

Patient Insurance centre

Interim report 1/2021



Patient insurance safeguarding patients and nursing staff

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. The members of the Centre include all the insurance companies granting patient insurance policies in Finland.

Preface

The effects of the coronavirus epidemic showed in the patient injury statistics for the second year in a row in the first half of 2021. In 2020, the number of notices of injury decreased considerably as the number of treatment visits and procedures reduced due to the scaling down of non-urgent care. Patients also cancelled their scheduled treatment appointments, fearing coronavirus contagion, and sought non-urgent care less than before. Towards the end of 2020, the number of notices of injury began to increase again, and the trend continued in the first half of 2021. However, there were still fewer notices of suspected patient injuries than before the epidemic.

Generally, the number of notices of injury follows the number of healthcare treatment visits and procedures. However, there is a delay in how quickly the changes show, since typically, a notice of patient injury is not filed immediately when a suspicion of a patient injury arises: patients can file a notice within three years of the injured party concerned learning of the injury. Therefore, although, according to the information released by THL, the basic healthcare services have already extensively returned to the level of the months and years preceding the epidemic and, according to the Association of Finnish Local and Regional Authorities, the volume of service production in specialised medical care has grown from the previous year as a result of the dissolution of the accumulated medical treatment backlog, this growth is not yet reflected markedly in the number of notices of patient injury.

By the end of June, a total of 4,322 new cases were reported and a total of 4,303 resolutions were issued on the compensability of injuries. Approximately 1 in 4 claimants received a favourable decision with regard to at least one place of treatment. A total of nearly EUR 21 million was paid out in compensation, including the management expenses of claims handling operations. The costs of the injuries to healthcare and society were multiple times higher.

Of the injuries compensated for, more than 90 per cent were injuries that should have been avoided by opting for a different course of action. Therefore, the patient injury statistics and injuries sustained should, in particular, be viewed from the perspective of injury prevention and patient safety.

In addition to the annual and interim reports published annually, the Patient Insurance Centre provides detailed information to hospital districts on the patient injuries occurred in their respective regions to support quality and patient safety efforts. The patient insurance injury data is also available for researchers for purposes that promote patient safety.

Medical treatment and health care always involve risks, and injuries may occur, but mistakes can and should be learned from.

Helsinki, August 2021

Minna Plit-Turunen

Director Patient Insurance Centre

First half of 2021 in figures

Notices of injury

4 %

more year-on-year

Of the claimants,

24,4 %

were granted at least one favourable decision

Costs of the patient insurance system and the compensation paid

20,9 M€

Note

The number of treatment visits and procedures affect the number of reported patient injuries.

Contents

1. Reported patient injuries	4
2. Resolved cases and compensable patient injuries	5
3. Expenses of the patient insurance system and paid compensations by compensation type in 2021.....	7

Guide for reading the figures in the report

Injury statistics are based on the cases reported, registered and resolved during the period under review. Because the statistics are supplemented during the claims handling process, minor deviation may occur in the statistical figures as compared to those of the previous annual reports.

Reported patient injuries

- One notice of injury may pertain to several places of treatment. For insurance-technical reasons, these are registered as separate notices of injury by places of treatment. During the period under review, an average of 1.2 places of treatment were subject to a notice of injury.
- It is sometimes only noticed in connection with the processing of the case of injury that the matter warrants more detailed investigation than what was reported. For this reason, the number of reported cases may increase when the case handling proceeds, and new cases can be registered for the previous injury years as well. For example, when this interim report was compiled, the number of notices of injury registered for 2020 was 8,468, whereas in the 2020 annual report, the number was 8,390.

Resolved cases and compensable patient injuries

- A claim for compensation can be filed within three years of the date when the injured party concerned learned of the injury. Consequently, a case resolved in 2021 may have occurred several years earlier. During the period under review, 86% of the resolved cases had been reported before 2021.
- If the case of injuries reported by the patient pertains to two different places of treatment in only one of which a patient injury is deemed to have occurred, the case will be recorded in statistics both as a rejected and as a compensable case.

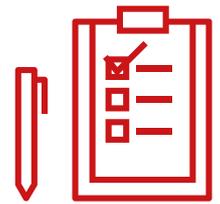
1. Reported patient injuries

The number of reported patient injuries grew by more than 30% during the 2010s. The prolonged upward trend in the number of notices of injury was broken due to the coronavirus pandemic in 2020, with up to 13% fewer notices filed than in the previous year. The number of notices was particularly low in April–August; an average of only 600 per month. Towards the end of 2020, the number of notices of injury began to grow again. The first half of 2021 also saw a considerably higher number of notices filed than during the first months of the epidemic: an average of 720 per month. However, the number was still considerably (an average of 85 notices per month) lower than in the record year of 2019.

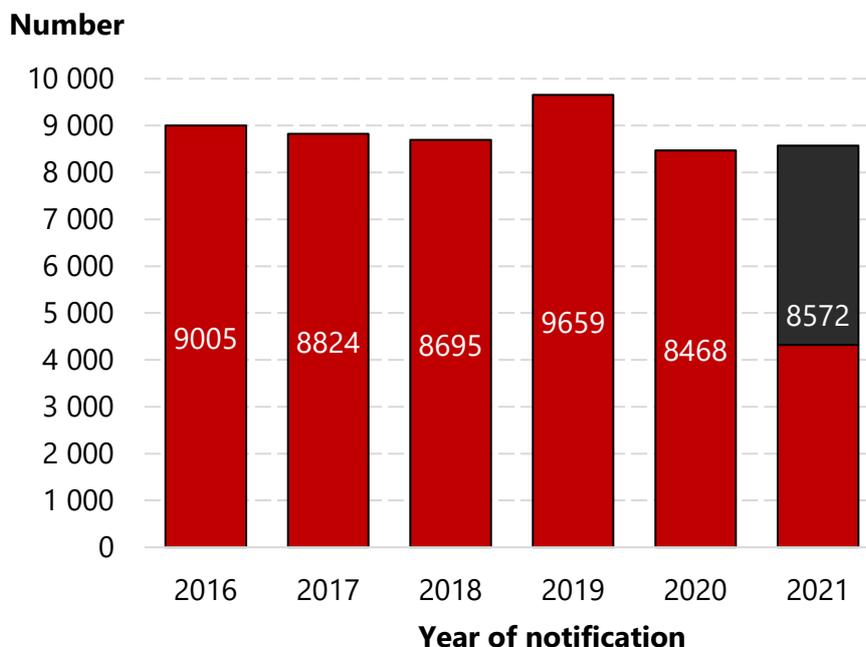
The numbers of notices of injury usually fluctuate according to the overall numbers of treatment visits and healthcare procedures – the more treatment visits and procedures are made, the more potential for patient injuries there is.

In the first half of the year, the basic healthcare services returned to the level of the months and years preceding the coronavirus epidemic and the service production in specialised medical care grew compared to the beginning of 2020, as the medical treatment backlog was being dissolved. This also began to show in the number of notices of patient injury. However, there is, in part, a delay regarding how soon this is reflected in the numbers of the notices of injury, as notices must be filed within three years of the date when the patient learned of the injury. In addition, it should be kept in mind that the notices received in any given year do not cover treatment provided during that specific year only.

In January–June, an average of 720 notices of patient injury were filed per month.



Picture 1. Reported patient injuries 2016-2021 ([graph data content](#))



A slight increase in the number of notices of patient injury in the first half of the year

The number of patient injuries increased in the first half of 2021 from 2020 but did not yet reach the level preceding the coronavirus pandemic.

■ Estimated number of notices of injury received at the end of 2021

■ Received notices of injury

2. Resolved cases and compensable patient injuries

Between 1 January – 30 June 2021, 4,303 reported cases were resolved. Of the resolved cases, 908, or 21.1%, were deemed compensable. Furthermore, in 40 cases, the compensation criteria were deemed to have been met, but the loss was so negligible that no compensation became payable. Approximately 1 in 4 claimants received a favourable decision with regard to at least one case.

The majority of the compensated injuries (92.8% during the period under review) were deemed treatment injuries. In these cases, the compensation criterion is that an experienced health care professional would have acted differently in the situation concerned and thereby avoided the injury. The second most frequent are infection injuries (5.8% during the period under review).

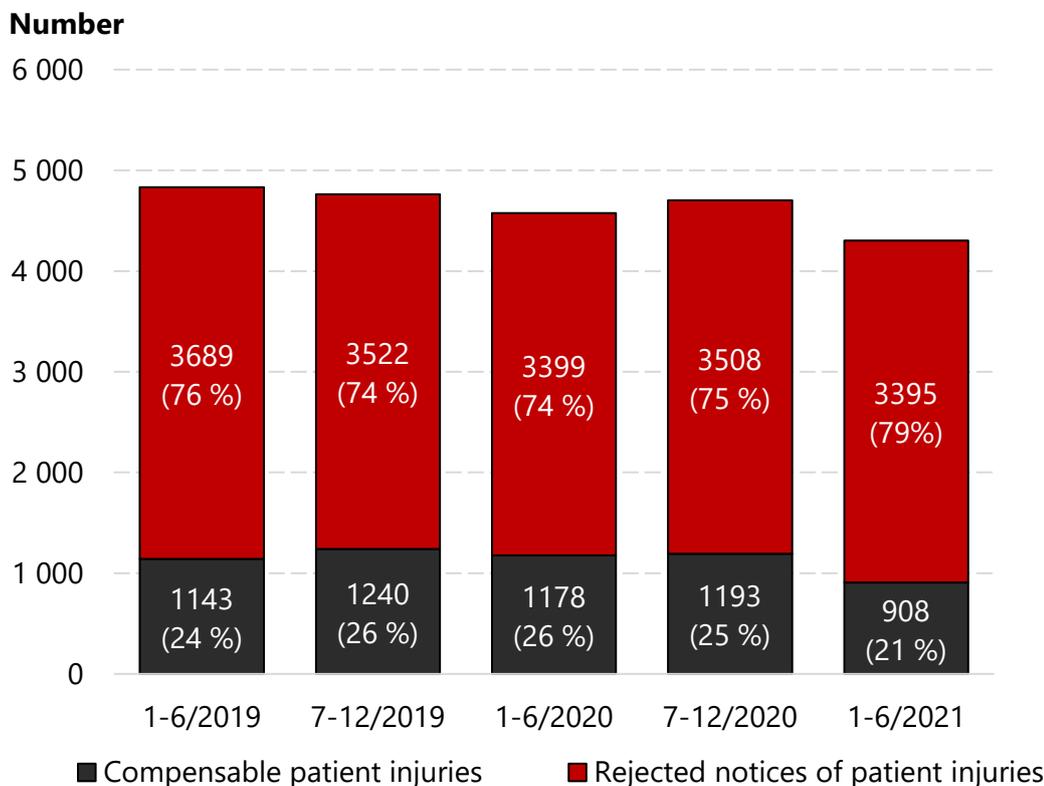
The most common grounds for rejecting a claim were that the reported adverse effect was not deemed to have been caused by the treatment provided. If a causality was observed, the grounds most frequently invoked were that the injury could not have been avoided by opting for a different course of action or that the infection was such that the patient was deemed capable of enduring it as a risk related to a medically justified treatment.

More than nine out of ten compensable injuries were treatment injuries that should have been avoided



Picture 2: Patient injury cases resolved in 2019-2021

[\(graph data content\)](#)



One in four claimants received compensation

The grounds for compensation were met in 22% of cases.

One in four claimants received a favourable decision with regard to at least one place of treatment.

Patient injury cases resolved in 2019–2021 per year of resolution

Claims decision	2019	2020	1-6/2020	1-6/2021
Compensable patient injuries				
Treatment injuries	2225	2171	1068	842
Equipment-related injuries	19	19	10	4
Infection injuries	99	154	82	53
Accident injuries	21	15	10	4
Injuries related to delivery of pharmaceuticals	4	2	1	0
Unreasonable injuries	15	10	7	5
Total	2 383	2 371	1 178	908
Minor patient injuries				
	113	113	57	40
No patient injury				
Unavoidable or tolerable	2459	2349	1096	1172
Other ground for rejection	4639	4445	2246	2183
Total	7 098	6 794	3 342	3 355
Total	9 594	9 278	4 577	4 303
Suhteelliset osuudet	2019	2020	1-6/2020	1-6/2021
Resolved notices of injury				
Compensable patient injuries	24,8 %	25,6 %	25,7 %	21,1 %
Minor patient injuries	1,2 %	1,2 %	1,2 %	0,9 %
No patient injury	74,0 %	73,2 %	73,1 %	78,0 %
Total	100,0 %	100,0 %	100,0 %	100,0 %
Compensable patient injuries				
Treatment injuries	93,3 %	91,6 %	90,7 %	92,8 %
Infection injuries	4,2 %	6,5 %	7,0 %	5,8 %
Accident injuries	0,9 %	0,6 %	0,8 %	0,4 %
Other injuries	1,6 %	1,3 %	1,5 %	1,0 %
Total	100,0 %	100,0 %	100,0 %	100,0 %
No patient injury				
Unavoidable or tolerable	34,6 %	34,6 %	32,8 %	34,9 %
Other ground for rejection	65,4 %	65,4 %	67,2 %	65,1 %
Total	100,0 %	100,0 %	100,0 %	100,0 %

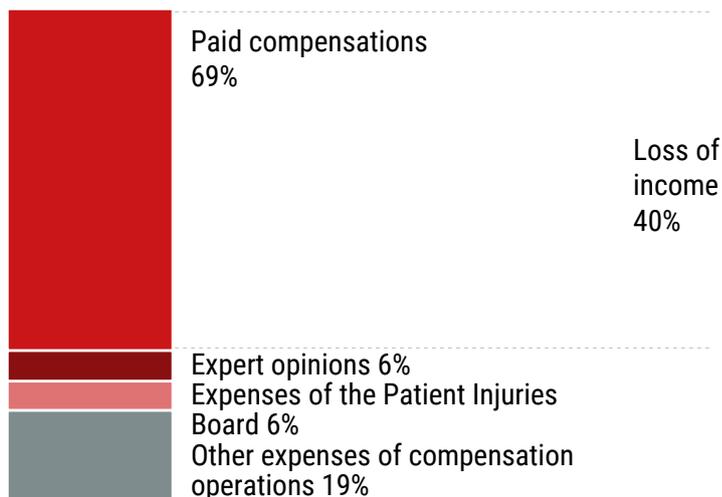
3. Expenses of the patient insurance system and paid compensations by compensation type in 2021

The compensation payable under patient insurance are determined according to the provisions of the Patient Insurance Act and the Tort Liability Act. When compensations are assessed, due consideration is given to the decision practice of the Traffic Accident and Patient Injuries Board (formerly the Patient Injuries Board) and, where applicable, the guidelines on compensation under motor liability insurance.

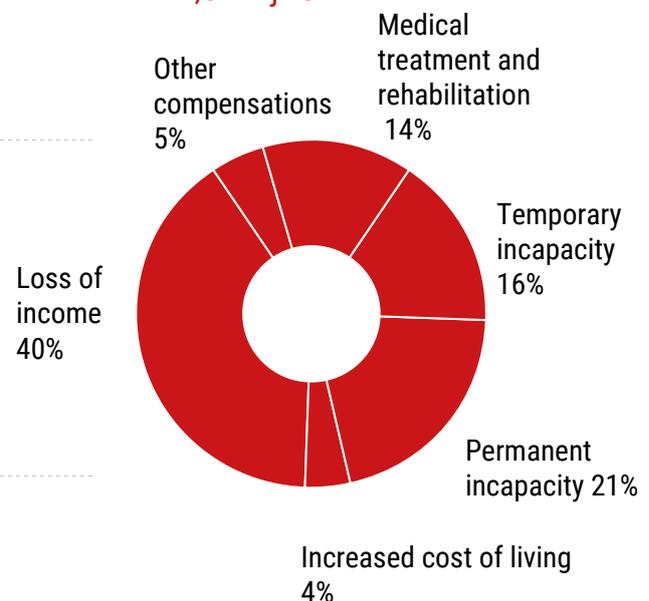
In the first half of 2021, the single largest compensation type, with a share of 40%, was compensation for loss of income. The compensations paid for immaterial loss and damage, i.e. compensation for temporary or permanent incapacity, accounted for slightly more than one third of all compensations paid. Slightly less than a fourth of the compensations covered medical expenses and other expenses. During the period of 1 January – 30 June 2021, a total of EUR 20.9 million, including the management expenses of claims handling operations, was paid out in compensation for patient injuries occurring in different years.

Picture 3: Expenses of the patient insurance system and paid compensations by compensation type ([graph data content](#))

Expenses
20,9 milj. €



Paid compensations
14,5 milj. €





Patient Insurance centre

Contacts

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When quoting information the source must be mentioned.