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PACKAGE OF HOSPITAL SERVICES IN ALBANIA

TECHNICAL REPORT

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NOTICE TO READER

This report has been prepared by the consultant with guidance of the Technical Commission which met as a group numerous times from Dec 2012 to September 2013. Much of the data collection and analysis has been done by the staff of the Hospital Department of the Health Insurance Institute (HII). The work of the Technical Commission and Consultant was limited by the data available and by the current state of the hospital system in Albania which precluded the usefulness of a more sophisticated report.

The Technical Commission was formed for the purposes of defining the Package of Services by an Order of the Minister of Health (Order Nr. 587 Dt 21.11.2012). This was a decision of the Health Reform Implementation Support Group. The membership included:

1. Naun SINANI, Medical Advisor to Director, HII, Chair of Committee
2. Rudina MAZNIKU, Head of Hospital Department, HII
3. Alfred CARERI, Legal Adviser to the Director HII
4. Lenora ORANLLIU, Head of Data Unit at Hospital Department, HII
5. Rudina DEGJONI, Hospital Management Information, Hospital Dept, HII
6. Laura MANO, Head, Legal Development Unit, HII
7. Silva NOVI, Medical Advisor, Hospital Department, Ministry of Health
8. Vasilika XHAFJAJ, Economist, Hospital Department, Ministry of Health

The Committee also benefited by participation of additional HII staff and of staff of the EEHR from time to time.

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Also the deliberations of the members of the Technical Commission on issues were invaluable in preparing this report to make it as applicable as possible to the current environment.

I. INTRODUCTION

This paper reflects the findings and recommendations of the Technical Commission assigned to establish a Package of Inpatient Services for Hospitals. The paper also proposes the Package of Services to be adopted and some of the factors to consider for future, such as the addition or deletion of services from the approved package for District, Regional or Tertiary Hospitals.

A Package of Services, also known in other systems as a Basic Benefit Package or a Minimum Benefit Package is created by national health care systems for various reasons. Such reasons might include a desire to define benefits under an insurance scheme or to explain to the public the level and types of services which are available through a health care system.

I.1 PURPOSE OF A PACKAGE OF SERVICES

In Albania, the purpose of defining a Package of Services is twofold:

- One is to be able to explain to the public the types of services that may be available at the three types or levels of hospitals (District, Regional and Tertiary)
- The second purpose is to be able to form a basis for an annual contract between the hospitals and the Health Insurance Institute (HII).

These two purposes may be met with two different levels of detail.

In Albania, the Health Insurance Institute is expected to be made responsible for the funding of hospitals on an annual basis. Their task is to allocate the available funds to hospitals in such a way to maximise the benefit derived from the funds on behalf of the population and patients. The HII will fund all public hospitals and may provide payments to private hospitals or to hospitals in other countries on behalf of insured patients for services that are not available to Albanians in the Albania public hospitals.

In other countries, a distinction is made between services available to insured patients and services available to the general public or uninsured patients. In Albania, the services available in each public hospital are available to both patients insured under HII and to the uninsured population. The difference will be found in the cost to each. Uninsured patients will be expected to pay for the cost of the services in full, while the insured patients may have charges based on a schedule of user fees, co-payments and deductibles which may change from time to time. The type, level and quality of services are the same. The payments toward costs will vary based on insured status and will change from year to year.

I.2 PACKAGE OF SERVICES DIFFERS AMONG HOSPITALS

The services available at each level of hospital will differ for a variety of reasons. For example, District or Municipal hospitals typically serve a smaller population base and will provide primary hospital services or first line care. Regional Hospitals typically serve the primary hospital care for a larger population as well as the secondary level of care for their own catchment population as well as for the populations of surrounding districts. In Albania, the tertiary hospitals in Tirana serve the primary and the secondary care needs of residents of Tirana as well as the tertiary care for all residents of Albania.

All national health systems have limited funds. This is as true in the richest nations and in the poorest. This requires health care managers to allocate their resources carefully so as to maximize the benefits for patients. One way to do this is to recognize that certain specialties and services are warranted only for populations of a sufficiently large size. For example, in advanced nations, it might be reasonable to fund one general practitioner for each 1,000-2,000 residents, an orthopaedic surgeon may be warranted only for a population of 20,000 while a neurosurgery service may require 60,000 population. There are similar guidelines that are used for allocation of major pieces of equipment such as CT Scanners or Magnetic Resonance Imaging (MRI) units. One CT scanner might

be sufficient to serve the needs of 250,000 people while one MRI unit might serve a population of up to 500,000 people. Because of the expense of purchasing and operating these technologies, it is not reasonable from a cost effective perspective to have more than the number required. Such guidelines assume a certain adherence to clinical protocols.

Allocation decisions are required in order to both conserve funds to be able to provide the maximum amount of service but also to ensure that each specialist or hospital service has sufficient patients to maintain their expertise. For example, a physician who delivers newborns should be involved in a minimum number of deliveries per month or per year to maintain their skills. This number could range from 100 to several hundred depending on the country and circumstances. One method of managing this process is to limit the types of services available at District Hospitals while providing less frequently required and more complicated services at a regional level or at a national or tertiary level in the case of the most complicated services.

It also should be recognized that not all District Hospitals or all Regional Hospitals will have exactly the same services available. Some will have more or fewer services than the average for reasons related to the size of the population they serve or the distance of the hospital to the nearest larger hospital.

I.3 DEFINING A PACKAGE OF SERVICES FOR ALBANIA

The Package of Services defined in this report reflects the types and levels of services currently found in District Hospitals, Regional Hospitals and in Tertiary Hospitals at the present time. This might be considered a profile of services. It does not mean all hospitals in each category do or should have all the services listed. Neither does it represent a standard which should be expected or sought. It could however represent a base from which hospitals might evolve as time, funds and available expertise permits. The Package of Services at any one hospital should also evolve as the population it serves changes. The objective would be to manage this evolution in such a way as to maximise the care delivered with the funds available.

Hospital systems require a process of referrals. A patient seen first at a District Hospital may be diagnosed or stabilized and the staff should be capable of deciding if the hospital can provide the care the patient requires or if not, to refer the patient to the nearest Regional Hospital or if necessary to the appropriate tertiary or specialty hospital. The critical point is that patients should not expect all services to be available at all hospitals, nor should patients expect to be able to refer themselves to a regional or tertiary hospital for the simplest of conditions.

Services to be included in a Package of Services should also be only those services which are medically required, unless otherwise stated in the funding contract. For example, hospitals may be under some pressure to provide services which are still classified as research or that would be considered cosmetic. Many countries struggle with pressures to include services like in vitro fertilization. While such a service may be desirable, it may not be considered necessary, especially compared to other services which may have to be curtailed for financial reasons if such services are covered. Even some medically necessary services may not be included in the package for financial reasons.

I.4 HOW A PACKAGE OF SERVICES CAN BE USED

I.4.1 GENERAL DESCRIPTION FOR THE PUBLIC

As mentioned in the section on purpose above, it is hoped that the higher level or more general description of Package of Services will provide the average patient or resident, whether insured or not, what types of services might be expected to be found at a hospital of different levels. This description is grouped at the level of the hospital department. District hospitals typically include a department of pathology or general medicine, obstetrics and gynecology, pediatrics and often surgery. Within these departments the average patient could assume a primary level of care delivery. While an obstetrics department at a District Hospital level would be expected to be able to manage normal births, it may not be able to manage Caesarean section births or multiple births.

At the regional level a patient could expect to find the same departments as in the District Hospitals but also some departments of greater speciality. For example, in addition to a surgery department,

there may be an orthopaedics department specifically to deal with more complex fractures or joint replacement.

This basic descriptive level does not identify individual services that are provided in each department of each hospital. The list would be overwhelming and ever changing.

1.4.2 MORE SPECIFIC DESCRIPTION FOR HOSPITAL CONTRACTING PURPOSES

The second level of description of the Package of Services is intended primarily for use by the HII and hospitals as a basis of discussion around hospital funding. This description goes beyond the departmental level described above and it includes specific cases expected to be treated based on diagnosis. In the preparation of this document, the cases currently being delivered at each hospital have been identified and those most frequently provided services are listed in the attached Tables. The most frequently provided services are defined as those 80% of cases representing the most frequent cases or perhaps 100% if that number is 15 or less.

The degree of detail provided was determined at these levels mainly to make the document more readable and understandable. In most cases 80% of the most frequently delivered cases can be listed on one page. If all cases treated were listed for each department the document would be much longer and many pages would be used listing cases which may be only treated fewer than 5 times per year. This was deemed to be not materially representative. It should be noted that the HII has information representing every single case treated at each District, Regional and Tertiary Hospital.

Each year, the HII will be required to establish a budget for each hospital. These budgets will be based on several factors including historical budgets but in future years, other factors will be taken into account. For example, the objective in allocating budgets will be to distribute the available funds somewhat equitably among hospitals based on the size of the population they serve, the referral patterns (taking into account the number of patients leaving their region of residence to go elsewhere for care and the number of patients who come to a hospital from elsewhere), the demographics (age and sex) and the type and complexity of services provided.

The Package of Services will form a baseline or starting point for adding or removing services for each hospital and when costing of each service is available, this may also be factored into the budget allocation process. For example, if the provision of renal dialysis is added to a Regional Hospital package of services, the cost of providing this service to 50 patients may be calculated from the experience and costing of these services in the three regional hospitals already providing this service.

1.5 WHAT A PACKAGE OF SERVICES CANNOT ACHIEVE

In the deliberations of the Technical Commission preparing this document, there was considerable discussion about several issues and concerns which need attention and whether the Package of Services will resolve these issues. Some of these include:

1.5.1 INFORMAL PAYMENTS

While informal payments are a serious and common, perhaps prevalent concern, the Package of Services does not and cannot in itself address this concern. It will help to know what a hospital should be able to provide and this may deter physicians from referring patients away to a private clinic from a hospital that can and does provide a particular service. The Package of Services cannot in itself stop the practice. It also cannot stop providers from charging a fee in addition to the official cost, ie informal payments.

1.5.2 ADHERENCE TO CLINICAL PROTOCOLS

The use of clinical protocols or guidelines is highly recommended and desired for reasons of quality and cost control but again having a defined Package of Services will not cause or require the adoption of protocols. Protocols are already available for all services delivered in Albania but they are used very seldom. It may be possible to insist on use of protocols for any new services to be funded by HII as a condition of funding.

1.5.3 FUNDING OF HOSPITALS

Having defined a Package of Services in itself is not going to enable changes in funding of hospitals. In theory, it may seem logical that one could identify the services approved for delivery by each hospital, calculate the cost of each, calculate the projected number of services and then establish a global budget based on the result. In practice, this is not reasonable.

At present, we do know the number of services of each type delivered at each hospital in the past year. We do not know what number of services of each type will be required the following year. Also, we do not know the cost of each service. While the hospital costing software does collect and report costs, the entry of data at the hospital level is not accurate and consistent. Even if the costs were accurate, one is left with the problem of whether to use each hospital's actual costs, use the average cost of all hospitals or to use the lowest cost. Each option has its problems. These are discussed in the Costing section, later in this report.

1.6 PACKAGE OF SERVICES AS CURRENTLY DEFINED IN LAW

The Package of Services as currently identified in the Law 2003 is as follows:

| | District Hospitals | Regional Hospitals |
|----|-------------------------------------|--|
| 1 | Emergency | Emergency |
| 2 | General Medicine (Pathologi) | General Medicine (Pathologi) |
| 3 | General Surgery | General Surgery including: Orthopaedics, Trauma, Urology |
| 4 | Paediatrics | Paediatrics |
| 5 | Obstetrics and Gynecology | Obstetrics and Gynecology |
| 6 | Radiology (Imaging) | Radiology (Imaging) |
| 7 | Clinical and Biochemical Laboratory | Clinical Laboratory including: Biochemistry and Microbiology |
| 8 | Anaesthesia and Intensive Care | Anesthesia and Intensive Care |
| 9 | Pharmacy | Pharmacy |
| 10 | - | Respiratory (Pulmonary) |
| 11 | - | Anatomy and Pathologic Histology |
| 12 | - | Haemodialysis |
| 13 | - | Otolaryngology (ORL) |
| 14 | - | Ophthalmology |
| 15 | - | Infectious Diseases |
| 16 | - | Dermatology |
| 17 | - | Oncology |
| 18 | - | Rehabilitation |
| 19 | - | Dietetics |

1.7 THE TECHNICAL COMMISSION REQUIREMENTS

The Technical Commission is tasked with preparing a package of hospital inpatient services. The Committee has decided the methodology is to prepare two sets of information for this purpose.

- The first set will identify the inpatient, clinical service departments expected to be found in each type of hospital. This result will be useful in communicating with the public and in particular the insured population.
- The second set will provide more detail, including the list of the most frequently seen cases as defined by diagnoses treated in each department. This will be useful in comparing hospitals and in communicating with the hospitals regarding contracts.

It will be seen that not all hospitals are consistent in the services provided even within the group of District Hospitals or the group of Regional Hospitals. The approach was to determine and identify the services that are most commonly found in each department of each type of hospital. Specifically we looked at those services which collectively made up about 80% of the services of each

department. The number of services falling into this 80% represents typically about 10-15 services, sometimes less and sometimes more.

2. METHODOLOGY

The Technical Commission was formed with representatives from HII, the Ministry of Health and with assistance from EEHR consultants.

The first step of the Technical Commission was to define some terms to ensure readers understand what is included when certain terms are used.

- Services were defined as procedures or interventions provided to a patient in treating their condition.
- Departments of hospitals are those organizational units in a hospital dedicated to providing certain types of services such as surgery or paediatrics.
- Cases are each hospital's encounter with a patient for a particular illness, disease or disability.
- Diagnosis refers to the classification of cases as defined by an international coding convention which distinguishes between cases based on the medical definition assigned by a physician. In Albania, the International Classification of Diseases (ICD) Version 9 is used.

The second step taken by the Technical Commission was to determine the purpose of establishing the Package of Services, besides the requirement by Law. It was considered that the Package of Services could be used in at least four possible ways.

These are:

1. **Legislation:** In some countries, the package of services is defined in a very general way in the Law but in addition there is a Regulation or Ministerial Order or Minister's Decree which provides more specific detail. The advantage of such a Regulation approach is that Regulations are more easily changed from time to time even monthly if required as services are added or deleted from the package authorized for a type of hospital or for specific hospitals.
2. **Public Communication:** Another purpose of a detailed Package of Services may be to communicate with the public and the insured population in particular as to what type or level of service one might expect to be able to receive at hospitals of various types. A Package of Services for this purpose would be at a fairly high level description so that the average member of the public would be able to understand it. It should also be general so that it could be communicated through a pamphlet, brochure or as an insert in a magazine or newspaper from time to time.
3. **Hospital Contracts:** A Package of Services might also be defined for the purpose of establishing annual contracts with hospitals which could be tied to their funding levels. A document for this purpose would be more detailed and may even be specifically prepared for each hospital rather than for the types of hospitals (ie District, Regional or Tertiary).
4. **Hospital Funding:** Theoretically, a Package of Services could be prepared with the intention of costing each service and establishing a funding methodology around the services and their costs. While this may be desired at some time in the future, it certainly is not possible at present because the costing information available to HII is not accurate, nor complete. It may not even be desirable to consider funding on this basis in future for various reasons which are dealt with in the Report on Hospital Funding.

After some deliberation, the Technical Commission decided it was most appropriate to prepare the Package of Services for the purposes of communicating with the public (#2 above) and for contracting with hospitals (# 3 above). Therefore the document reflects these two levels of detail to accomplish both purposes.

The Technical Commission decided that the methodology to follow is to obtain data from the hospital submissions on all admissions and discharges, using the Kartella and the HII costing software.

Then the staff of HII identified the most common departments in the hospitals and the most frequently seen cases in each department as defined by diagnoses. Technically, neither a hospital department nor a diagnosis of a case is considered a service. Hospitals in Albania do not collect or report services but they do provide information on departments and on diagnoses of cases. This does provide a certain level of standardized consistency on the types of services provided. Type of service refers to services typically associated with departments of a hospital or services likely to be provided in treatment of each case as defined by its diagnosis.

The amount of detail to be provided in the report was also a matter of concern. If all cases were provided for all hospitals, the volume of data would be too large as to be useful. Therefore it was decided to select the cases in each department of all District Hospitals and in each department of all Regional Hospitals that represent those services which cumulatively make up about 80% of all hospital department activity. These are seen as the most representative services. In some hospital departments, 100% of the cases add up to only 10-15 cases and when this occurred, all cases were documented. The objective was to keep the number of cases to a list that could be provided on one page or less.

The availability of data from the Tertiary Hospitals was a concern. The Tertiary Hospitals do not routinely submit data on their activity. Efforts took place to obtain this information during the course of the preparation of this report. At the time of completion of this report, some tertiary hospital information has been obtained and is included in this report although is still subject to review.

In order to be able to summarize the information found in this report, it was necessary to collect the data on all hospitals and then to identify those services most frequently found in each type of hospital (District or Regional). Clearly this means that not all hospitals provide the same services in the same frequency. The report tries to identify the most frequently found services.

The Technical Commission then considered a series of issue papers dealing with various topics. Decisions taken on each were incorporated into this report. The draft report was then circulated to the members of the Commission who were free to consult with others leading to revisions and completion of the final report.

The Technical Commission also considered similar efforts in other countries to establish a package of services or a basic benefits package. Only the report from Afghanistan prepared in 2005 seemed to be comparable to the situation in Albania. The Commission agreed to work toward a similar style report.

3. THE PACKAGE OF SERVICES

The methodology followed by the Technical Commission was to review data available to the HII as submitted by the hospitals using the Kartella Klinike and costing software. This data is the best available at the present time although it has serious limitations. The District and Regional Hospitals have been reporting this data for a little more than two years and while the data reporting is improving, there are still limitations in accuracy and completeness. The Tertiary Hospitals on the other hand have not been reporting at all. Recent efforts resulted in obtaining the information from the hospitals directly for this study.

3.1 PACKAGE OF SERVICES FOR COMMUNICATING WITH THE PUBLIC

3.1.1 DISTRICT HOSPITALS

For purposes of defining a Package of Services to communicate with the public, the staff first looked at the District Hospitals and in meeting the objective of communicating with the public, the following Clinical Services are provided by most of the District Hospitals, except Malsi e Madhe which reports providing only a small number of newborn deliveries:

1. Pathology (including Oculistic or Ear Nose and Throat)
2. Obstetrics Gynecology (which sometimes includes gynecology and neonatal)
3. Intensive Care (which sometimes includes paediatric intensive care)
4. Infection (sometimes spelled infectiv)
5. Paediatrics (sometimes including infective paediatrics)
6. Surgery (which usually includes intensive care for surgical patients)

In addition, most of these hospitals also have departments which are not considered in-patient services, including:

7. Emergency
8. Pharmacy
9. Imaging
10. Laboratory

Emergency Departments are not classified as inpatient services and therefore hospitals currently are not required to report on the types of services seen and treated in Emergency Departments. Pharmacy, Imaging and Laboratory services are departments which support the primary clinical departments.

These hospitals would all also include other non clinical departments such as:

- | | |
|----------------|---|
| Administrative | (including management, clinical records, finance, etc) |
| Dietary | (food preparation) |
| Maintenance | (including grounds maintenance, heating, lighting etc.) |
| Laundry | |

[Table I Provides a List of Departments in District Hospitals.]

3.1.2 REGIONAL HOSPITALS

Again, for purposes of defining a Package of Services for Regional Hospitals for communicating to the public, the staff looked at each of the Regional Hospitals and determined that most include the following departments:

1. Pathology (including general medicine)
2. Surgery (including surgical intensive care and surgical ENT)
3. Gynecology (including obstetrics, abortions and neonatology)
4. Paediatrics (including paediatric infectives)
5. Intensive Care (including paediatric intensive care)
6. Infection
7. ENT (including oculistic and ENT)

As in the case of District Hospitals, all of the Regional Hospitals also include:

8. Emergency
9. Pharmacy
10. Imaging
11. Laboratory

The Regional Hospitals also all have support services including:

- | | |
|----------------|---|
| Administrative | (including management, clinical records, finance, etc) |
| Dietary | (food preparation) |
| Maintenance | (including grounds maintenance, heating, lighting etc.) |
| Laundry | |

[Table 2 Provides a List of Departments found in Regional Hospitals.]

3.1.3 ANALYSIS

Among the 24 District Hospitals, 20 hospitals report having a gynaecology department, 23 report a pathology department, 22 a paediatrics department and 15 hospitals have a surgery department. Three hospitals report having an infection department and 3 report having an intensive care department. One hospital, Malsi e Madhe reports only providing 20 cases of newborn delivery each year, meaning it has only a very basic obstetrics department.

It should not be assumed that if a hospital does not have an infections or an intensive care department that it does not treat cases normally found in such departments. It could simply mean such cases are treated in their pathology department or their surgery department.

Among the Regional Hospitals, all report having departments of gynaecology, paediatrics and surgery. Ten hospitals excluding Korce report having a pathology department but Korce has a general medicine department which is comparable to pathology. Three other hospitals also report having a general medicine department in addition to a pathology department. Nine hospitals excluding Korce and Elbasan report having a department for infections. Undoubtedly these two hospitals treat cases of infection in their pathology departments. Only Durres reports having a dedicated department for cardiology and only Shkoder has a dedicated department for dermatology. Three to five hospitals have departments of intensive care, neonatology, neurology and / or orthopaedics.

3.1.4 TERTIARY HOSPITALS

The specialised hospitals in Tirana are described in the Law of 2003 to have a comprehensive range of services of higher complexity and quality. These hospitals also have a teaching and research role.

[Table 3 shows the Departments found in the Tertiary Hospitals.]

3.2 PACKAGE OF SERVICES FOR CONTRACTING WITH HOSPITALS

At this level of detail, the Package of Services builds on the list of departments found in each hospital and adds the most common services delivered in those departments.

3.2.1 DISTRICT HOSPITALS

In these tables are listed those most frequently treated cases by diagnosis including either the top 80% of cases or the top 15 services, whichever is greater.

[Tables 4.1 to 4.5 contain the List of the Most Common Cases Treated at District Hospitals by Department]

3.2.2 REGIONAL HOSPITALS

The most frequently treated cases by department of all regional hospitals are distinct from each hospital, meaning that any one hospital may not provide this particular list in this frequency.

[Tables 5.1 to 5.12 list the most frequently treated cases by department of all hospitals.]

3.2.3 TERTIARY HOSPITALS

Data for the tertiary hospitals is attached and in the case of Mother Theresa Hospital is listed in order of frequency of cases treated and not by department. This may be changed in the next draft.

[Tables 6.1 to 6.4 list the most frequently treated cases by department of all the Tertiary Hospitals.]

3.2.4 ANALYSIS

The attached tables indicated show the list of most common diagnoses seen in each department of each type of hospital (District Regional and Tertiary). The number of cases chosen to be shown is based on the relative frequency of the cases. If a hospital department has a total number of cases of 100 and the top five cases represent 90% of the total, then we chose 5 cases to show. If the department has 15 case types to make up 80% of the total number, then we show 15. It is a judgement decision designed to capture the highest frequency number of cases while trying to keep the total number reasonable.

As noted previously, these tables can only show data that is submitted. We have concerns that some data submitted by hospitals is incomplete or inaccurate. Physicians may sometimes simply fill in diagnoses for their cases without taking care to ensure accuracy. It would be difficult to identify inaccuracies after the case is completed and the patient discharged.

The list of laboratory tests, imaging tests performed and pharmaceuticals available at regional hospitals and pharmaceuticals stocked at Mother Teresa Hospital are attached as Table 7.0.

4. GAPS IN SERVICE

The establishment of the Package of Services is a useful first step in identifying gaps in services among hospitals and regions or districts, and in making decisions to close these gaps. This must be considered an ongoing process with no completion point. In short, there is no limit to the possibility of improving the introduction or addition of services and the quality of those services to meet the needs of a population.

First one should consider the meaning of a gap in service. One possibility is that policy makers ask what changes in service delivery are required to meet international standards of care. It is proposed here that this is not the correct question for Albania because the level of funding of hospital care in Albania is nowhere near international standards and therefore one should not expect international standards of care. At some point in future, it is hoped that funding will be available and that Albania will be able to enjoy international health care standards.

Also, it should not automatically be concluded that because one or a few of the regional hospitals has services that others do not, that this is a gap. It may be that some regions can justify a particular service because of the population size and the availability of the necessary expertise. For example, Durres has a cardiology service, which no other region has, although other Regional Hospitals provide similar services in their pathology departments. Services should be established and grow over time as needs dictate.

Perhaps the better question in Albania and in most other countries is how the current hospital services may be redistributed in order to better serve the population. While there are many services that could be added to the hospital system, the greater challenge is to identify those services which can be reduced or consolidated in order to save the funds which can be redirected to the identified needs. As important as it is to have services distributed appropriately, it is perhaps more important to have services delivered at a high quality and this is more likely if resources are not wasted. For example, if a region has one regional hospital and two district hospitals, each of which is 20 minutes travel time away, it could be argued that the two district hospitals should be closed and the resources directed toward providing the Regional Hospital with a greater range of services and a higher quality of care. In so doing, the residents of the region would be better served. In health care, such changes are not easy for economic and political reasons.

The identification and closing of the gaps in services should be managed over time by identifying needed services and at the same time services which can be reduced or eliminated elsewhere and made more efficient in other cases. The process for doing this is described more fully in the next section.

5. PROCESS TO ADD OR REDUCE SERVICES IN A HOSPITAL

This identification of the Package of Services has value in recognizing the current status of services in hospitals in Albania. The objective is to change this package of services for each hospital over time, with a view to improving hospital care. This will require two processes, one is to rationalize services to reduce duplication and save costs while the other is to add services where required. The savings from rationalization could assist in financing the expansion of services in other areas.

Albania has a relatively low level of funding for hospital care and also has relatively few hospital beds per 1,000 population. In most countries this would mean there is a large demand or need for care that is not being met. In Albania, for reasons that are not clear, there is relative lack of demand for care. This may be due to distrust or a lack of confidence in hospital care by the public. The rationalization of hospital care and improved quality of care may assist in improving the confidence of the public.

Following the steps described below will ensure that the process of changing the package of services will be carried out with financial control and will ensure that changes will improve the amount and quality of hospital services to the public and that there is value for money spent.

While the steps below are rather detailed, they are considered appropriate for the current situation where hospital management is limited and where the lack of governance and accountability suggests care be taken to minimize corruption. In future, with skilled management, a governance process and global budgets, hospitals might be expected and permitted to make such changes within the hospital but it may be some time before this situation exists. In the meantime, the hospital - HII approval process will provide a learning experience for both parties and will provide a check and balance on spending and care delivery.

Changes in the service levels may be initiated by either the HII or by hospitals. In either case, the process is similar. Certain factors should be assessed. These include the following:

5.1 PROPOSAL FOR THE NEED FOR A CHANGE

A hospital may propose to the HII that their funding be increased or that current funding be reallocated in order to add a certain service for the following year, or the HII may propose to change the service delivery pattern in a hospital in order to reduce duplication or to consolidate services.

5.2 REVIEW OF SERVICE NEEDS

In reviewing a hospital's request, or as part of the hospital's proposal, information would be gathered to indicate if there is a need for the service at a particular hospital. For example, there currently are three Regional Hospitals which provide renal dialysis services. If a fourth hospital proposed to add a renal dialysis service, one would look at the number of patients needing the service who reside in the region. This might involve checking the data to see how many people are travelling three days a week to a neighbouring region or to Tirana in order to receive renal dialysis treatments. This information is recorded and submitted by hospitals in their costing software submissions on a monthly basis so should be available to both the HII and the hospitals.

5.3 IDENTIFY THE TRAVEL REQUIREMENTS OF PATIENTS TO OBTAIN SERVICES

As a general rule, it is expected that patients should have to travel only short distances for care that is required frequently or is urgent. That is why primary care services are generally distributed or provided at the community level. On the other hand, services required by relatively few patients because it is less frequent might be expected to be provided in regional or even national centers and because it is rare, the longer travel time affects fewer patients. Such services are also centralised at larger centers because sufficient patients are required to justify the cost of such a service and also because medical specialists need to treat a minimum number of patients in order to maintain their expertise.

Complex and expensive hospital equipment is generally required to treat rarer conditions and it does not make sense to purchase, maintain and operate such equipment in several regional centers when there are only enough patients with conditions requiring such equipment to justify one center rather than three for example.

5.4 IDENTIFY THE COST OF ADDING A SERVICE OR THE COST SAVING OF REDUCING A SERVICE

When making a request to add a service, a hospital should be expected to identify the costs of staff, equipment and supplies to establish the new service and to operate it on an annual basis.

To illustrate, a hospital wishing to add a diabetic day care program may identify staff needs including three hours of physician time three days a week to attend clinics for patients suspected of early stage diabetes. They may be assisted by one full time nurse to register patients, set up clinics, keep records etc. There likely will be minor equipment and supplies required as well. The hospital might estimate that such costs will add up to 500,000 leke per year.

5.5 IDENTIFY WHERE THE COST REQUIREMENTS WILL BE FOUND

The cost of a new service might be found in an existing hospital budget by identifying savings through cost efficiencies, by reducing other services which are less required or by transferring savings from other centers. Using the example from step 4 above, a hospital should be required to identify where they can find 500,000 leke in order to operate their proposed diabetes day care center. This might be possible in several different ways. Perhaps there are 30 patients who would benefit from such services and these patients may be currently travelling to a neighbouring region to attend such a clinic. By adding this service, a hospital could argue that the existing center in the next region will be able to reduce their diabetes center by 3 clinics per week because these 30 patients will be treated elsewhere. If justifiable, the cost savings from the neighbouring region could be transferred to the hospital proposing the increase.

Alternatively, the proposing hospital might argue that by establishing a clinic, they will reduce the number of patients being admitted to hospital for more complicated diabetes stabilization, resulting in a reduction of bed use for this purpose. If there is a reduction of perhaps 5 beds, they should be able to identify cost savings from operating those beds which they could transfer to the new clinic. Sometimes the required budget may be found in unrelated savings. For example, most surgery in Albania is performed by admitting patients. In many countries, much surgery is done on patients on an outpatient basis as day surgery, ie admission only for the day and not requiring an overnight stay. Such a change in only 10% of surgery cases could yield huge cost savings assuming the saved beds are closed and their costs transferred to new services.

5.6 IDENTIFY INDICATORS OF SUCCESS OR FAILURE

The proposal for a new service should also identify some indicators or measures that will be required in order to assess the success of the program. For example, the hospital may be required to report the number of clinics held, the number of patients attending, the status of patients at entry and at discharge from the program. It may also be required that the neighbouring hospital report the anticipated reduction in patients as proposed. In other cases, the indicators may be found in the costing software submissions and these could also be agreed upon.

One of the requirements attached to new funding for additional services should be the requirement for the hospital to use clinical guidelines or protocols for that service. This should be the case for all services funded by HII but at least any new services should be funded only when protocols are used. It may be a useful lever to help advance the use of protocols.

5.7 DOCUMENT THE TRANSACTION AND FOLLOW UP

After a proposal has been received from a hospital or identified by HII, it should be assessed as described above and discussed by the hospital management and HII. The HII should document the agreed upon changes including funding. The agreement should include the expected program change, the staff reassignment and the transfer of funds. In addition, the HII should identify the measures or indicators they expect from the hospital which will assist in assessing the success or failure of the proposal.

Success after one year might then result in approval of continuation of the program while failure might result in further action such as a modification of the program or even cancellation.

Review of such programs might take place at periodic meetings between HII officials and hospital management.

5.8 EXAMPLE OF A SERVICE CHANGE

This section illustrates a sample proposal for a change in services at a hospital using the methodology documented above. In this case, a Technical Analysis staff member of HII reviewed data and noticed that in one hospital, one service is very expensive compared to delivery of the same service in other hospitals. The analyst prepared the following short paper to bring this matter to the attention of the Head of the Hospitals Department of HII and she prepares the note in a way that can be used to communicate the matter to others including the hospitals concerned.

Proposal for a Change in Hospital Services

In reviewing hospital service data, it is noted that the Gramsh District Hospital in 2012 treated 4 cases of Gastrointestinal Infection. The average cost for this service was 180,000 leke or 720,000 leke for the four cases. It is also noted that these cases had an average length of stay of over 17 days. It is recommended that this service at Gramsh Hospital be removed and relocated to Elbasan Regional Hospital.

Review of Service Needs

Since there are only 4 cases of this service in Gramsh, it is doubtful that this service needs to continue to be provided at this hospital. Considering the Gramsh physicians see only 4 cases of Gastrointestinal Infection requiring hospitalization per year, it should be noted that they do not treat this diagnosis enough times in a year to maintain their proficiency for quality of care. This is also indicated by the excessive length of stay at Gramsh compared to Elbasan.

Inconvenience to Patients of Making a Change

If treatment of this service is removed from the Gramsh Hospital, it would result in 4 patients needing to make a trip estimated at 40 minutes to obtain the service at Elbasan Regional Hospital. While this is inconvenient, it only affects 4 patients. These patients will likely be kept in hospital only 4 days in Elbasan compared to 17 in Gramsh, so they will each stay 13 days less, which should more than compensate them for the additional travel requirements.

Cost Implications of Changing the Service Location

If treatment of this service at Gramsh is discontinued and the cases are referred to Elbasan Hospital, the costs at Gramsh should be reduced by 720,000 leke and therefore the budget at Gramsh could be reduced by this amount. The cost implications for adding these additional services at Elbasan are minimal. Elbasan already treats 266 cases of this diagnosis each year and their average cost per case is 40,000 leke. Technically they could argue that the additional four cases will cost them 160,000 leke for an overall saving of 560,000 leke. The average length of stay is 4.3 days in Elbasan.

Where Can the Costs Be Found

It is proposed that the Gramsh budget be reduced by 720,000 leke next year and that the budget of Elbasan be increased by 160,000 to accommodate these cases. This results in a net saving of 560,000 leke which can be used in a number of different ways as determined by HII:

- Part of it could be transferred to the budget of the ambulance service to compensate them for transferring 4 additional patients per year, although that is likely unnecessary.
- Or, it could be used to compensate the families of the patients to deliver and pick up these patients if required and if such a payment mechanism exists. This also is not likely required.
- Or, the savings could be allocated to the Regional Hospital for other services, thus increasing the amount of care available for the region. This is the recommended option.

Indicators of Success or Failure

Each month, or at the end of the year, HII could assess success by:

- HII could request Elbasan Hospital to report if there is an increase in the number of cases for this treatment for residents of the Gramsh District
- HII could request Gramsh Hospital to report if the lack of this service results in complaints of any inconvenience or additional cost for patients in their area.
- The transfer of this service should reduce the total patient stay for these 4 patients by 52 days, or 13 days each.
- The patients from Gramsh who require this treatment in future will likely see an improvement in quality of care than if they were treated in Gramsh.

Recommendations and Documentation of the Transaction

- It is recommended that officials of the Hospitals Department of the HII meet with the Hospital Directors in Gramsh and Elbasan to advise them of plans to make this transfer of cases and funding as described above. This could be done in the quarterly meetings of the HII with hospital directors in this region.
 - If the Directors provide no reasonable evidence to reject this change, the transfer should take place and be noted in the funding letter for each hospital.
 - The hospitals should be asked to report on the implications of the transfer at the end of the year (as suggested above).
 - Because Elbasan Regional Hospital is funded lower than the average of all Regional Hospitals, it is recommended that the savings (720,000) all be redirected to Elbasan Hospital provided the director can make a proposal to use it to benefit patient care at the hospital.
-

This is a simple illustration of the type of analysis and documentation that could take place in the process of developing a proposal to transfer a simple service from one hospital to another. It will save bed days for the hospitals, reduced hospital stay for the patients, save funds for other purposes and improve the quality of care for patients.

An alternative scenario to moving any of the saved funding from Gramsh to Elbasan could be handled as follows:

In the discussion with the hospital director at Elbasan, it could be pointed out that the average length of stay for this treatment in Elbasan is 4.27 days and that the average length of stay at all Regional Hospitals for this type of case is 3.64 days or .63 days longer than average. Since Elbasan treats 270 cases of this type per year, if they could reduce their length of stay to meet the Regional Hospital average, they would save 170 bed days per year. Since the transfer of this service from Gramsh will only increase the Elbasan bed days by 16 (4 patients X 4 days each), it should not be necessary for HII to transfer any additional funds to Elbasan. The hospital director at Elbasan could be asked to have the medical staff create a clinical guideline for this treatment and introduce it. They could probably reduce the length of stay below the average and improve quality as well.

6. ETHICS OF FUNDING DECISIONS FOR SERVICES

In a health care system such as this one in Albania, there is a limited amount of money available for health care which is fixed in the budget from one year to the next. This means that if some services are approved and provided, others will not be provided for lack of funds.

While the government, through the Ministry of Finance or the Council of Ministers are responsible to establish the budget they do not take direct responsibility for the allocation of funds in a manner that most effectively benefits the population. This task falls to the staff of the HII and to the hospitals. It is a major responsibility but there are many tools and a great deal of international experience to draw upon to help maximize success.

To illustrate the situation, it is obvious that if Albania decides to fund 10 heart transplants each year, at an approximate cost of 50 million leke (10 procedures \times 5 million per procedure = 50 million) that perhaps 8 patients will live, assuming an 80% success rate. It also means that 50 million leke will no longer be available for the many other hospital services that could benefit hundreds of patients. It should be noted that most advanced nations will provide many more than 10 heart transplants per year, more than 100 kidney transplants, etc for a population of 4 million.

While the heart transplant example is a dramatic example, there are many less dramatic examples which also are important to the patients who receive the service or fail to receive a service as a result. Another example, the cost of one kidney transplant will save the life of one patient and provide a good quality of life for that person. On the other hand the cost may mean 10 other kidney disease patients will no longer receive kidney dialysis treatment three days a week for the next 5 years. The trade off here is one life of good quality health compared to five years of life for 10 patients who have life but of limited quality. At what point is a trade off equal or beneficial and justifiable?

Taking the example one step further, what if the patient receiving the kidney transplant is 10 years old and in Albania might live another 60 years while the dialysis patients are on average 40 years old and might each live a lower quality of life for only 20 years each. In each case, there are patients who will live and others who will die or some patients who will live a life of good or poor quality.

The literature provides two tools which assist in making such decisions. One is called Potential Years of Life Lost (PYLL). It simply compares two situations or two scenarios where the years of life saved by providing one service may be compared to another service. It is less a mathematical calculation than a principle to be considered as was done in the examples above.

A similar tool is documented as a Disability Adjusted Life Year or DALY. This concept is a measure of the number of years lost due to ill health, disability or early death. It tries to quantify the disease burden a person will suffer. This type of measure helps to combine both the impact of mortality and morbidity in comparing the value of service costs or research efforts.

These measures have been developed since 1990 and are recognized by the World Bank and the World Health Organization and are becoming increasingly common in many organizations for assessing the tradeoffs of health funding decisions.

7. COSTING OF HOSPITAL SERVICES

The costing of hospital services is an important component of managing the provision and funding of hospital care. Its primary purpose is for providing hospital management with information that will enable them to make informed decisions about allocating resources within the hospitals. In this way, management can control costs and manage within their budgets and this becomes particularly useful when hospitals are funded on a global budget basis.

At the HII level, the cost of providing services is useful information for two purposes in particular:

1. When deciding whether to add a new service to a hospital, it is helpful to know how much such a service costs in other hospitals and this information combined with the projected number of cases to be treated will enable the calculation of the total additional funding required to introduce that service.
2. The cost of services when combined with the number of cases of each type allows the HII to estimate the value of the work done by each hospital compared to other hospitals. This information can be incorporated into the determination of relative proportion of the available funding that should be allocated to each hospital.

Some would like to see the cost of a Package of Services. This is not possible with the information currently available. If we had a legitimate cost for each service provided, that could be multiplied by the projected number of services for a year and thus estimate an appropriate budget for each hospital or project a total cost for all services.

There are several difficulties with this approach. First, each hospital reports a different cost for providing each service. This is because there are different efficiency levels and occupancy levels, so that the cost of staff and other expenses will be spread over different numbers of cases in each hospital. The question arises as to whether HII would use the cost of services in each individual hospital or should use an average of all District Hospitals or of all Regional Hospitals or if it should use the highest cost or lowest cost reported in order to put a value to a package of services. There are arguments and implications for each approach.

No matter how the cost of services is used in decision making, one must be certain the cost estimates are accurate. At present we know that costing is not accurate for a number of reasons. We know that some inputs to the costing formula are not costs but are prices. Examples are the prices of meals, of tests, of blood and plasma, all of which are set by the Ministry of Health for purposes of calculating the amount to charge patients for their share of such components. While the prices may be useful for this purpose they should not be used as part of the cost formula.

The following Charts have been prepared showing the cost of two selected services based on HII software costing. The costs for each hospital and the average costs for both Regional Hospitals and District Hospitals are shown. This is not to suggest these costs be used but simply to show the range of costs under the present system and how difficult it would be to put a cost to a package of services with existing information.

Chart 7.1 lists the costs of treating the diagnosis of Angina. Among the Regional Hospitals the costs range from under 17,000 leke at Lezhe Hospital to over 43,000 in Diber. The average for all Regional Hospitals is 26,644 leke. Among District Hospitals, The costs range from 11,000 to well over 100,000 leke. The average for District Hospitals is 37,500 leke.

Chart 7.2 lists the costs of treating the diagnosis of Gastrointestinal Infection and among Regional Hospitals the range is from under 10,000 to over 40,000 with an average of 30,000 leke. Among District Hospitals, the range is from 17,000 to over 100,000 leke with an average of approximately 29,000 leke.

The very large range of costs for treating the same diagnosis among Regional and District Hospitals indicates the problems with using the current costing model, but also is indicative of the efficiencies and inefficiencies of hospitals by size. The smaller hospitals tend to be much more expensive, which raises the question of whether they should be providing certain services. For example, if Peqin is providing only 7 angina services per year at a cost of over 200,000 per service, perhaps it could be concluded that it would be much more efficient to provide those services at a nearby Regional Hospital where the average cost is under 30,000 leke. In addition to the cost factor, it is generally accepted that any hospital or physician treating only a small number of any procedure cannot be as proficient as a hospital or physician doing hundreds of them.

This analysis and these charts illustrate the value of the costing as collected by the HII but it also demonstrates the limitations.

CHART 7.1 COST OF TREATING ANGINA

ICD9 (463) Angina

| Hospital/ Spitali | Number of Cases | Total of Expenditures (leke) | Average Length of Stay (days) | Average Cost per Case (leke) |
|---------------------------------|-----------------|------------------------------|-------------------------------|------------------------------|
| Berat | 720.00 | 14,952,806.00 | 3.46 | 20,767.79 |
| Diber | 140.00 | 6,140,946.00 | 7.42 | 43,863.90 |
| Durres | 286.00 | 9,250,867.00 | 3.74 | 32,345.69 |
| Elbasan | 46.00 | 1,596,502.00 | 4.20 | 34,706.57 |
| Fier | 785.00 | 24,085,108.00 | 3.32 | 30,681.67 |
| Gjirokaster | 126.00 | 2,458,172.00 | 2.49 | 19,509.30 |
| Korce | 296.00 | 9,532,320.00 | 4.06 | 32,203.78 |
| Kukes | 383.00 | 12,100,138.00 | 5.32 | 31,593.05 |
| Lezhe | 101.00 | 1,709,597.00 | 3.08 | 16,926.70 |
| Shkoder | 231.00 | 8,569,262.00 | 3.62 | 37,096.37 |
| Vlore | 1,497.00 | 32,461,709.00 | 2.93 | 21,684.51 |
| Total regional | 4,611.00 | 122,857,427.00 | 3.58 | 26,644.42 |
| Bulqize | 58.00 | 2,315,906.00 | 5.45 | 39,929.41 |
| Delvine | 14.00 | 1,745,426.00 | 3.79 | 124,673.29 |
| Devoll | 70.00 | 1,627,360.00 | 4.94 | 23,248.00 |
| Gramsh | 101.00 | 3,382,452.00 | 3.16 | 33,489.62 |
| Has | 46.00 | 1,203,863.00 | 6.35 | 26,170.93 |
| Kavaje | 39.00 | 969,521.00 | 3.10 | 24,859.51 |
| Kolonje | 62.00 | 4,708,905.00 | 3.97 | 75,950.08 |
| Kruje | 79.00 | 3,367,781.00 | 4.06 | 42,630.14 |
| Kuçove | 62.00 | 705,677.00 | 2.76 | 11,381.89 |
| Lac | 207.00 | 7,014,531.00 | 5.38 | 33,886.62 |
| Librazhd | 239.00 | 7,576,860.00 | 5.10 | 31,702.34 |
| Lushnje | 227.00 | 5,190,672.00 | 2.75 | 22,866.40 |
| M Madhe | 0.00 | 0.00 | | |
| Mallakaster | 0.00 | 0.00 | | |
| Mat | 74.00 | 2,700,986.00 | 4.64 | 36,499.81 |
| Mirdite | 16.00 | 619,485.00 | 3.56 | 38,717.81 |
| Peqin | 9.00 | 2,183,477.44 | 6.00 | 242,608.60 |
| Permet | 71.00 | 2,809,058.00 | 3.86 | 39,564.20 |
| Pogradec | 521.00 | 21,705,291.00 | 3.16 | 41,660.83 |
| Puke | 35.00 | 2,415,854.00 | 4.40 | 69,024.40 |
| Sarande | 491.00 | 9,112,801.00 | 2.07 | 18,559.68 |
| Tepelene | 100.00 | 5,002,712.00 | 3.70 | 50,027.12 |
| Tropoje | 35.00 | 4,302,136.00 | 5.43 | 122,918.17 |
| Skrapar | 96.00 | 8,847,214.00 | 5.71 | 92,158.48 |
| Total District (Average) | 2,652.00 | 99,507,968.44 | 3.69 | 37,521.86 |
| Total (Average) | 7,263.00 | 222,365,395.44 | 3.62 | 30,616.19 |

CHART 7.2 COST OF TREATING GASTROINTESTINAL INFECTION

ICD9 (558) Gastroenterit jo infektive

| Hospital/ Spitali | Number of Cases | Total Expenditures (leke) | Average Length of Stay (days) | Average Cost per Case (leke) |
|-----------------------|-----------------|---------------------------|-------------------------------|------------------------------|
| Berat | 343.00 | 5,545,722.00 | 2.71 | 16,168.29 |
| Diber | 195.00 | 9,519,220.00 | 5.11 | 48,816.51 |
| Durres | 371.00 | 15,265,583.00 | 4.54 | 41,147.12 |
| Elbasan | 266.00 | 10,575,214.00 | 4.27 | 39,756.44 |
| Fier | 733.00 | 20,642,643.00 | 3.09 | 28,161.86 |
| Gjirokaster | 273.00 | 4,844,995.00 | 2.25 | 17,747.23 |
| Korce | 596.00 | 15,682,126.00 | 3.34 | 26,312.29 |
| Kukes | 498.00 | 14,916,456.00 | 5.05 | 29,952.72 |
| Lezhe | 163.00 | 4,339,578.00 | 3.78 | 26,623.18 |
| Shkoder | 416.00 | 14,052,937.00 | 3.17 | 33,781.10 |
| Vlore | 18.00 | 148,109.00 | 0.89 | 8,228.28 |
| Total regional | 3,872.00 | 115,532,583.00 | 3.64 | 29,837.96 |
| Bulqize | 156.00 | 5,739,939.00 | 5.39 | 36,794.48 |
| Delvine | 5.00 | 335,481.00 | 4.00 | 67,096.20 |
| Devoll | 59.00 | 1,524,106.00 | 3.98 | 25,832.31 |
| Gramsh | 4.00 | 723,178.00 | 17.75 | 180,794.50 |
| Has | 57.00 | 1,182,746.00 | 4.72 | 20,749.93 |
| Kavaje | 249.00 | 4,771,156.00 | 2.49 | 19,161.27 |
| Kolonje | 41.00 | 3,034,172.00 | 3.95 | 74,004.20 |
| Kruje | 190.00 | 8,272,800.00 | 3.82 | 43,541.05 |
| Kuçove | 175.00 | 3,864,110.00 | 6.20 | 22,080.63 |
| Lac | 198.00 | 5,108,972.00 | 4.19 | 25,802.89 |
| Librazhd | 112.00 | 3,080,080.00 | 4.84 | 27,500.71 |
| Lushnje | 231.00 | 4,192,367.00 | 2.76 | 18,148.77 |
| M Madhe | 0.00 | 0.00 | | |
| Mallakaster | 0.00 | 0.00 | | |
| Mat | 322.00 | 10,858,635.00 | 4.37 | 33,722.47 |
| Mirdite | 34.00 | 1,154,000.00 | 4.18 | 33,941.18 |
| Peqin | 0.00 | 0.00 | | |
| Permet | 213.00 | 5,064,994.00 | 2.50 | 23,779.31 |
| Pogradec | 297.00 | 10,992,724.00 | 2.81 | 37,012.54 |
| Puke | 12.00 | 748,744.00 | 3.92 | 62,395.33 |
| Sarande | 408.00 | 6,971,667.00 | 1.81 | 17,087.42 |
| Tepelene | 64.00 | 2,759,039.00 | 3.20 | 43,109.98 |
| Tropoje | 10.00 | 956,264.00 | 3.50 | 95,626.40 |
| Skrapar | 173.00 | 5,539,727.00 | 1.75 | 32,021.54 |
| Total district | 3,010.00 | 86,874,901.00 | 3.42 | 28,862.09 |
| Total | 6,882.00 | 202,407,484.00 | 3.54 | 29,411.14 |

8. CONCLUSION

The process of developing this report has proved valuable in identifying the range and types of services available at the three levels of hospitals in Albania. The information provided should be useful for purposes of communicating to the public the types of services they should expect to be available at various hospitals. It should also be helpful in the funding process between HII and hospitals.

It has been demonstrated why it is not possible to put a cost to this package of services but the report identifies ways in which the currently available costing detail may be used in decision making around adding, removing and transferring services.

It is recommended that this compilation of services be used as a starting point for negotiating service levels expected of hospitals by HII in return for funding. It should also facilitate an ongoing process of adding new services to some hospitals and removing some services from other hospitals.

9. TABLES

TABLE I LIST OF DEPARTMENTS IN DISTRICT HOSPITALS

The departments in the original data have been grouped into larger departments, as follows:

| District Hospitals Department | Department Group |
|--------------------------------------|-------------------------|
| Oculistic | Pathology |
| pathology | Pathology |
| gynecology | Gynecology |
| Obs.gynecology | Gynecology |
| obstetric | Gynecology |
| obstetric gynecology | Gynecology |
| obstetric neonatology | Gynecology |
| obstetricgynecology | Gynecology |
| infective | Infection |
| intensive care | Intensive Care |
| intensive care pediatrics | Intensive Care |
| infective pediatrics | Pediatrics |
| pediatrics | Pediatrics |
| general surgery | Surgery |
| intensive care surgery | Surgery |
| surgery | Surgery |
| surgery and intensive care | Surgery |
| surgery intensive care | Surgery |
| surgery+ ENT | Surgery |

TABLE 2 LIST OF DEPARTMENTS IN REGIONAL HOSPITALS

The departments in the original data have been grouped into larger departments, as follows:

| District Hospitals Department | Department Group |
|--------------------------------------|-------------------------|
| Oculistic | Pathology |
| pathology | Pathology |
| gynecology | Gynecology |
| Obs.gynecology | Gynecology |
| obstetric | Gynecology |
| obstetric gynecology | Gynecology |
| obstetric neonatology | Gynecology |
| obstetricgynecology | Gynecology |
| infective | Infection |
| intensive care | Intensive Care |
| intensive care pediatrics | Intensive Care |
| infective pediatrics | Pediatrics |
| pediatrics | Pediatrics |
| general surgery | Surgery |
| intensive care surgery | Surgery |
| surgery | Surgery |
| surgery and intensive care | Surgery |
| surgery intensive care | Surgery |
| surgery+ ENT | Surgery |

TABLE 3 LIST OF DEPARTMENTS IN TERTIARY HOSPITALS

List of Departments in Maternity Hospital 1

Pregnancy obstetrics pathology

Gynecology abortions

Neonatology premature

Emergency

List of Departments in Maternity Hospital 2

Obstetrics

Gynecology

Pathology

Intensive care (babies)

Intensive care

List of Departments in Sanatorium

Pneumology

Ftiziatri

Surgery

Intensive care

List of Departments in Mother Teresa Hospital

Cardiology

Dentistry

Hematology

Dermatology

Gastrohepatology

Specialty Pediatric

Endokrinology

Surgery

Hypertony

General Pediatric

Nephrology

Infection Pediatric

Reumatology

Infection

Alergology

Neurology

Oculistics

Psychiatry

ENT

Neurosurgery

General Surgery

ICU Orthopedy

Plastics

ICU

Angiology

Alchology toxicology

Cardiosurgery

Oncology

Rehabilitation Ward

Hematology

TABLE 4 CASES BY DEPARTMENTS IN DISTRICT HOSPITALS

| 4.1. District Hospitals - Pathology | | | | | | |
|-------------------------------------|---|------|-------|---------|------------|--------------|
| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | Cumulative | Cumulative % |
| 485 | Bronkopneumonia | 1 | 1,404 | 10.3% | 1,404 | 10.3% |
| 401 | Hipertensionesencial | 2 | 776 | 5.7% | 2,180 | 16.1% |
| 590 | Infeksioneteveshkave | 3 | 576 | 4.2% | 2,756 | 20.3% |
| 493 | Astmabronkiale | 4 | 561 | 4.1% | 3,317 | 24.4% |
| 558 | Gastroenteritjoiinfektiv | 5 | 552 | 4.1% | 3,869 | 28.5% |
| 496 | Bllokimkronik | 6 | 529 | 3.9% | 4,398 | 32.4% |
| 250 | Diabetismelitus | 7 | 387 | 2.8% | 4,785 | 35.2% |
| 490 | Bronkit astmatik akut ose kronik | 8 | 294 | 2.2% | 5,079 | 37.4% |
| 434 | Zenia e arteries se trurit | 9 | 281 | 2.1% | 5,360 | 39.5% |
| 79 | Semundjengaviruse ne organizem pa percaktim | 10 | 262 | 1.9% | 5,622 | 41.4% |
| 599 | Infeksione te uretres e te rrugeve urinare | 11 | 260 | 1.9% | 5,882 | 43.3% |
| 463 | Angina | 12 | 257 | 1.9% | 6,139 | 45.2% |
| 410 | Infarktaku (iri) | 13 | 254 | 1.9% | 6,393 | 47.1% |
| 427 | Çregullime te ritmit te zemres | 14 | 232 | 1.7% | 6,625 | 48.8% |
| 428 | Insufiçencekardiake | 15 | 232 | 1.7% | 6,857 | 50.5% |
| 486 | Pneumoningamiko. papercaktim | 16 | 209 | 1.5% | 7,066 | 52.0% |
| 9 | Infeksione te zorreve te percaktuara keq | 17 | 207 | 1.5% | 7,273 | 53.6% |
| 413 | Angorpektoral | 18 | 201 | 1.5% | 7,474 | 55.0% |
| 708 | Urtikaria | 19 | 178 | 1.3% | 7,652 | 56.3% |
| 386 | Sindromilabirintit | 20 | 155 | 1.1% | 7,807 | 57.5% |
| 585 | Insufiçencakronike e veshkave | 21 | 146 | 1.1% | 7,953 | 58.6% |
| 532 | Ulcera e duodenit | 22 | 135 | 1.0% | 8,088 | 59.6% |
| 431 | Hemoragji ne tru | 23 | 130 | 1.0% | 8,218 | 60.5% |
| 583 | Nefritiiveshkave | 24 | 125 | 0.9% | 8,343 | 61.4% |
| 682 | Flegmona e abcese | 25 | 111 | 0.8% | 8,454 | 62.3% |
| 722 | Demtimetedisqevendervertebrale | 26 | 108 | 0.8% | 8,562 | 63.0% |
| 435 | Iskemikalimtare e trurit | 27 | 107 | 0.8% | 8,669 | 63.8% |
| 23 | Bruceloza | 28 | 104 | 0.8% | 8,773 | 64.6% |
| 517 | Semundjetemushkerive | 29 | 93 | 0.7% | 8,866 | 65.3% |
| 466 | Bronkiti, bronkioliti | 30 | 92 | 0.7% | 8,958 | 66.0% |
| 425 | Kardimiopatia | 31 | 89 | 0.7% | 9,047 | 66.6% |
| 458 | Hipotension | 32 | 89 | 0.7% | 9,136 | 67.3% |
| 511 | Pleuriti | 33 | 87 | 0.6% | 9,223 | 67.9% |
| 480 | Pneumonivirusale | 34 | 87 | 0.6% | 9,310 | 68.6% |
| 721 | Artroze e shtylleskurizore | 35 | 87 | 0.6% | 9,397 | 69.2% |
| 714 | Artritireumatoid | 36 | 86 | 0.6% | 9,483 | 69.8% |
| 487 | Gripi | 37 | 85 | 0.6% | 9,568 | 70.5% |
| 483 | Pneumoni e papercaktuar | 38 | 85 | 0.6% | 9,653 | 71.1% |
| 571 | Cirroze e melçise | 39 | 82 | 0.6% | 9,735 | 71.7% |
| 8 | Infeksioneushqimorengamikroorganizmatetjera | 40 | 81 | 0.6% | 9,816 | 72.3% |
| 482 | Pneomonibakteriale | 41 | 78 | 0.6% | 9,894 | 72.9% |
| 355 | Mononeuritistegjymtyreveteposhteme | 42 | 73 | 0.5% | 9,967 | 73.4% |
| 282 | Anemihereditare | 43 | 71 | 0.5% | 10,038 | 73.9% |
| 437 | Semundjeteenevetetrurit | 44 | 71 | 0.5% | 10,109 | 74.4% |
| 535 | Gastrit e duodenit | 45 | 64 | 0.5% | 10,173 | 74.9% |
| 162 | Tumoralinjitrakesebronkevedhemushkerise | 46 | 64 | 0.5% | 10,237 | 75.4% |
| 353 | Prekjetepleksusevenervore | 47 | 63 | 0.5% | 10,300 | 75.8% |
| 518 | Semundje te tjera te mushkerive | 48 | 61 | 0.4% | 10,361 | 76.3% |
| 345 | Epilepsia | 49 | 58 | 0.4% | 10,419 | 76.7% |
| 414 | Form. tetjeraiskemike | 50 | 57 | 0.4% | 10,476 | 77.1% |
| 504 | Semundjetemushkerivengaplukurat | 51 | 57 | 0.4% | 10,533 | 77.6% |

| | | | | | | |
|-----|-------------------------------|----|----|------|--------|-------|
| 491 | Bronkitkronik | 52 | 56 | 0.4% | 10,589 | 78.0% |
| 300 | Çregullimeneurotike | 53 | 53 | 0.4% | 10,642 | 78.4% |
| 515 | Fibroze e mushkerive | 54 | 51 | 0.4% | 10,693 | 78.7% |
| 280 | Anemingahekuri | 55 | 50 | 0.4% | 10,743 | 79.1% |
| 593 | Semundje te veshkes e uretres | 56 | 49 | 0.4% | 10,792 | 79.5% |
| 53 | Herpes Zoster | 57 | 48 | 0.4% | 10,840 | 79.8% |

Only those diagnoses that make up the top 80% of the combined hospital's cases are shown

4.2. District hospitals -Pediatry

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|--|------|-------|---------|------------|--------------|
| 485 | Bronkopneumonia | 1 | 2,543 | 18.3% | 2,543 | 18.3% |
| 558 | Gastroenteritjainfektiv | 2 | 2,344 | 16.9% | 4,887 | 35.1% |
| 463 | Angina | 3 | 2,305 | 16.6% | 7,192 | 51.7% |
| 487 | Gripi | 4 | 1,247 | 9.0% | 8,439 | 60.7% |
| 79 | Semundjengaviruse ne organizem pa percaktim | 5 | 1,022 | 7.3% | 9,461 | 68.0% |
| 460 | Inflamacionakutihundes | 6 | 553 | 4.0% | 10,014 | 72.0% |
| 466 | Bronkiti, bronkioliti | 7 | 454 | 3.3% | 10,468 | 75.3% |
| 48 | Semundje te tjera nga enteroviruse te S.N.Q. | 8 | 325 | 2.3% | 10,793 | 77.6% |
| 555 | Enteritregjional | 9 | 272 | 2.0% | 11,065 | 79.6% |
| 464 | Laringit e trakeitakut | 10 | 270 | 1.9% | 11,335 | 81.5% |
| 9 | Infeksione te zorreve te percaktuara keq | 11 | 239 | 1.7% | 11,574 | 83.2% |
| 5 | Tok-infek.ushqimorengabakteriet | 12 | 197 | 1.4% | 11,771 | 84.6% |
| 462 | Faringitiakut | 13 | 189 | 1.4% | 11,960 | 86.0% |
| 599 | Infeksione te uretres e te rrugeve urinare | 14 | 163 | 1.2% | 12,123 | 87.2% |
| 708 | Urtikaria | 15 | 156 | 1.1% | 12,279 | 88.3% |
| 465 | Infeksionakutirrugevetesiperme | 16 | 153 | 1.1% | 12,432 | 89.4% |
| 493 | Astmabronkiale | 17 | 140 | 1.0% | 12,572 | 90.4% |
| 490 | Bronkit astmatik akut ose kronik | 18 | 100 | 0.7% | 12,672 | 91.1% |
| 486 | Pneumoningamikro. papercaktim | 19 | 72 | 0.5% | 12,744 | 91.6% |
| 345 | Epilepsia | 20 | 69 | 0.5% | 12,813 | 92.1% |
| 475 | Abcesperitonsilar | 21 | 65 | 0.5% | 12,878 | 92.6% |
| 282 | Anemihereditare | 22 | 44 | 0.3% | 12,922 | 92.9% |
| 905 | Pasoja te indit muskular, kockor, lidhes | 23 | 37 | 0.3% | 12,959 | 93.2% |
| 588 | Çregullimefunksionaleteveshkave | 24 | 35 | 0.3% | 12,994 | 93.4% |
| 528 | Semundje te indeve te buta | 25 | 33 | 0.2% | 13,027 | 93.7% |
| 8 | Infek. ushqim nga mikroorganizma te tjera | 26 | 32 | 0.2% | 13,059 | 93.9% |
| 129 | Parazitoza e zorreve pa percaktim | 27 | 32 | 0.2% | 13,091 | 94.1% |
| 523 | Peridontit | 28 | 32 | 0.2% | 13,123 | 94.4% |
| 476 | Laringo- trakeitikronik | 29 | 31 | 0.2% | 13,154 | 94.6% |
| 514 | Konxhestionhipostatik | 30 | 30 | 0.2% | 13,184 | 94.8% |
| 34 | Skarlatinadhe angina streptokoksike | 31 | 26 | 0.2% | 13,210 | 95.0% |

Only those diagnoses that make up the top 95% of the combined hospital's cases are shown

4.3. District hospitals - Obstetrics - Gynecology

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|-------------------------------|------|-------|---------|------------|--------------|
| 650 | Lindjenormale | 1 | 3,566 | 35.2% | 3,566 | 35.2% |
| 659 | Indik. gjate aktit te lindjes | 2 | 1,216 | 12.0% | 4,782 | 47.2% |
| 640 | Hemoragji ne fillimtebarres | 3 | 593 | 5.9% | 5,375 | 53.1% |
| 634 | Deshtimspontan | 4 | 565 | 5.6% | 5,940 | 58.7% |
| 646 | Nderlikime te tjera te barres | 5 | 554 | 5.5% | 6,494 | 64.1% |
| 656 | Problemetefetusit | 6 | 419 | 4.1% | 6,913 | 68.3% |

| | | | | | | |
|-----|--|----|-----|------|-------|-------|
| 652 | Paraqitjevicoze e fetusit | 7 | 383 | 3.8% | 7,296 | 72.1% |
| 626 | Çregullimetemenstruacioneve | 8 | 327 | 3.2% | 7,623 | 75.3% |
| 632 | Fetus ivdekur in utero | 9 | 275 | 2.7% | 7,898 | 78.0% |
| 648 | Semundje klasifikuar ne rubrika te tjera | 10 | 258 | 2.5% | 8,156 | 80.6% |
| 643 | Vjelljegiatebarres | 11 | 231 | 2.3% | 8,387 | 82.8% |
| 638 | Tentative per deshtim | 12 | 138 | 1.4% | 8,525 | 84.2% |
| 644 | Lindjeparakohe | 13 | 133 | 1.3% | 8,658 | 85.5% |
| 660 | Lindjemekanike | 14 | 94 | 0.9% | 8,752 | 86.4% |
| 637 | Deshtim pa percaktim | 15 | 94 | 0.9% | 8,846 | 87.4% |
| 664 | Trauma te perineumit e vulves | 16 | 86 | 0.8% | 8,932 | 88.2% |
| 674 | Nderlikime pas lindjes | 17 | 75 | 0.7% | 9,007 | 89.0% |
| 614 | Infeksionigjith. ipelvisit | 18 | 71 | 0.7% | 9,078 | 89.7% |
| 642 | Hipertensionngabarra | 19 | 65 | 0.6% | 9,143 | 90.3% |
| 616 | linfeksioniqafes se mitres, vagines | 20 | 63 | 0.6% | 9,206 | 90.9% |
| 766 | Peshe e madhe ne lindje | 21 | 60 | 0.6% | 9,266 | 91.5% |
| 620 | Semundjeinfektivetevezores | 22 | 56 | 0.6% | 9,322 | 92.1% |
| 670 | Infeksion puerperal | 23 | 54 | 0.5% | 9,376 | 92.6% |
| 635 | Deshtimiprovokuar | 24 | 46 | 0.5% | 9,422 | 93.1% |
| 658 | Probleme te lengut amniotik e membranave | 25 | 44 | 0.4% | 9,466 | 93.5% |
| 618 | Prolapsjenital | 26 | 38 | 0.4% | 9,504 | 93.9% |
| 771 | Infeksioneperinatale | 27 | 35 | 0.3% | 9,539 | 94.2% |
| 653 | Mungeseteorganeve | 28 | 29 | 0.3% | 9,568 | 94.5% |
| 654 | Anomali e legenit | 29 | 28 | 0.3% | 9,596 | 94.8% |

Only those diagnoses that make up the top 95% of the combined hospital's cases are shown

4.4. District hospitals - Surgery

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|--|------|-------|---------|------------|--------------|
| 540 | Apandesitiakut | 1 | 1,479 | 23.4% | 1,479 | 23.4% |
| 550 | Hernieinguinale | 2 | 599 | 9.5% | 2,078 | 32.9% |
| 560 | Pakal. e zorreve pa hernie | 3 | 272 | 4.3% | 2,350 | 37.2% |
| 574 | Gure ne temth | 4 | 260 | 4.1% | 2,610 | 41.3% |
| 592 | Gure ne veshka e ureter | 5 | 187 | 3.0% | 2,797 | 44.3% |
| 850 | Commotiocerebri | 6 | 161 | 2.5% | 2,958 | 46.8% |
| 910 | Trauma tefytyres | 7 | 139 | 2.2% | 3,097 | 49.0% |
| 873 | Plage te tjera te kokes | 8 | 131 | 2.1% | 3,228 | 51.1% |
| 851 | Contusiocerebri | 9 | 130 | 2.1% | 3,358 | 53.1% |
| 558 | Gastroenteritjainfektiv | 10 | 123 | 1.9% | 3,481 | 55.1% |
| 595 | Çistiti | 11 | 106 | 1.7% | 3,587 | 56.8% |
| 922 | Kontuzionitrungut | 12 | 102 | 1.6% | 3,689 | 58.4% |
| 565 | Fisure e fistul e anusit | 13 | 101 | 1.6% | 3,790 | 60.0% |
| 578 | Hemoragji e stomakut | 14 | 99 | 1.6% | 3,889 | 61.6% |
| 600 | Hipoplazia e prostates | 15 | 85 | 1.3% | 3,974 | 62.9% |
| 604 | Orkit e epidimit | 16 | 73 | 1.2% | 4,047 | 64.1% |
| 599 | Infeksione te uretres e te rrugeve urinare | 17 | 71 | 1.1% | 4,118 | 65.2% |
| 451 | Flebit e tromboflebit | 18 | 63 | 1.0% | 4,181 | 66.2% |
| 475 | Abcesperitonsilar | 19 | 59 | 0.9% | 4,240 | 67.1% |
| 532 | Ulcera e duodenit | 20 | 53 | 0.8% | 4,293 | 67.9% |
| 593 | Semundje te veshkes e uretres | 21 | 51 | 0.8% | 4,344 | 68.8% |
| 603 | Hidrocela | 22 | 50 | 0.8% | 4,394 | 69.5% |
| 575 | Semundje e temthit | 23 | 49 | 0.8% | 4,443 | 70.3% |
| 542 | Forma te tjera te apandesitit | 24 | 48 | 0.8% | 4,491 | 71.1% |
| 461 | Sinusitiakut | 25 | 45 | 0.7% | 4,536 | 71.8% |
| 823 | Thyerje e tibias e perone | 26 | 44 | 0.7% | 4,580 | 72.5% |
| 564 | Çregullimfunksionalitretjes | 27 | 44 | 0.7% | 4,624 | 73.2% |
| 444 | Emboli e tromboza | 28 | 43 | 0.7% | 4,667 | 73.9% |

| | | | | | | |
|-----|--|----|----|------|-------|-------|
| 366 | Katarakti | 29 | 41 | 0.6% | 4,708 | 74.5% |
| 820 | Thyerje e qafes te femorit | 30 | 39 | 0.6% | 4,747 | 75.1% |
| 552 | Hernie me mbyllje | 31 | 37 | 0.6% | 4,784 | 75.7% |
| 455 | Hemorroide | 32 | 35 | 0.6% | 4,819 | 76.3% |
| 924 | Kontuzionigyntyreveteposhteme | 33 | 34 | 0.5% | 4,853 | 76.8% |
| 463 | Angina | 34 | 33 | 0.5% | 4,886 | 77.3% |
| 860 | Pneumo - hemotoraks | 35 | 32 | 0.5% | 4,918 | 77.8% |
| 470 | Deviatioseptinazi | 36 | 30 | 0.5% | 4,948 | 78.3% |
| 891 | Plage e gjurit, kercirit, nyellit | 37 | 30 | 0.5% | 4,978 | 78.8% |
| 905 | Pasoja te indit muskular, kockor, lidhes | 38 | 28 | 0.4% | 5,006 | 79.2% |
| 920 | Kontuzionifytyres, kokes, qafes | 39 | 27 | 0.4% | 5,033 | 79.7% |

Only those diagnoses that make up the top 80% of the combined hospital's cases are shown

4.5. District Hospitals -Infection

Diagnoses for Infection for All Hospitals Combined

| Diagnosis Description | Rank | Cases | Cases % | Cumulative Cases | Cumulative Cases % |
|---|------|-------|---------|------------------|--------------------|
| Infeksione te zorreve te percaktuara keq | 1.0 | 172.0 | 21.7% | 172.0 | 21.7% |
| Gastroenterit jo infective | 2.0 | 74.0 | 9.3% | 246.0 | 31.1% |
| Bronkopneumonia | 3.0 | 67.0 | 8.5% | 313.0 | 39.5% |
| Infek. ushqim nga mikroorganizma te tjera | 4.0 | 67.0 | 8.5% | 380.0 | 48.0% |
| Semundje nga viruse ne organizem pa percaktim | 5.0 | 54.0 | 6.8% | 434.0 | 54.8% |
| Infeksione te uretres e te rrugeve urinare | 6.0 | 40.0 | 5.1% | 474.0 | 59.8% |
| Bruceloza | 7.0 | 37.0 | 4.7% | 511.0 | 64.5% |
| Bronkiti, bronkioliti | 8.0 | 35.0 | 4.4% | 546.0 | 68.9% |
| Hepatiti viral | 9.0 | 33.0 | 4.2% | 579.0 | 73.1% |
| Angina | 10.0 | 26.0 | 3.3% | 605.0 | 76.4% |
| Sinusiti akut | 11.0 | 15.0 | 1.9% | 620.0 | 78.3% |
| Erizipela | 12.0 | 12.0 | 1.5% | 632.0 | 79.8% |

Only those diagnoses that make up the top 80% of the combined hospital's cases are shown.

4.6. District Hospitals- Intensive Care

Diagnoses for Intensive Care for All Hospitals Combined

| Diagnosis Description | Rank | Cases | Cases % | Cumulative Cases | Cumulative Cases % |
|-------------------------------------|------|-------|---------|------------------|--------------------|
| Bronkopneumonia | 1.0 | 283.0 | 41.1% | 283.0 | 41.1% |
| Gastroenterit jo infective | 2.0 | 86.0 | 12.5% | 369.0 | 53.6% |
| Infeksion akut i rrugeve te sipërme | 3.0 | 79.0 | 11.5% | 448.0 | 65.0% |
| Angina | 4.0 | 50.0 | 7.3% | 498.0 | 72.3% |
| Laringit e trakeit akut | 5.0 | 22.0 | 3.2% | 520.0 | 75.5% |
| Hemoragji ne tru | 6.0 | 18.0 | 2.6% | 538.0 | 78.1% |
| Inflamacion akut i hundes | 7.0 | 13.0 | 1.9% | 551.0 | 80.0% |

4.7. District Hospitals- Surgery

Diagnoses for Surgery for All Hospitals Combined

| Diagnosis Description | Rank | Cases | Cases % | Cumulative.. | Cumulative.. |
|---|------|-------|---------|--------------|--------------|
| Apandisiti akut | 1 | 1,475 | 21.6% | 1,475 | 21.6% |
| Hernie inguinale | 2 | 599 | 8.8% | 2,074 | 30.4% |
| Gure ne temth | 3 | 260 | 3.8% | 2,334 | 34.2% |
| Gure ne veshka e ureter | 4 | 255 | 3.7% | 2,589 | 37.9% |
| Commotio cerebri | 5 | 217 | 3.2% | 2,806 | 41.1% |
| Contusio cerebri | 6 | 166 | 2.4% | 2,972 | 43.5% |
| Pakal. e zorreve pa hernie | 7 | 152 | 2.2% | 3,124 | 45.8% |
| Flegmona e abcese | 8 | 109 | 1.6% | 3,233 | 47.4% |
| Hemoragji e stomakut | 9 | 99 | 1.5% | 3,332 | 48.8% |
| Plage te tjera te kokes | 10 | 99 | 1.5% | 3,431 | 50.3% |
| Fisure e fistul e anusit | 11 | 98 | 1.4% | 3,529 | 51.7% |
| Infeksione te uretres e te rrugeve urinare | 12 | 97 | 1.4% | 3,626 | 53.1% |
| Angina | 13 | 90 | 1.3% | 3,716 | 54.4% |
| Forma te tjera te apandisitit | 14 | 86 | 1.3% | 3,802 | 55.7% |
| Trauma te fytyres | 15 | 83 | 1.2% | 3,885 | 56.9% |
| Flebit e tromboflebit | 16 | 79 | 1.2% | 3,964 | 58.1% |
| Kontuzion i trungut | 17 | 72 | 1.1% | 4,036 | 59.1% |
| Orkit e epidimit | 18 | 65 | 1.0% | 4,101 | 60.1% |
| Abces peritonsilar | 19 | 63 | 0.9% | 4,164 | 61.0% |
| Hipoplazia e prostates | 20 | 63 | 0.9% | 4,227 | 61.9% |
| Hidrocela | 21 | 58 | 0.8% | 4,285 | 62.8% |
| Semundje e temthit | 22 | 57 | 0.8% | 4,342 | 63.6% |
| Ulcera e duodentit | 23 | 53 | 0.8% | 4,395 | 64.4% |
| Thyerje e tibias e perone | 24 | 51 | 0.7% | 4,446 | 65.1% |
| Semundje te veshkes e uretres | 25 | 48 | 0.7% | 4,494 | 65.8% |
| Sindrom i labirintit | 26 | 47 | 0.7% | 4,541 | 66.5% |
| Çistiti | 27 | 47 | 0.7% | 4,588 | 67.2% |
| Çregullim funksional i tretjes | 28 | 40 | 0.6% | 4,628 | 67.8% |
| Deviationi septinazi | 29 | 37 | 0.5% | 4,665 | 68.4% |
| Kontuzion i fytyres, kokes, qafes | 30 | 37 | 0.5% | 4,702 | 68.9% |
| Katarakt | 31 | 36 | 0.5% | 4,738 | 69.4% |
| Semundje e pankreasit | 32 | 34 | 0.5% | 4,772 | 69.9% |
| Plage e kembes | 33 | 34 | 0.5% | 4,806 | 70.4% |
| Thyerje te radiusit e cubitusit | 34 | 32 | 0.5% | 4,838 | 70.9% |
| Pasoja te indit muskular, kokor, lidhes | 35 | 32 | 0.5% | 4,870 | 71.4% |
| Emboli e tromboza | 36 | 29 | 0.4% | 4,899 | 71.8% |
| Pneumo - hemotoraks | 37 | 29 | 0.4% | 4,928 | 72.2% |
| Djegjet e gjymtyreve te poshteme | 38 | 29 | 0.4% | 4,957 | 72.6% |
| Gastroenterit jo infective | 39 | 28 | 0.4% | 4,985 | 73.0% |
| Hernie me gangrene | 40 | 27 | 0.4% | 5,012 | 73.4% |
| Simptoma te aparatit urinar | 41 | 27 | 0.4% | 5,039 | 73.8% |
| Gastrit e duodentit | 42 | 26 | 0.4% | 5,065 | 74.2% |
| Thyerje te brinjave, sternumit, alringut, trakese | 43 | 26 | 0.4% | 5,091 | 74.6% |
| Plage e dores | 44 | 26 | 0.4% | 5,117 | 75.0% |
| Kontuzion i gjymtyreve te poshteme | 45 | 26 | 0.4% | 5,143 | 75.4% |
| Simptoma te aparatit te tretjes | 46 | 25 | 0.4% | 5,168 | 75.7% |
| Plage e gjurit, kercirit, nyellit | 47 | 25 | 0.4% | 5,193 | 76.1% |
| Sinusiti akut | 48 | 24 | 0.4% | 5,217 | 76.4% |
| Semundje te tjera te prostates | 49 | 24 | 0.4% | 5,241 | 76.8% |
| Peritonit | 50 | 23 | 0.3% | 5,264 | 77.1% |
| Osteomieliti, periostiti | 51 | 23 | 0.3% | 5,287 | 77.5% |
| Thyerje te shtylles pa demtime ne palce | 52 | 23 | 0.3% | 5,310 | 77.8% |
| Thyerje te femurit | 53 | 22 | 0.3% | 5,332 | 78.1% |
| Mononeuritis te gjymtyreve te poshteme | 54 | 21 | 0.3% | 5,353 | 78.4% |
| Parazitiza e zorreve pa percaktim | 55 | 20 | 0.3% | 5,373 | 78.7% |
| Hemorroide | 56 | 20 | 0.3% | 5,393 | 79.0% |
| Abces i anusit e rektumit | 57 | 20 | 0.3% | 5,413 | 79.3% |
| Thyerje e qafes te femorit | 58 | 18 | 0.3% | 5,431 | 79.6% |
| Karcinoma e gjirit e aparatit urogenital | 59 | 17 | 0.2% | 5,448 | 79.8% |

Only those diagnoses that make up the top 80% of the combined hospital's cases are shown.

TABLE 5 REGIONAL HOSPITALS**5.1. Regional Hospitals - Pathology**

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|---|------|-------|---------|------------|--------------|
| 434 | Zenia e arteries se trurit | 1 | 2,186 | 7.5% | 2,186 | 7.5% |
| 250 | Diabetismelitus | 2 | 1,427 | 4.9% | 3,613 | 12.3% |
| 585 | Insuficiencakronike e veshkave | 3 | 1,221 | 4.2% | 4,834 | 16.5% |
| 410 | Infarktikut (iri) | 4 | 1,009 | 3.4% | 5,843 | 20.0% |
| 714 | Artritireumatoid | 5 | 1,005 | 3.4% | 6,848 | 23.4% |
| 401 | Hipertensionesencial | 6 | 974 | 3.3% | 7,822 | 26.7% |
| 402 | Semundje e zemresngahipertensiononi | 7 | 861 | 2.9% | 8,683 | 29.7% |
| 493 | Astmabronkiale | 8 | 802 | 2.7% | 9,485 | 32.4% |
| 413 | Angorpektoral | 9 | 605 | 2.1% | 10,090 | 34.5% |
| 558 | Gastroenteritjoiinfektiv | 10 | 562 | 1.9% | 10,652 | 36.4% |
| 366 | Katarakti | 11 | 548 | 1.9% | 11,200 | 38.3% |
| 571 | Cirroze e melçise | 12 | 534 | 1.8% | 11,734 | 40.1% |
| 420 | Perikarditakut | 13 | 486 | 1.7% | 12,220 | 41.7% |
| 590 | Infeksioneteveshkave | 14 | 482 | 1.6% | 12,702 | 43.4% |
| 427 | Çregullimeteritmittezemres | 15 | 474 | 1.6% | 13,176 | 45.0% |
| 431 | Hemoragji ne tru | 16 | 415 | 1.4% | 13,591 | 46.4% |
| 485 | Bronkopneumonia | 17 | 404 | 1.4% | 13,995 | 47.8% |
| 425 | Kardimiopatia | 18 | 351 | 1.2% | 14,346 | 49.0% |
| 428 | Insufiçencekardiake | 19 | 339 | 1.2% | 14,685 | 50.2% |
| 599 | Infeksioneteuretres e terrugeveurinare | 20 | 338 | 1.2% | 15,023 | 51.3% |
| 411 | Form. akut e subakut | 21 | 333 | 1.1% | 15,356 | 52.5% |
| 280 | Anemingahekuri | 22 | 314 | 1.1% | 15,670 | 53.5% |
| 532 | Ulcera e duodenit | 23 | 311 | 1.1% | 15,981 | 54.6% |
| 535 | Gastrit e duodenit | 24 | 308 | 1.1% | 16,289 | 55.6% |
| 787 | Simptomateaparattitetretjes | 25 | 307 | 1.0% | 16,596 | 56.7% |
| 463 | Angina | 26 | 305 | 1.0% | 16,901 | 57.7% |
| 491 | Bronkitkronik | 27 | 290 | 1.0% | 17,191 | 58.7% |
| 386 | Sindromilabirintit | 28 | 286 | 1.0% | 17,477 | 59.7% |
| 682 | Flegmona e abcese | 29 | 278 | 0.9% | 17,755 | 60.7% |
| 496 | Bllokimkronik | 30 | 264 | 0.9% | 18,019 | 61.6% |
| 474 | Vegetationeadenoidale | 31 | 247 | 0.8% | 18,266 | 62.4% |
| 708 | Urtikaria | 32 | 246 | 0.8% | 18,512 | 63.2% |
| 487 | Gripi | 33 | 231 | 0.8% | 18,743 | 64.0% |
| 414 | Form. tetjersiskemike | 34 | 189 | 0.6% | 18,932 | 64.7% |
| 342 | Hemiplegjia | 35 | 182 | 0.6% | 19,114 | 65.3% |
| 720 | Spondiloartritankilozant | 36 | 181 | 0.6% | 19,295 | 65.9% |
| 345 | Epilepsia | 37 | 180 | 0.6% | 19,475 | 66.5% |
| 574 | Gure ne temth | 38 | 179 | 0.6% | 19,654 | 67.1% |
| 435 | Iskemikalimtare e trurit | 39 | 176 | 0.6% | 19,830 | 67.7% |
| 9 | Infeksionetezorrevetepercaktuarakeq | 40 | 168 | 0.6% | 19,998 | 68.3% |
| 781 | Simptomate S.N.Q. | 41 | 166 | 0.6% | 20,164 | 68.9% |
| 578 | Hemoragji e stomakut | 42 | 146 | 0.5% | 20,310 | 69.4% |
| 365 | Glaukoma | 43 | 144 | 0.5% | 20,454 | 69.9% |
| 415 | Semundjeakute e Zemres - Mushkerive | 44 | 143 | 0.5% | 20,597 | 70.4% |
| 486 | Pneumoningamikro. papercaktim | 45 | 141 | 0.5% | 20,738 | 70.8% |
| 788 | Simptomateaparaturinar | 46 | 140 | 0.5% | 20,878 | 71.3% |
| 8 | Infeksioneushqimorengamikroorganizmatetjera | 47 | 138 | 0.5% | 21,016 | 71.8% |
| 470 | Deviationseptinazi | 48 | 128 | 0.4% | 21,144 | 72.2% |
| 592 | Gure ne veshka e ureter | 49 | 123 | 0.4% | 21,267 | 72.7% |
| 311 | Gjendjedepresive | 50 | 122 | 0.4% | 21,389 | 73.1% |

| | | | | | | |
|-----|---|----|-----|------|--------|-------|
| 475 | Abcesperitonsilar | 51 | 120 | 0.4% | 21,509 | 73.5% |
| 382 | Otitimesemiqelbezzuar | 52 | 117 | 0.4% | 21,626 | 73.9% |
| 789 | Simptomatebarkut e telegenit | 53 | 113 | 0.4% | 21,739 | 74.3% |
| 282 | Anemiheditare | 54 | 110 | 0.4% | 21,849 | 74.6% |
| 430 | Hemoragjinenaraknoidale | 55 | 110 | 0.4% | 21,959 | 75.0% |
| 412 | Infarktivjeterimuskulit | 56 | 108 | 0.4% | 22,067 | 75.4% |
| 394 | SemundjetevalvolesMitrake | 57 | 106 | 0.4% | 22,173 | 75.8% |
| 780 | Simptomatepergijthshme | 58 | 104 | 0.4% | 22,277 | 76.1% |
| 395 | SemundjetevalvolesAortake | 59 | 99 | 0.3% | 22,376 | 76.4% |
| 375 | Semundjete kanalit telotit | 60 | 97 | 0.3% | 22,473 | 76.8% |
| 573 | Semundjete tjetjerate melçise | 61 | 94 | 0.3% | 22,567 | 77.1% |
| 511 | Pleuriti | 62 | 90 | 0.3% | 22,657 | 77.4% |
| 444 | Emboli e tromboza | 63 | 87 | 0.3% | 22,744 | 77.7% |
| 580 | Glomerulonefritakut | 64 | 87 | 0.3% | 22,831 | 78.0% |
| 481 | Pneumonipneumokoksike | 65 | 86 | 0.3% | 22,917 | 78.3% |
| 461 | Sinusitiakut | 66 | 84 | 0.3% | 23,001 | 78.6% |
| 23 | Bruçeloza | 67 | 77 | 0.3% | 23,078 | 78.8% |
| 583 | Nefritiiveshkave | 68 | 75 | 0.3% | 23,153 | 79.1% |
| 480 | Pneumonivirusale | 69 | 75 | 0.3% | 23,228 | 79.4% |
| 162 | Tumorimalinjitrakesebronkevedhemushkerise | 70 | 73 | 0.2% | 23,301 | 79.6% |
| 531 | Ulçera e stomakut | 71 | 73 | 0.2% | 23,374 | 79.9% |

Only those diagnoses that make up the top 80% of the combined hospital's cases are shown

5.2. Regional Hospitals- Pediatrics

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | Cumulative | Cumulative % |
|------------|---|------|-------|---------|------------|--------------|
| 463 | Angina | 1 | 4,259 | 17.2% | 4,259 | 17.2% |
| 558 | Gastroenteritjoiinfektiv | 2 | 3,286 | 13.3% | 7,545 | 30.5% |
| 485 | Bronkopneumonia | 3 | 3,087 | 12.5% | 10,632 | 43.0% |
| 9 | Infeksione te zorreve te percaktuara keq | 4 | 2,899 | 11.7% | 13,531 | 54.7% |
| 79 | Semundjengaviruse ne organizem pa percaktim | 5 | 1,500 | 6.1% | 15,031 | 60.8% |
| 466 | Bronkiti, bronkioliti | 6 | 1,399 | 5.7% | 16,430 | 66.4% |
| 487 | Gripi | 7 | 984 | 4.0% | 17,414 | 70.4% |
| 8 | Infek. ushqim nga mikroorganizma te tjera | 8 | 779 | 3.1% | 18,193 | 73.5% |
| 564 | Çregullimfunksionalitretjes | 9 | 759 | 3.1% | 18,952 | 76.6% |
| 464 | Laringit e trakeitakut | 10 | 582 | 2.4% | 19,534 | 79.0% |
| 493 | Astmabronkiale | 11 | 462 | 1.9% | 19,996 | 80.8% |
| 555 | Enteritregjional | 12 | 409 | 1.7% | 20,405 | 82.5% |
| 5 | Tok-infek.ushqimorengabakteriet | 13 | 364 | 1.5% | 20,769 | 84.0% |
| 345 | Epilepsia | 14 | 299 | 1.2% | 21,068 | 85.2% |
| 599 | Infeksione te uretres e te rrugeve urinare | 15 | 297 | 1.2% | 21,365 | 86.4% |
| 590 | Infeksioneteveshkave | 16 | 225 | 0.9% | 21,590 | 87.3% |
| 708 | Urtikaria | 17 | 207 | 0.8% | 21,797 | 88.1% |
| 490 | Bronkit astmatik akut ose kronik | 18 | 197 | 0.8% | 21,994 | 88.9% |
| 474 | Vegetatione adenoidale | 19 | 184 | 0.7% | 22,178 | 89.7% |
| 465 | Infeksionakutirrugetesiperme | 20 | 148 | 0.6% | 22,326 | 90.3% |
| 462 | Faringitiakut | 21 | 120 | 0.5% | 22,446 | 90.7% |
| 528 | Semundje te indeve te buta | 22 | 117 | 0.5% | 22,563 | 91.2% |
| 381 | Otitimesemiqelbezzuar | 23 | 103 | 0.4% | 22,666 | 91.6% |
| 4 | Shigelozja | 24 | 100 | 0.4% | 22,766 | 92.0% |
| 480 | Pneumonivirusale | 25 | 91 | 0.4% | 22,857 | 92.4% |
| 280 | Anemingahekuri | 26 | 67 | 0.3% | 22,924 | 92.7% |
| 486 | Pneumoningamikro. papercaktim | 27 | 66 | 0.3% | 22,990 | 92.9% |
| 382 | Otitimesemiqelbezzuar | 28 | 65 | 0.3% | 23,055 | 93.2% |
| 460 | Inflamacionakutihundes | 29 | 59 | 0.2% | 23,114 | 93.4% |
| 483 | Pneumoni e papercaktuar | 30 | 49 | 0.2% | 23,163 | 93.6% |

| | | | | | | |
|-----|--|----|----|------|--------|-------|
| 495 | Alveolitalergjik | 31 | 47 | 0.2% | 23,210 | 93.8% |
| 535 | Gastrit e duodenit | 32 | 43 | 0.2% | 23,253 | 94.0% |
| 129 | Parazitoza e zorreve pa percaktim | 33 | 41 | 0.2% | 23,294 | 94.2% |
| 536 | Çregllimefunksionaletestomakut | 34 | 38 | 0.2% | 23,332 | 94.3% |
| 523 | Peridontit | 35 | 37 | 0.1% | 23,369 | 94.5% |
| 682 | Flegmona e abcese | 36 | 35 | 0.1% | 23,404 | 94.6% |
| 905 | Pasoja te indit muskular, kockor, lidhes | 37 | 33 | 0.1% | 23,437 | 94.7% |
| 595 | Çistiti | 38 | 32 | 0.1% | 23,469 | 94.9% |

Only those diagnoses that make up the top 95% of the combined hospital's cases are shown

5.3. Regional Hospitals- Obstetrics- Gynecology Including Neonatology

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|--|------|--------|---------|------------|--------------|
| 650 | Lindjenormale | 1 | 11,572 | 36.2% | 11,572 | 36.2% |
| 659 | Indik. gjate aktit te lindjes | 2 | 3,204 | 10.0% | 14,776 | 46.2% |
| 634 | Deshtimspontan | 3 | 2,151 | 6.7% | 16,927 | 52.9% |
| 664 | Trauma te perineumit e vulves | 4 | 1,282 | 4.0% | 18,209 | 56.9% |
| 638 | Tentative per deshtim | 5 | 1,098 | 3.4% | 19,307 | 60.3% |
| 654 | Anomali e legenit | 6 | 1,015 | 3.2% | 20,322 | 63.5% |
| 660 | Lindjemekanike | 7 | 1,011 | 3.2% | 21,333 | 66.6% |
| 646 | Nderlikime te tjera te barres | 8 | 1,008 | 3.1% | 22,341 | 69.8% |
| 640 | Hemoragji ne fillimtebarres | 9 | 811 | 2.5% | 23,152 | 72.3% |
| 648 | Semundje klasifikuar ne rubrika te tjera | 10 | 790 | 2.5% | 23,942 | 74.8% |
| 656 | Problemefetusit | 11 | 724 | 2.3% | 24,666 | 77.1% |
| 644 | Lindjeparakohe | 12 | 605 | 1.9% | 25,271 | 78.9% |
| 658 | Probleme te lengut amniotik e membranave | 13 | 588 | 1.8% | 25,859 | 80.8% |
| 626 | Çregullimetemenstruacioneve | 14 | 543 | 1.7% | 26,402 | 82.5% |
| 635 | Deshtimiprovokuar | 15 | 403 | 1.3% | 26,805 | 83.7% |
| 632 | Fetus ivdekur in utero | 16 | 387 | 1.2% | 27,192 | 84.9% |
| 643 | Vjelljegjatebarres | 17 | 358 | 1.1% | 27,550 | 86.1% |
| 669 | Nderlikime te tjera ne aktin e lindjes | 18 | 357 | 1.1% | 27,907 | 87.2% |
| 621 | Semundjetemitres | 19 | 307 | 1.0% | 28,214 | 88.1% |
| 642 | Hipertensiongabarra | 20 | 297 | 0.9% | 28,511 | 89.1% |
| 754 | Deformime te kockave e muskujve | 21 | 285 | 0.9% | 28,796 | 90.0% |

Only those diagnoses that make up the top 90% of the combined hospital's cases are shown

5.4. Regional Hospitals - Surgery

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|---------------------------------|------|-------|---------|------------|--------------|
| 540 | Apandesitiakut | 1 | 3,942 | 21.3% | 3,942 | 21.3% |
| 550 | Hernieinguinale | 2 | 2,114 | 11.4% | 6,056 | 32.7% |
| 574 | Gure ne temth | 3 | 1,721 | 9.3% | 7,777 | 42.0% |
| 850 | Commotiocerebri | 4 | 989 | 5.3% | 8,766 | 47.4% |
| 920 | Kontuzionifytyres, kokes, qafes | 5 | 531 | 2.9% | 9,297 | 50.3% |
| 578 | Hemoragji e stomakut | 6 | 491 | 2.7% | 9,788 | 52.9% |
| 600 | Hipoplazia e prostatas | 7 | 363 | 2.0% | 10,151 | 54.9% |
| 560 | Pakal. e zorreve pa hernie | 8 | 345 | 1.9% | 10,496 | 56.7% |
| 565 | Fisure e fistul e anusit | 9 | 327 | 1.8% | 10,823 | 58.5% |
| 922 | Kontuzionitrungut | 10 | 295 | 1.6% | 11,118 | 60.1% |
| 603 | Hidrocela | 11 | 295 | 1.6% | 11,413 | 61.7% |
| 592 | Gure ne veshka e ureter | 12 | 269 | 1.5% | 11,682 | 63.2% |
| 873 | Plage te tjera te kokes | 13 | 238 | 1.3% | 11,920 | 64.4% |
| 851 | Contusiocerebri | 14 | 230 | 1.2% | 12,150 | 65.7% |
| 823 | Thyerje e tibias e perone | 15 | 197 | 1.1% | 12,347 | 66.7% |
| 542 | Forma te tjera te apandesitit | 16 | 172 | 0.9% | 12,519 | 67.7% |
| 451 | Flebit e tromboflebit | 17 | 160 | 0.9% | 12,679 | 68.5% |

| | | | | | | |
|-----|--|----|-----|------|--------|-------|
| 575 | Semundje e temthit | 18 | 159 | 0.9% | 12,838 | 69.4% |
| 604 | Orkit e epidimit | 19 | 153 | 0.8% | 12,991 | 70.2% |
| 366 | Katarakti | 20 | 134 | 0.7% | 13,125 | 71.0% |
| 599 | Infeksione te uretres e te rrugeve urinare | 21 | 131 | 0.7% | 13,256 | 71.7% |
| 577 | Semundje e pankreasit | 22 | 130 | 0.7% | 13,386 | 72.4% |
| 813 | Thyerje te radiusit e cubitusit | 23 | 124 | 0.7% | 13,510 | 73.0% |
| 553 | Hernie pa mbyllje | 24 | 114 | 0.6% | 13,624 | 73.7% |
| 455 | Hemorroide | 25 | 109 | 0.6% | 13,733 | 74.2% |
| 532 | Ulcera e duodenit | 26 | 106 | 0.6% | 13,839 | 74.8% |
| 566 | Abces i anusit e rektumit | 27 | 103 | 0.6% | 13,942 | 75.4% |
| 605 | Fimoze e prepuciumit | 28 | 103 | 0.6% | 14,045 | 75.9% |
| 531 | Ulcera e stoamkut | 29 | 100 | 0.5% | 14,145 | 76.5% |
| 820 | Thyerje e qafes te femorit | 30 | 99 | 0.5% | 14,244 | 77.0% |
| 891 | Plage e gjurit, kercirit, nyellit | 31 | 97 | 0.5% | 14,341 | 77.5% |
| 804 | Thyerje te shumta te kokes | 32 | 96 | 0.5% | 14,437 | 78.0% |
| 454 | Varicetegjymtyreveteposhsteme | 33 | 95 | 0.5% | 14,532 | 78.6% |
| 595 | Çistiti | 34 | 86 | 0.5% | 14,618 | 79.0% |
| 596 | Semundjetefshikezesurinare | 35 | 79 | 0.4% | 14,697 | 79.5% |
| 601 | Semundjeinfektiveteporstates | 36 | 74 | 0.4% | 14,771 | 79.9% |

Only those diagnoses that make up the top 80% of the combined hospital's cases are shown

5.5. Regional Hospital - Dermatology

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|----------------------|------|-------|---------|------------|--------------|
| 702 | Dermatoza te tjera | 1 | 135 | 69.2% | 135 | 69.2% |
| 696 | Psoriasis | 2 | 23 | 11.8% | 158 | 81.0% |
| 708 | Urtikaria | 3 | 15 | 7.7% | 173 | 88.7% |
| 692 | Dematit nga kontakti | 4 | 7 | 3.6% | 180 | 92.3% |
| 698 | Prurit | 5 | 5 | 2.6% | 185 | 94.9% |

Only those diagnoses that make up the top 95% of the combined hospital's cases are shown

5.6. Regional Hospitals - Infection

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|---|------|-------|---------|------------|--------------|
| 9 | Infeksione te zorreve te percaktuara keq | 1 | 778 | 30.9% | 778 | 30.9% |
| 5 | Tok-infek.ushqimorengabakteriet | 2 | 426 | 16.9% | 1,204 | 47.8% |
| 79 | Semundjengaviruse ne organizem pa percaktim | 3 | 293 | 11.6% | 1,497 | 59.5% |
| 23 | Bruceloza | 4 | 247 | 9.8% | 1,744 | 69.3% |
| 8 | Infeksioneushqimorengamikroorganizmatetjera | 5 | 232 | 9.2% | 1,976 | 78.5% |
| 35 | Erizipela | 6 | 76 | 3.0% | 2,052 | 81.5% |
| 70 | Hepatiti viral | 7 | 71 | 2.8% | 2,123 | 84.3% |
| 40 | Semundje te tjera nga bakterie | 8 | 59 | 2.3% | 2,182 | 86.7% |
| 50 | Lija | 9 | 49 | 1.9% | 2,231 | 88.6% |
| 4 | Shigeloza | 10 | 43 | 1.7% | 2,274 | 90.3% |
| 34 | Skarlatinadhe angina streptokoksike | 11 | 33 | 1.3% | 2,307 | 91.6% |
| 22 | Plasja | 12 | 25 | 1.0% | 2,332 | 92.6% |
| 53 | Herpes Zoster | 13 | 22 | 0.9% | 2,354 | 93.5% |
| 52 | Lija e dhenve (varicela) | 14 | 18 | 0.7% | 2,372 | 94.2% |
| 38 | Sepsis (septicemia) | 15 | 16 | 0.6% | 2,388 | 94.8% |

Only those diagnoses that make up the top 95% of the combined hospital's cases are shown

5.7. Regional Hospitals - Orthopedics

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|--|------|-------|---------|------------|--------------|
| 823 | Thyerje e tibias e perone | 1 | 119 | 12.7% | 119 | 12.7% |
| 821 | Thyerjetefemurit | 2 | 85 | 9.1% | 204 | 21.7% |
| 905 | Pasoja te indit muskular, kockor, lidhes | 3 | 65 | 6.9% | 269 | 28.6% |
| 813 | Thyerje te radiusit e cubitusit | 4 | 60 | 6.4% | 329 | 35.0% |
| 824 | Thyerje e kycit te kembes | 5 | 48 | 5.1% | 377 | 40.1% |
| 820 | Thyerje e qafes te femorit | 6 | 46 | 4.9% | 423 | 45.0% |
| 805 | Thyerjeteshtylles pa demtime ne palce | 7 | 27 | 2.9% | 450 | 47.9% |
| 812 | Thyerjetehumerusit | 8 | 26 | 2.8% | 476 | 50.7% |
| 730 | Osteomieliti, periostiti | 9 | 24 | 2.6% | 500 | 53.2% |
| 892 | Plage e kembes | 10 | 22 | 2.3% | 522 | 55.6% |
| 891 | Plage e gjurit, kercirit, nyellit | 11 | 21 | 2.2% | 543 | 57.8% |
| 881 | Plage te berrylit, parakrahut e kyçit | 12 | 20 | 2.1% | 563 | 60.0% |
| 882 | Plage e dores | 13 | 19 | 2.0% | 582 | 62.0% |
| 920 | Kontuzionifytyres, kokes, qafes | 14 | 19 | 2.0% | 601 | 64.0% |
| 715 | Artroza | 15 | 18 | 1.9% | 619 | 65.9% |
| 831 | Luksacionishpatulles | 16 | 17 | 1.8% | 636 | 67.7% |
| 717 | Demtime te kyçit te gjurit | 17 | 15 | 1.6% | 651 | 69.3% |
| 737 | Deformimegiatejetestegjymtyreve | 18 | 15 | 1.6% | 666 | 70.9% |
| 822 | Thyerje te kupes te gjurit | 19 | 15 | 1.6% | 681 | 72.5% |
| 732 | Semundje te kockave e kerceve | 20 | 14 | 1.5% | 695 | 74.0% |
| 850 | Commotiocerebri | 21 | 14 | 1.5% | 709 | 75.5% |
| 808 | Thyerjetebacinit | 22 | 13 | 1.4% | 722 | 76.9% |
| 816 | Thyerjetefalangjeve | 23 | 11 | 1.2% | 733 | 78.1% |
| 728 | Semundjetemuskulatures,ligamenteve,aponeurozav | 24 | 10 | 1.1% | 743 | 79.1% |

Only those diagnoses that make up the top 80% of the combined hospital's cases are shown

5.8. Regional Hospitals- Neurology

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|-----------------------------------|------|-------|---------|------------|--------------|
| 348 | Semundjetetjetetrurit | 1 | 250 | 26.6% | 250 | 26.6% |
| 353 | Prekjetepleksusevenervore | 2 | 209 | 22.2% | 459 | 48.8% |
| 345 | Epilepsia | 3 | 144 | 15.3% | 603 | 64.1% |
| 300 | Çregullimeneurotike | 4 | 58 | 6.2% | 661 | 70.3% |
| 346 | Migrena | 5 | 51 | 5.4% | 712 | 75.7% |
| 349 | Semundjetetruritpapercaktim | 6 | 32 | 3.4% | 744 | 79.1% |
| 359 | Distrofimuskulare | 7 | 30 | 3.2% | 774 | 82.3% |
| 386 | Sindromilabirinit | 8 | 25 | 2.7% | 799 | 85.0% |
| 357 | Semundjeinflamatorerenervave | 9 | 23 | 2.4% | 822 | 87.4% |
| 332 | Sindromparkinson | 10 | 23 | 2.4% | 845 | 89.9% |
| 354 | Mononeuritistegjymtyrevetesiperme | 11 | 21 | 2.2% | 866 | 92.1% |
| 351 | Prekjetenervitfacialis | 12 | 20 | 2.1% | 886 | 94.3% |

Only those diagnoses that make up the top 95% of the combined hospital's cases are shown

5.9. Regional Hospitals- Pulmonary

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|---|------|-------|---------|------------|--------------|
| 496 | Bllokimkronik | 1 | 1022 | 52.2% | 1,022 | 52.2% |
| 485 | Bronkopneumonia | 2 | 332 | 16.9% | 1,354 | 69.1% |
| 486 | Pneumoningamicro. papercaktim | 3 | 215 | 11.0% | 1,569 | 80.1% |
| 511 | Pleuriti | 4 | 96 | 4.9% | 1,665 | 85.0% |
| 162 | Tumorimalinjitrakesebronkevedhemushkerise | 5 | 60 | 3.1% | 1,725 | 88.1% |

| | | | | | | |
|-----|--------------------|---|----|------|-------|-------|
| 482 | Pneomonibakteriale | 6 | 58 | 3.0% | 1,783 | 91.0% |
| 493 | Astmabronkiale | 7 | 56 | 2.9% | 1,839 | 93.9% |

Only those diagnoses that make up the top 95% of the combined hospital's cases are shown

5.10. Regional Hospitals - Cardiology

| ICD 9 Code | Diagnosis | Rank | Cases | Cases % | cumulative | Cumulative % |
|------------|----------------------------|------|-------|---------|------------|--------------|
| 413 | Angorpektoral | 1 | 444 | 41.4% | 444 | 41.4% |
| 428 | Insufiçencekardiake | 2 | 251 | 23.4% | 695 | 64.8% |
| 427 | Çregullimeteritmittezemres | 3 | 175 | 16.3% | 870 | 81.2% |
| 410 | Infarktakut (iri) | 4 | 109 | 10.2% | 979 | 91.3% |
| 425 | Kardimiopatia | 5 | 21 | 2.0% | 1000 | 93.3% |

Only those diagnoses that make up the top 95% of the combined hospital's cases are shown

TABLE 6 CASES IN TERTIARY HOSPITALS**6.1. Tertiary Hospitals-Maternity Hospital 1**

| ICD9 code | diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|--------------------------------|------|-------|---------|------------|--------------|
| 650 | Lindje normale | 1 | 3,194 | 25.6% | 3,194 | 25.6% |
| 660 | L.posst sex, viciature | 2 | 1,035 | 8.3% | 4,229 | 33.9% |
| 658 | Probleme te membranave | 3 | 760 | 6.1% | 4,989 | 40.0% |
| 644 | Lindje premature | 4 | 737 | 5.9% | 5,726 | 45.9% |
| | N V B | 5 | 726 | 5.8% | 6,452 | 51.8% |
| 634 | Abort spontan | 6 | 519 | 4.2% | 6,971 | 55.9% |
| 656 | Lind soff fet dhe makrosom | 7 | 477 | 3.8% | 7,448 | 59.8% |
| 632 | Missed aborti | 8 | 469 | 3.8% | 7,917 | 63.5% |
| 642 | Hepertension nga barra | 9 | 398 | 3.2% | 8,315 | 66.7% |
| 765 | lindje premature | 10 | 396 | 3.2% | 8,711 | 69.9% |
| 626 | Creg. I menstruacioneve | 11 | 331 | 2.7% | 9,042 | 72.5% |
| 648 | Sem.klasif.ne rub.te tjera | 12 | 324 | 2.6% | 9,366 | 75.1% |
| 218 | Fibromioma uteri | 13 | 315 | 2.5% | 9,681 | 77.7% |
| 654 | Anomaly te legenit (viciatura) | 14 | 233 | 1.9% | 9,914 | 79.5% |

Only those diagnoses that make up the top 80% of the cases are shown

6.2. Tertiary Hospitals - Maternity Hospital 2

| ICD9 Code | Diagnoses | Rank | Cases | cases % | cumulative | cumulative % |
|-----------|-------------------------------------|------|-------|---------|------------|--------------|
| 650 | Lindje normale | 1 | 1,688 | 18.0% | 1,688 | 18.0% |
| 658 | Prob.i.l.amniot.e membranave | 2 | 731 | 7.8% | 2,419 | 25.8% |
| 644 | Lindje para kohe | 3 | 516 | 5.5% | 2,935 | 31.3% |
| 654.2 | status post sexio | 4 | 494 | 5.3% | 3,429 | 36.6% |
| 635 | Nderprerje terapeutike | 5 | 451 | 4.8% | 3,880 | 41.4% |
| 774 | Ikter perinatal | 6 | 353 | 3.8% | 4,233 | 45.2% |
| 659 | Indik.gjatë akt.të lindjes | 7 | 329 | 3.5% | 4,562 | 48.7% |
| 765 | Çreg.papërcaktim | 8 | 305 | 3.3% | 4,867 | 51.9% |
| 632 | Missed abort | 9 | 295 | 3.1% | 5,162 | 55.1% |
| 218 | Fibromioma uteri | 10 | 290 | 3.1% | 5,452 | 58.2% |
| 618 | Prolaps gjenital | 11 | 230 | 2.5% | 5,682 | 60.6% |
| 2007 | Ardhur lindur | 12 | 216 | 2.3% | 5,898 | 62.9% |
| 664 | Trauma te perineumit e vulves | 13 | 214 | 2.3% | 6,112 | 65.2% |
| 640 | Hemor.në fillim të barrës | 14 | 210 | 2.2% | 6,322 | 67.4% |
| 652 | Paraqitje vicoze e fetusit | 15 | 193 | 2.1% | 6,515 | 69.5% |
| 626 | Çreg.i menstruacioneve | 16 | 171 | 1.8% | 6,686 | 71.3% |
| 634 | Dështim spontan | 17 | 170 | 1.8% | 6,856 | 73.1% |
| 642 | Hipertension nga barra (preeklamsi) | 18 | 157 | 1.7% | 7,013 | 74.8% |
| 651 | Barrë multiple | 19 | 128 | 1.4% | 7,141 | 76.2% |
| 656 | Probleme të fetusit | 20 | 122 | 1.3% | 7,263 | 77.5% |
| 627 | Klimaksi | 21 | 115 | 1.2% | 7,378 | 78.7% |
| 220 | Kiste ovarii | 22 | 108 | 1.2% | 7,486 | 79.9% |

Only those diagnoses that make up the top 80% of the cases are shown

6.3. Tertiary Hospitals- Pulmonary Hospital

| ICD9 Code | diagnoses | Rank | Cases | Cases % | cumul ative | cumul ative % |
|-----------|---|------|-------|---------|-------------|---------------|
| 496 | Bllokim kronik | 1 | 534 | 14.9% | 534 | 14.9% |
| 162 | Tumori malinj i trakese bronkeve dhe mushkerise | 2 | 463 | 12.9% | 997 | 27.8% |
| 486 | Pneumoni nga mikro. papercaktim | 3 | 349 | 9.7% | 1,346 | 37.6% |
| 511 | Pleuriti | 4 | 225 | 6.3% | 1,571 | 43.8% |
| 493 | Astma bronkiale | 5 | 201 | 5.6% | 1,772 | 49.4% |
| 11 | Tuberkulozi i mushkerive | 6 | 201 | 5.6% | 1,973 | 55.1% |
| 494 | Bronhektazia | 7 | 170 | 4.7% | 2,143 | 59.8% |
| 444 | Emboli e tromboza | 8 | 145 | 4.0% | 2,288 | 63.8% |
| 516 | Semundje te tjera te alveolave | 9 | 143 | 4.0% | 2,431 | 67.8% |
| 515 | Fibroze e mushkerive | 10 | 127 | 3.5% | 2,558 | 71.4% |
| 512 | Pneumotoraksis | 11 | 125 | 3.5% | 2,683 | 74.9% |
| 518 | Semundje te tjera te mushkerive | 12 | 91 | 2.5% | 2,774 | 77.4% |
| 415 | Semundje akute e Zemres - Mushkerive | 13 | 63 | 1.8% | 2,837 | 79.2% |

Only those diagnoses that make up the top 80% of the cases are shown

6.4. Tertiary Hospitals- "Mother Teresa" Hospital

6.4.1. Tertiary Hospitals- "Mother Teresa" Hospital-Infection Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumul ative | cumul ative % |
|-----------|-------------------------------------|------|-------|---------|-------------|---------------|
| 038 | Sepsis(septicemia) | 1 | 259 | 17.3% | 259 | 17.3% |
| 070 | Hepatit viral | 2 | 180 | 12.1% | 439 | 29.4% |
| 042 | Infeksione H.I.V.(SIDA) | 3 | 127 | 8.5% | 566 | 37.9% |
| 023 | Bruceloza | 4 | 108 | 7.2% | 674 | 45.1% |
| 085 | Leishmanjoza | 5 | 99 | 6.6% | 773 | 51.8% |
| 136 | Se. infek. dhe parazit.pa percaktim | 6 | 76 | 5.1% | 849 | 56.9% |
| 035 | Erizipela | 7 | 67 | 4.5% | 916 | 61.4% |
| 075 | Mononukleozia infektive | 8 | 67 | 4.5% | 983 | 65.8% |
| 053 | Herpe-Zoster | 9 | 58 | 3.9% | 1,041 | 69.7% |
| 052 | Lija e dhenve (variçela) | 10 | 51 | 3.4% | 1,092 | 73.1% |
| 005 | Tok-infek ushq. nga bakteriet | 11 | 50 | 3.3% | 1,142 | 76.5% |
| 122 | Ekinokozia | 12 | 46 | 3.1% | 1,188 | 79.6% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.2. Tertiary Hospitals- "Mother Teresa" Hospital-Oncology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumul ative | cumul ative % |
|-----------|-------------------------|------|-------|---------|-------------|---------------|
| 174 | T.m. i gjirit te femrat | 1 | 3,722 | 26.3% | 3,722 | 26.3% |
| 173 | T.te tj.m.te lekures | 2 | 743 | 5.3% | 4,465 | 31.6% |
| 154 | T.m. i rektumit | 3 | 709 | 5.0% | 5,174 | 36.6% |
| 183 | T.m.i vezorit | 4 | 686 | 4.9% | 5,860 | 41.5% |
| 202 | T.linoid-histocitar | 5 | 647 | 4.6% | 6,507 | 46.0% |
| 151 | T.m. i stomakut | 6 | 631 | 4.5% | 7,138 | 50.5% |
| 162 | T.m. tra.bronk.mushkeri | 7 | 617 | 4.4% | 7,755 | 54.9% |
| 153 | T.m. i kolon | 8 | 587 | 4.2% | 8,342 | 59.0% |
| 180 | T.m.i qafes te mitres | 9 | 458 | 3.2% | 8,800 | 62.2% |
| 217 | T.b.i gjirit | 10 | 305 | 2.2% | 9,105 | 64.4% |
| 238 | T.të pa përcaktuar | 11 | 302 | 2.1% | 9,407 | 66.5% |
| 191 | T.m i trurit | 12 | 287 | 2.0% | 9,694 | 68.6% |
| 172 | Melanoma malinje | 13 | 282 | 2.0% | 9,976 | 70.6% |
| 201 | Hodgkin | 14 | 275 | 1.9% | 10,251 | 72.5% |

| | | | | | | |
|-----|----------------------------|----|-----|------|--------|-------|
| 157 | T.m. i pankreasit | 15 | 249 | 1.8% | 10,500 | 74.3% |
| 189 | T.m.i veshk.dhe org te tj. | 16 | 234 | 1.7% | 10,734 | 75.9% |
| 161 | T.m.i laringsit | 17 | 232 | 1.6% | 10,966 | 77.6% |
| 182 | T.m.i trup. te mitres | 18 | 230 | 1.6% | 11,196 | 79.2% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.3. Tertiary Hospitals- “Mother Teresa” Hospital-Endocrinology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|-----------------------|------|-------|---------|------------|--------------|
| 250 | Diabetis melitus | 1 | 1,077 | 55.9% | 1,077 | 55.9% |
| 241 | Gush.nyjore jo tox. | 2 | 404 | 21.0% | 1,481 | 76.9% |
| 259 | Çreg.të tj. endokrine | 3 | 136 | 7.1% | 1,617 | 83.9% |
| 242 | Tireotoxikoza | 4 | 47 | 2.4% | 1,664 | 86.4% |
| 278 | Dhjamsoja | 5 | 40 | 2.1% | 1,704 | 88.4% |

Only those diagnoses that make up the top 90% of the specialty cases are shown

6.4.4. Tertiary Hospitals- “Mother Teresa” Hospital-Hematology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|---------------------------------|------|-------|---------|------------|--------------|
| 204 | Leucemia Infoide | 1 | 668 | 31.2% | 668 | 31.2% |
| 203 | Mieloma dhe t.imunoproliferativ | 2 | 373 | 17.4% | 1,041 | 48.6% |
| 286 | Koagulopati | 3 | 269 | 12.6% | 1,310 | 61.2% |
| 205 | Leucemia mieoide | 4 | 210 | 9.8% | 1,520 | 71.0% |
| 287 | Purpura hemoragjike | 5 | 207 | 9.7% | 1,727 | 80.7% |
| 282 | Anemi hereditare | 6 | 97 | 4.5% | 1,824 | 85.2% |
| 280 | Anemi nga hekuri | 7 | 89 | 4.2% | 1,913 | 89.4% |

Only those diagnoses that make up the top 90% of the specialty cases are shown

6.4.5. Tertiary Hospitals- “Mother Teresa” Hospital-Neurology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|----------------------------|------|-------|---------|------------|--------------|
| 345 | Epilepsia | 1 | 452 | 12.2% | 452 | 12.2% |
| 295 | Psikoza skizofrenike | 2 | 423 | 11.4% | 875 | 23.7% |
| 296 | Psikoza aktive | 3 | 406 | 11.0% | 1,281 | 34.6% |
| 303 | Sindrom nga alkoli | 4 | 282 | 7.6% | 1,563 | 42.3% |
| 348 | Sëm.të tj të trurit | 5 | 176 | 4.8% | 1,739 | 47.0% |
| 304 | Gjënd. vartësi droga | 6 | 147 | 4.0% | 1,886 | 51.0% |
| 298 | Psikoza jo organike | 7 | 131 | 3.5% | 2,017 | 54.5% |
| 354 | Mononeuritis të gj.sipërme | 8 | 130 | 3.5% | 2,147 | 58.1% |
| 299 | Psikoza te fëmijët | 9 | 109 | 2.9% | 2,256 | 61.0% |
| 340 | Skleroza multiple | 10 | 109 | 2.9% | 2,365 | 64.0% |
| 300 | Çreg.neurotike | 11 | 102 | 2.8% | 2,467 | 66.7% |
| 332 | Sindrom parkison | 12 | 99 | 2.7% | 2,566 | 69.4% |
| 344 | Sind.të tj.paralitik | 13 | 90 | 2.4% | 2,656 | 71.8% |
| 323 | Encef,mieliti e encefalom. | 14 | 88 | 2.4% | 2,744 | 74.2% |
| 380 | Sëm.veshit të jashtëm | 15 | 88 | 2.4% | 2,832 | 76.6% |
| 301 | Çreg.personaliteti | 16 | 83 | 2.2% | 2,915 | 78.8% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.6 Tertiary Hospitals- “Mother Teresa” Hospital-Cardiology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|---------------------------|------|-------|---------|------------|--------------|
| 414 | Form.të t.jiskemike | 1 | 1,553 | 18.2% | 1,553 | 18.2% |
| 435 | Ishemi kalim.e trurit | 2 | 951 | 11.1% | 2,504 | 29.3% |
| 413 | Angor pectoral | 3 | 659 | 7.7% | 3,163 | 37.1% |
| 402 | Sëm.e Z.nga hipertensioni | 4 | 549 | 6.4% | 3,712 | 43.5% |
| 428 | Insufiçencë kardiake | 5 | 501 | 5.9% | 4,213 | 49.3% |
| 454 | Variçe të gjym.të poshtme | 6 | 436 | 5.1% | 4,649 | 54.5% |
| 427 | Çreg.të ritmit të zemres | 7 | 423 | 5.0% | 5,072 | 59.4% |
| 410 | Infarkt akut (i ri) | 8 | 406 | 4.8% | 5,478 | 64.2% |
| 401 | Hipertension esencial | 9 | 343 | 4.0% | 5,821 | 68.2% |
| 430 | Hemoragji nënaraknoidale | 10 | 297 | 3.5% | 6,118 | 71.7% |
| 395 | Sëm.të valv.Aortale | 11 | 255 | 3.0% | 6,373 | 74.7% |
| 434 | Zënia e art.të trurit | 12 | 225 | 2.6% | 6,598 | 77.3% |
| 412 | Infarkt i vjetër i musk. | 13 | 205 | 2.4% | 6,803 | 79.7% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.7 Tertiary Hospitals- “Mother Teresa” Hospital-Pulmonary Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|-----------------|------|-------|---------|------------|--------------|
| 487 | Gripi | 1 | 1,299 | 32.2% | 1,299 | 32.2% |
| 485 | Bronkopneumonia | 2 | 1,219 | 30.2% | 2,518 | 62.3% |
| 493 | Astma bronkiale | 3 | 993 | 24.6% | 3,511 | 86.9% |

Only those diagnoses that make up the top 90% of the specialty cases are shown

6.4.8 Tertiary Hospitals- “Mother Teresa” Hospital-Gastrohepatology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|------------------------|------|-------|---------|------------|--------------|
| 558 | Gastroent.jo infektiv | 1 | 1,511 | 17.9% | 1,511 | 17.9% |
| 574 | Gurë në tëmth | 2 | 1,363 | 16.1% | 2,874 | 34.1% |
| 540 | Apandesit akut | 3 | 1,344 | 15.9% | 4,218 | 50.0% |
| 550 | Hernie inguinale | 4 | 889 | 10.5% | 5,107 | 60.5% |
| 571 | Cirozë e mëlçisë | 5 | 494 | 5.9% | 5,601 | 66.4% |
| 578 | Hemoragji e stomak. | 6 | 336 | 4.0% | 5,937 | 70.3% |
| 560 | Pakal.e zorr.pa hernie | 7 | 297 | 3.5% | 6,234 | 73.9% |
| 552 | Hernie me mbydhje | 8 | 279 | 3.3% | 6,513 | 77.2% |
| 553 | Hernie pa mbydhje | 9 | 225 | 2.7% | 6,738 | 79.8% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.9 Tertiary Hospitals- “Mother Teresa” Hospital-Nephrology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|-----------------------------|------|-------|---------|------------|--------------|
| 585 | Insuf.kronike e veshkave | 1 | 895 | 31.3% | 895 | 31.3% |
| 599 | Inf.të uretrës e rr.urinare | 2 | 663 | 23.2% | 1,558 | 54.5% |
| 600 | Hipoplazia e prostatës | 3 | 247 | 8.6% | 1,805 | 63.2% |
| 592 | Gurë në veshka e ureter | 4 | 220 | 7.7% | 2,025 | 70.9% |
| 590 | Infek.të veshkave | 5 | 130 | 4.6% | 2,155 | 75.4% |
| 603 | Hidrocela | 6 | 109 | 3.8% | 2,264 | 79.2% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.10 Tertiary Hospitals- “Mother Teresa” Hospital-Obs.Gyn.Neonat Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|-----------------------------|------|-------|---------|------------|--------------|
| 752 | Anom.të ap.të org.gjenitale | 1 | 205 | 15.8% | 205 | 15.8% |
| 745 | Anom.të ndars.të Z. | 2 | 163 | 12.6% | 368 | 28.4% |
| 742 | Anom.e S.N. | 3 | 117 | 9.0% | 485 | 37.4% |
| 751 | Anom.të ap.tretës | 4 | 112 | 8.6% | 597 | 46.0% |
| 753 | Anom.të ap.urinar | 5 | 112 | 8.6% | 709 | 54.7% |
| 608 | Sëm.të org.gj.të M | 6 | 93 | 7.2% | 802 | 61.8% |
| 749 | Çarja e qellzës | 7 | 50 | 3.9% | 852 | 65.7% |
| 746 | Anom.të zemrës | 8 | 39 | 3.0% | 891 | 68.7% |
| 747 | Anom.të ap.të qarkullimit | 9 | 37 | 2.9% | 928 | 71.5% |
| 754 | Deform.të koc.e musk. | 10 | 35 | 2.7% | 963 | 74.2% |
| 759 | Anom.të tj.papërcaktim | 11 | 32 | 2.5% | 995 | 76.7% |
| 758 | Anom.kromozomike | 12 | 31 | 2.4% | 1,026 | 79.1% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.11 Tertiary Hospitals- “Mother Teresa” Hospital-Dermatology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|----------------------------------|------|-------|---------|------------|--------------|
| 708 | Urtikaria | 1 | 255 | 16.7% | 255 | 16.7% |
| 682 | Flegmona e abcese | 2 | 210 | 13.8% | 465 | 30.5% |
| 696 | Psoriazis | 3 | 166 | 10.9% | 631 | 41.4% |
| 692 | Dermatit nga kontakti dhe ekzema | 4 | 159 | 10.4% | 790 | 51.8% |
| 685 | Kist dermoid pararektal | 5 | 147 | 9.6% | 937 | 61.5% |
| 706 | Sëm.të gj.të dhjamit | 6 | 103 | 6.8% | 1,040 | 68.2% |
| 707 | Ulçera kronie e lëkurës | 7 | 90 | 5.9% | 1,130 | 74.1% |
| 695 | Afeksione eritematoze | 8 | 80 | 5.2% | 1,210 | 79.4% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.12 Tertiary Hospitals- “Mother Teresa” Hospital-Rheumatology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|-----------------------------|------|-------|---------|------------|--------------|
| 714 | Artriti reumatoid | 1 | 469 | 25.5% | 469 | 25.5% |
| 710 | Sëm.të ind.lidhës | 2 | 245 | 13.3% | 714 | 38.8% |
| 722 | Dëmt.të disq.ndërvertebrale | 3 | 222 | 12.1% | 936 | 50.9% |
| 733 | Sëm.të tj.papërcaktim | 4 | 193 | 10.5% | 1,129 | 61.4% |
| 726 | Sëm.të tendineve | 5 | 155 | 8.4% | 1,284 | 69.9% |
| 723 | Sëm.të regi.cervikal | 6 | 119 | 6.5% | 1,403 | 76.3% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.13 Tertiary Hospitals- “Mother Teresa” Hospital-ENT Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|---------------------------------------|------|-------|---------|------------|--------------|
| 466 | Bronkiti-bronkioliti | 1 | 705 | 32.5% | 705 | 32.5% |
| 474 | Tonsilitis dhe Vegetatione adenoideae | 2 | 673 | 31.1% | 1,378 | 63.6% |
| 463 | Angina | 3 | 384 | 17.7% | 1,762 | 81.3% |

Only those diagnoses that make up the top 85% of the specialty cases are shown

6.4.14 Tertiary Hospitals- “Mother Teresa” Hospital-Oculistic Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|-----------|------|-------|---------|------------|--------------|
| 366 | Katarakti | 1 | 1,568 | 74.5% | 1,568 | 74.5% |

| | | | | | | |
|-----|------------------------|---|-----|------|-------|-------|
| 365 | Glaukoma | 2 | 189 | 9.0% | 1,757 | 83.5% |
| 375 | Sëm.e kanalit të lotit | 3 | 106 | 5.0% | 1,863 | 88.5% |

Only those diagnoses that make up the top 90% of the specialty cases are shown

6.4.15 Tertiary Hospitals- “Mother Teresa” Hospital-Orthopedics Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|-------------------------------|------|-------|---------|------------|--------------|
| 820 | Thyer.e qaf.të femurit | 1 | 318 | 18.4% | 318 | 18.4% |
| 823 | Thyer.tibias e perone | 2 | 285 | 16.5% | 603 | 34.9% |
| 813 | Thyer.të radiusit e cubitusit | 3 | 232 | 13.4% | 835 | 48.3% |
| 821 | Thyer.të femurit | 4 | 198 | 11.5% | 1,033 | 59.7% |
| 812 | Thyer.të humerusit | 5 | 144 | 8.3% | 1,177 | 68.1% |
| 822 | Thyer.të kupës të gjurit | 6 | 98 | 5.7% | 1,275 | 73.7% |
| 835 | Luksac.i këllkut | 7 | 93 | 5.4% | 1,368 | 79.1% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.16 Tertiary Hospitals- “Mother Teresa” Hospital-Traumatology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|--|------|-------|---------|------------|--------------|
| 946 | Djegiet në shum vende | 1 | 114 | 12.0% | 114 | 12.0% |
| 935 | Trup në goj,esof,stomak | 2 | 84 | 8.8% | 198 | 20.8% |
| 871 | Plagë të kokër.syrin | 3 | 82 | 8.6% | 280 | 29.4% |
| 945 | Djegiet e gjum.të poshtme | 4 | 73 | 7.7% | 353 | 37.1% |
| 943 | Djegiet e gjym.të sipërm. | 5 | 62 | 6.5% | 415 | 43.6% |
| 921 | Kont.i syrit e anekseve | 6 | 48 | 5.0% | 463 | 48.7% |
| 892 | Plagë e këmbës | 7 | 43 | 4.5% | 506 | 53.2% |
| 852 | Hemor.nën arakoidale.dura,ekstradurale | 8 | 41 | 4.3% | 547 | 57.5% |
| 934 | Trup në trake,bronk,mushkëri | 9 | 39 | 4.1% | 586 | 61.6% |
| 948 | Djegiet në sipër.trupit | 10 | 33 | 3.5% | 619 | 65.1% |
| 890 | Plagë të ijës e kofshës | 11 | 24 | 2.5% | 643 | 67.6% |
| 891 | Plag.gjurit,kërcirit,nyellit | 12 | 22 | 2.3% | 665 | 69.9% |
| 952 | Tra.të nerv.të krahut | 13 | 20 | 2.1% | 685 | 72.0% |
| 854 | Traum.papërcaktim | 14 | 19 | 2.0% | 704 | 74.0% |
| 955 | Tra.të nerv.perif.sipër | 15 | 18 | 1.9% | 722 | 75.9% |
| 873 | Plagë të tjt.të kokës | 16 | 15 | 1.6% | 737 | 77.5% |
| 882 | Plagë e dorës | 17 | 13 | 1.4% | 750 | 78.9% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.17 Tertiary Hospitals- “Mother Teresa” Hospital-Toxicology Cases

| ICD9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|-----------|-----------------------------|------|-------|---------|------------|--------------|
| 998 | Të tjt.ndër.kirugjale | 1 | 420 | 26.8% | 420 | 26.8% |
| 965 | Intok.b.kund.dhimbjes | 2 | 340 | 21.7% | 760 | 48.5% |
| 989 | Efek.tok.lën.jo mjeksore | 3 | 132 | 8.4% | 892 | 56.9% |
| 994 | Efek.dëm.të veprus.jasht. | 4 | 129 | 8.2% | 1,021 | 65.1% |
| 983 | Efekt.toks.të gërryrësve | 5 | 98 | 6.3% | 1,119 | 71.4% |
| 960 | Intok. nga antibiotikët | 6 | 65 | 4.1% | 1,184 | 75.5% |
| 961 | Intok.nga b.anti-infeksioze | 7 | 63 | 4.0% | 1,247 | 79.5% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

6.4.18 Tertiary Hospitals- “Mother Teresa” Hospital-Surgery Cases, (Included in specialties, above)

| ICD 9 Code | Diagnoses | Rank | cases | cases % | cumulative | cumulative % |
|------------|-----------|------|-------|---------|------------|--------------|
| 366 | Katarakti | 1 | 1,568 | 12.4% | 1,568 | 12.4% |

| | | | | | | |
|-----|---------------------------|----|-------|-------|--------|-------|
| 574 | Gurë në tëmth | 2 | 1,363 | 10.8% | 2,931 | 23.2% |
| 540 | Apandisit akut | 3 | 1,344 | 10.6% | 4,275 | 33.8% |
| 550 | Hernie inguinale | 4 | 889 | 7.0% | 5,164 | 40.8% |
| 154 | T.m. i rektumit | 5 | 709 | 5.6% | 5,873 | 46.4% |
| 151 | T.m. i stomakut | 6 | 631 | 5.0% | 6,504 | 51.4% |
| 153 | T.m. i kolon | 7 | 587 | 4.6% | 7,091 | 56.0% |
| 454 | Variçe të gjym.të poshtme | 8 | 436 | 3.4% | 7,527 | 59.5% |
| 578 | Hemoragji e stomak. | 9 | 336 | 2.7% | 7,863 | 62.1% |
| 560 | Pakal.e zorr.pa hernie | 10 | 297 | 2.3% | 8,160 | 64.5% |
| 191 | T.m i trurit | 11 | 287 | 2.3% | 8,447 | 66.7% |
| 552 | Hernie me mbydhje | 12 | 279 | 2.2% | 8,726 | 68.9% |
| 157 | T.m. i pankreasit | 13 | 249 | 2.0% | 8,975 | 70.9% |
| 600 | Hipoplazia e prostatës | 14 | 247 | 2.0% | 9,222 | 72.9% |
| 553 | Hernie pa mbydhje | 15 | 225 | 1.8% | 9,447 | 74.6% |
| 592 | Gurë në veshka e ureter | 16 | 220 | 1.7% | 9,667 | 76.4% |
| 682 | Flegmona e abcese | 17 | 210 | 1.7% | 9,877 | 78.0% |
| 451 | Flebit e tromboflebit | 18 | 183 | 1.4% | 10,060 | 79.5% |

Only those diagnoses that make up the top 80% of the specialty cases are shown

TABLE 7: OTHER SERVICES

7.1 CLINICAL BIOCHEMICAL LABORATORY TESTS

1. Gjak komplet
2. Urine komplet
3. Glicemia
4. Azotemia
5. Kreatina
6. Bilirubine Totale
7. Bilirubine fraksionuar
8. GGT
9. ALAT
10. ASAT
11. Fosfataza alkaline
12. LDH
13. CPK
- 14 Lipodograma
- 15 Proteina totale
- 16 Elektroforeza e proteinave
- 17 Elektroforeza e Hb
- 18 Na+ K+
- 19 Kalcium total
- 20 Elektrolitet ne gjak
- 21 Sidezemi
- 22 S.G.P.T
- 23 S.G.O.T
- 24 Spermograma
- 25 Gaz analiza
- 26 PT
- 27 APTT
- 28 Fibronogjeni
- 29 Celula LE
- 30 Sekrecine gazole per eozinofile
- 31 Uricemi
- 32 HBA e glukozuar
- 33 TSH
- 34 T3
- 35 T4
- 36 PSA
- 37 CEA
- 38 FP
- 39 Ferritine
- 40 Kortizoli
- 41 LH

- 42 ESH
- 43 PRL
- 44 DHEAS
- 45 Beta H.C.G
- 46 Testosteron
- 47 Estradiol II
- 48 others

7.2 Microbiology and Immunology Laboratory Tests

- 1 Kulture sputumi
- 2 Hemokulture
- 3 Likidet sterile
- 4 Kulturat e pusuve
- 5 Sekrecionet vaginale per koke+candida
- 6 Sekrecionet vaginale Trikomonas
- 7 Ekzaminimi per leishmania
- 8 Urokultura
- 9 Ekzanimimet per myk
- 10 Ekzanimimet per malarje
- 11 Fecet per parazit
- 12 HbsAg
- 13 Wright
- 14 Widal
- 15 Weil-Felix
- 16 Ekzanimimet per gonore
- 17 Spermokultura
- 18 Pus per antibiogram
- 19 Koprokultura
- 20 Sekrecione gryke per koke
- 21 Sekrecione hunde veshi per koke
- 22 Sekrecione gryke hunde per kandida
- 23 Tokso Ig G
- 24 Tokso Ig M
- 25 Anti Antitoxoplazmoze
- 26 Anititr Ani-ekinokok
- 27 Rubeole Ig G
- 28 Rubeole Ig M
- 29 C.V.M. Ig G
- 30 C.V.M. Ig M
- 31 Herpes
- 32 Klamidia
- 33 Anti hiv I+ 2
- 34 VDRL
- 35 Anti HAV
- 36 Anti HBC
- 37 Anti HBS
- 38 Anti HCV
- 39 others

7.3 Imaging Examinations

- 1 Rentgenoskopi Toraksi
- 2 Rentgenoskopi Stomaku
- 3 Rentgenografi Stomaku seriog
- 4 Rentgenografi gastro- intestinale
- 5 Rentgenografi gastrointestinale seriog
- 6 Rentgenografi i vertebd ne I proj.
- 7 Rentgenografi e gjithe kol. vertebrale

- 8 Rentgenografi e kokes
- 9 Radiografi Panotamex
- 10 Irrigoskopi + grafi
- 11 Urografi intraven.kont 60 %
- 12 Urografi intraven.kont 75 %
- 13 Cistografia mikSIONALE
- 14 Rentg.te ndryshme I proj.
- 15 Kolecistografia intraven.
- 16 Kolecistografia orale
- 17 Tomografia (3 shtresa)
- 18 Ekografia
- 19 Ekografi te # me print.
- 20 Radiografi Thoraxi
- 21 Hysterosalpinografi
- 22 Kolposkopi
- 23 Cdo seance fizioterapie
- 24 Mamografia
- 25 Fibrobronkoskopi
- 26 Fibrogastroskopi
- 27 Fibrokolonoskopi
- 28 Rektoromanoskopi
- 29 Scanner
- 30 others

7.4 List of Pharmaceuticals for Tertiary Hospitals 2013

Metabolizmi dhe trakti tretes

| Nr | Principi aktiv | Forme/doza | Njesia | Statusi i barit |
|----|-----------------------------|---------------|---------|-----------------|
| 1 | Ranitidine | 150 mg | Tablete | Regjistruar |
| 2 | Ranitidine hydrochloride | 50 mg - 5 ml | Ampule | Regjistruar |
| 3 | Misoprostol | 200 meg | Tablete | Regjistruar |
| 4 | Omeprazol | 20 mg | Capsule | Regjistruar |
| 5 | Omeprazol | 40 mg | Ampule | Regjistruar |
| 6 | Pantoprasole | 40 mg | Ampule | Regjistruar |
| 7 | Rabeprazole | 20 mg | Tablete | Regjistruar |
| 8 | Rabeprazole | 10 mg | Tablete | Regjistruar |
| 9 | Esomeprazol | 40 mq | Tablete | Regjistruar |
| 10 | Esomeprazol | 40mg/10ml | Ampule | Regjistruar |
| 11 | Esomeprazol | 22.3 mq | Tablete | Regjistruar |
| 12 | Otilonium bromide | 40 mg | Tablete | Regjistruar |
| 13 | Drotaverine hydrochloride | 40 mq - 2 ml | Ampule | Regjistruar |
| 14 | Drotaverine hydrochloride | 40 mg | Tablete | Regjistruar |
| 15 | Atropine | 0.1 %-1 ml | Ampule | Regjistruar |
| 16 | Butylscopolamine bromide | 20 mq - 1ml | Ampule | Regjistruar |
| 17 | Butylscopolamine bromide | 10 mg | Tablete | Regjistruar |
| 18 | Metoclopramid Hydrochloride | 10 mq | Tablete | Regjistruar |
| 19 | Metoclopramid Hydrochloride | 10mg-2ml | Ampule | Regjistruar |
| 20 | Domperidone | 10 mq | Tablete | Regjistruar |
| 21 | Palonosetron | 0.25 mq/5 ml | Ampule | Paregjstruar |
| 22 | Palonosetron | 50 mg | tablete | Paregjstruar |
| 23 | Acid ursodeoxycholic | 150 mg;300 mg | Tablete | Regjistruar |
| 24 | Laktulose Liquid | 200 ml | Flakon | Regjistruar |
| 25 | Nistatine | 500 000 UI | Tablete | Regjistruar |

| | | | | |
|----|--|-------------------|----------|----------------|
| 26 | Activated Charcoal | 200 mg | Tablete | Regjistruar |
| 27 | Sulfasalazine | 500 mg | Tablete | Regjistruar |
| 28 | Li paze+am i laze+protease | 10000 NJ.N | Capsule | Regjistruar |
| 29 | Lipaze+amilaze+protease | 25000 NJ.N | Capsule | Regjistruar |
| 30 | Insuline neutrale | 100IU-ml/3 ml | Cope | Regjistruar |
| 31 | Insuline neutrale + cartridge | 100 IU/3ml | cope | Regjistruar |
| 32 | Insuline Aspart | 100UI/ml-3ml | Cope | Regjistruar |
| 33 | Insuline Glulisine | 100 UI/ml-3 ml | Cope | Regjistruar |
| 34 | Insuline izophane | 100IU-ml/3 ml | Cope | Reqjistruar |
| 35 | Insuline (25 % dissolved +75 % izophane) | 100IU-ml/3 ml | Cope | Reqjistruar |
| 36 | Insuline (30 % dissolved +70 % izophane) | 100IU - ml/3 ml | Cope | Regjistruar |
| 37 | Insuline Glargine | 100 UI/ml-3 ml | Cope | Regjistruar |
| 38 | Humaloq quick pen lispro | 100UI/ml-3ml | pen | Reqjistruar |
| 39 | Humaloq quick pen mix | mix x 25 | pen | Reqjistruar |
| 40 | Humaloq quick pen mix | mix x 50 | pen | Regjistruar |
| 41 | Metformine, | 500 mg | Tablete | Regjistruar |
| 42 | Metformine | 850 mg | Tablete | Regjistruar |
| 43 | Glibenclamide | 5mg | Tablete | Regjistruar |
| 44 | Glibenclamide | 2mq | Tablete | Regjistruar |
| 45 | Calcitriol | 0.25 meg | Kapsule | Regjistruar |
| 46 | Paricalcitol | 1 ml | Ampule | Paregjstruar |
| 47 | Somatostatine | 3 mg | Flakon | Reqjistruar |
| 48 | Vitamine B1 (Thiamine Hydrochloride) | 10 mg | Tablete | Reqjistruar |
| 49 | Vitamine B1 (Thiamine Hydrochloride) | 5 % -1 ml | Ampule | Reqjistruar |
| 50 | Vitamine C (Acid asCORBIC | 5% - 2 ml | Ampule | Regjistruar |
| 51 | Vitamine B 6,(Pyridoxine Hydrochloride) | 5%-2 ml | Ampule | Regjistruar |
| 52 | Vitamine B 6 ((Pyridoxine Hydrochloride) | 10 mg | Tablete | Regjistruar |
| 53 | Calcium gluconate - | 10%-10 ml | Ampule | Regjistruar |
| | GJAKU DHE ORGANET E HEMOPOJEZES | MET E HEMOPOJEZES | | |
| 54 | Warfarin sodium | 3mg | Tablete | Regjistruar |
| 55 | Warfarin sodium | 5mg | Tablete | Regjistruar |
| 56 | Heparine sodium | 25 000 UI - 5 ml | Flakon | Regjistruar |
| 57 | Heparine Sodium | 25 000IU | Ampule | Regjistruar |
| 58 | Dalteparin | 5000 UI - 0.2 ml | shiringe | Regjistruar |
| 59 | Dalteparin | 5000IU - 0.2ml | Shiringe | Regjistruar |
| 60 | Enoxaparinum sodium | 4000 UI - 0.4 ml | Shiringe | Regjistruar |
| 61 | Enoxaparinum sodium | 6000 UI - 0.6 ml | shiringe | Regjistruar |
| 62 | Enoxaparinum sodium | 8000 UI - 0.8 ml | shiringe | Regjistruar |
| 63 | Nadroparine calcium | 5700 UI - 0.6 ml | Shiringe | Regjistruar |
| 64 | Nadroparine calcium | 3800 UI - 0.4 ml | Shiringe | Regjistruar |
| 65 | Clopidogrel | 75 mg | Tablete | Regjistruar |
| 66 | Clopidogrel | 300 mg | Tablete | Regjistruar |
| 67 | Aspirin (Acetylsalicylic Acid) | 100 mg | Tablete | Regjistruar |
| 68 | Dipyridamole | 75 mg | Tablete | Regjistruar |
| 69 | Tirofiban | 0.25mg/ml-50ml | Flakon | Pa regjistruar |
| 70 | Streptokinase | 1.5 Milion Unite | Ampule | Paregjstruar |
| 71 | Aiteplase > | 20 mg - 20 ml | Flakon | Regjistruar |
| 72 | Alteplase | 50 mg - 50 ml | Flakon | Regjistruar |
| 73 | Rivaroxaban | 10 mg | Ampule | Regjistruar |
| 74 | Rivaroxaban | 10 mg | Tablete | Regjistruar |

| | | | | |
|-----|---|---------------------------------------|---|---------------|
| 75 | Acid tranexamic | 500 mg - 5 ml | Ampule | Regjistruar |
| 76 | Phytomenadion | 15%-1 ml | Ampule | Paregjistruar |
| 77 | Remifentanyl | 2 mg / 5 ml | amp. | Regjistruar |
| 78 | Remifentanyl | 1 mg / 3 ml | amp. | Regjistruar |
| 79 | Faktori VII | 900IU+800IU Von Wilebrandfaktor | Flakon +Solvent | Regjistruar |
| 80 | Faktori VIII | 450 IU/ml+400 IU Von Wilebrand faktor | Flakon +Solvent 5 ml | Regjistruar |
| 81 | Faktori VIII | 250 IU/ml, 500UI/ml, 1000UI/ml | 1 vial + 1 syringe; 1 vial + 1 vial solv. | Regjistruar |
| 82 | Faktori IX | 250 UI, 500UI/ml, 1000UI/ml | 1 vial + 1 solv.5 ml | Regjistruar |
| 83 | Ferrous sulphate | 100 mg-5ml | Ampule | Regjistruar |
| 84 | Ferrous sulphate | 100 mg | Tablete | Regjistruar |
| 85 | Ferro polimaltosado | 375 mg/100mg/5ml | Flakon/ora l | Regjistruar |
| 86 | Ferro polimaltosado | 50mq/30 ml | Flakon | Paregjistruar |
| 87 | Vitamine B2 (Cyanocobalamine) | 100 meg -1 ml | Ampule | Regjistruar |
| 88 | Vitamine B12 (Cyanocobalamine) | 500 meg -1 ml | Ampule | Regjistruar |
| 89 | Acid folic | 5mq | Tablete | Regjistruar |
| 90 | Acid folic + Sufat Fe | 1mg+90mg | Tablete | Regjistruar |
| 91 | Human Albumine | 5% (0.05gr) - 500 ml | Flakon | Regjistruar |
| 92 | Pentastarch in sodium chloride {Poly (0-2-hydroxyethyl) starch (hydroxyethylstarch, hes medium molecular) degree of 0.55 average molecular weight mw 200 000 + sodiiumsubstitution 0.43 - 0.55 average molecular weiaht mw 200 000 + sodium | 10%-500ml | Flakon | Regjistruar |
| 93 | Mannitol XS^AV / | 250 ml | Flakon | Regjistruar |
| 94 | Sodium Chloride jf | 0.9% - 250 ml | Flakon | Regjistruar |
| 95 | Sodium Chloride "AII- | 0.9% - 500 ml | Flakon | Regjistruar |
| 96 | Sodium lactate + Sodium Chloride + Potassium Chloride + KCl x 2H2O | 500 ml | Flakon | Regjistruar |
| 97 | Sodium bikarbonate | 8.4%-10 ml | Ampule | Regjistruar |
| 98 | Antihemophilic Factor, Recombinant moroctocog alfa | 250UI (puder+tretes per injection) | fl. | Regjistruar |
| 99 | Antihemophilic Factor, Recombinant moroctocog alfa | 500 UI (puder+tretes per injection) | fl. | Regjistruar |
| 100 | Antihemophilic Factor, Recombinant moroctocog alfa | 1000 UI (puder+tretes per injection) | fl. | Regjistruar |
| 101 | Antihemophilic Factor, Recombinant moroctocog alfa | 2000 UI (puder+tretes per injection) | fl. | Regjistruar |
| 102 | Coagulation factor IX (recombinant) | 250UI (puder+tretes per injection) | fl. | Regjistruar |
| 103 | Coagulation factor IX (recombinant) | 500 UI (puder+tretes per injection) | fl. | Regjistruar |
| 104 | Coagulation factor IX (recombinant) | 1000 UI (puder+tretes per injection) | fl. | Regjistruar |
| 105 | Coagulation factor IX (recombinant) | 2000 UI (puder+tretes per injection) | fl. | Regjistruar |
| 106 | Bemiparine sodium | 3500UI | fl. | Regjistruar |
| 107 | Bemiparine sodium | 2500UI | fl. | Regjistruar |

| | | | | |
|-----|-------------------------------|--------------------|---------|---------------|
| 108 | Bemiparine sodium | 5000UI | fl. | Regjistruar |
| 109 | Omerpazole | 40 mg | | Regjistruar |
| 110 | Glucose | 5% - 250 ml | Flakon | Regjistruar |
| 111 | Glucose | 5% - 500 ml | Flakon | Regjistruar |
| 112 | Glucose | 40%-10 ml | Ampule | Regjistruar |
| 113 | Potassium chloride | 7.5%-10 ml | Ampule | Regjistruar |
| 114 | Potassium chloride | 2Meq/ml (15%)-10ml | Ampule | Regjistruar |
| 115 | Magnezium sulfate | 25%-10 ml | Ampule | Regjistruar |
| 116 | Calcium chloride | 10%-10 ml | Ampule | Regjistruar |
| 117 | Hyaluronida | 1500 UI-2 ml | Ampule | Regjistruar |
| | SISTEMI KARDIOVASKULAR | | | |
| 118 | Digoxin | 0.25 mg | Tablete | Regjistruar |
| 119 | Lanatoside C | 0.02% - 2 ml | Ampule | Regjistruar |
| 120 | Disopyramide | 100 mg | Tablete | Paregjistruar |
| 121 | Propafenon | 35 mg-10 ml | Ampule | Regjistruar |
| 122 | Propafenon | 150 mg | Tablete | Regjistruar |
| 123 | Flecainide acetat | 100 mg | Ampule | Paregjistruar |
| 124 | Amiodaron | 150 mg/3ml | Ampule | Regjistruar |
| 125 | Amiodaron | 200 mg | Tablete | Regjistruar |
| 126 | Isoprenalind | 0.2 mg - 1 ml | Ampule | Paregjistruar |
| 127 | Dobutamine hydrochloride | 250 mg - 20 ml | Flakon | Regjistruar |
| 128 | Dopamine | 50 mg - 5 ml | Ampule | Regjistruar |
| 129 | Dopamine | 200 mg - 5 ml | Ampule | Regjistruar |
| 130 | Adrenaline | 0.1 %-1 ml | Ampule | Regjistruar |
| 131 | Levosimedan | 5 ml | Ampule | Paregjistruar |
| 132 | Nitroglicerine | 5 mg-1.5 ml | Ampule | Regjistruar |
| 133 | Nitroqlicerine | 0.3 mg | Tablete | Regjistruar |
| 134 | Glyceryl Trinitrate | 2 mq, 4 mg | Tablete | Regjistruar |
| 135 | Isosorbide Dinitrate | 10 mg | Tablete | Regjistruar |
| 136 | Isosorbide mononitrate | 40 mg | Tablete | Regjistruar |
| 137 | Ranolazine | 500 mg | Tablete | Regjistruar |
| 138 | Ranolazine' | 375 mg | Tablete | Regjistruar |
| 139 | Methyldopa | 250 mg | Tablete | Regjistruar |
| 140 | Moxonidine | 0.4 mq | Tablete | Reqjistruar |
| 141 | Hydralazin | 20 mg | Flakon | Pareqjistruar |
| 142 | Hydroclorthiazide | 25 mq | Tablete | Reqjistruar |
| 143 | Furosemide | 40 mg | Tablete | Reqjistruar |
| 144 | Furosemide | 1%/2 ml | Ampule | Reqjistruar |
| 145 | Torasemide | 10mq/2ml | Ampule | Reqjistruar |
| 146 | Torasemid© | 10 mg | Tablete | Reqjistruar |
| 147 | Spironolaktone | 25 mg | Tablete | Regjistruar |
| 148 | Polidocanol, | 2 % - 2 ml | Ampule | Paregjistruar |
| 149 | Metoprolol | 100 mq | Tablete | Regjistruar |
| 150 | Atenolol | 100 mg | Tablete | Regjistruar |
| 151 | Bisopropol | 10 mg | Tablete | Regjistruar |
| 152 | Nebivolol hydrochloride | 5mg | Tablete | Reqjistruar |
| 153 | Nebivolol hydrochloride | 5mg + 12.5 mg | Tablete | Reqjistruar |
| 154 | Nebivolol hydrochloride | 5 mq + 25 mq | Tablete | Reqjistruar |
| 155 | Labetalol | 100 mg-10ml | Ampule | Regjistruar |
| 156 | Carvedilol | 12.5 mg | Tablete | Regjistruar |

| | | | | |
|-----|--|-------------------------------------|---------|--------------|
| 157 | Amlodipine | 10 mg | Tablete | Regjistruar |
| 158 | Nifedipine Retard (Prolonqet release) | 20 mg, | Tablete | Regjistruar |
| 159 | Nifedipine | 10 mg | Tablete | Regjistruar |
| 160 | Lercanidipine | 10 mg | Tablete | Regjistruar |
| 161 | Verapamil hydrochloride | 80 mg | Tablete | Regjistruar |
| 162 | Verapamil | 5 mg/2 ml | Ampule | Paregjstruar |
| 163 | Diltiazem hydrochloride | 60 mg | Tablete | Regjistruar |
| 164 | Enalapril | 20 mg | Tablete | Regjistruar |
| 165 | Ramipril + Felodipine | 2.5 mg + 2.5 mg | Tablete | Regjistruar |
| 166 | Ramipril | 10 mg | Tablete | Regjistruar |
| 167 | Ramipril + Felodipine | 5 mg + 5 mg | Tablete | Regjistruar |
| 168 | Zofenopril | 30 mg • | Tablete | Regjistruar |
| 169 | Losartan | 100 mg | Tablete | Regjistruar |
| 170 | Eprosartan | 600 mg. | Tablete | Regjistruar |
| 171 | Valsartan + amlodipin + HCL | 80+5+25 mg | Tablete | Regjistruar |
| 172 | Valsartan + amlodipin + HCL | 160+5+25mg | Tablete | Regjistruar |
| 173 | Valsartan | 160 mg | Tablete | Regjistruar |
| 174 | Irbesartan + Hydrochlortiazid | 150 mg + 12,5 mg | Tablete | Regjistruar |
| 175 | Irbesartan + Hydrochlortiazid | 300 mg + 12,5 mg | Tablete | Regjistruar |
| 176 | Irbesartan + Hydrochlortiazid | 300 mg + 25 mg | Tablete | Regjistruar |
| 177 | Irbesartan | 150 mg | Tablete | Regjistruar |
| 178 | Irbesartan | 300 mg | Tablete | Regjistruar |
| 179 | Olmesartan | 40 mg | Tablete | Regjistruar |
| 180 | Olmesartan + Hydrochlortiazid | 20 mg + 12.5 mg | Tablete | Regjistruar |
| 181 | Aliskiren I | 150 mg | Tablete | Regjistruar |
| 182 | Fluvastatine | 40 mg | Kapsule | Regjistruar |
| 183 | Fenofibrate | 160 mg | Tablete | Regjistruar |
| 184 | Ciprofibrate | 100 mg | Kapsule | Regjistruar |
| | BARNAT DERMATOLOGJIKE | | | |
| 185 | Acid fucidik | 2%-15gr | Tubet | Regjistruar |
| 186 | Acid fucidik + hydrocortisone acetat | 2%+1%- 30 gram | Tubet | Regjistruar |
| 187 | Ketoconazole | 2% -15 gram | Tubet | Regjistruar |
| 188 | Prometazine | 25 mg | Tablete | Regjistruar |
| 189 | Prometazine | 2.5%/2 ml | Ampule | Regjistruar |
| 190 | Povidone Jodine | 10%- 1000 ml | Flakon | Regjistruar |
| | Barna hormonale sistemike , hormonet seksuale | | | |
| 191 | Nistatine | 100 000 UI | Shurup | Regjistruar |
| 192 | Methylergometrine Maleate | 0.2 mg/ml | Ampule | Regjistruar |
| 193 | Ritodrine | 50 mg/ml | Flakon | Paregjstruar |
| 194 | Proqresterone | 2.5%- 1ml | Ampule | Regjistruar |
| 195 | Dydroqesterone | 10 mg | Tablete | Regjistruar |
| 196 | Oxytocin | 10 UI / 1ml | Ampule | Regjistruar |
| 197 | Octreotide | Sol per injeksion 50mikrogram/ml | Ampule | Regjistruar |
| 198 | Dexamethasone sodium phosphate | 5mg/1 ml | Ampule | Regjistruar |
| 199 | Dexamethasone sodium phosphate | 4 mg/1 -ml | Ampule | Regjistruar |
| 200 | Methylprednisolone | 40 mg - ml | Flakon | Regjistruar |
| 201 | Methylprednisolone | 4mg | Tablete | Regjistruar |
| 202 | Prednisolone | 25 mg/2ml | Ampule | Paregjstruar |
| 203 | Levothyroxine sodium | 100 meg | Tablete | Regjistruar |

| | | | | |
|-----|---|---------------------|---------|--------------|
| 204 | Propylthiouracil | 50 mg | Tablete | Regjistruar |
| | Barna Anti - Infektive te pergjitheshme | | | |
| 205 | Doxycycline | 100 mg | Tablete | Regjistruar |
| 206 | Chloramphenicol | 1 gram | Flakon | Regjistruar |
| 207 | Ampicilline sodium | 1 gram | Flakon | Regjistruar |
| 208 | Amoxicilline + acid clavulonic | 1 gr + 125 mq | Ampule | Regjistruar |
| 209 | Amoxicilline + acid calvulonic | 1.2 qr | Flakon | Regjistruar |
| 210 | Piperacilline | 2 gr/4 ml | Flakon | Regjistruar |
| 211 | Piperacilline + Tazobactam | 4 qr + 500 mq | Flakon | Regjistruar |
| 212 | Benzylpenicillin (Penicillin G) | 800 000 UI | Flakon | Regjistruar |
| 213 | Flucloxacillin | 250 mq | Flakon | Regjistruar |
| 214 | Flucloxacillin | 500 mg | Flakon | Regjistruar |
| 215 | Cefalexime | 500 mg | Kapsule | Regjistruar |
| 216 | Cefazoline sodium | 1 gram | Flakon | Regjistruar |
| 217 | Cefuroxime | 1500 mg | fl | Regjistruar |
| 218 | Cefuroxime sodium | 750 mg | Ampule | Regjistruar |
| 219 | Cefotaxime sodium | 1 qram | Flakon | Regjistruar |
| 220 | Ceftazidime | 1 qram | Flakon | Regjistruar |
| 221 | Ceftriaxone | 1 gram | Flakon | Regjistruar |
| 222 | Ceftriaxone | 2 qram | Flakon | Regjistruar |
| 223 | Cefixime | 100 mg/5ml- 100 ml | Flakon | Regjistruar |
| 224 | Cefepime | 1 qram | Flakon | Regjistruar |
| 225 | Cefepime | 2 gram | Flakon | Regjistruar |
| 226 | Doripenem | 500 mq | Flakon | Regjistruar |
| 227 | Imipenem + Cilastatine | 500 mg+500 mg/20 ml | Flakon | Regjistruar |
| 228 | Sulphadiazini argenticum | 1 %-50 qram pomade | Tubet | Regjistruar |
| 229 | Sulfamethoxazole + trimethoprim | 800mq + 160mq | Tablete | Regjistruar |
| 230 | Erythromicine | 250 mq | Tablete | Regjistruar |
| 231 | Erythromicine | 500 mg | Tablete | Regjistruar |
| 232 | Clarithromycin | 500mg | Flakon | Regjistruar |
| 233 | Azithromycin | 250 mg | Tablete | Regjistruar |
| 234 | Azithromycin | 500 mg | Flakon | Regjistruar |
| 235 | Clindamycine | 300 mg | Tablete | ^Regjistruar |
| 236 | Clindamycine | 150 mg - 1 ml | Ampule | Regjistruar |
| 237 | Gemcitabine | 200 mg | fl | Regjistruar |
| 238 | Gemcitabine | 1000 mq | fl | Regjistruar |
| 239 | Gentamycin sulphate | 20 mq/2 ml | Ampule | Regjistruar |
| 240 | Gentamycin sulphate | 40 mg/2 ml | Ampule | Regjistruar |
| 241 | Gentamycin sulphate | 80 mg/2 ml | Ampule | Regjistruar |
| 242 | Neomycine + bacitracine | 30 gram pomade | Tubet | Regjistruar |
| 243 | Amikacine sulphate | 500 mg - 2 ml | Flakon | Regjistruar |
| 244 | Amikacine sulphate | 1 gram | Flakon | Regjistruar |
| 245 | Ciprofloxacin | 500 mg | Tablete | Regjistruar |
| 246 | Ciprofloxacin | 100ml/200 mg | fl | Regjistruar |
| 247 | Ciprofloxacin | 100 mg/10ml | Ampule | Regjistruar |
| 248 | Rufloxacin | 200 mq | Tablete | Regjistruar |
| 249 | Levofloxacin | 500 mg | Tablete | Regjistruar |
| 250 | Levofloxacin | 5mg/ml- 100ml | Flakon | Regjistruar |
| 251 | Moxifloxacin | 400 mq - 250 ml | Flakon | Regjistruar |
| 252 | Nalidixic Acid | 500 mq | Tablete | Regjistruar |

| | | | | |
|-----|--|-----------------------------------|-----------------|---------------|
| 253 | Cinoxacine | 500 mg | Tablete | Regjistruar |
| 254 | Vankomicyne | 500 mg | Flakon | Regjistruar |
| 255 | Vancomycine | 1 gram | Flakon | Regjistruar |
| 256 | Teicoplanine | 400 mg | Flakon | Regjistruar |
| 257 | Colistimethate sodium | 1 MUI | Ampule | Regjistruar |
| 258 | Acid fusidik | 2%-15 gram | Tubet | regjistruar |
| 259 | Acid fusidik + Hydrocortison | 2% + 1%30gram krem | Tubet | regjistruar |
| 260 | Meropenem | 10 x500mg | fl | |
| 261 | Metronidazole | 500 mq -100 ml | Flakon | Regjistruar |
| 262 | Nitrofurantoin | 100 mg | Tablete | Regjistruar |
| 263 | Deflazacort | 6mq | Tablete | Regjistruar |
| 264 | Daptomycin | 350 mg | Tablete | Regjistruar |
| 265 | Daptomycin | 500 mq | Tablete | Regjistruar |
| 266 | Amphotericine B | 50 mg | Flakon | Pareqjistruar |
| 267 | Ketoconazole | 200 mg | Tablete | Reqjistruar |
| 268 | Fluconazole | 400 mg-100 ml | Flakon | Regjistruar |
| 269 | Fluconazole | 150 mg | Kapsule | Regjistruar |
| 270 | Intraconazole | 100 mg | Kapsule | Regjistruar |
| 271 | Rifampicine | 300 mg | Tablete | Regjistruar |
| 272 | Aciclovir | 400 mg | Tablete | Regjistruar |
| 273 | Aciclovir | 250 mq - ml | Flakon iv | Reqjistruar |
| 274 | Acyclovir | 8%-100 ml | Flakon | Reqjistruar |
| 275 | Ribavirine | 200 mg | Tablete | Regjistruar |
| 276 | Tenefovir | 300 mg | Tablete | Reqjistruar |
| 277 | Viper venom antiserum | 5 ml | Ampule | Pareqjistruar |
| 278 | Human normal imunoglobulin | 5%-100 ML | Flakon | Reqjistruar |
| 279 | Human plasma proteins thereof immunoglobulin at least 95% + immunoglobulin m igm + immunoglobulin a (iga) + immunoglobulin g ('99) | (50 mg + 6 mg + 6 mg + 38 mg)/1 m | 50 ml, 100 | Reqjistruar |
| 280 | Human normal imunoglobulin | 165mg/ml | Flakon | Reqjistruar |
| 281 | Tigecycline | flakone per injeksion | fl | Regjistruar |
| 282 | Linezolid | Sol per IV 300 mg/2 ml | fl | Regjistruar |
| 283 | Linezolid | 600 mg | tab. | Regjistruar |
| 284 | Voriconazole | sol per IV 200 mg | fl | Regjistruar |
| 285 | Human anti D-Rh imunoglobulin | 1500UI-2 ml | Ampule | Regjistruar |
| 286 | Human anti D-Rh imunoglobulin | 625 UI/ml-1ml | Ampule | Regjistruar |
| 287 | Human antitetanus immunoglobulin | Sol. for inj. x 250IU | shiringe | Regjistruar |
| 288 | Diphtheria Immunoglobulins | 10 000UI | Ampule | Pareqjistruar |
| 289 | Human anti D-Rh imunoglobulin | 1250 UI -2ml | Flakon | Regjistruar |
| 290 | Serum antitetanik (SAT) | 1500 UI | Ampule | Regjistruar |
| | BARNAT ANTINEOPLAZIKE DHE IMUNOSUPRESORE | | | |
| 291 | Pentostatin | 10mg | Flakon | Pareqjistruar |
| 292 | Etanercept | 50 mg | pen | Regjistruar |
| 293 | Bortezomib | 3.5 mg/vial | Ampule | Regjistruar |
| 294 | Lenograstim | 13.4 MIU | Flakon | |
| 295 | Lenograstim | 33.6 MUI | Flakon | Pareqjistruar |
| 296 | Interferon Alfa-2 Beta | 18MIU | Flakon | Regjistruar |
| 297 | Peqinterferon Alfa-2 Alfa | 180 meg | Pre-filled syr. | Regjistruar |
| 298 | Peqinterferon Alfa-2 Beta | 150 meg | Ampule | Regjistruar |

| | | | | |
|---------------------------------|--|--------------------------------|----------|----------------|
| 299 | Interferon alfa-2A | 4.5MIU/0.5 ml | Shiringe | Regjistruar |
| 300 | Interferon alfa-2A | 18 MIU-0.6 ml | Kartrixh | Regjistruar |
| 301 | Infliximab | 100 mg | Ampule | Paregjistruar |
| 302 | Leflunomide | 100 mg | Tablete | Reqjistruar |
| 303 | Leflunomide | 20 mq | Tablete | Reqjistruar |
| 304 | Adalimumab | 40 mg | Pen | Paregjistruar |
| 305 | Tocilizumab | 20 mg-10ml | Flakon | Reqjistruar |
| SISTEMI MUSKULO-SKELETIK | | | | |
| 306 | Indometacine | 100 mg | Supost | Regjistruar |
| 307 | Diclofenac sodium '1 | 100 mq | Tablete | Regjistruar |
| 308 | Deksketoprofen | 50mg-2ml | ampule | Reqjistruar |
| 309 | Etodolac | 400 mg | Tablete | Reqjistruar |
| 310 | Ketorolac | 20 mg/ml -10ml | flakon | Reqjistruar |
| 311 | Ketorolac Tromethamine | 30 mq/ml -1 ml | Ampule | Reqjistruar |
| 312 | Ketoprofen sale di lisina | 160 mg/2ml | Ampule | Reqjistruar |
| 313 | Piroxicam | 20mg/ml 1 ml | Ampule | Regjistruar |
| 314 | Meloxicam | 15 mg -1.5 ml | Ampule | Regjistruar |
| 315 | Ibuprofen | 100mq/5ml | Flakon | Reqjistruar |
| 316 | Ibuprofen | 100mg/5ml 200ml | Flakon | Reqjistruar |
| 317 | Ibuprofen | 400 mg | Tablete | Regjistruar |
| 318 | Naproxen | 500 mg | Tablete | Regjistruar |
| 319 | Diclofenac sodium | 25 mg/ml - 3 ml | Ampule | Regjistruar |
| 320 | Suxamethonium | 50 mq / 5 ml | Ampule | Paregjistruar |
| 321 | Suxamethonium | 100 mq/2ml | Ampule | Paregjistruar |
| 322 | Pancuronium bromide | 4 mg - 2 ml | Ampule | Paregjistruar |
| 323 | Febuxostat | 80 mg | Tablete | regjistruar |
| 324 | Ibandronic acid | 3 mg - 3ml | Shiringe | Reqjistruar |
| 325 | Zoledronic acid | 0.05 mg/ml -100 ml | Flakon | Reqjistruar |
| SISTEMI NERVOR | | | | |
| 326 | Isofluran | 100 ml | Flakon | Regjistruar |
| 327 | Sevofluran | 250 ml | Flakon | Regjistruar |
| 328 | Thiopental | 1 gram | Ampule | Regjistruar |
| 329 | Fentanyl citrate | 0.785 mg-10 ml | Ampule | Regjistruar |
| 330 | Propofol | 10mg-20 ml | Flakon | Regjistruar |
| 331 | Bupivacaine hydrochloride + Adrenaline | (0.5% + 0.0005%) - 20 ml, 50ml | Flakon | Regjistruar |
| 332 | Lidocaine | 2%/50 ml | Flakon | Regjistruar |
| 333 | Ropivacaine | 7.5 ml | Flakon | Pa regjistruar |
| 334 | Morfine | 1%/1 ml | Ampule | Regjistruar |
| 335 | Petidine | 5%-2ml | Ampule | Regjistruar |
| 336 | Tramadol | 100 mg/2ml | Ampule | Regjistruar |
| 337 | Acetylsalicylic acid | 500 mg | Tablete | Regjistruar |
| 338 | Ipidacrine | 5mg/ml-1 ml | ampule | Regjistruar |
| 339 | Ipidacrine | 20mg | Tablete | Regjistruar |
| 340 | Mebicarum | 300mg | Kapsule | Regjistruar |
| 341 | Metamizol sodium | 50 % - 2 ml | Ampule | Regjistruar |
| 342 | Paracetamol | 1000 mg-100ml | Flakon | Paegjistruar |
| 343 | Paracetamol | 1 qr - 6.7 ml | Ampule | Regjistruar |
| 344 | Paracetamol | 500 mq | Tablete | Reqjistruar |
| 345 | Phenobarbital | 15 mq | Tablete | Reqjistruar |

| | | | | |
|-----|----------------------------------|----------------------|----------|--------------|
| 346 | Phenobarbital | 60 mq | Tablete | Regjistruar |
| 347 | Phenobarbital | 10%-2 ml | Ampule | Regjistruar |
| 348 | Clonazepam | 2mg | Tablete | Regjistruar |
| 349 | Carbamazepine | 200 mg | Tablete | Regjistruar |
| 350 | Eslicarbazepine acetate | 800 mg | Tablete | Regjistruar |
| 351 | Valproic acid + sodium valproate | 300 mg | Tablete | Regjistruar |
| 352 | Valproic acid + sodium valproate | 500 mg | Tablete | Regjistruar |
| 353 | Sodium valproate | 5,764/100 ml- 150 ml | Flakon | Regjistruar |
| 354 | Cisatracurium (nimbex) | 10 mg - 5 ml | Amp | Regjistruar |
| 355 | Cisatracurium (nimbex) | 5 mq - 2.5 ml | amp | Regjistruar |
| 356 | Piracetam | 1200 mg | Tablete | Regjistruar |
| 357 | Piracetam | 3g/15 ml | ampule | Regjistruar |
| 358 | Levetiracetam | 500 mq | Tablete | Regjistruar |
| 359 | Levodopa + Carbidopa | 2 g+0.5 g - 100 ml | kartrixh | Regjistruar |
| 360 | Chlorpromazine | 2,5%/2 ml | Ampule | Reg]istruar |
| 361 | Haloperidol | 10 mg | Tablete | Regjistruar |
| 362 | Haloperidol | 20 mg/10ml | Flakon | Regjistruar |
| 363 | Haloperidol | 50mg/1 ml | Ampule | Regjistruar |
| 364 | Haloperidol | 0.5 % - 1 ml | Ampule | Regjistruar |
| 365 | Sertindole | 16 mg | Tablete | Regjistruar |
| 366 | Sertindole | 20 mg | Tablete | Regjistruar |
| 367 | Sertindole | 12 mg - | Tablete | Regjistruar |
| 368 | Zuclopenthixol | 25.mg | Tablete | Regjistruar |
| 369 | Zuclopenthixol decanoate | 200mg/ml | Ampule | Regjistruar |
| 370 | Zuclopenthixol acetate | 50 mg/ml | Ampule | Regjistruar |
| 371 | Clozapine | 100 mg | Tablete | Regjistruar |
| 372 | Olanzapine | 10 mg/Flakon | Flakon | Regjistruar |
| 373 | Olanzapine | 10 mg | Tablete | Regjistruar |
| 374 | Lithium carbpicum | 250 mg | Tablete | Regjistruar |
| 375 | Amisulpridei | 100 mg | Tablete | Regjistruar |
| 376 | Amisulpride | 200 mg | Tablete | Regjistruar |
| 377 | Amisulpride | 400 mg | Tablete | Regjistruar |
| 378 | Risperidon | 1 mg/ml 30 ml | Flakon | Regjistruar |
| 379 | Risperidon | 2mg | Tablete | Regjistruar |
| 380 | Risperidon | 25 mq | Ampule | Regjistruar |
| 381 | Risperidon | 50 mq | Ampule | Regjistruar |
| 382 | Risperidon | 37.5 mq | Ampule | Regjistruar |
| 383 | Paliperidone | 6mq | Tablete | Regjistruar |
| 384 | Paliperidone | 9mq | Tablete | Regjistruar |
| 385 | Paliperidone | 3mq | Tablete | Regjistruar |
| 386 | Diazepam | 0.5 % - 2 ml | Ampule | Regjistruar |
| 387 | Diazepam | 5mg/ml-20 ml | Flakon | Regjistruar |
| 388 | Diazepam + Clidinium bromide | 2 mg + 2,5 mg | Tablete | Paregjstruar |
| 389 | Clorazepate dipotassium | 5mg | Tablete | Regjistruar |
| 390 | Lorazepam | 2.5 mg | Tablete | Regjistruar |
| 391 | Lorazepam | 1 mq | Tablete | Regjistruar |
| 392 | Bromazepam | 2.5 mg - 20 ml | Flakon | Regjistruar |
| 393 | Alprazolam | 0.75 mg/ml - 20 ml | Flakon | Regjistruar |
| 394 | Zolpidem | 10 mg | Tablete | Regjistruar |
| 395 | Buspirone | 10 mg | Tablete | Regjistruar |

| | | | | |
|-----|---|--------------------------|---------|---------------|
| 396 | Midazolam | 15 mg/3 ml | Ampule | Regjistruar |
| 397 | Calcium bromide | 10%-10 ml | Ampule | Paregjistruar |
| 398 | Amitryptiline hydrochloride + Perphenazine | (25 + 4) mg; (25 + 4)mg | Tablete | Regjistruar |
| 399 | Fluoxetine | 20 mg | Tablete | Regjistruar |
| 400 | Citalopram | 40mg/ml -15 ml | Flakon | Regjistruar |
| 401 | Fluvoxamine | 100 mg. | Tablete | Regjistruar |
| 402 | Escitalopram | 10 mg | Tablete | Regjistruar |
| 403 | Escitalopram | 20 mq | Tablete | Regjistruar |
| 404 | Methylphenidate | 36 mg | Tablete | Regjistruar |
| 405 | Methylphenidate | 18 mg | Tablete | Regjistruar |
| 406 | Methylphenidate | 56 mg | Tablete | Reqjistruar |
| 407 | Caffeine sodium benzoate | 20%-1 ml | Ampule | Regjistruar |
| 408 | I Piracetam | 800 mg | Tablete | Regjistruar |
| 409 | Piracetam | 1200 mg | Tablete | Regjistruar |
| 410 | Piracetam I | 3 g-15 ml | Ampule | Regjistruar |
| 411 | Citicoline | 500mg/4ml | Ampule | Regjistruar |
| 412 | Neostigmine bromide | 0.05%/1 ml | Ampule | Regjistruar |
| 413 | Choline Alfoscerate | 400 mq | Tablete | Reqjistruar |
| 414 | Choline Alfoscerate | 1000mq/4ml | Ampule | Regjistruar |
| | Barnat Antiparazitare | | | |
| 415 | Mebendazole | 100 mq | Tablete | Reqjistruar |
| 416 | Albendazole | 400 mg | Tablete | Paregjistruar |
| | SISTEMI RESPIRATOR | | | |
| 417 | Salbutamol | 4mg | Flakon | Regjistruar |
| 418 | Salbutamol | 100 meg | Flakon | Regjistruar |
| 419 | Salbutamol sulphate | 5mq/ml-20 ml sol | Flakon | Regjistruar |
| 420 | Theophilline+ethylenediamine | 2.5%(0.202G+0.505G)-10ml | Ampule | Regjistruar |
| 421 | Aminophylline | 350 mg | Tablete | Regjistruar |
| 422 | Aminophylline dihydrate | 250 mg/10ml | Ampule | Regjistruar |
| 423 | Aminophylline dihydrate | 12%-2ml | Ampule | Regjistruar |
| 424 | Bromhexine hydrochloride | 4mg/5ml-100 ml | Flakon | Regjistruar |
| 425 | Bromhexine hydrochloride | 8mg | Tablete | Regjistruar |
| 426 | Ephedrine Chloridrate + hidrobromide glaucine | 4.6 mg+5.75 mg | fl | |
| 427 | Palivizumab | 100mg/flakon | Flakon | Regjistruar |
| 428 | Levocetirizine | 5mg | Tablete | Regjistruar |
| 429 | Ketotifen | 1 mg | Tablete | Regjistruar |
| 430 | Fexofenadine | 180 mg | Tablete | Regjistruar |
| 431 | Fexofenadine | 120 mg | Tablete | Regjistruar |
| | ORGANET E SHQISAVE | | | |
| 432 | Tobramycine | Colir 3 mg/ml -5 ml | Flakon | Regjistruar |
| 433 | Tobramycine + Dexamethasone | Colir4mg/ml-5ml | Flakon | Regjistruar |
| 434 | Ciprofloxacin | Colir 0.3%/5 ml | Flakon | Regjistruar |
| 435 | Dexamethasone + Neomycin + Polimyxin B Sulphate | Ung oftalmik 3.5 gram | Tubet | Regjistruar |
| 436 | Betamethasone+Chloramfenikol | Colir 0.2% +0.5%-5ML | Flakon | Regjistruar |
| 437 | Pilocarpine | Colir 2%/10 ml | Flakon | Regjistruar |
| 438 | Atropine sulphate | Colir 1 %/10 ml | Flakon | Regjistruar |
| 439 | Oxybuprocaine | Colir 0.4%-10 ml | Flakon | Regjistruar |
| | TE NDRYSHME | | | |

| | | | | |
|-----|---|----------------------------|---------|---------------|
| 440 | Nalorphine | 5 mg/1 ml | Ampule | Paregjistruar |
| 441 | Protamine sulfat | 10000 UI-10 ml | Ampule | Paregjistruar |
| 442 | Protamine sulfat | 50 mg / 5 ml | Ampule | Regjistruar |
| 443 | Peptide (Proteolytic peptidfraction derivate from protein of porcine brain) | 215.2 mg/ml-5ml, 10ml, | Ampule | Regjistruar |
| 444 | Na+K+Cl+Ca+Mg+P+Fe+Zn+Cu+Mn+I+F+Cr+Mo+Se +Vit A+beta carotin+Vit D3+Vit E+Vit K1+Vit B1+Vit B2+Niacin+Vit B6+Vit B12+Pantothenic acid+VitC+Choline* | 500 ml | Flakon | Regjistruar |
| 445 | Furaginum | 50 mg | Capsule | Regjistruar |
| 446 | Adenosine triphosphate | 10mg-2ml | Ampule | Paregjistruar |
| 447 | Ipidacrine J | 50 mg | Ampule | Regjistruar |
| 448 | Amino-acid infusion {l-isoleucine + l-leucine + l-lysine + l-methionine + acetyl cysteine + l-phenylalanine + l-threonine +l- tryptofan + l-valine + l-arginine + l-histidine + l-alanine + glycine + ^proline + l-serine + l-tyrosine + n-alvcyl-l- tyrosine} | 5 % - 500 ml | Flakon | Regjistruar |
| 449 | Electrolyte and trace element preparation {chromic chloride + cooper chloride + ferio chloride + manganese chloride + potassium iodide + sodium fluoride + sodium molybdate + sodium selenite + zinc chloride} ' | 10 ml | Ampule | Regjistruar |
| 450 | Trace element preparation {zinc chloride + cooper chloride + mangane chloride + sodium selenite + sodium fluoride + potassium iodide} | 10 ml | Ampule | Regjistruar |
| 451 | Beractant ^x | 8 ml | Ampule | Paregjistruar |
| 452 | Catalase \ r | 800000UI/100gr gel x 50 gr | Tubet | Regjistruar |
| 453 | Meglumin antimoniat \ | 1.5 g/5 ml | Ampule | Paregjistruar |
| 454 | Glucose + Intralipid + Alanine + Arginine* | 1440 ml | Flakon | Regjistruar |
| 455 | Sojoe oleum + EGG Lecithin + Glycerol* | 20% - 500 ml | Flakon | Regjistruar |
| 456 | Isoleucine + Leucine + Lysine acetate + Methionine +Phenylalanine + Threonine + Tryptophan + Valine +Arginine + Histidine + Alanine + Glycine + Proline +Serine + Tyrosine + Taurine* | 5%-/500 ml | Flakon | Regjistruar |
| 457 | Metacolina chloride | 6mg | Ampule | Regjistruar |
| 458 | Amino-acid, carbohydrate, lipid, and electrolyte infusion glucose + intralipid + (vamin 18 novum + alanine + arginine + lysine hcl + sodium acetate trihydrate + glycine + leucine + phenylalanine + valine + histidine + proline + potassium chloride + glutamic acid + proline + potassium chloride + glutamic acid + isoleucine + methionine + threonine + sodium glycerophosphate hydrated + serine + aspartic acid + magnesium sulphate heptahydrate + tryptophane +calcium chloride dihydrate + tyrosine. | 1440 ml | Flakon | Regjistruar |
| 459 | Elektrolite | 500 ml | fl | Regjistruar |
| 460 | Elektrolite+ glukoze | 500 ml | fl | Regjistruar |
| 461 | Solucion Aminoacid 10% | 500 ml | fl | Regjistruar |
| 462 | Solucion Aminoacid 10% me elektrolite | 500 ml | fl | Regjistruar |
| 463 | Solucion aminoacid 15% | 500 ml | fl | Regjistruar |
| 464 | Solucion Aminoacid 15% me elektrolite | 500 ml | fl | Regjistruar |
| 465 | Aminoacide | 500 ml | fl | Regjistruar |

| | | | | |
|-----|---|---|----|-------------|
| 466 | Sodium chloride+Potassium chloride+calcium chloride 2H ₂ O+magnezium chloride 6H ₂ O+sodium acetate 3H ₂ O+trisodium citrate 2 H ₂ O+ uje per injeksion | (6.4 g+0.75g+0.48g+0.3g+3.9 g+ 1.7g) 500 ml | fl | Regjistruar |
| 467 | Oxaliplatine | 10ml x 50 mg | fl | Regjistruar |
| 468 | Irinocetan | 5 ml/100 mg | fl | Regjistruar |
| 469 | Halotan | 250 ml. | fl | Regjistruar |

7.5 List of Pharmaceuticals for Cancer Services 2013

Barnat citostatike 2013

| Nr. | Principi aktiv | Forme/ doza | Njesia |
|-----|----------------------------|----------------|----------|
| 1 | Acid folonic | 50mg | fl. |
| 2 | Acid zoledronik | 4mg | fl. |
| 3 | Bleomycine | 15 mg | fl. |
| 4 | Gapecitabin (xeloda) | 500mg/2ml | tab |
| 5 | Qspaltine | 50mg/50ml | fl. |
| 6 | Cyclofosfamid | 500 mg | fl. |
| 7 | Dacarbazien | 100 mg | fl. |
| 8 | Docetaxel | 80 mg/2ml | fl. |
| 9 | Doxorubicine | 50 mg | fl. |
| 10 | Etoposid | 100 mg/5ml | fl. |
| 11 | Filgastrim (neupogen) | 300 mg/0.5ml | amp. |
| 12 | Fluorouracil | 500mg/ 10ml | fl. |
| 13 | Interferon a-2B | 18 mlU | fl. |
| 14 | Methotrexat | 50 mg | fl. |
| 15 | Neorocormon | 300000 UI | shiringe |
| 16 | Ondansetron | 4mg | fl. |
| 17 | Qxaliplatine | 50mg | fl. |
| 18 | Paclitaxel | 100mg/16.6ml | fl. |
| 19 | Paclitaxel (taxol) | 150 mg/30 ml | fl. |
| 20 | Rituximab (Mabthera) | 100mg/50ml | fl. |
| 21 | Rituximab (Mabthera) | 500 mg/ 50ml | |
| 22 | Tramsuxumab (herceptine) | 150 mg | fl. |
| 23 | Vinblastine | 10mg/ ml | fl. |
| 24 | Vincristine | 1mg | fl. |
| | | | |
| 1 | Bevacizumab (avastine) | 400mg/ 16ml | fl. |
| 2 | Carboplatine | 150mg/5ml | fl. |
| 3 | Epirubicin | 50mg/25ml | fl. |
| 4 | Epirubicin | 100mg | fl. |
| 5 | Erlotinib (tarceva) | 150mg | fl. |
| 6 | Everolimus | 5mg | tab |
| 7 | Gemcitabine | 1gr | fl. |
| 8 | Gemcitabine | 200mg | fl. |
| 9 | Gosorelin (zoladec) | 10.8 mg | shiringe |
| 10 | Ifosfamid | 1gr | fl. |
| 11 | Ifosfamid | 200mg/ml | fl. |
| 12 | Imatinib (glivec) | 100 mg | tab |
| 13 | Irinotecan (Campto) | 100mg/5ml | fl. |
| 14 | Lapatinib | 150 mg | tab |
| 15 | Mesna | 1gr | fl. |
| 16 | Mesna | 200 mg | fl. |
| 17 | Mitomicine | 10mg | fl. |
| 18 | Mitoxantrone | 20mg/ 10ml | fl. |
| 19 | Pemetrexed (Alimta) | 500 mg | fl. |
| 20 | Polonosetron Hydrochloride | 50mg | tab |
| 21 | Polonosetron Hydrochloride | 0.25 mg/5ml IV | fl |
| 22 | Sorafenib (nexavar) | 200 mg | tab |
| 23 | Sunitinib (sutent) | 50 mg | tab |
| 24 | Topotekan | 4mg | fl. |
| 25 | Vinorelbim | 50mg/5ml | fl. |

7.6 List of Pharmaceuticals for Regional and District Hospitals 2013

Lista bamave/rrethet 2013

| Nr. | Principi aktiv | Forme/ doza | Njesia |
|-----|---|----------------------|----------|
| | Metabolizmi dhe trakti tretes | | |
| 1 | Acid ascorbic | 5% - 2 ml | amp. |
| 2 | Atropine | 0.1% - 1 ml | amp. |
| 3 | Butyiscopalomide bromide | 20 mg - 1ml | amp. |
| 4 | Calcium chloride | 10% - 10 ml | amp. |
| 5 | Calcium gluconate | 10% - 10 ml | amp. |
| 6 | Domperidone | 10 mg | tab. |
| 7 | Drotaverine hydrochloride | 40 mg - 2 ml | amp. |
| 8 | Drotaverine hydrochloride | 40 mg | tab. |
| 9 | Esomeprasol magnezium trihidrat | 44.5 mg | tab. |
| 10 | Glibenclamide | 2mg | tab. |
| 11 | Hyaluronidaze | Pluhur injekX1500 IU | amp. |
| 12 | Insuline biphasic izophane 25/75 | 100 IU- ml/3 ml | cope |
| 13 | Insuline biphasic izophane 30/705 | 100 UI/ml - 3 ml | cope |
| 14 | Insuline Glargine | 100 UI/ml- 3 ml | cope |
| 15 | Insuline izophane | 100 IU - ml/3 ml | cope |
| 16 | Insuline neutrale + cartridge | 100 IU/3ml | cope |
| 17 | Insuline As part | 100UI/ml-3 ml | Cope |
| 18 | Insuline Glulisine | 100 UI/ml-3 ml | Cope |
| 19 | Insuline izophane | 100IU-ml/3 ml | Cope |
| 20 | Insuline (25 % dissolved +75 % izophane) | 100IU-ml/3 ml | Cope |
| 21 | Insuline (30 % dissolved +70 % izophane) | 100IU- ml/3 ml | Cope |
| 22 | Insuline Glargine | 100 UI/ml - 3 ml | Cope |
| 23 | Humalog quick pen lispro | 100UI/ml-3ml | pen |
| 24 | Humalog quick pen mix | mix x 25 | pen |
| 25 | Humalog quick pen mix | mix x 50 | pen |
| 26 | Insuline neutrale | 100 IU - ml/3 ml | cope |
| 27 | Intereferon alfa-2B | 18 milione IU | s hiring |
| 28 | Lipaze +amilaze +protease | 10000 NJ.N | caps. |
| 29 | Lipaze +amilazc +protease | 25000 NJ.N | caps. |
| 30 | Magnezium sulfate | 25% - 10 ml | amp. |
| 31 | Metformine | 500 mg | tab. |
| 32 | Metforminc | 850 mg | tab. |
| 33 | Metoclopramid Hydrochloride | 10 mg | tab. |
| 34 | Metoclopramid Hydrochloride | 10 mg - 2 ml | amp. |
| 35 | Na+K+Cl+Ca+Mg+P+Fe+Zn+Cu+Mn+I + F+Cr+Mo+Se+Vit A+beta carotin+Vit D3 +Vit E +Vit K1 +Vit B1 +Vit B2+Niacin+Vit B6+Vit B12+Pantothenic acid+VitC+Choline* | 500 ml | fl |
| 36 | Omeprazol | 20 mg | caps. |
| 37 | Pantoprasole | 40 mg | amp. |
| 38 | Pegintron alfa-2B | 150 mcL | shiringe |
| 39 | Potassium chloride | 7.5% - 10 ml | amp. |
| 40 | Pyridoxine hydrochloride | 5% - 2 ml | amp. |
| 41 | Pyridoxine hydrochloride | 10 mg | tab. |
| 42 | Ranitidine | 150 mg | tab. |
| 43 | Ranitidine hydrochloride | 50 mg - 5 ml | amp. |
| 44 | Sodium bikarbonate | 8.4% - 10 ml | amp. |

| | | | |
|--|--------------------------------|------------------|----------|
| 45 | | | |
| 46 | Thiamine Hydrochloride | 10 mg | tab. |
| 47 | Thiamine Hydrochloride | 5 %/l ml | amp. |
| 48 | Somatostatine | 3 mg | Flakon |
| 49 | Acid nalidiksik | 500 mg | tab. |
| 50 | Dydrogesterone | 10 mg | tab |
| 51 | Methyleig;omctrine Maleate | 0.2 mg/ml | amp. |
| 52 | Misoprostol | 200 meg | tab. |
| 53 | Nitrofurantoine | 100 mg | tab. |
| 54 | Oxytocin | 10 UI / lml | amp. |
| 55 | Progesterone | 2.5 % - lml | amp. |
| Barna hormonale sistemike , hormonet seksuale | | | |
| 56 | Bethamethasone | 4 mg / ml | amp. |
| 57 | Dcxamethasone sodium phosphate | 4 mg/l ml | amp. |
| 58 | Methylprednisolone | 40 mg - ml | flakon |
| 59 | Methylprednisolone | 4mg | tab. |
| 60 | Methylprednisolone | 250mg | amp. |
| Sistemi Kardiovaskular | | | |
| 61 | Acetylsalicilik acid | 100 mg | tab. |
| 62 | Adenosine triphosphate | 10 mg - 2 ml | amp. |
| 63 | Adrenaline | 0.1% - l ml | amp. |
| 64 | Amiodaron | 150 mg/3 ml | amp. |
| 65 | Amiodaron | 200 mg | tab. |
| 66 | Amlodipine | 10 mg | |
| 67 | Atenolol | 100 mg | tab. |
| 68 | Bisopropol | 10 mg | tab. |
| 69 | Caffeine sodium benzoate | 20 % - l ml | amp. |
| 70 | Carvedilol | 12.5 mg | tab. |
| 71 | CJopidogrel | 300 mg | tab. |
| 72 | Digoxine | 0.25 mg | tab. |
| 73 | Diltiazem hydrochloride | 60 mg | tab. |
| 74 | Dipyridamole | 75 mg | tab. |
| 75 | Disopyramide | 100 mg | tab. |
| 76 | Dobutamine hydrochloride | 250 mg - 20 ml | flakon |
| 77 | Dopamine | 50 mg - 5 ml | amp. |
| 78 | Dopamine | 200 mg - 5 ml | amp. |
| 79 | Enalapril | 20 mg | tab. |
| 80 | Enoxaparinum sodium | 6000 UI - 0.6 ml | shiringe |
| 81 | Fenofibrate | 160 mg | tab. |
| 82 | Furosemide | 40 mg | tab. |
| 83 | Furosemidc | 1%/2 ml | amp. |
| 84 | Hydralazin | 20 mg | flakon |
| 85 | Hydroclorthiazide | 25 mg | tab. |
| 86 | Isoprenaline | 0.2 mg - l ml | amp. |
| 87 | Isosorbit Dinitrate | 10 mg | tab. |
| 88 | Isosorbit mononitrate | 40 mg | tab. |
| 89 | l .abetalol | 100 mg - 10 ml | amp. |
| 90 | Lanatocid C | 0.02% - 2 ml | amp. |
| 91 | Losartam | 100 mg | tab. |
| 92 | Meldonium | 500 mg/5 ml | amp. |
| 93 | iMethyldopa | 250 mg | tab. |
| 94 | Nadroparine | 5700 UI- 0.6 ml | amp. |
| 95 | Nadroparine | 3800 UI-0.4 ml | amp. |

| | | | |
|-----------------------------------|---|---------------------|----------|
| 96 | Nifedipine | 10 mg | tab. |
| 97 | Nifedipine retard | 20 mg | tab. |
| 98 | Mtroglicerine | 5 mg - 1.5 ml | amp. |
| 99 | NitrogUcerine | 0.3 mg | tab |
| 100 | Olmesartam + Hydrochlortiazid | 20 mg + 12.5 nig | tab. |
| 101 | Phytomenadion | 15 % - 1 ml | amp. |
| 102 | Propafenon | 150 mg | tab. |
| 103 | Prolamine sulfat | 10000 UI - 10 ml | amp. |
| 104 | Spirolaktone | 25 mg | tab. |
| 105 | Streptokinaze | 1.5 MIU | flakon |
| 106 | Torasemide | 10 mg | tab. |
| 107 | Verapamil | 5 mg/ 2 ml | amp. |
| 108 | Verapamil hydrochloride | 80 mg | tab. |
| Sistemi Muskolo - Skeletik | | | |
| 109 | Acetylsalicylic acid | 500 mg | tab. |
| 110 | Diazepam | 5 % - 20 ml | flakon |
| 111 | Diclofenac sodium | 100 mg | tab. |
| 112 | Diclofenac sodium | 25 mg/ml - 3 ml | amp. |
| 113 | Ibuprofen | 400 mg | tab. |
| 114 | Deksketoprofen | 50mg-2ml | ampule |
| 115 | Ibuprofen | 100mg/ 5ml 200ml | Flakon |
| 116 | Indometacine | 100 mg | supp. |
| 117 | Ketoprofen sale di lisina | 160 mg - 2 ml | amp. |
| 118 | Ketotifen | 1 mg | tab. |
| 119 | Metamizol sodium | 50 % - 2 ml | amp. |
| 120 | Naproxen | 500 mg | tab. |
| 121 | Paracetamol | 1 gr - 6.7 ml | amp. |
| 122 | Paracetamol | 500 mg | tab. |
| 123 | Piroxicam | 20mg/ ml | amp. |
| 124 | Zoledronic acid | 0.05 mg/ml - 100 ml | flakon |
| Sistemi Nervor | | | |
| 125 | Gilcium bromide | 10% - 10 ml | amp. |
| 126 | Carbamazepine | 200 mg | tab. |
| 127 | Cerebrolizine | 215.2 mg 10 ml | amp. |
| 128 | Cerebrolizine | 215.2 mg 5 ml | amp. |
| 129 | Diazepam | 5 mg | tab. |
| 130 | Diazepam | 10 mg/2 ml | amp. |
| 131 | Efedrine chlorhydrat | 50mg/ml | amp. |
| 132 | Efedrine chlorhydrat + hidrobromide leucine | 6.4 mg+5.75 mg | flakon |
| 133 | Levodopa + Carbidopa | 2 g+0.5 g - 100 ml | kartrixh |
| 134 | Phenobarbital | 15 mg | tab. |
| 135 | Phenobarbital | 60 mg | tab. |
| 136 | Phenobarbital | 10 % - 2 ml | amp. |
| 137 | Piracetam | 1200 mg | Tablete |
| 138 | Piracetam | 3 g/ 15 ml | ampule |
| 139 | Sodium valproate | 5764/100 ml- 150 ml | flakon |
| 140 | Valproic acid + sodium valproate | 300 mg | tab |
| Psikiatria | | | |
| 141 | Bromazepam | 2.5 mg - 20 ml | fl. |
| 142 | Chlopromazine | 2,5%/2 ml | amp. |
| 143 | Qilordiazepoxide | 10 mg | tab. |
| 144 | Gonazepam | 2mg | tab. |
| 145 | Qozapine | 100 mg | tab. |

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|-----------------------------|---------------------------------------|--------------------|---------|
| 146 | Fluoxetine | 20 mg | tab. |
| 147 | Fluvoks amine | 100 mg. | tab. |
| 148 | Haloperidol | 10 mg | tab. |
| 149 | Haloperidol | 20 mg/10 ml | fl. |
| 150 | Haloperidol | 0.5 % - 1 ml | amp. |
| 151 | Lithium carbonicum | 250 mg | tab. |
| 152 | Lorazepam | 2.5 mg | tab. |
| 153 | Lorazepam | 1 mg | tab. |
| 154 | Ipidacrine | 5mg/ml- 1ml | ampule |
| 155 | Ipidacrine | 20mg | Tablete |
| 156 | Mebicarum | 300mg | Kapsule |
| 157 | Zolpidem | 10 mg | Tablete |
| 158 | Olanzepine | 10 mg/ flakon | flakon |
| 159 | Olanzepine | 10 mg | tab. |
| 160 | Prometazine | 25 mg | tab. |
| 161 | Risperidon | 2mg | tab. |
| 162 | Risperidon | 25 mg | flakon |
| 163 | Zuclopendixolum decanoate | 200mg/ ml | amp. |
| Anestezi-Reanimacion | | | |
| 164 | Bupivacaine | 10 mg/20 ml | amp. |
| 165 | Cisatracurium (nimbex) | 10 mg - 5 ml | amp. |
| 166 | Qsatracurium (nimbex) | 5 mg - 2.5 ml | amp. |
| 167 | Fentanyl | 0.785 mg - 10 ml | amp. |
| 168 | Halothan | 250 ml | fl. |
| 169 | Heparine sodium | 25 COO UI - 5 ml | flakon |
| 170 | Isofluran | 250 ml | flakon |
| 171 | Lidocaine | 2%/50 ml | fl. |
| 172 | Metamizol sodium | 50%/2 ml | amp. |
| 173 | Midazolam | 15 mg/3 ml | amp. |
| 174 | Morfine | 1%/1 ml | amp. |
| 175 | Nalorphine | 5 mg/1 ml | amp. |
| 176 | Neostigmine bromide | 0.05%/1 ml | amp. |
| 177 | Pancuronium bromide | 4 mg - 2 ml | amp. |
| 178 | Petidine | 5 % - 2 ml | amp. |
| 179 | Propofol | 10 mg - 20 ml | flakon |
| 180 | Suxamethonium | 50 mg / 5 ml | amp. |
| 181 | Suxamethonium | 100 mg/2 m] | amp. |
| 182 | Thiopental | 1 gram | flakon |
| 183 | Thiopental | 1 gram | vial |
| 184 | Tramadol | 100 mg/2 ml | amp. |
| 185 | Elektrolite | 500 ml | fl |
| 186 | Elektrolite+ glukoze | 500mj | fl |
| 187 | Solucion Aminoacid 10% | 500 ml | fl |
| 188 | Solucion Aminoacid 10% me elektrolite | 500 ml | fl |
| 189 | Solucion aminoacid 15% | 500 ml | fl |
| 190 | Solucion Aminoacid 15% me elektrolite | 500 ml | fl |
| 191 | Aminoacide | 500 ml | fl |
| Sistemi Respirator | | | |
| 192 | Aminophylline | 350 mg | tab. |
| 193 | Ammophylline dihydrate | 250 mg/10 ml | amp. |
| 194 | Aminophylline dihydrate | 12 % - 2 ml | amp. |
| 195 | Bromhexinc hydrochloride | 4 mg/5 ml - 100 ml | fl. |
| 196 | Bromhexine hydrochloride | 8mg | tab. |

| | | | |
|--|---|-----------------------|----------|
| 197 | Ephedrine Qiloridrate + hidrobromide glaucine | 4.6 mg+5.75 mg | fl |
| 198 | Fexofenadine | 180 mg | tab. |
| 199 | Levocentrizine dihydrochloride | 5mg | tab. |
| 200 | Prometazine | 2.5%/2 ml | amp. |
| 201 | Salbutamol | 4mg | flakon |
| 202 | Salbutamol | 100 meg | fl. |
| 203 | Salbutamol sulphate | 5mg/ml-20 ml sol | fL |
| 204 | Palivizumab | 100mg/flakon | Flakon |
| Barnat Dermatologjik | | | |
| 205 | Acid fucidik | 2%-15gr | Tubet |
| 206 | Acid fucidik + hydrocortisone acetat | 2%+1%- 30 gram | Tubet |
| 207 | Acid fucidik pomade | 2% / 5 gram | tubet |
| 208 | D iphenylhidramine | 2 % - 20 gram | tubet |
| 209 | Fexofenadine | 120 mg | tab. |
| 210 | Ketoconazol | 2% - 15 gram | tubet |
| 211 | Neomycine + bacitracine | 30 gram pomade | tubet |
| 212 | Retinol palmitat+ergocalchiferol | 350+400 UI /gr- 18 gr | tubet |
| 213 | SulphadLizini argenticum | 1%/50 gram | tubet |
| Barna Anti - Infektive te pergjitheshme | | | |
| 214 | Amikacine sulphate | 1 gram | fl. |
| 215 | Amikacine sulphate | 500mg/2ml | amp. |
| 216 | Amoxicilline + acid clavulonic | 1gr + 125 mg | amp. |
| 217 | Amphotcricine B | 50 mg | flakon |
| 218 | Ampicilline sodium | 1 gram | fL |
| 219 | Benzylpenicillin K+ Procaine benzylpenicillin | 800 000 UI | fl. |
| 220 | Cefazoline sodium | 1 gram | fl. |
| 221 | Cefepime | 2 gram | Flakon |
| 222 | Cefotaxime sodium | 1 gram | fl. |
| 223 | Ceftazidime | 2 gram | fl. |
| 224 | Ceftazidime | 1 gram | fl. |
| 225 | Ceftriaxone | 2 ^ram | fl. |
| 226 | Ceftriaxone | 1 gram | fL |
| 227 | Cefuroxime | 1.5 gram | fl. |
| 228 | Chlarithromycine | 500 mg | amp. |
| 229 | Chloramfenicol | 1 gram | amp. |
| 230 | Gprofloxacin | 500 mg | tab. |
| 231 | Gprofloxacin | 100 mg/10 ml | amp. |
| 232 | Gprofloxacin | 2 mg/ml - 200 ml | fl |
| 233 | Gprofloxacin | 2mg/ml- 100 ml | fl. |
| 234 | Colistimethate sodium | i MLH | vial |
| 235 | Doxycycline | 100 mg | tab. |
| 236 | Deflazon | 6mg | Tablete |
| 237 | Flucomizole | 150 mg | kaps. |
| 238 | Gemcitabine | 200 mg | fl. |
| 239 | Gemcitabine | 1 gram | fl. |
| 240 | Gentamycin sulphate | 20 mg/2 ml | amp. |
| 241 | Gentamycin sulphate | 40 mg/ 2 ml | amp. |
| 242 | Gentamycin sulphate | 80 mg/2 ml | amp. |
| 243 | Human antitetanik imunoglobulin | 250 UI | shiringe |
| 244 | Intraconazole | 100 mg | kaps. |
| 245 | Ketoconazole | 200 mg | tab. |
| 246 | Meropenem | 500 mg | fl. |
| 247 | Meropenem | 1 gram | fL |

| | | | |
|---|---|------------------------|--|
| 248 | Metronidazole | 500 mg - 100 ml | fl |
| 249 | Nistatine | 500 000 UI | tab. |
| 250 | Nistatine | 501 000 UI | ovule |
| 251 | Rifampicine | 300 mg | tab. |
| 252 | Serum antidifteritik | 10 000 UI | amp. |
| 253 | Senim ;mtivipera | 5 ml | amp. |
| 254 | Semm antitetanik (SAT) | 1500 UI | amp. |
| 255 | Trimethropin + Sulfamethoxazole | 160 mg + 800 mg | tab. |
| 256 | Tigecyline | flakone per injeksion | fl |
| 257 | Linezolid | Sol per IV 300 mg/2 ml | fl |
| 258 | Linezolid | 600 mg | tab. |
| 259 | Voriconazole | sol per IV 200 mg | fl |
| 260 | Vankomicine | 500 mg | flakon |
| 261 | Human normal imunoglobulin | 165mg/ ml | Flakon |
| 262 | Human anti D-Rh imunoglobulin | 625 UI/ml-1ml | Ampule |
| 263 | Human anti D-Rh imunoglobulin | 1250 UI - 2ml | Flakon |
| Barnat Antiparazitare + Anti vi rale | | | |
| 264 | Aciclovir | 400 mg | tab. |
| 265 | Aciclovii | 250 mg - ml | fl. iv |
| 266 | Acylovir | 8% - 100 ml | fl. |
| 267 | Mebendazol | 100 mg | tab. |
| 268 | Meglumin antimoniat | 1.5 g/5 ml | amp. |
| 269 | Ribavirine | 200 mg | tab. |
| 270 | Tenefovir | 300 mg | tab. |
| Bama te Organeve Sensoriale | | | |
| 271 | Atropine sulphate | 1%/10 ml pika ne sy | fl. |
| 272 | Betamethasone +Chloramfenikol | 0.2% +0.5% - 5 ML | fl |
| 273 | Dexamethasone + Neomycin + Polimyxin B Sulphate | 3.5 gram | tubet |
| 274 | Solucion Gprofloxacin | 0.3%/5 ml | fl. |
| 275 | Solucion Pilokarpine | 2%/10 ml | fl. |
| 276 | Tobramycine | 3 mg/ ml - 5 ml | fl |
| Gjaku dhe organet formuese te gjakut | | | |
| 277 | Acid folic | 5mg | tab. |
| 278 | Acid folic + Sufat Fe | 1mg+90mg | Tablete |
| 279 | Acid tranexamic | 500 mg - 5 ml | amp. |
| 280 | Aminoacide +elektrolit | 15%-500 nil | fl. |
| 281 | Gefonicid | 1 gr / 25 ml | amp. |
| 282 | Cyanocobalamine | 500 meg - 1 ml | amp. |
| 283 | Dextrose + intralipid(kabiven) | 1440 ml | fl |
| 284 | Faktori IX | 1000 UI | 1 vial + 1 solv. 10 ml |
| 285 | Faktori VIII | 1000 IU/ml | 1 vial + 1 syringe; 1 vial + 1 vial solv |
| 286 | Ferrous sulphate | 100 mg - 5 ml | amp. |
| 287 | Ferrous sulphate | 100 mg | tab. |
| 288 | Frezubine | 500 ml | fl. |
| 289 | Glucose | 5% - 250 ml | fl. |
| 290 | Glucose | 5% - 500 ml | fl. |
| 291 | Glukose | 40% - 10 ml | amp. |
| 292 | Heparine Calcium | 500 IU- 0.5 ml | fl |
| 293 | Heparine Calcium | 12 500 IU | pre-filled |

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|-----|--|---|-----------|
| | | | syr. |
| 294 | Heparine Sodium | 25 000 IU | vial |
| 295 | Hes-steril | 10%- 500 ml | fl. |
| 296 | Human Albumine | 5%(0.05G) - 500 ml | fL |
| 297 | Iz.oleucen +leocin +tirozin(aminoven) | 5%-500 ml | fl. |
| 298 | Mannitol | 20% - 250 ml | fl. |
| 299 | Neprotect | 500 ml | fl. |
| 300 | Remifentanyl | 2 itlg / 5 ml | amp. |
| 301 | Remifentanyl | 1 mg / 3 ml | amp. |
| 302 | Sobean oil+phospholipid +glycerine | 20%- 500 ml | fL |
| 303 | Sodium chloride+Potassium chloride+calcium chloride 2H2o2 +magnezium chloride 6H2O2+sodium acetate 3H2O2+trisodium citrate 2 H2O2+ uje per injeksion | (6.4 g+0.75g+0.48g+0.3g+3.9g+1.7g) 500 ml | fl |
| 304 | Sodium Chloride | 0.9% - 250 ml | fl. |
| 305 | Sodium Chloride | 0.9% - 500 ml | fl. |
| 306 | Sodium lactate + Sodium Chloride + Potassium Chloride + Kd x 2H2O | 500 ml | fL |
| 307 | Potassium chloride | 2Meq/ml (15%)-10ml | Ampule |
| 308 | Antihemophilic Factor, Recombinant moroctocog alfa | 250UI (puder+tretes per injection) | fL |
| 309 | Antihemophilic Factor, Recombinant moroctocog alfa | 500 UI (puder+tretes per injection) | fL |
| 310 | Antihemophilic Factor, Recombinant moroctocog alfa | 1000 UI (puder+tretes per injection) | f1. |
| 311 | Antihemophilic Factor, Recombinant moroctocog alfa | 2000 UI (puder+tretes per injection) | fL |
| 312 | Coagulation factor IX (recombinant) | 250UI (puder+tretes per injection) | fL |
| 313 | Coagulation factor IX (recombinant) | 500 UI (puder+tretes per injection) | fL |
| 314 | Coagulation factor IX (recombinant) | 1000 UI (puder+tretes per injection) | fl. |
| 315 | Coagulation factor IX (recombinant) | 2000 UI (puder+tretes per injection) | fl. |
| 316 | Bemiparine sodium | 3500UI | fL |
| 317 | Bemiparine sodium | 2500UI | fL |
| 318 | Bemiparine sodium | 5000UI | fL |
| 319 | Omerpazole | 40 mg | |
| 320 | Alkool 96% | 1000 ml | fl |
| 321 | Uje oksigjenuar | 3% / 1000 ml | fl |
| 322 | Oxygeen medical | liquid 99.5% | kontainer |
| 323 | Qxygeen medical | gaz 99.5 % | cilinder |

10. REFERENCES

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