

# Patient Insurance centre

Information on patient injuries 1/2021

## **The coronavirus epidemic has many kinds of effects on patient safety**

Thus far, there have been only a few confirmed  
compensable patient injuries



## Data

The report is based on Patient Insurance Centre's patient injury data. All notices of patient injury resolved by the end of August 2021 and in any way related to the coronavirus were reviewed for this report.

## Primary observations

- 1.** By the end of August 2021, the Patient Insurance Centre has issued decisions on 77 notices of patient injury related to the coronavirus.
- 2.** Approximately half of the notices of injury were directly related to the coronavirus, typically testing, assessment of the need for treatment, or vaccination.
- 3.** The notices of injury indirectly related to the coronavirus usually concerned the delay, attributable to the epidemic, of treatment not associated with the coronavirus.



## Notices of patient injury are a window to the changes taking place in healthcare

The coronavirus has affected all sectors of society. In healthcare, the effects have been monumental. New units have been established to treat patients with a coronavirus infection, testing and vaccinating large masses have been set up, and other operations have been scaled back in order to secure the resources required by the epidemic. It has also been essential to learn and organise the treatment of the disease caused by the coronavirus and the symptoms following Covid-19.

Since the beginning of the epidemic, there has been a lot of interest in the potential impacts on patient safety of the coronavirus pandemic. This themed report offers information on the notices of patient injury related to the coronavirus. Patient Insurance Centre handles all notices of patient injury in Finland. Therefore, the patient injury data collected by the Centre offers unique opportunities for preparing statistics and conducting research. The grounds for the compensation of patient injuries, based on law, are valid during the coronavirus epidemic as well.

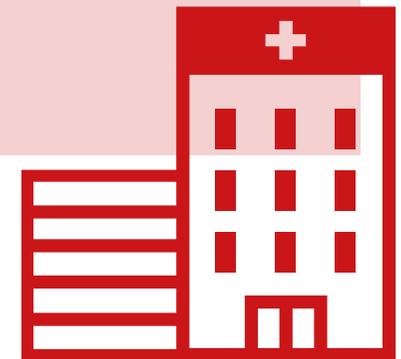
There is always a delay in the accumulation of

patient injury data, which creates challenges in the generation of information. As a rule, the patient has three years to file a notice of injury from the date on which they learned of the injury. Processing the notice of injury also takes time. Therefore, we have received only a fraction of all the notices of injury concerning treatment during the coronavirus epidemic, and of them, only a portion has been resolved. The big picture of the patient injuries related to the coronavirus will not be complete until several years from now.

When the coronavirus epidemic began in the spring of 2020, there was a sharp decline in the number of notices of patient injury. The number of notices of injury started to increase again towards the end of 2020 and continued to grow in the first half of 2021. However, the number of notices received has continued to be lower this year than before the epidemic (link Patient Insurance Centre's Interim Report 2021). It is to be expected that the number of notices of injury as well as the notices of injury related to the coronavirus will increase within the coming months and years.

~ 1 %

of the notices of patient injury resolved between November 2020 and August 2021 was in some way related to the coronavirus.



# Only a few of the notices of injury related to the coronavirus have been compensable patient injuries

A total of 77 notices of injuries related to the coronavirus were resolved by August 31, 2021. Approximately half (51%) of these were directly related to the coronavirus; in other words, the patient had a suspected or diagnosed Covid-19. In the remainder of the cases, the coronavirus epidemic affected the patient's other care, meaning that the notice of injury was only indirectly related to the coronavirus.

Of the resolved notices of injury related to the coronavirus, only 8 (10%) resulted in a favourable compensation decision. Half of them were related to coronavirus testing, one to a coronavirus

infection received in care and the rest to delays in diagnoses or treatment of other illnesses. Within the same timeframe, the average compensation percentage was 24%; in other words, the notices of injury related to the coronavirus resulted in the payment of compensation more rarely than average.

There are several reasons for the low compensation percentage. In accordance with the patient insurance legislation, patient insurance does not cover an injury caused by the delay in treatment if the injury was due to the limitations of healthcare resources and the urgency of care

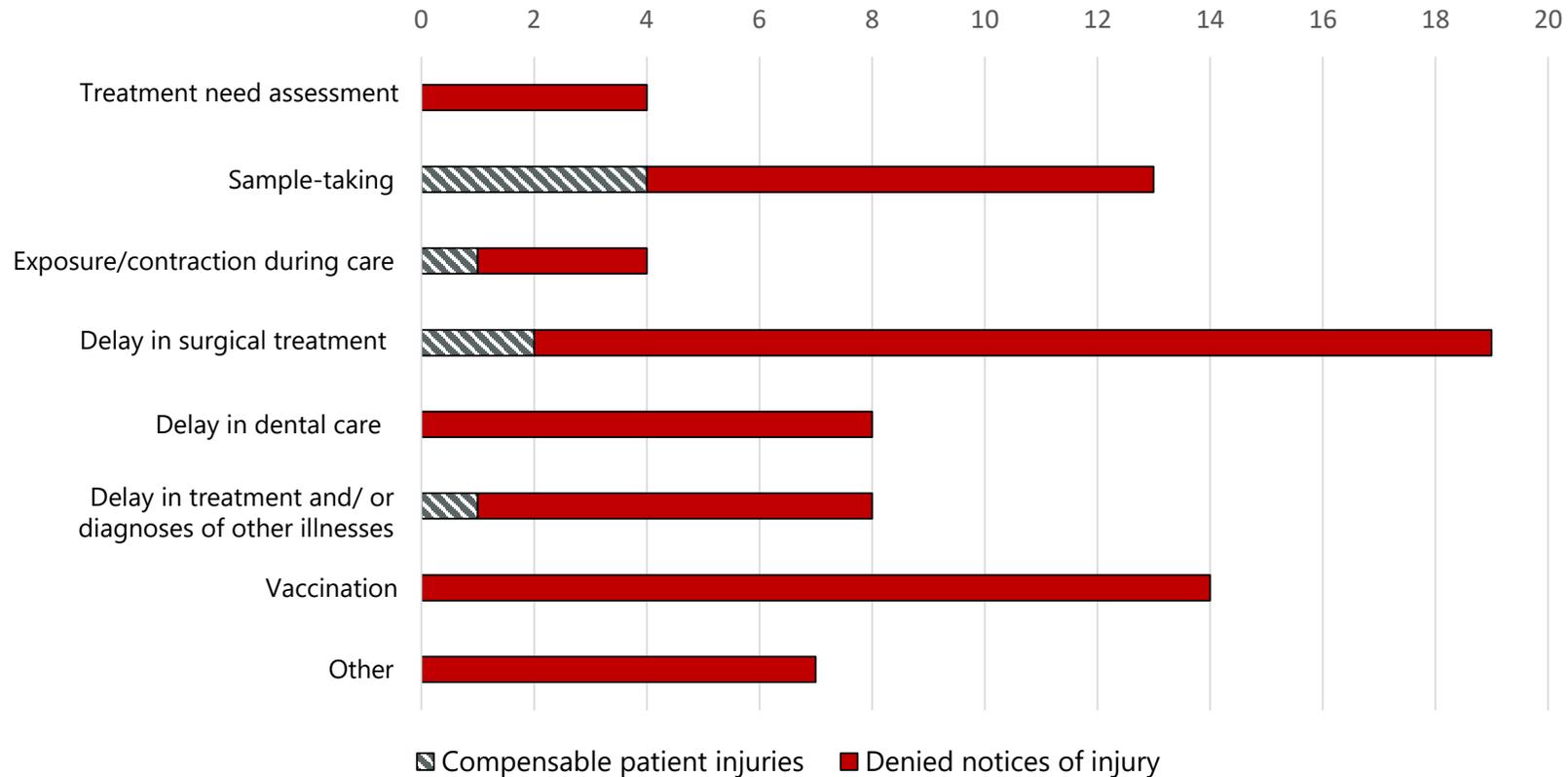
has been evaluated correctly. The notices of injury concerning vaccinations did not result in compensation since they either did not cause a personal injury or they fell under the pharmaceutical injuries insurance. A coronavirus exposure during care also does not entitle the claimant to compensation.

## A total of 77 notices of injuries related to the coronavirus have been resolved

Link between the notice of injury and the coronavirus	Compensable patient injuries	Denied notices of injury	Total
Patient has the coronavirus or is suspected to have contracted it	6	33	39
The coronavirus epidemic has affected the patient's care	2	30	32
The coronavirus epidemic does not have an effect on the patient's care	0	6	6
<b>Total</b>	<b>8</b>	<b>69</b>	<b>77</b>



**Picture 1: The notices of injury related to the coronavirus were most often related to treatment delays, vaccinations and testing**



**Graph data content, picture1:** Treatment need assessment: compensable 0, denied 4, Sample-taking: compensable 3, denied 9, Exposure during care: compensable 1, denied 3, Delay in surgical care: compensable 2, denied 17, Delay in dental care: compensable 0, denied 8, Delay in treatment and/or diagnoses of other illnesses: compensable 1, denied 7, Vaccination: compensable 0, denied 14, Other: compensable 0, denied 7.

## What kind of notices of injury related to the coronavirus have been filed?

The notices of patient injury related to the coronavirus most typically dealt with the treatment needed by the patient being delayed due to the coronavirus epidemic. The number of reported delays in surgical treatment was 19, in dental care 8, and delays in other diagnoses and/or treatment totalled 8. The delay of treatment was the only reason for a notice of injury in individual cases only. Generally, the patient was also dissatisfied with the content of their treatment and/or the adverse effects caused by the treatment. In a few cases, the surgery that the notice of injury concerned had been performed before 2020, and the coronavirus epidemic was considered to have caused additional harm due to it having resulted in a delay in a revision surgery.

Vaccinations were the second most common reason for a notice of injury (n=14). The majority of them (n=10) was related to adverse effects caused by the coronavirus vaccine. The adverse effects of a vaccine administered properly are not compensated for under the patient insurance, and therefore, these notices have been transferred for processing under the pharmaceutical injuries

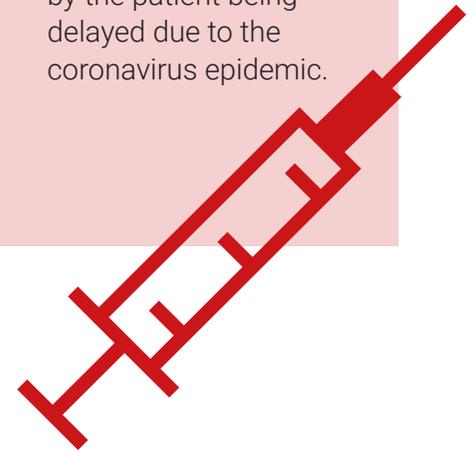
insurance.

The notices of injury concerning sample-taking for testing were the third largest group (n=13). The majority of them dealt with complications of sample-taking or symptoms suspected to have been caused by sample-taking. The most typical adverse effect caused by sample-taking was a nosebleed. If it is likely that the sample-taking was performed appropriately, normal complications do not result in compensation. In a few cases, the test swab had broken and remained in the patient's nose. These injuries have been compensated for as equipment-related bodily injuries. Some notices of injury also concerned a failure to perform a test that the claimant had deemed necessary, or tests having been performed unnecessarily.

The Patient Insurance Centre has received some notices of coronavirus infections during care that have resulted in the death of the patient. With the exception of an individual case, these have not been resolved yet.

### Did you know that...

the notices of patient injury related to the coronavirus most typically dealt with the treatment needed by the patient being delayed due to the coronavirus epidemic.



## Additional information on notices of patient injury related to the coronavirus

### Treatment facility types

Nearly half of the notices of patient injury related to the coronavirus concerned health centres. This is largely explained by the basic healthcare being responsible for coronavirus testing and vaccinations, but delays in diagnosis and treatment, among other things, were also involved. As far as hospitals were concerned, the notices of injury targeted hospitals of all sizes. The share of the private sector is small and considerably smaller than on average within the same timeframe (30%).

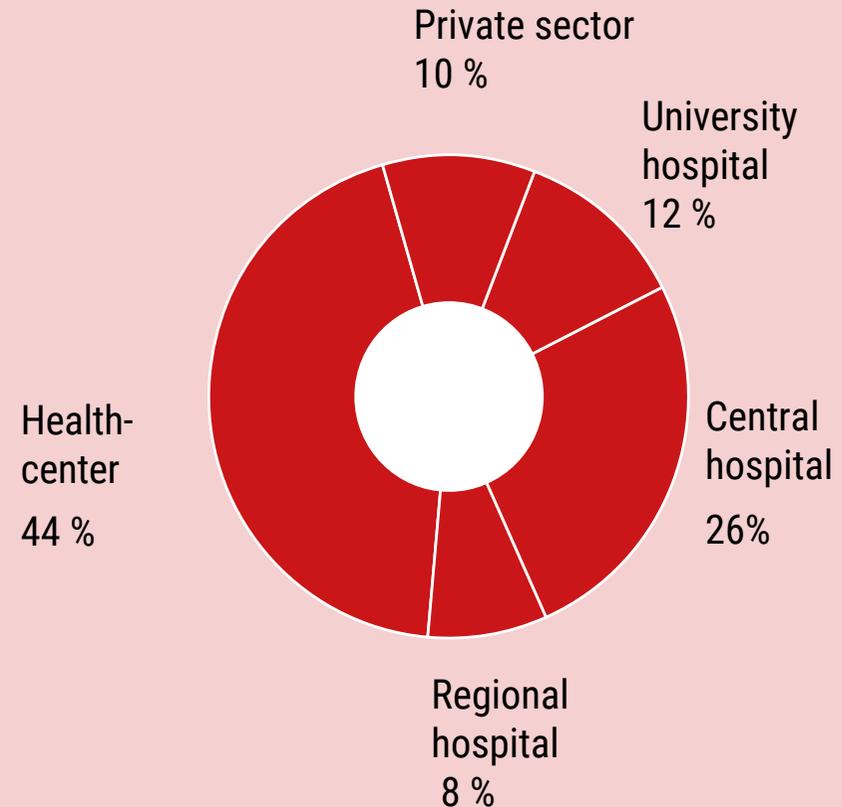
### Regional distribution

The geographical area of the Hospital District of Helsinki and Uusimaa (HUS) accounted for 35% (n=27) of all the notices of injury related to the coronavirus. This is natural since the coronavirus epidemic has hit the HUS area the hardest. Nevertheless, notices of injury were filed in all areas of Finland.

### Patients' age and gender distribution

The average age of the patients was 54 years (the range of 1–95 years). There were only three (4%) notices concerning the care of minors. The claimants over the age of 18 were fairly evenly distributed into the following age groups: 19–29 years, 12%, 30–49 years, 25%, 50–69 years, 34% and over 70 years 26%. Of the patients, 47 (61%) were women.

Picture 2: The coronavirus affects all sectors of healthcare



**Graph data content, picture 2:** Healthcenter = 44%, Private sector = 10%, University hospital = 12 %, Central hospital = 26% ja Regional hospital = 8 %.

## A physician's experiences of the coronavirus: from gloominess to action

Due to the coronavirus epidemic, issues related to medicine and healthcare are being discussed by ordinary people on a daily basis. The crisis has forced individuals, communities and companies to exercise caution in their daily activities to avoid contracting and spreading the virus. The virus has had impacts on the daily lives of nearly all people globally.

For physicians, this has been an interesting period. As the virus reached Finland, we feared we'd be facing the same kind of a horror scenario as some countries in Southern Europe: the healthcare capacity was overwhelmed as coronavirus patients flooded hospitals, new storage solutions had to be arranged for the deceased, and even many healthcare professionals died. Those who survived became burned out in their jobs.

In April 2020, I started working on the front lines, or in an emergency room. That spring, working in emergency medicine at the joint emergency services in Oulu was peculiar. Initially, the emptiness of the emergency room was unprecedented, and we started to worry about serious illnesses being left untreated. During the lack of patients, we

focused on reorganising the emergency services. We divided the rooms, equipment and personnel into the "contaminated" side of infection patients and the "clean" side of the other patients. The goal was to prevent infections among both the patients and personnel.

In the beginning, the information about the methods by which the virus spread were incomplete. I expected us working in the emergency room to inevitably get sick at some point. During the spring, it became evident that the virus does not spread easily via surfaces and that the personal protective equipment provided a fairly good protection.

Hardly anyone thought in the spring of 2020 that we would be combating the virus this long. In reality, the greatest challenges caused by the pandemic to healthcare may still be ahead. Undiagnosed and untreated illnesses, those which do not heal on their own, are now starting to show in the increasing number of people waiting for treatment in the basic healthcare, in particular. The concern about the coping of the professionals is warranted, now that what we thought would be a sprint is turning into an ultra race.



Patient Safety Physician, PIC

” Patient injuries show that the pandemic has increased challenges in the already challenged areas: delays in diagnosis and treatment are the most common patient injuries. The situation is particularly worrisome in the basic healthcare. The lines of people waiting for treatment are getting longer, as the coronavirus continues to consume lots of resources.

# Case examples of notices of patient injuries and claim decisions related to the coronavirus

## Delay in surgical treatment

An endoscopic procedure was performed to remove a patient's infected appendix. After the procedure, the patient developed a ventral hernia, the surgical treatment of which was delayed due to the coronavirus.

The formation of the hernia was not avoidable, but it was a treatment complication that was always a possibility. Due to the limited resources, the hernia could not be treated in the regular schedule. A hernia that is not incarcerated does not require urgent treatment, so no compensation was paid for the delay in surgical treatment.

## Sample-taking

During sample-taking for a coronavirus test, the sampling swab broke and remained in the patient's nose. The patient had to be taken to a hospital for the removal of the swab. The removal procedure caused damage to the mucous membrane of the nose.

The swab should not break during a regular sample-taking procedure. Compensation was paid for the temporary incapacity caused by the broken swab to the patient as an equipment-related injury.

## Assessment of the treatment need

A patient called the medical helpline due to flu symptoms. They were not advised to seek assistance at the emergency room and no coronavirus test was taken. Two days later, the patient arrived at the emergency room for shortness of breath. They were diagnosed with a coronavirus infection and admitted to the hospital.

The coronavirus testing criteria have varied in the different stages of the epidemic. At the time of the case described here, the patient did not meet the testing criteria. Their overall condition was good. Considering the practices at the time, the assessment of the treatment need was appropriate.

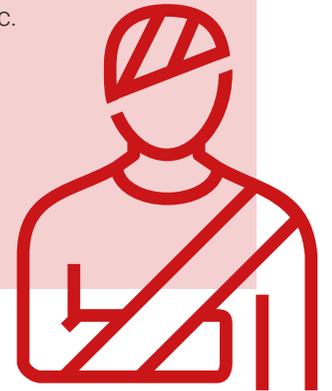
## Vaccination

Soon after receiving the vaccine, the patient experienced a severe rash, fever, listlessness and abdominal problems. They sought assistance at the emergency room due to their symptoms, which caused them temporary incapacity to work.

Administering the vaccine was medically justified and had been carried out appropriately. The adverse effects of a medication or vaccine administered appropriately are not compensated for under the patient insurance. The notice of injury was directed to the pharmaceuticals injuries insurance.

## The typical patient

in notices of injuries related to the coronavirus is a 55-year-old woman whose hip revision surgery has been delayed due to the coronavirus epidemic.



## The big picture of the effects of the coronavirus on patient safety is still incomplete

The coronavirus epidemic may jeopardise patient safety in many ways. An increase in diagnosis and treatment delays has been reported around the world and in Finland. In many areas, professionals have had to perform tasks for which they did not have sufficient experience or training. The basic education of health-care professionals has suffered. The expenses and the medical treatment backlog have increased.

The data collected by the Patient Insurance Centre will be complemented for a long time, and it will take years before the big picture concerning the patient injuries related to the coronavirus will be available. It remains to be seen whether the coronavirus epidemic has increased the number of patient injuries caused by diagnosis and treatment delays. It should also be kept in mind that notices of injury are not filed on all patient injuries. Other sources of information will also be required for assessing patient safety.

Apart from the patient safety threats, the crisis also offers opportunities for improvement. The prevention of infections has improved and telemedicine and other technological possibilities have been harnessed more effectively than before. Various healthcare actors have joined forces and worked together. Learning and achieving changes has become faster.





## More information

Maija Welling

[maiju.welling@vakuutuskeskus.fi](mailto:maiju.welling@vakuutuskeskus.fi)

The Patient Insurance Centre handles all the notices of patient injury concerning medical treatment and health care in Finland. The Patient Insurance Centre decides based on the legislation related to patient injuries whether an injury is a compensable patient injury. It also pays the compensation in accordance with legislation for those entitled to compensation. The Patient Insurance Centre safeguards patients and medical staff and produces information on patient injuries for the use of healthcare providers, insurance companies and patient safety work. Its members include all insurance companies granting patient insurance policies in Finland.

[www.pvk.fi](http://www.pvk.fi)