level;

3.3. public expenditures on health care – costs of health care services of the National Health Fund (NFZ), expenditures on health care from the state and local governments budget divided by budgetary classification chapters, in the following sections: country, voivodships.

4. Disabled persons with legal confirmation – data on disabled persons with legal confirmation by gender and age group, at the country and voivodship level.

Since 2012, data on the functioning of health care infrastructure and medical personnel are reported together with data on facilities subordinated to the Ministry of National Defence and the Ministry of the Interior and Administration. This means that the output information on medical personnel, outpatient and inpatient health care cannot be directly compared to the figures presented in former editions of the survey (prior to 2012). Output information does not include health care provided in prisons. The source of data on health care in prisons is a report from the Ministry of Justice designated ZK-7, and information in this regard is published in justice studies.

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

The numbers describing the resources of the health care system are given as of 31 December, while the numbers describing the activities of the surveyed facilities and institutions refer to the activities undertaken during the year.

4.3. Indicators and methods of their calculations

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

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

When calculating ratios using population, it is assumed:

- population as of 31 December when elaborating data representing year-end status (e.g. beds),
- population as of 30 June when elaborating data characterizing the size of the phenomenon during the year (e.g. number of inpatients).

4.4. Classifications used

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

1. Data on morbidity are recorded and presented according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
2. In order to group data from entities providing health care, identification codes are used. These codes are specified in the Regulation of the Minister of Health on the system of identification codes for health care providers and detailed rules of assigning them:
 - codes of the founding entities, in the case of a medical entity that is not an entrepreneur (Part III),
 - codes specifying the organizational and legal form of the entity providing health care (Part IV),
 - codes characterizing the specialty of the organizational division of the medical facility of the medical entity (Part VIII).
3. Territorial division – surveys conducted on statistical reports use the identifier of the territorial division unit covered by the survey, according to the National Official Register of the Territorial Division of the Country (TERYT).
4. The system of health accounts according to the SHA 2011 methodology uses the International Classifications for Health Accounts (ICHA) covering expenditure related to: health care functions (ICHA-HC), health care providers (ICHA-HP), health care financing schemes (ICHA-HF) and sources of financing in health care (ICHA-FS).

ICHA–HC

- HC.1 Curative care
- HC.2 Rehabilitative care
- HC.3 Long-term care (health)
- HC.4 Ancillary services (non-specified by function)
- HC.5 Medical goods (non-specified by function)
 - HC.5.1 Pharmaceuticals and other medical non-durable goods
 - HC.5.2 Therapeutic appliances and other medical goods
- HC.6 Preventive care
- HC.7 Governance, and health system and financing administration
- HC.9 Other health care services not elsewhere classified n.e.c.

ICHA–HP

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

ICHA–HF

- HF.1 Government schemes and compulsory contributory health care financing scheme
 - HF.1.1 Governmental schemes
 - HF.1.2 Compulsory contributory health insurance scheme
- HF.2 Voluntary health care payment schemes
- HF.3 Household out-of-pocket payment

HF.4 Rest of the world financing schemes

ICHA-FS

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

4.5. Definitions of key terms used in health statistics

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

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

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

Outpatient health care

Outpatient health care services

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

Night and holiday health care

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

Primary health care

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

Medical consultation

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

Medical practice

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

Outpatient department

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

Teleconsultation

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

Emergency medical services and first aid**Trauma centre**

A functionally separate part of a hospital, within the meaning of the Act on Medical Activity, in which a hospital emergency ward operates, in which specialized wards are interconnected organizationally and by scope of tasks, in a manner enabling the rapid diagnosis and treatment of trauma patients, meeting the requirements specified in the Act of 8 September 2006 on State Emergency Medical Services, and entered into the register of hospital emergency wards, trauma centres, trauma centres for children, and organizational units of hospitals specialized in providing emergency medical services.

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

1. secures in the scope of health services, referred to in Article 39c paragraph 1 of the above mentioned Act, a population of not less than 1 million inhabitants, living in an area that allows reaching a trauma centre from the occurrence places within 1.5 hours;
2. cooperates with a medical university referred to the Act of 20 July 2018, The Law on Higher Education and Science (Journal of Laws of 2024, item 1571, as amended) or another public university that established or runs a medical entity operating a hospital;
3. ensures, within its structure, the operation of specialized treatment wards and diagnostic laboratories:
 - a) an anaesthesiology and intensive care ward ensuring the readiness of at least two intensive care stations to provide health services to a trauma patient,
 - b) an operating block providing 24-hour readiness of at least one operating room to provide health services to a trauma patient,
 - c) a diagnostic and surgical endoscopy laboratory open 24 hours a day,
 - d) other wards, in particular:
 - general surgery or multi-organ injuries,
 - orthopaedics and organ movement traumatology,
 - neurosurgery and general surgery with a neuro-traumatology profile,
 - vascular surgery or general surgery with a vascular surgery profile.

Trauma centre for children

A functionally separate part of a hospital, within the meaning of the Act on Medical Activity, in which a hospital emergency ward operates, in which specialized wards are interconnected organizationally and by scope of tasks, in a manner enabling the rapid diagnosis and treatment of trauma child patients, meeting the requirements specified in the Act of 8 September 2006 on State Emergency Medical Services, and entered into the register of hospital emergency wards, trauma centres, trauma centres for children, and organizational units of hospitals specialized in providing emergency medical services.

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

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

- b) an operating block providing 24-hour readiness of at least one operating room to provide health services to a trauma child patient,
- c) children's surgery ward as well as wards and specialists of neurosurgery or neuro-traumatology, orthopaedics and organ movement traumatology.

Administrator of a system unit

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

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

– for which contracts for the provision of health care services have been concluded.

Admission room

A hospital organizational unit specializing in providing emergency medical services, cooperating with the State Emergency Medical Services system. This is a complex of rooms where patients are admitted, registered, examined, and qualified for inpatient treatment or outpatient services.

Organizational units of a hospital, specialized in providing emergency medical services

It is organizational unit of a hospital, specialized in providing emergency medical services, which is entered into the register of hospital emergency wards, trauma centres, trauma centres for children, and organizational units of hospitals specialized in providing emergency medical services.

Physician of the emergency medical services

A person meeting the requirements specified in Article 3, point 3 of the Act of 8 September 2006 on State Emergency Medical Services:

- a doctor who has specialization or title of specialist in the field: anaesthesiology and intensive care, emergency medicine or neurology or a doctor who has completed at least the second year of specialization in these fields, who continues specialization training, or
- a doctor with the title of specialist in the field of intensive care or a doctor who continues specialization training in this field, or
- a doctor who has specialization or title of specialist in the field: internal medicine, cardiology, neurology, general surgery, paediatric surgery, orthopaedics and organ movement traumatology, orthopaedics and traumatology or paediatrics, who has completed a course in the management of people in a state of sudden health threat, or
- a doctor who, as part of their specialization training, has completed the basic module in the field of internal medicine, paediatrics, or general surgery and is currently undergoing this specialization training and has completed a course in the management of people in a state of sudden health threat, or
- a doctor after the second year of specialization in neurology who is currently undergoing specialization training in this field and has completed a course in the management of people in a state of sudden health threat, or
- a doctor who has completed specialization training in the field of internal medicine, paediatrics, or general surgery and has obtained confirmation of completion of this specialization training referred to in Art. 16r, paragraph 6, item 1 of the Act of 5 December 1996 on the Professions of Doctor and Dentist (Journal of Laws of 2024, items 1287 and 1897 and Journal of Laws of 2025, items 619, 769, and 1301) or has obtained the decision referred to in Art. 16r, paragraph 7, item 1 or paragraph 9 of this Act, but no longer than for 5 years from the date of obtaining confirmation of completion of specialisation training or from the date of obtaining the decision, and has completed a course in the field of the management of people in a state of sudden health threat.

Nurse of the emergency medical services

A person meeting the requirements specified in Article 3, point 6 of the Act of 8 September 2006 on State Emergency Medical Services:

- a nurse with the title of specialist or specializing in the field of anaesthesiology and intensive care nursing or emergency nursing, or
- a nurse with the title of specialist or specializing in the field of in surgical or paediatric nursing and completed a course in the management of people in a state of sudden health threat, or
- a nurse with a completed qualification course in emergency, anaesthesiology and intensive care nursing, surgical, cardiology, or paediatric nursing and at least 3 years of experience in the branches of these specialties, a hospital emergency ward, an admissions room, or an emergency medical team and completed a course in the management of people in a state of sudden health threat, or
- a nurse with a specialist title in cardiology nursing and completed a course in the management of people in a state of sudden health threat.

Emergency Medical Technician (Paramedic)

Pursuant to Article 2 of the Act of 1 December 2022 on Profession of Emergency Medical Technicians and Self-government of Emergency Medical Technicians, a paramedic is a person who:

- has full legal capacity;
- is in good health to perform the profession of a paramedic;
- has knowledge of the Polish language, both spoken and written, to the extent necessary to perform the profession of a paramedic;
- meets the following requirements:
 - commenced studies in the field (specialization) of paramedicine or emergency medicine before 1 October 2019, and obtained a bachelor's or master's degree in this field (specialization), or
 - commenced studies preparing for the profession of a paramedic after the 2018/2019 academic year, conducted in accordance with the regulations issued pursuant to Article 68, paragraph 3, point 1 of the Act of 20 July 2018 the Law on Higher Education and Science, and obtained a bachelor's or master's degree, or
 - began studies at a public post-secondary school or a non-public post-secondary school with public school rights before 1 March 2013, and obtained a diploma confirming the professional title of paramedic or a diploma confirming professional qualifications in the profession of paramedic, or
 - holds a diploma issued in a country other than a Member State, recognized in the Republic of Poland in accordance with the provisions of the Act of 20 July 2018 the Law on Higher Education and Science, as equivalent to the diploma and professional title referred to in point 1 or 2, and obtained the right to reside in the territory of the Republic of Poland in accordance with the provisions of the Act of 12 December 2013 on foreigners, or the Act of 14 July 2006 on the entry into, residence in, and exit from the territory of the Republic of Poland of citizens of European Union Member States and their family members, or
 - holds qualifications to practice as a paramedic recognized in the Republic of Poland under the provisions of the Act of 22 December 2015 on the principles of recognition of professional qualifications acquired in European Union Member States, or
 - holds qualifications obtained before 1 January 2021 in the United Kingdom and Northern Ireland recognized in the Republic of Poland under the provisions of the Act of 22 December 2015 on the principles of recognition of professional qualifications acquired in European Union Member States by the National Council of Paramedics;
- their previous conduct guarantees the proper practice of the paramedic profession, in particular, they have not been convicted by a final court judgment of an intentional offence prosecuted at the public prosecutor's office or an intentional tax offence;
- holds the right to practice as a paramedic.

Hospital emergency ward

An organizational unit of a hospital as defined in the Act on Medical Activity, being a unit of the emergency medical services, providing health care to persons in a state of sudden health threat, meeting the requirements specified in the Act of 8 September 2006 on State Emergency Medical Services, entered into the register of hospital emergency wards, trauma centres, trauma centres for children, and organizational units of hospitals specialized in providing emergency medical services.

Medical transport teams

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

Emergency rescue team

A unit of the state emergency medical services system undertaking emergency medical services in non-hospital conditions, meeting the requirements specified in the Act of 8 September 2006 on State Emergency Medical Services (Journal of Laws 2026, item 141).

Inpatient health care**Hospice**

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

Hospitalization

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

Inpatients excluding inter-ward transfers

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

Inpatients with inter-wards transfers

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

Bed

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

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

Inpatient

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

Inpatient health care

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

Inpatient medical facility

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

Inpatient rehabilitation facility

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

Hospital

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

Average number of beds

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

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

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

Chronic medical care home

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

Nursing home

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

Health resort treatment**Patient in health resort**

A person admitted to a health resort facility on inpatient treatment or benefits from health resort services as an outpatient. The person benefits from health services on the basis of the patient referral on health resort treatment or health resort rehabilitation on basis of medical certificate on the lack of contraindications for given kind of services in given health resort facility.

Health resort treatment

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

Beddays

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

Health resort outpatient unit

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

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

Health resort sanatorium

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

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

Health resort hospital

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

1. 24-hour inpatient health care services;
2. 24-hour medical and nursing care;
3. natural healing services under treatment program;
4. use of natural healing resources and health resort treatment devices ;
5. health education.

Health resort area

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

Natural healing services

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

Health resort facility

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

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

Natural healing centre

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

Medical personnel**Laboratory diagnostician**

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

1. biology or pharmacy and have earned a professional degree of master of science,

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

Pharmacist

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

Pharmaceutical services include:

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

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

Doctor

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

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

Dentist

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

Nurse

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

Midwife

A medical profession that involves the provision of health services by a person having required qualifications, confirmed with appropriate documents, and in particular in the scope of nursing, prevention, diagnosis, curative, rehabilitation and health promotion services, connected with care over a pregnant woman, a childbearing woman, a woman lying-in and an infant.

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

Pharmacies

Generable available pharmacy

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

Dispensary

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

Pharmaceutical outlet

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

Blood donation

Donation

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

The unit of red blood cell concentrate

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

The unit of whole blood

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

The unit of fresh frozen plasma

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

Organizational units of the public blood service

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

Blood donor

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

Blood donation

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

Health status

Infectious diseases

A disease caused by a biological pathogenic agent.

Pulmonary tuberculosis

A disease of the lung parenchyma, larynx or tracheobronchial tree.

Extrapulmonary tuberculosis

Disease affecting other parts of the body, including isolated pleural tuberculosis or isolated tuberculosis of the mediastinal and hilar lymph nodes, is extrapulmonary tuberculosis.

Vaccination

Application of vaccine against an infectious disease for the purpose of artificially immunizing against this disease.

Morbidity (Incidence)

The frequency of occurrence of diseases, which is the ratio of new cases that occurred within a certain time frame in a specific population to the number of individuals in that population.

Infection

The penetration of a biological pathogenic factor into the organism and its development within it, regardless of whether it causes disease. This applies to bacteria, viruses and fungi. In case of parasites the term infection is used.

5. Organisation and management of surveys implementation

The Centre for Health and Health Care Statistics at the Statistical Office in Kraków is the author's unit responsible for the organisation and implementation of the surveys with the use of reports with the symbol ZD. The implementation of the surveys in the Reporting Portal is being prepared in cooperation with the GUS Statistical Computing Centre.

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

1. Statistical Office in Kraków:

- development of the thematic scope of reports and updating methodological and organizational guidelines for research, development of survey schedules, preparation of assumptions for registration and formal, logical and accounting control of electronic forms, testing of electronic forms, development of research information systems and active PDF reports, creation and updating of files for research, monitoring of completeness, control and correction of data, analysis and approval of control and result tables, validation of the national datasets, data quality analysis, preparation of the completeness report and report on the course of the study, preparation of quality reports for the ZD surveys, preparation of tables and their provision to statistical offices, preparation of data for the purpose of supplying the Local Data Bank and the Knowledge Database, transfer of the data sets to the IT Storehouse of National Statistical Data;

2. Statistical Computing Centre:

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

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

The obligatory form of conducting studies is the electronic form. For entities with less than 5 employees, the transmission of data in paper form is permitted.

The electronic form is available on the Reporting Portal on the website of the GUS. The entities covered by the study receive a notification of the reporting obligation to the e-mail address of the person managing reporting in the entity and the e-mail address of the person preparing the report. The information is sent automatically

from the Portal to units that have an account in the Reporting Portal. During the audit, reminders are sent about the upcoming date and the need to prepare a report. Reporting units that did not complete the report on time are sent reminders of the imposed obligation. Data from reports that are sent in paper form, by e-mail or by phone, are registered by statisticians in the Reporting Portal, and after the end of the survey edition in the Portal - in the IT systems of the surveys.

The process of checking the correctness and quality of data takes place both in the Reporting Portal at the stage of completing the unit report (current logical and accounting correctness control) and in IT systems of the surveys (comparison with data from the previous period, analysis of control tables). Data are collected and concurrently subject to ongoing validation and enhancement through the implementation of a solution enabling the continuous transfer of data from the Reporting Portal to the information systems supporting surveys. Based on the research results, employees of the Statistical Office in Kraków prepare result tables and data sets that are used to supply the Local Data Bank and the Knowledge Database.

6. Method of presenting the survey results

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

1. news releases that present basic data from a given subject area and provide the first release of data from the survey:
 - “First aid and emergency medical services” (March of the year following the reporting year);
 - “Therapeutic activities of health resort facilities and inpatient rehabilitation facilities” (April of the year following the reporting year);
 - “Outpatient health care” (May of the year following the reporting year);
 - “Blood donation” (June of the year following the reporting year);
 - “Pharmacies and pharmaceutical outlets” (July of the year following the reporting year);
 - “Satellite health account” (November of the year T-4, where T is the current year).
2. the branch publication “Health and health care in ...”, with full information on the surveys carried out, to be published in December of the year following the survey year;
3. general editions of the GUS and statistical offices, including the Concise Statistical Yearbook of Poland, the Statistical Yearbook of the Republic of Poland, the Statistical Yearbook of the Regions, the statistical yearbooks published by the Statistical Offices.

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

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

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

7. Quality assessment of surveys

The survey results in the field of health and health care are used by ministries and central offices, government and local administration, scientific and educational institutions and other individual recipients, among others, for the purposes of implemented strategies and programs, as well as conducting scientific analyses. In line with

the obligations arising from the provisions of international law, the output statistical information is also transferred to Eurostat and other international organizations.

Surveys carried out using statistical reports with the symbol ZD are studies for which no data imputation is made. The quality assessment of the 2025 surveys showed that the overlap errors were less than 5%. Under-coverage errors shall be minimised by an annual update of the target population based on administrative register data. The completeness of the surveys is 97-100%. There are no data gaps in the research. The index of available variables is 100% for each survey. The surveys are carried out on schedule and the final data are published electronically in the Local Data Bank and in the Knowledge Database according to the deadlines for the input of the databases.

In order to improve the quality of statistical surveys, in accordance with the Internal Regulation No. 35 of the President of the Statistics Poland of 28 December 2011 on the measurement, evaluation and monitoring of the quality of statistical surveys in official statistics services, for each survey conducted using statistical reports with the symbol ZD after its edition, a quality report is prepared containing a description of the basic quality components: usefulness, accuracy, timeliness and punctuality, availability and transparency, comparability and consistency, as well as the amount of research costs and the burden on respondents, confidentiality, transparency and data security. In addition, the survey conducted on the ZD-3 report was covered by a quality review in 2014, aimed at analysing the methods used to select units for the survey frame. The main assessment criteria were accuracy, timeliness and punctuality. The purpose of the review was to identify the strengths and weaknesses of the study and to formulate improvement actions, including the implementation of form personalisation on the Reporting Portal. As part of each edition of the survey, completeness reports and reports evaluating the course of the study are prepared at the end of data processing.

Annexes

Annex 1.

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

Annex 2.

Templates of the ZD statistical reports for the year 2025

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

ZD-3 – Report on outpatient health care

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

Annex 3.

List of variables in the ZD surveys

Annex 4.

Changes in the methodological report

Annex 1. List of legal acts in force in the field of health and health care

1. Act of 20 July 1950 on the Profession of Feldsher (consolidated text, Journal of Laws 2022, item 1529)
2. Act of 20 December 1990 on the Social Insurance for Farmers (consolidated text, Journal of Laws 2025, item 1770)
3. Act of 19 April 1991 on Chambers of Pharmacy (consolidated text, Journal of Laws 2025, item 1693)
4. Act of 29 June 1995 on Official Statistics (consolidated text, Journal of Laws 2026, item 851)
5. Act of 5 December 1996 on Professions of Doctor and Dentist (consolidated text, Journal of Laws 2026, item 37, as amended)
6. Act of 22 August 1997 on Public Blood Service (consolidated text, Journal of Laws 2024, item 1782)
7. Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities (consolidated text, Journal of Laws 2026, item 884)
8. Act of 13 October 1998 on the Social Insurance System (consolidated text, Journal of Laws 2026, item 199, as amended)
9. Act of 7 April 2022 on Medical Devices (consolidated text, Journal of Laws 2024, item 1620)
10. Act of 15 September 2022 on Laboratory Medicine (consolidated text, Journal of Laws 2025, item 1295)
11. Act of 6 September 2001, the Pharmaceutical Law (consolidated text, Journal of Laws 2026, item 612, as amended)
12. Act of 27 August 2004 on Health Care Services Financed from Public Funds (consolidated text, Journal of Laws 2025, item 1461, as amended)
13. Act of 28 July 2005 on Health Resorts Treatment and on the Areas of Health Resort Protection, as well as on Health Resort Gminas (consolidated text, Journal of Laws 2025, item 1135)
14. Act of 8 September 2006 on State Emergency Medical Services (consolidated text, Journal of Laws 2026, item 141)
15. Act of 1 December 2022 on Profession of Emergency Medical Technicians and Self-government of Emergency Medical Technicians (consolidated text, Journal of Laws of 2025, item 339, as amended)
16. Act of 15 April 2011 on Medical Activity (consolidated text, Journal of Laws 2026, item 156, as amended)
17. Act of 28 April 2011 on the Information System in Health Care (consolidated text, Journal of Laws 2026, item 208, as amended)
18. Act of 15 July 2011 on Professions of Nurse and Midwife (consolidated text, Journal of Laws 2026, item 15, as amended)
19. Act of 27 October 2017 on Primary Health Care (Journal of Laws 2025, item 515, as amended)
20. Regulation of the Minister of Health of 18 June 2010 on trauma centre (Journal of Laws 2010, No. 118, item 803)
21. Regulation of the Minister of Health of 27 June 2019 on hospital emergency wards (consolidated text, Journal of Laws 2025, item 1646, as amended)
22. Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them (consolidated text, Journal of Laws 2019, item 173)
23. Regulation of the Minister of Health of 22 November 2013 on guaranteed services in the field of hospital treatment (consolidated text, Journal of Laws 2023, item 870, as amended)
24. Regulation of the Minister of Health of 29 July 2025 on the voivodship action plan of the State Emergency Medical Services System (Journal of Laws of 2025, item 1057, as amended)

25. Regulation of the Minister of Health of 25 January 2016 on trauma centre for children (consolidated text, Journal of Laws 2020, item 1948)
26. Regulation of the Council of Ministers of 24 September 2024 on the programme of statistical surveys of official statistics for 2025 (Journal of Laws 2024, item 1653, as amended)
27. Regulation (EC) No 1338/2008 of the European Parliament and of the Council of 16 December 2008 on Community statistics on public health and health and safety at work (Official Journal of the European Union, L 354/70, 31.12.2008)
28. Commission Regulation (EU) 2022/2294 of 23 November 2022 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council as regards statistics on healthcare facilities, healthcare human resources and healthcare utilisation (Official Journal of the European Union, L 304/42, 24.11.2022)
29. Regulation (EU) 2019/1700 of the European Parliament and of the Council of 10 October 2019 establishing a common framework for European statistics relating to persons and households, based on data at individual level collected from samples, amending Regulations (EC) No 808/2004, (EC) No 452/2008 and (EC) No 1338/2008 of the European Parliament and of the Council, and repealing Regulation (EC) No 1177/2003 of the European Parliament and of the Council and Council Regulation (EC) No 577/98 (Official Journal of the European Union, L 261/1, 14.10.2019)
30. Commission implementing Regulation (EU) 2023/2529 of 17 November 2023 specifying the technical items of the data set, establishing the technical formats for transmission of information and specifying the detailed arrangements and content of the quality reports on the organisation of a sample survey in the health domain pursuant to Regulation (EU) 2019/1700 of the European Parliament and of the Council (Official Journal of the European Union, L 2023/2529, 20.11.2023)
31. Commission delegated Regulation (EU) 2024/297 of 31 October 2023 supplementing Regulation (EU) 2019/1700 of the European Parliament and of the Council by specifying the number and the titles of the variables for the health domain (Official Journal of the European Union, L 2024/297, 18.1.2024)
32. Commission Regulation (EU) 2021/1901 of 29 October 2021 implementing Regulation (EC) No 1338/2008 of the European Parliament and of the Council as regards statistics on health care expenditure and financing (Official Journal of the European Union, L 387/110, 3.11.2021)

Annex 2. Templates of the ZD statistical reports for the year 2025

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

ZD-3 – Report on outpatient health care

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

Name and address of the reporting unit	ZD-2 Report on therapeutic activity of health resort facilities, inpatient rehabilitation facilities for year 2025	GUS reporting portal portal.stat.gov.pl Statistical Office 31-223 Kraków Kazimierza Wyki Street 3
REGON number of medical facility of medical entity (14 characters)		Deadline for data transmission: until 27 February 2026 <i>Regulation of the Council of Ministers of 13 November 2024 on the Programme of Statistical Surveys of Official Statistics for 2025 (Journal of Laws of 2024, item 1653).</i>

The obligation to transmit data arises from art. 30, paragraph 1 (3) of the Law of 29 June 1995 on Official Statistics (Journal of Laws 2024, item 1779).

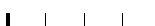
Data collected on this report are subject to absolute protection according to the principle of statistical confidentiality (art. 10 of the Act on Official Statistics).

[illegible]

(e-mail address of the secretariat of the reporting unit - COMPLETE IN CAPITAL LETTERS)

Section 1. General data – identification codes

In accordance with the administrative decision of the registration authority on the basis of the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them (Journal of Laws 2019, item 173).

																	
Number of the register book (part I)			Indication of the authority keeping the register			Location of the medical facility/organisational unit / division of the medical entity (part II – TERYT) ^a											
																	
Code of the founding entity (part III) ^{b)}			Organizational and legal form (part IV) ^{c)}				Code of the organisational unit (part V) ^{d)}			Code of the type of medical activity preformed in the medical facility (part VI)							

^{a)} 7-character identifier of the territorial division unit. ^{b)} In the case of a medical entity that is not an entrepreneur. ^{c)} 4-character code determining the organizational and legal form of the entity providing health care. In the case of a limited company with the participation of: the State Treasury, local government unit or medical university, the third character of the code is replaced with the number: 1 – in the case of a limited company in which the State Treasury, a local government unit or a medical university hold shares or stocks representing at least 51% of the share capital; 2 – in the case of a capital company in which the State Treasury or a local government unit holds shares or stocks representing less than 51% of the share capital. In the case of a medical entity whose statutory activity is not aimed at making a profit, the fourth character of the code is replaced by the number 2. ^{d)} A unique 2-character code identifying the organizational unit of the medical facility in the organizational structure of the medical entity.

Section 2. Type of medical facility – beds

Please select one type of facility and, in the case of stationary establishments, provide data on beds in individual wards.

Please select one type of facility and, in the case of stationary establishments, provide data on beds in individual wards.

Specification		Number of beds ^{a)} as of 31 XII	Of which those in the wards with codes of organizational division specialty		Average number of beds ^{a)}
			6100-6701	4280 and 4300–4311	
0		1	2	3	4
1	Health resort hospital				
2	Health resort hospital for children				
3	Health resort sanatorium				
4	Health resort sanatorium for children				
5	Hospital / sanatorium in an underground mining excavation				
6	Outpatient health resort unit	X	X	X	X
7	Natural healing centre	X	X	X	X
8	Inpatient rehabilitation facility		X		

^{o)} Containing other beds not included in col. 2 and 3, used for medical activities. Including beds in wards: 2302, 2303, 2304, 2305, 2306, 2307, 2314, 2315, 7400 and 7401, which should be shown in columns 1 and 4.

Section 3. Adjustments of unit to the needs of disabled persons

1	entry ramps/platforms to facilitate entry into the building	7	adaptations for blind and visually impaired people
2	entrance door to the building automatically open	8	adaptations for deaf and hearing impaired people
3	lift/s	9	anti-slip floors
4	of which adapted for disabled persons	10	others
5	rooms/rooms with bathrooms adapted for the disabled persons	11	lack of adaptations
6	bathrooms adapted for the disabled persons		

In section 3, you can select several answers from the range 1-10 or answer 11.

Section 4. Health resort treatments and therapeutic activities

Type of treatment		No. of treatments	Type of treatment		No. of treatments
1	mineral baths		9	light therapy	
2	CO ₂ baths		10	hydrotherapy	
3	mud therapy		11	kinesiotherapy	
4	inhalations		12	paraffin wax therapy	
5	of which drug inhalations		13	others	
6	massages ^{a)}		14	of which therapeutic activities ^{a)}	
7	cryotherapy		15	total (1-4 and 6-13)	
8	electrotherapy				

^{a)} See explanatory notes of the report.

Section 5. Activity of unit

Specification		Total	Of total		
			women ^{a)}	children and young under age 18 (0-17 years)	persons aged 65 and more
0		1	2	3	4
Total patients: inpatients and outpatients (row 01 is the sum of row 02 and row 08)	01				
of which (from row 01) inpatients (row 02 is the sum of rows: 04, 09, 10, 11, 12, 13)	02				
incl. foreigners (from row 02)	03				
self-pay inpatients (from row 02)	04				
Patients (from row 01) undergoing natural healing services, pointed out in section 4, points 1-4	05		X	X	X
Number of treatment days (beddays) of inpatients (pointed out in row 02)	06		X		
of which number of inpatient-days for foreigners (pointed out in row 03)	07		X		
Outpatients	08				
Inpatients (from row 02) financed/subsidized by:	NFZ	09			
	ZUS	10			
	KRUS	11			
	PFRON	12			
	other institutions (np. MOPS, foundations, associations, companies)	13			

^{a)} Women regardless of age.

Please provide the estimated time (in minutes) devoted to the preparation of data for the purpose of completing the report	1	
Please provide an estimated time (in minutes) for completing the report	2	

(contact e-mail regarding the report - FILL IN WITH CAPITAL LETTERS)

(phone number
regarding the prepared report)

(place, date)

Explanatory notes

The report shall be completed by a medical entity registered in the Register of Entities Providing Health Care, in the field of health resort treatment and inpatient rehabilitation on the basis of the Act of 15 April 2011 on Medical Activity (Journal of Laws 2025, item 450) and the Act of 28 July 2005 on Health Resorts, Spas and Spa Conservation Areas and on Spa Gminas (Journal of Laws 2024, item 1420).

Section 2. type of medical facility – beds: the type of medical facility should be selected and data on beds should be provided. In the case of a reporting unit, within the framework of which a natural healing centre operates, point 8 should be additionally marked. The activity of such a natural healing centre should be shown together with the activity of the reporting unit.

- **column 1:** The number of beds as of 31 December should be shown together with beds rented from other owners, excluding beds rented to other owners. These are beds placed in the rooms, occupied by patients or immediately available for the care of admitted patients.
- **columns 2 and 3:** beds located in wards with codes characterizing the organizational division specialty of the medical facility of the medical entity (part VIII of the identification code) specified in Annex 2 to the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them (Journal of Laws 2019, item 173).
- **column 4:** Average number of beds – the sum of the number of beds as at the end of each months of the year, including beds leased from other owners, excluding beds rented to other owners, divided by 12.
- **columns 1 and 4:** these columns include other beds used for medical activities that are not included in Columns 2 and 3. This includes beds in wards coded 2302, 2303, 2304, 2305, 2306, 2307, 2314, 2315, 7400 and 7401, which should be reported in Columns 1 and 4.

Section 3. Adjustments of unit to the needs of disabled persons: all adaptations of the facility to the needs of persons with disabilities should be selected. More than one answer may be selected.

- **point 1:** entry ramps/platforms complying with the requirements specified in the Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location (Journal of Laws of 2022, item 1225),
- **point 2:** entrance door to the building automatically open, which can be opened automatically, complies with the requirements of the Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location (Journal of Laws of 2022, item 1225),
- **point 3:** lift/s – check if there is a passenger elevator in the unit,
- **point 4:** lifts adapted for disabled persons in wheelchairs - it should be selected if the unit has at least one lift that meets the requirements specified in the Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location (Journal of Laws of 2022, item 1225),
- **point 5:** rooms / rooms with bathrooms designed and equipped with facilities for the disabled persons (e.g. appropriate handles, handrails, facilities listed in points 7, 8, 9 and other facilities),
- **point 6:** bathrooms designed and equipped with facilities for the disabled persons (e.g. appropriate handles, handrails, facilities listed in points 7, 8, 9 and other facilities),
- **point 7:** adaptations for blind and visually impaired people, incl. such as: tactile paths and tactile warning signs, Braille markings, voice information, sound signalling, colour marking, use of contrast,
- **point 8:** adaptations for deaf and hard-of-hearing people, including traffic lights and sign language interpreting services,
- **point 10:** other facilities for the people with disabilities (with various types of dysfunctions) in a medical facility.

Section 4. health resort treatments and therapeutic activities: are filled by the facilities where services and activities were performed. In the case of drawing up the report together with a natural healing centre, also the services performed in this establishment should be shown.

- **row 6:** therapeutic massages and treatments intended for therapeutic or rehabilitation purposes should be reported. This is a form of physiotherapy used in health resorts to restore physical function, including after injuries and surgery, as well as to relieve pain, improve circulation, reduce muscle tension and improve joint mobility,
- **row 14:** shall be pointed out therapeutic activities in the field of psychological and social rehabilitation, such as: psychoeducation, relaxation training, psychotherapy, health education, activities developing interests and talents, classes for independent functioning with disabilities as well as others of a psychological nature.

Section 5. Activity of unit:

- **column 3:** children and young under age 18 (0-17 years). Age is given in completed years,
- **column 4:** women and men aged 65 and more. Age is given in completed years,
- **row 01:** total patients (inpatient and outpatient care). There is a relationship $\text{row 01} = \text{row 02} + \text{row 08}$,
- **row 02:** there is the relationship $\text{row 02} = \text{row 04} + \text{row 09} + \text{row 10} + \text{row 11} + \text{row 12} + \text{row 13}$,
- **row 04:** self-pay inpatients, i.e. patients/persons who bear all costs for treatment, accommodation and meals from own resources,
- **row 05:** patients undergoing natural healing services, pointed out in section 4, points 1–4,
- **row 06:** total number of days of patient treatment (beddays) provided in inpatient care. The admission day and the discharge day are counted as one day of patient stay. This figure also includes days of stay in temporary bed,
- **row 08:** total number of outpatients – persons using outpatient services or treatment. This person must be entered once, regardless of the number of services provided,
- **row 09:** persons with confirmed referrals of the National Health Fund for health resort treatment and health resort rehabilitation (Act of 27 August 2004 on Health Care Services Financed from Public Funds, Journal of Laws of 2024, item 146),
- **row 10:** applies to persons subsidized by the Social Insurance Institution (ZUS) who are undergoing medical rehabilitation as part of disability prevention (Act of 13 October 1998 on the Social Insurance System, Journal of Laws of 2025, item 350),
- **row 11:** applies to persons subsidized by the Agricultural Social Insurance Fund (KRUS) who are undergoing medical rehabilitation (Act of 20 December 1990 on the Social Insurance for Farmers, Journal of Laws of 2025, item 197),
- **row 12:** applies to people who received funding from the State Fund for Rehabilitation of Disabled People (PFRON) to participate in rehabilitation camps (Act of 27 August 1997 on Vocational and Social Rehabilitation and Employment of Persons with Disabilities, Journal of Laws 2025, item 913 and the Regulation of the Minister of Family, Labour and Social Policy of 15 November 2007 on rehabilitation stays (Journal of Laws of 2007, item 1694),
- **row 13:** persons who received funding from institutions other than those listed in rows 09–12. OTHER INSTITUTIONS include, for example, municipal social welfare centres (MOPS), foundations, associations and employers.

Section 3. Specialist health care ^{a)}

Type of clinics		Identification code ^{b)}	Number of clinics (as of 31 XII)	Consultations				
				total	of total			
					to children and young under age 18	to persons aged 65 and more	to women ^{c)}	teleconsultations
0		1	2	3	4	5	6	7
Total medical and psychological consultations (rows 02–19, 22–28)	01	–						
Internal medicine	02	1000–1009						
Allergy	03	1010–1011						
Diabetes	04	1020–1027						
Endocrine	05	1030–1033						
Geriatric	06	1060			X			
Cardiology	07	1100–1121						
Nephrology	08	1130–1131						
Dermatology	09	1200–1203						
Neurological	10	1220–1223						
Oncology	11	1240–1251						
Tuberculosis and lung diseases	12	1270–1277						
Rheumatology	13	1280–1281						
Rehabilitation	14	1300–1309						
Infectious diseases	15	1340–1349						
Sports medicine	16	1370–1371						
Paediatric	17	1401–1421				X		
Gynaecological and obstetrical	18	1450–1475						
Surgical – in total	19	1500–1581, 1630–1631						
of which	trauma-orthopedic surgery	20	1580–1581					
	neurosurgery	21	1570–1571					
Ophthalmology	22	1600–1605						
Otolaryngology	23	1610–1617						
Urology	24	1640–1641						
Mental health	25	1700–1711						
Addiction treatment clinic	26	1740–1747						
Psychological	27	1790–1791						
Other (with a different specialty not mentioned above)	28	– 1999						
Total dental consultations (rows 30–34)	29	1800–1840						
of total	dentistry	30	1800–1801					
	periodontology and oral mucosa diseases	31	1810–1811					
	orthodontics	32	1820–1821					
	prosthodontics	33	1830–1831					
	oral surgery	34	1840–1841					

^{a)} Excluding consultations provided as part of night and holiday health care.

^{b)} Codes according to the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them (Journal of Laws 2019, item 173).

^{c)} Medical consultations for women regardless of age.

Note: The activity covers only consultation provided by doctors, dentists and psychologists. Consultations provided, for example, by medical assistants, nurses and physiotherapists should be excluded.

Section 4. Night and holiday health care ^{a)}

Type of clinic				Number of clinics (as of 31 XII)	Consultations ^{b)}		
					total	of total	
						to children and young under age 18 (0-17 years)	to persons aged 65 and more
0				1	2	3	4
Night and holiday health care clinic /office (0016-0017) ^{d)}	Clinics/consultations in total		1				
	of which	provided in ambulatory mode	2	X			
		provided at patient home	3	X			
		teleconsultations	4	X			

^{a)} Primary health care services provided from 6.00 p.m. to 8.00 a.m. on the following day and around the clock on public holidays.

^{b)} Including night and holiday health care provided under subcontracts with the hospital for carrying out these services.

^{c)} Consultations for women regardless of age.

^{d)} Codes according to the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them (Journal of Laws 2019, item 173).

Please provide the estimated time (in minutes) devoted to the preparation of data for the purpose of completing the report	1	
Please provide an estimated time (in minutes) for completing the report	2	

(contact e-mail regarding the report - FILL IN WITH CAPITAL LETTERS)

(phone number
regarding the prepared report)

(place, date)

Explanatory notes

Note: In the company's e-mail, each character should be entered in a separate box.

An example of filling out an e-mail:

| Z | E | N | O | N | . | K | O | W | A | L | S | K | I | @ | X | X | X | . | Y | Y | Y | . | P | L | | | | | | | |

The ZD-3 report is prepared by medical entities providing health care in the field of outpatient health care, i.e.:

1. **All entities / medical facilities** (regardless of the name, type or form of financing) **providing health care** in the field of outpatient primary and specialist health care – outpatient departments, clinics, health centres, after entering into the register of entities providing health care.

2. Doctors conducting professional practice – individual and group - in the reporting period providing medical consultations under the contract with the National Health Fund or the body that created the entity providing health care.

Section 1

Entities/facilities providing health care fill in the sections of the identification code in accordance with the administrative decision of the registration authority on the basis of the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them. The number of the registry book of the medical entity, indication of the authority keeping the register: in the first field - the letter "W" denoting the voivode as the authority maintaining the register, in the second field - voivodship code (TERYT). **Part III** of the system is a 2-character code of the founding entity, in the case of a medical entity that is not an entrepreneur. **Part IV** of the system is a 4-digit code specifying the organizational and legal form of the entity providing health care; in the case of a limited company in which the State Treasury, a local government unit or a medical university hold shares or stocks representing at least 51% of the share capital, the third character of the code is replaced with the number 1; in the case of a limited company in which the State Treasury or a local government unit holds shares or stocks representing less than 51% of the share capital, the third character of the code is replaced by the number 2; in the case of a medical entity whose statutory activity is not aimed at making a profit, the fourth character of the code is replaced with the number 2. **Part V** of the system is a 2-character unique code identifying the organizational unit of the medical facility in the organizational structure of this entity, ranging from 01 to 99. If it is not possible to give a 2-character code, a 3-character code is given, ranging from 100 to 999.

Professional practices are filled in with the registration book number, the indication of the authority keeping the register: in the first field - the letter "L" representing the district medical council as the authority keeping the register; in the second field – the code of the district medical chamber, TERYT, **the code of type of practice** (**95** – individual medical practice only at the place of call, **96** – individual specialist medical practice only at the place of call, **97** – group medical practice, **98** – individual medical practice, **99** – individual specialist medical practice).

Medical facility of a medical entity providing health care, which concluded a contract for the provision of health services (consultations), only in the facility of the medical entity **with a doctor performing an individual medical practice** (type of professional practice code 93) or **an individual specialist medical practice** (type of professional practice 94) should demonstrate the implementation of these services as part of its activities. Pursuant to the Act of 15 April 2011 on Medical Activity (Journal of Laws 2025, item 450), doctors and nurses may practice their profession as part of medical activities on the

terms specified in the Act and in separate regulations, after entering into the register of entities providing health care referred to in Art. 100

Medical activity of doctors may be performed in the form of:

- a) sole proprietorship as an **individual medical practice**, individual medical practice only at the place of call, **individual specialist medical practice**, individual specialist medical practice only at the place of call, individual medical practice only in a medical facility of a medical entity under a contract with this entity or an individual specialist medical practice only in the medical facility of the medical entity on the basis of an agreement with this entity,
- b) a civil law partnership, general partnership or partner company as **a group medical practice** – hereinafter referred to as "professional practice".

The exercise of the profession as part of professional practice does not constitute running a medical entity/facility.

Group medical practice may not be performed in a medical entity on the basis of a civil law contract for the provision of health services.

Health care service - services aimed at preserving, saving, restoring or improving health as well as other medical activities resulting from the medical treatment process or separate provisions regulating the principles of their performance.

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

A psychologist's consultation is a form of help that starts or verifies the diagnostic and therapeutic process, which is an element of the implemented treatment plan, including psychological help and the necessary additional and control psychological tests.

Teleconsultation is a medical or psychological consultation provided remotely using a telephone connection or other ICT systems.

Adjustments of unit to the needs of disabled persons - all specific adaptations for people with disabilities provided in the organizational unit of medical entity/facility must be marked. Multiple answers can be selected.

point 1 – entry ramps/platforms complying with the requirements specified in the Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location (Journal of Laws of 2022, item 1225),

point 2 – entrance door to the building automatically open, which can be opened automatically, complies with the requirements of the Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location,

point 3 – lift/s - check if there is a passenger elevator in the unit,

point 4 – lifts adapted for disabled persons in wheelchairs – it should be selected if the unit has at least one lift that meets the requirements specified in the Regulation of the Minister of Infrastructure of 12 April 2002 on the technical conditions to be met by buildings and their location,

point 5 – bathrooms designed and equipped with facilities for the disabled persons (including appropriate handles, handrails, specific facilities listed in points 6, 7, 8 and others),

point 6 – adaptations for blind and visually impaired people, incl. such as: tactile paths and tactile warning signs, Braille markings, voice information, sound signalling, colour marking, use of contrast,

point 7 – adaptations for deaf and hearing impaired people – incl. traffic lights, providing a sign language interpreter,

point 9 – other facilities for people with disabilities (with various types of dysfunctions) in the organizational unit of the medical facility.

Section 2

In **columns 1 and 2**, the number of consultations provided should be indicated by entities providing health care and professional practices of medical doctors, which provided **outpatient consultations** within the framework of primary health care in the reporting period.

From all medical consultations provided in **primary health care**, they are distinguished according to **the age and sex of patients**:

Note: The age is given in completed years.

– **row 1** – consultations in total – women and men regardless of age.

Out of the total number of consultations (row 1):

– **row 2** – to children and young under age 18 (0–17 years),

– **row 3** – to persons aged 65 and more – women and men aged 65 and more,

– **row 4** – women regardless of age.

Section 3

Column 2 should show the number of clinics as of 31 December.

Column 3 should demonstrate the number of consultation given in the context of specialised health care.

Rows **29-34** (dental consultation) **should indicate the number of consultations, not the number of points.**

Out of total number of **consultations** provided in **specialized health care**, they are distinguished **according to the age and sex of patients**:

Note: Age is given in completed years.

Out of the total number of consultations (column 3):

- **Column 4** – children and young under age 18 (0-17 years),

- **Column 5** – persons aged 65 and more – Women and men aged 65 and more,

- **Column 6** – women regardless of age.

Section 4

Night and holiday health care cover primary health care services provided from Monday to Friday between 6 p.m. and 8 a.m. on the following day, and around the clock on public holidays, including basic emergency or continuation of health services / treatment benefits.

Night and holiday health care is regulated by the Act of 25 May 2017 amending the Act on Health Care Services Financed from Public Funds and certain other acts (Journal of Laws 2017, item 1200). On 1 October 2017, the "Basic hospital security system for healthcare services", so-called "Hospital networks", was implemented.

In **column 1** the number of clinics should be indicated as of 31 December.

In **column 2**, the number of consultations provided should be indicated by entities providing health care and professional practices of doctors that provided outpatient consultations as part of **night and holiday health care** in the reporting period.

Out of total number of consultations provided in **night and holiday health care**, they are distinguished according to the age and sex of patients:

- **column 2** – total consultations – women and men regardless of age.

Out of the total number of consultations:

- **column 3** – children and young under age 18 (0-17 years),

- **column 4** – people aged 65 and more – women and men aged 65 and more,

- **column 5** – women regardless of age.

Note: The age is given in completed years.



Name and address of the reporting unit	ZD-4 Report on first aid and emergency medical services for year 2025	GUS reporting portal portal.stat.gov.pl Statistical Office 31- 223 Kraków Kazimierza Wyki Street 3
Identification number – REGON		Deadline for data transmission: until 27 January 2026

The obligation to transmit data arises from art. 30, paragraph 1 (3) of the Law of 29 June 1995 on Official Statistics (Journal of Laws 2024, item 1799).
Data collected on this report are subject to absolute protection according to the principle of statistical confidentiality (art. 10 of the Act on Official Statistics).

(e-mail address of the secretariat of the reporting unit - COMPLETE IN CAPITAL LETTERS)

Voivodship offices fill in section 7 point 4 and point 5 (Article 29 and article 3 point 14a of the Act of 8 September 2006 on State Emergency Medical Services, Journal of Laws 2025, item 91 as amended).

Section 1. General data

Entity of the emergency medical service

Reporting units, administrators of emergency medical services or first aid should prepare separate ZD-4 reports for their subordinate units (branches, departments), if they are located in a different administrative unit than the parent entity.

REGISTERED DATA				
	-			
number of the register book (part I)	indication of the authority keeping the register	location of the medical entity providing health care/organisational unit of the medical entity (part II – TERYT)	code of founding entity (part III)	organizational and legal form of the entity providing health care (part IV)

Section 2. General data of the entity providing health care

Section 2: General data of the entity providing health care					Number of units	
Specifications						
1	Units of the emergency medical services	1.1	Emergency rescue team	a	specialist (code 3114, 3154)	
				b	general (code 3112, 3152)	
				c	motorcycle ^{a)}	
		1.2	Medical air rescue team (code 3210)	a	helicopter	
				b	plane	
1.3	Hospital emergency ward (code 4902, 4903)					
2	Trauma centre / organizational units of a hospital, specialized in providing emergency medical services	2.1	Trauma centre	Wards in total (rows a–g) ^{b)}		
				a	general surgery (code 4500) ^{b)}	
				b	multi-organ injuries (code 4590) ^{b)}	
				c	orthopaedics and organ movement traumatology ^{b)}	
				d	neurosurgery (code 4570) ^{b)}	
				e	general surgery with neuro-traumatology profile ^{b)}	
				f	vascular surgery (code 4530) ^{b)}	
				g	general surgery with vascular surgery profile ^{b)}	
		2.2	Trauma centre for children	Wards in total (rows a–d) ^{b)}		
				a	children’s surgery (code 4501) ^{b)}	
				b	neurosurgery (code 4570) ^{b)}	
				c	orthopaedics and organ movement traumatology ^{b)}	
		2.3	Other organisational unit of the hospital specialized in providing emergency medical services	d	neuro-traumatology ^{b)}	
				a	admission room (code 4900)	
3	First aid units	3.1	Air-sanitary transport team (code 3200)	b	specialized ward	
				c	others	
3	First aid units	3.2	Air search and rescue group	a	helicopter	
				b	plane	
		4	Medical transport teams (code 9250)		Medical ambulance	

^{a)} Motorcycle emergency rescue team operating seasonally.

^{b)} Applies to wards operating within the structure of a trauma centre / trauma centre for children.

Section 3. Emergency medical activities

Place of occurrence		Number of calls to the occurrence places	Number of persons who received health care benefits	From column 2			
				women ^{a)}	children and youth under age 18 (0–17 years)	persons aged 65 and more	persons whose deaths were recorded before or during emergency activities
0		1	2	3	4	5	6
Total (sum of rows 2–6)	1						
Road traffic	2						
Work	3						
School	4						
Home	5						
Others	6						

^{a)} **Women** - female regardless of age.

Section 4. Health care services provided in an admission room/ hospital emergency ward resulting in the patient's discharge

Specifications			Number of persons who received health care benefits	Number of consultations	From column 1		
					women ^{a)}	children and youth under age 18 (0–17 years)	persons aged 65 and more
0			1	2	3	4	5
Total (sum of rows 02–13)		01					
Services in the field of	general, not qualified to the below mentioned	02					
	internal medicine	03					
	cardiology	04					
	surgery	05					
	trauma-orthopedic surgery	06					
	neurosurgery	07					
	gynaecological and obstetrical	08					
	paediatric	09					
	neurological	10					
	ophthalmology	11					
	dental	12					
	mental health	13					

^{a)} **Women** - female gender regardless of age.

Section 5. Health care services provided in the hospital emergency ward (codes 4902, 4903) resulting in the patient's transfer to hospital treatment or death ^{a)}

Beds, as of 31 XII			Patients				
total	from column 1		total	from column 4			
	for children and youth under age 18 (0–17 years)	available to the clinics		children and youth under age 18 (0–17 years)	persons aged 65 and more	transferred for inpatient treatment	persons whose deaths were recorded before or during medical treatment
1	2	3	4	5	6	7	8

^{a)} Persons treated in a hospital emergency ward should be reported separately under Sections 4 and 5.

[illegible]

No.	Specification	Employed persons	Total number of employed persons (regardless of the form of employment and working time)	From column 1 the number of employed persons for whom it is the main workplace (regardless of the form of employment)
0			1	2
1.1	Emergency rescue team (specialist and basic)	physicians of the emergency medical services	a	
		nurses of the emergency medical services	b	
		emergency medical technicians	c	
		drivers ^{a)}	d	
1.2	Emergency rescue team (motorcycle rescue unit) ^{b)}	physicians of the emergency medical services	a	
		nurses of the emergency medical services	b	
		emergency medical technicians	c	
2	Medical air rescue team	physicians of the emergency medical services	a	
		nurses of the emergency medical services	b	
		emergency medical technicians	c	
		pilots	d	
3	Other units ^{c)}	medical personnel		
4	Voivodship office	voivodship coordinator of emergency medical services (physician)	a	
		voivodship coordinator of emergency medical services (nurse)	b	
		voivodship coordinator of emergency medical services (emergency medical technician)	c	
5	Medical dispatch centre ^{d)}	medical dispatcher (nurse)	a	
		medical dispatcher (emergency medical technician)	b	
		medical dispatcher (in accordance with Article 58 (3) of the Act on State Emergency Medical Services)	c	

d) Applies to voivodship offices.

Please provide the estimated time (in minutes) devoted to the preparation of data for the purpose of completing the report	1	
Please provide an estimated time (in minutes) for completing the report	2	

(contact e-mail regarding the report - FILL IN WITH CAPITAL LETTERS)

.....
(place, date)

Explanatory notes

The report refers to the State Emergency Medical Services System, which, in accordance with the current provisions of the Act of 8 September 2006 on State Emergency Medical Services, is responsible for providing assistance to any person in danger of sudden sickness and ensuring the maintenance of readiness of units.

Medical services provided by doctors (in emergency cases) outside normal working hours (e.g. at night) and private medical consultations at patient home or at the place of emergency call, including night and holiday health care, **cannot be regarded** as emergency medical activities within the meaning of the Act of 8 September 2006 on State Emergency Medical Services.

The age of persons who received health care benefits (*children and young under age 18 (0-17 years), 65 years and more*) is counted in the completed years (Sections 3, 4, 5 and 6 of the report).

Women – female gender regardless of age.

Section 1

Identification codes, hereinafter referred to as “resort codes”, are assigned on the basis of the information required to be entered in the Register according to the Regulation of the Minister of Health of 17 May 2012 on the system of identification codes for health care providers and detailed rules of assigning them (Journal of Laws 2019, item 173).

Part I of the system of identification codes is the number of the registry book in the register of entities providing health care. The indication of the authority keeping the register consists of the letter “W” denoting the voivode as the authority maintaining the register and the voivodship code.

Part II of the system of identification codes is a 7-character identifier of a territorial division unit.

Part III of the system of identification codes is the 2-character code of the founding entity, in the case of a medical entity that is not an entrepreneur.

Part IV of the system of identification codes is a 4-character code specifying the organizational and legal form of the entity providing health care; in the case of a limited company in which the State Treasury, a local government unit or a medical university, the third character of the code is replaced by the number: 1 - in the case of a capital company in which the State Treasury, a local government unit or a medical university hold shares or stocks representing at least 51% of the share capital, 2 - in the case of a limited company in which the State Treasury or local government unit holds shares or stocks representing less than 51% of the share capital; in the case of a medical entity whose statutory activity is not aimed at making a profit, the fourth character of the code is replaced by the number 2.

Section 2

Point 1. **Units of the emergency medical services** in points 1.1., 1.2., 1.3. the unit may make more than one selection.

Point 1.1. **Emergency rescue team** – it is a unit of the system that undertakes emergency medical services in non-hospital conditions, meeting the requirements specified in the Act of 8 September 2006 on State Emergency Medical Services.

Point 1.3. **Hospital emergency ward** – is an organizational unit of a hospital as defined in the regulations on medical activity, being a unit of the emergency medical services, providing health care to persons who is in life of health threatening conditions, meeting the requirements specified in the Act of 8 September 2006 on State Emergency Medical Services.

Point 2. **Trauma centre / organizational units of a hospital, specialized in providing emergency medical services** – it is a trauma centre or other organizational unit of a hospital specialized in providing emergency medical services, which is included in the plan of action of the state emergency medical services drawn up by the voivode.

Point 2.1. **Trauma centre** – is a separate functional part of the hospital, in which operates the hospital emergency ward, and specialized units are linked organizationally and scope of tasks in a way that a quick diagnosis and treatment of a trauma patient is possible. Trauma centre fulfils the requirements of the Act of 8 September 2006 on State Emergency Medical Services.

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

- 1) secures in the scope of health services referred to Article 39c (1) of above mentioned Act, a population of not less than 1 million inhabitants living in an area that allows reaching a trauma centre from the occurrence places within 1.5 hours;
- 2) cooperates with a medical university referred to the Act of 20 July 2018, The Law on Higher Education and Science, or another public university that has established or runs a medical entity running the hospital;
- 3) ensures, within its structure, the operation of specialized treatment wards and diagnostic laboratories:
 - a) an anaesthesiology and intensive care unit, ensuring the readiness of at least two intensive care stations to provide health services to a trauma patient,
 - b) an operating block providing 24-hour readiness of at least one operating room to provide health services to a trauma patient,
 - c) a diagnostic and surgical endoscopy laboratory open 24 hours a day,
 - d) other wards, in particular:
 - general surgery or multi-organ injuries, orthopaedics and organ movement traumatology,
 - neurosurgery or general surgery with a neuro-traumatology profile,
 - vascular surgery or general surgery with a vascular surgery profile (Articles 39a and 39b of the Act of 8 September 2006 on State Emergency Medical Services).

Point 2.2. **Trauma centre for children** - is a separate functional part of the hospital, in which operates the hospital emergency ward, and specialized units are linked organizationally and scope of tasks in a way that a quick diagnosis and treatment of a trauma child patient is possible. Trauma centre for children fulfils the requirements of the Act of 8 September 2006 on State Emergency Medical Services.

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

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

Point 2.3.a. **Admission room** – complexes of rooms where it takes place registration and medical examination of patients who came alone with a referral for hospital treatment or who transported as a result of an emergency takes place. Following the medical examination, the doctor may refer the patient to a hospital ward or rule that the patient's condition does not require hospitalization and refer the patient to outpatient treatment. It may also provide one-time first aid.

Hospital emergency ward, trauma centre, trauma centre for children and an organizational units of a hospital, specialized in providing emergency medical services, immediately provide the necessary medical services to a trauma patient, a trauma child patient or a person in danger of sudden sickness.

Point 2.3.b **Specialized hospital ward** – a hospital ward included in the voivodeship action plan of the system, in accordance with the Act on State Emergency Medical Services, providing medical services.

Point 2.3.c **Other** – provision of emergency medical services other than those listed in Section 2, point 1.3; points 2.1 (a) to (g); points 2.2. a-d and 2.3. a and b the organisational divisions of the hospital.

Point 3. **First aid units** concern activities in accordance with Art. 33 paragraph 2 of the Act of 8 September 2006 on State Emergency Medical Services, if necessary, a hospital with a hospital emergency ward, trauma centre, trauma centre for children or organizational units of a hospital, specialized in providing emergency medical services, provides immediate medical transport of a trauma patient, trauma child patient or a person in a state of emergency to the nearest medical facility of a medical entity providing health care services to the appropriate extent.

Point 4. **Medical transport teams** – provide health care services to patients if sanitary transport is necessary between healthcare providers performing guaranteed services in the field of hospital treatment, in the following disease states: respiratory failure requiring artificial ventilation, cardiovascular failure, conditions requiring surgical and postoperative intervention, other (e.g. convulsions) – in accordance with the Regulation of the Minister of Health of 13 March 2023 amending the Regulation on guaranteed services in the field of hospital treatment (Journal of Laws 2023, item 870 as amended).

Section 3

1. Column 1 *Number of calls to the occurrence places* must be less than or equal to the number of people who received health care benefits (column 2). During one call, emergency medical activities may be provided to one or more persons. The number of calls does not include those in which the service was not provided (so-called empty departure).

2. Row 6 *Others* – due to the presence of a situation in the patient's health, such as loss of consciousness or fainting, which may occur outside the patient's home, e. g. in the street, church, shop, etc., the persons who have received health care benefits should be indicated in this row.

Section 4

To be completed in the units that marked the answer in section 2 in points: 1.3. or 2.3.a

This section concerns medical services provided in the admission room of a hospital or hospital emergency ward, which were included in the voivodship action plan of the system and entered into the list of hospital emergency wards, trauma centres, trauma centres for children and an organizational units of a hospital, specialized in providing emergency medical services in the voivodship, conducted by the voivode.

Section 5

To be completed by the units that marked point 1.3 in section 2.

Section 6

Row 1 is completed by the units that marked point 2.1 in section 2.

Row 2 is completed by the units that marked point 2.2 in section 2.

Row 3 is completed by the units that marked point 2.3b in section 2.

1. Column 4 *Average number of beds* refers to the reporting period. The average number of beds is calculated by adding up the number of beds as at the end of each month of the year and dividing by 12.

2. Column 8 *Beddays* – a bedday is a calculation (reporting) unit covering diagnostic, therapeutic, rehabilitation and nursing services provided during one day of a patient's stay in a 24-hour day ward. Bed-days should be given when the patient stayed in the ward for more than a day. The day of admission and discharge should be counted as one bed-day, except for daily wards.

Section 7

It applies to people employed in the system for whom it is the main or additional workplace (division 7 points 1.1, 1.2, 3, 4, 5).

1. *Physician of the emergency medical services* – a person who meets the requirements specified in Art. 3 point 3 of the Act of 8 September 2006 on State Emergency Medical Services.

2. *Nurse of the emergency medical services* – a person who meets the requirements specified in Art. 3 point 6 of the Act of 8 September 2006 on State Emergency Medical Services.

3. *Emergency medical technician* – a person who meets the requirements specified in Art. 10 and art. 58 sec. 1 of the Act of 8 September 2006 on State Emergency Medical Services.

4. *Voivodship coordinator of emergency medical services* – this is the person referred to in art. 29 sec. 1 and sec. 6 of the Act of 8 September 2006 on State Emergency Medical Services.

5. *Medical dispatcher* – a person who meets the requirements specified in Art. 26 sec. 2 point 2 and in art. 58 sec. 3 of the Act of 8 September 2006 on State Emergency Medical Services.

Annex 3. List of variables in the ZD surveys

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

General data – identification codes

1. Number of the register book (part I).
2. Indication of the authority keeping the register.
3. Location of the medical facility/organisational unit / division of the medical entity (part II – TERYT).
4. Code of the founding entity (part III).
5. Organizational and legal form (part IV).
6. Code of the organizational unit (part V).
7. Code of the type of medical activity performed in the medical facility (part VI).

Type of medical facility – beds

8. Number of beds as of 31 December.
9. Number of beds as of 31 December, of which those in the wards with codes of organizational division specialty 6100–6701.
10. Number of beds as of 31 December, of which those in the wards with codes of organizational division specialty 4280 and 4300–4311.
11. Average number of beds.
12. Specification: health resort hospital, health resort hospital for children, health resort sanatorium, health resort sanatorium for children, hospital / sanatorium in an underground mining excavation, outpatient health resort unit, natural healing centre, inpatient rehabilitation facility.

Adjustments of unit to the needs of disabled persons

13. Entry ramps/platforms to facilitate entry into the building.
14. Entrance door to the building automatically open.
15. Lift/s.
16. Lift/s – of which adapted for disabled persons.
17. Rooms/rooms with bathrooms adapted for the disabled persons.
18. Bathrooms adapted for the disabled persons.
19. Adaptations for blind and visually impaired people.
20. Adaptations for deaf and hearing impaired people.
21. Anti-slip floors.
22. Others.
23. Lack of adaptations.

Health resort treatments and therapeutic activities

24. Mineral baths.
25. CO2 baths.
26. Mud therapy.
27. Inhalation.
28. Inhalation – of which drug inhalation.
29. Massages.
30. Cryotherapy.
31. Electrotherapy.
32. Light therapy.
33. Hydrotherapy.
34. Kinesiotherapy.
35. Paraffin wax therapy.
36. Others.

- 37. Others – of which therapeutic activities.
- 38. Total (1-4 and 6-13).

Activities of unit

- 39. Total patients: inpatients and outpatients: total, out of total women, children and young under age 18 and number of persons age 65 and more.
- 40. Total patients: inpatients and outpatients – of which inpatients: total, out of total women, children and young under age 18 and number of persons age 65 and more.
- 41. Total patients: inpatients and outpatients – of which inpatients – incl. foreigners: total, out of total women, children and young under age 18 and number of persons age 65 and more.
- 42. Total patients: inpatients and outpatients – of which inpatients – self-pay inpatients: total, out of total women, children and young under age 18 and number of persons age 65 and more.
- 43. Patients undergoing natural healing services, pointed out in section 4, points 1–4: total.
- 44. Number of treatment days (beddays) of inpatients: total, out of total children and young under age 18 and number of persons age 65 and more.
- 45. Number of treatment days (beddays) of inpatients – of which number of inpatient-days for foreigners: total, out of total children and young under age 18 and number of persons age 65 and more.
- 46. Outpatients: total, out of total women, children and young under age 18 and number of persons age 65 and more.
- 47. Inpatients financed/subsidized by: the National Health Fund (NFZ), the Social Insurance Institution (ZUS), the Agricultural Social Insurance Fund (KRUS), the State Fund for Rehabilitation of Disabled People (PFRON), other institutions (e.g. MOPS, foundations, associations, companies): total, out of total women, children and young under age 18 and number of persons age 65 and more.

ZD-3 Report on outpatient health care

General data – identification codes

1. Number of the register book of the medical entity / professional practice
2. Designation of the authority keeping the register.
3. Location of the reporting unit providing health care: voivodship, powiat, commune, type of commune (TERYT).
4. Code of the founding entity, in the case of a medical entity that is not an entrepreneur (part III of the identification codes system).
5. Code specifying the organizational and legal form of the entity providing health care (part IV of the identification codes system).
6. A identification code of an organizational unit (part V of the identification codes system).
7. Type of reporting unit: hospital outpatient department, other clinic / health centre / outpatient clinic.
8. Code of the type of professional practice.
9. Code of the profession of a doctor/dentist.

Adjustments of unit to the needs of disabled persons

10. Entry ramps/platforms to facilitate entry into the building.
11. Entrance door to the building automatically open.
12. Lift/s.
13. Lift/s – of which adapted for disabled persons.
14. Bathrooms adapted for the disabled persons.
15. Adaptations for blind and visually impaired people.
16. Adaptations for deaf and hearing impaired people.
17. Anti-slip floors.
18. Others.
19. Lack of adaptations.

Primary health care

20. Primary health care clinic/ doctor's office (code 0010–0015) – consultations in total: total, out of total home consultations, teleconsultations.
21. Primary health care clinic / doctor's office (code 0010–0015) – out of consultations in total – to children and young under age 18: total, out of total home consultations, teleconsultations.
22. Primary health care clinic (code 0010–0015) – out of consultations in total – to persons aged 65 and more: total, out of total home consultations, teleconsultations.
23. Primary health care clinic (code 0010–0015) – out of consultations in total – to women: total, out of total home consultations, teleconsultations.

Specialist health care

24. Number of clinics (as of 31 December).
25. Medical and psychological consultations, total.
26. Medical and psychological consultations – out of total – to children and young under age 18.
27. Medical and psychological consultations – of the total – to persons aged 65 and more.
28. Medical and psychological consultations – out of the total – to women.
29. Medical and psychological consultations – out of total – teleconsultations.
30. Types of clinics according to identification codes: total medical and psychological, internal medicine (code 1000–1009), allergy (code 1010–1011), diabetes (code 1020–1027), endocrine (code 1030–1033), geriatric (code 1060), cardiology (code 1100–1121), nephrology (code 1130–1131), dermatology (code 1200–1203), neurological (code 1220–1223), oncology (code 1240–1251), tuberculosis and lung diseases (1270–1277), rheumatology (code 1280–1281), rehabilitation (code 1300–1309), infectious diseases (code 1340–1349), sports medicine (code 1370–1371), paediatric (code 1401–1421), gynaecological and obstetrical (code 1450– 1475), surgical – in total (code 1500–1581, 1630–1631), of which trauma-orthopaedic surgery (code 1580–1581) and neurosurgery (code 1570–1571), ophthalmology (code 1600–1605), otolaryngology (code 1610 –1617), urology (code 1640–1641),

mental health (code 1700–1711), addiction treatment clinic (code 1740–1747), psychological (code 1790–1791), other (with a different specialty not mentioned above) (code –1999).

31. Dental consultations, total.
32. Dental consultations – out of total – to children and young under age 18.
33. Dental consultations – of the total – to persons aged 65 and more.
34. Dental consultations – out of the total – to women.
35. Dental consultations – out of total – teleconsultations.
36. Types of clinics according to identification codes: total dental (code 1800–1840), out of total dentistry (code 1800–1801), periodontology and oral mucosa diseases (code 1810–1811), orthodontics (code 1820–1821), prosthodontics (code 1830–1831) , oral surgery (code 1840–1841).

Night and holiday health care

37. Number of clinics (as of 31 December).
38. Consultations in total.
39. Consultations – out of total to children and young under age 18.
40. Consultations – out of total to persons aged 65 and more.
41. Consultations – out of total to women.
42. Type of clinic: night and holiday health care clinic /office (code 0016–0017) – clinics / consultations in total – out of total provided in ambulatory mode, provided at the patient home, teleconsultations.

ZD-4 Report on first aid and emergency medical services

General data

Entity of the emergency medical service

1. Number of the register book (part I).
2. Indication of the authority keeping the register.
3. Location of the medical entity providing health care/organisational unit of the medical entity (part II – TERYT).
4. Code of the founding entity (Part III).
5. Organizational and legal form of the entity providing health care (part IV).

General data on the entity providing health care

6. Units of the emergency medical services – emergency rescue team – specialist (code 3114, 3154).
7. Units of the emergency medical services – emergency rescue team – general (code 3112, 3152).
8. Units of the emergency medical services – emergency rescue team – motorcycle.
9. Units of the emergency medical services – medical air rescue team (code 3210) – helicopter.
10. Units of the emergency medical services – medical air rescue team (code 3210) – plane.
11. Units of the emergency medical services – hospital emergency ward (code 4902, 4903).
12. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre – wards in total.
13. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre – general surgery (code 4500).
14. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre – multi-organ injuries (code 4590).
15. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre – orthopaedics and organ movement traumatology.
16. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre – neurosurgery (code 4570).
17. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre – general surgery with neuro-traumatology profile.
18. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre – vascular surgery (code 4530).
19. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre – general surgery with vascular surgical profile.
20. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre for children – wards in total.
21. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre for children – children's surgery (code 4501).
22. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre for children – neurosurgery (code 4570).
23. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre for children – orthopaedics and organ movement traumatology.
24. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – trauma centre for children – neuro-traumatology.
25. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – other organisational unit of the hospital specialized in providing emergency medical services – admission room (code 4900).
26. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – other organisational unit of the hospital specialized in providing emergency medical services – specialist ward.
27. Trauma centre / organizational units of a hospital, specialized in providing emergency medical services – other organisational unit of the hospital specialized in providing emergency medical services – others.

28. First aid units – air-sanitary transport team (code 3200) – helicopter.
29. First aid units – air-sanitary transport team (code 3200) – plane.
30. First aid units – air search and rescue group – helicopter.
31. First aid units – air search and rescue group – plane.
32. Medical transport teams (code 9250) – medical ambulance.

Emergency medical activities

33. Number of calls to the occurrence places.
34. Number of persons who received health care benefits – in total.
35. Number of persons who received health care benefits – women.
36. Number of persons who received health care benefits – children and youth under age 18.
37. Number of persons who received health care benefits – persons aged 65 and more.
38. Number of persons who received health care benefits – persons whose deaths were recorded before or during emergency activities.
39. Place of occurrence: total (sum of rows 2-6), road traffic, work, school, home, others.

Health care services provided in an admission room/hospital emergency ward resulting in the patient's discharge

40. Number of persons who received health care benefits – in total.
41. Number of consultations.
42. Number of persons who received health care benefits – women.
43. Number of persons who received health care benefits – children and youth under age 18.
44. Number of persons who received health care benefits – persons aged 65 and more.
45. Specification: total (sum of rows 02 to 13), services in the field of general, not qualified to the below mentioned, internal medicine, cardiology, surgery, trauma-orthopedic surgery, neurosurgery, gynaecological and obstetrical, paediatric, neurological, ophthalmology, dental, mental health.

Health care services provided in the hospital emergency ward (code 4902, 4903) resulting in the patient's transfer to hospital treatment or death

46. Beds, as of 31 December in total.
47. Beds, as of 31 December – for children and youth under age 18.
48. Beds, as of 31 December – available to the clinics.
49. Patients in total.
50. Patients – children and youth under age 18.
51. Patients – persons aged 65 and more.
52. Patients – transferred for inpatient treatment.
53. Patients – persons whose deaths were recorded before or during medical treatment.

Inpatient activity of a trauma centre / trauma centre for children / organizational units of a hospital specialized in providing emergency medical services

54. Beds, as of 31 December (in total).
55. Beds, as of 31 December – for children and youth under age 18.
56. Beds, as of 31 December – available to the clinics.
57. Average number of beds.
58. Patients in total.
59. Patients – children and youth under age 18.
60. Patients – persons aged 65 and more.
61. Beddays.
62. Persons whose deaths were recorded before or during medical treatment.
63. Specification: trauma centre, trauma centre for children, specialized ward.

Personnel composition of selected emergency rescue entities (as of 31 December)

64. Emergency rescue team (specialist and basic) – total number of employed persons (regardless of the form of employment and working time) – physicians of the emergency medical services.
65. Emergency rescue team (specialist and basic) – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – physicians of the emergency medical services.
66. Emergency rescue team (specialist and basic) – total number of employed persons (regardless of the form of employment and working time) – nurses of the emergency medical services.
67. Emergency rescue team (specialist and basic) – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – nurses of the emergency medical services.
68. Emergency rescue team (specialist and basic) – total number of employed persons (regardless of the form of employment and working time) – emergency medical technicians.
69. Emergency rescue team (specialist and basic) – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – emergency medical technicians.
70. Emergency rescue team (specialist and basic) – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – drivers.
71. Emergency rescue team (motorcycle rescue unit) – total number of employed persons (regardless of the form of employment and working time) – physicians of the emergency medical services.
72. Emergency rescue team (motorcycle rescue unit) – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – physicians of the emergency medical services.
73. Emergency rescue team (motorcycle rescue unit) – total number of employed persons (regardless of the form of employment and working time) – nurses of the emergency medical services.
74. Emergency rescue team (motorcycle rescue unit) – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – nurses of the emergency medical services.
75. Emergency rescue team (motorcycle rescue unit) – total number of employed persons (regardless of the form of employment and working time) – emergency medical technicians.
76. Emergency rescue team (motorcycle rescue unit) – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – emergency medical technicians.
77. Medical air rescue team – total number of employed persons (regardless of the form of employment and working time) – physicians of the emergency medical services.
78. Medical air rescue team – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – physicians of the emergency medical services.
79. Medical air rescue team – total number of employed persons (regardless of the form of employment and working time) – nurses of the emergency medical services.
80. Medical air rescue team – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – nurses of the emergency medical services.
81. Medical air rescue team – total number of employed persons (regardless of the form of employment and working time) – emergency medical technicians.
82. Medical air rescue team – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – emergency medical technicians.
83. Medical air rescue team – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – pilots.
84. Other units – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – medical personnel.
85. Voivodship office – total number of employed persons (regardless of the form of employment and working time) – voivodship coordinator of emergency medical services (physician).
86. Voivodship office – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – voivodship coordinator of medical services (physician).
87. Voivodship office – total number of employed persons (regardless of the form of employment and working time) – voivodship coordinator of medical services (nurse).
88. Voivodship office – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – voivodship coordinator of medical services (nurse).

89. Voivodship office – total number of employed persons (regardless of the form of employment and working time) – voivodship coordinator of medical services (emergency medical technicians).
90. Voivodship office – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – voivodship coordinator of medical services (emergency medical technicians).
91. Medical dispatch centre – total number of employed persons (regardless of the form of employment and working time) – medical dispatcher (nurse).
92. Medical dispatch centre – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – medical dispatcher (nurse).
93. Medical dispatch centre – total number of employed persons (regardless of the form of employment and working time) – medical dispatcher (emergency medical technician).
94. Medical dispatch centre – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – medical dispatcher (emergency medical technician).
95. Medical dispatch centre – total number of employed persons (regardless of the form of employment and working time) – medical dispatcher (in accordance with Article 58 (3) of the Act on State Emergency Medical Services).
96. Medical dispatch centre – the number of employed persons for whom it is the main workplace (regardless of the form of employment) – medical dispatcher (in accordance with Article 58 (3) of the Act on the State Emergency Medical Services).

Annex 4. Changes in the methodological report

Year	Chapter number in the edition of introducing a given change	Chapter number in the latest edition	Description of the change introduced
2019			The first edition of the methodological report
2022	-	-	Adding metadata
2022	Health and health care statistics	Health and health care statistics	Introduction of information about the registers used in the research „Medical personnel in health care” Adding information on the latest edition of the survey
2022	1	1	Changes in the subjective and objective scope of the survey „First aid and emergency medical services”
2022	2.1	2.1	Supplementing changes in statistical research methodology
2022	3	3	Changing the description of the contents of statistical reports with the ZD symbol
2022	4.5	4.5	Updating and adding definitions in the areas of: outpatient health care, emergency medical services and first aid, inpatient health care, pharmacies, blood donation
2022	Annex 1	Annex 1	Updating the list of legal acts in force
2022	Annex 2	Annex 2	Introduction of the templates of the ZD statistical reports for the year 2020
2022	Annex 3	Annex 3	Updating the list of variables in the ZD reports
2026	Metadata	Metadata	Updating metadata
2026	Introduction	Introduction	Updating the list of legal acts in force
2026	Health and health care statistics	Health and health care statistics	Updating statistical surveys' titles Updating information on permanent secondary research: Medical personnel in health care, Health Accounts: National Health Account, Satellite Health Account Adding information on the surveys: Pharmacies, Legally Disabled Persons Adding information on the latest edition of the questionnaire surveys
2026	1	1	Changes in the subjective and objective scope of the survey „First aid and emergency medical services” Deleting information on ZD-5 Report on pharmacy and pharmaceutical outlet

2026	2	2	Supplementing changes in statistical research methodology Deleting information about ZD-5 Report on pharmacy and pharmaceutical outlet
2026	3	3	Deleting information about ZD-5 Report on pharmacy and pharmaceutical outlet
2026	4	4	Deleting information about ZD-5 Report on pharmacy and pharmaceutical outlet Updating the list of output statistical information from annual surveys Updating the classification used (the International Classifications for Health Accounts ICHA) Updating and adding definitions in the areas of: emergency medical services and first aid, health resort treatment, health status
2026	5	5	Updating information on tasks of the units involved in the organisation and implementation of the ZD surveys
2026	6	6	Updating the list of news releases
2026	7	7	Deleting information about ZD-5 Report on pharmacy and pharmaceutical outlet
2026	Annex 1	Annex 1	Updating the list of legal acts in force
2026	Annex 2	Annex 2	Introduction of the templates of the ZD statistical reports for the year 2025
2026	Annex 3	Annex 3	Updating the list of variables in the ZD reports