

**Patient  
Insurance  
centre**

**Interim  
report  
2022**



### **The Patient Insurance Centre safeguards patients and nursing staff**

The Patient Insurance Centre handles all notices of patient injury concerning medical treatment and health care in Finland. The Patient Insurance Centre decides whether an injury is a compensable patient injury based on patient injury legislation. It also pays the compensation in accordance with legislation for those entitled to it. 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 insurance companies granting patient insurance policies in Finland.

# Preface

The current decade has been extraordinary from the point of view of healthcare. The coronavirus pandemic that reached Finland in early 2020, the shortage of nurses, the overloaded healthcare services, the longer wait times for treatment, and the difficulties in getting treatment have all had an effect on the everyday lives of Finns and been debated publicly. At the time of writing this preface, in the summer of 2022, that debate still runs hot.

The changes in healthcare are also reflected in the content and number of notices of patient injuries. The number of treatment visits and procedures decreased when the provision of non-urgent care was decreased in the spring of 2020 and patients cancelled their booked appointments in fear of contracting the coronavirus. This was also reflected in the number of notices of injuries. When the work started on clearing the queues for treatment in 2021 and patients started to actively seek care again, the number of notices of injuries started increasing too. The work on clearing the queues continued in early 2022 as well. There are still some delays in access to treatment and the queues are far from cleared.

The coronavirus disease did not have any significant effect on the number of notices of patient injury. In fact, COVID-19 is only mentioned in 300 notices of injury, and of these, only 10% of resolved claims have met some grounds for compensation. It remains to be seen how the delays in diagnosing serious medical conditions and to the provision of treatment resulting from the decrease in the provision of non-urgent care implemented during the pandemic, and the increase in the size of treatment queues will be reflected in the content and number of injury notices in the future.

It should be kept in mind that injuries resulting from the limited resources available in healthcare are not compensated under patient insurance. Significance cannot be assigned to the conditions and administrative decisions that contribute to the lack of sufficient resources when assessing whether a healthcare professional has performed to the required professional standard in their provision of treatment. Even the most experienced healthcare professional can only provide care within the limits of the resources accessible to them.

In Helsinki, August 2022

**Minna Plit-Turunen**

Director, Patient Insurance Centre

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## Summary

**Average of notices of injury:**

**766 notices/  
month**

i.e. almost the same amount as in 2021.

**Of claimants,**

**26,5 %**

were granted at least one favourable decision.

Costs of the patient insurance system and the compensations paid were

**20,5 M€**

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## Summary

By the end of June, a total of 4,594 new cases were reported and a total of 4,191 resolutions were issued on the compensability of patient injuries.

Slightly more than one in every four claimants received a favourable decision with regard to at least one case.

A total of EUR 20,5 million was paid out in compensation, including the management expenses of claims handling.

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## 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 from previous years 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 healthcare provider. During the period under review, an average of 1.24 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 drafting this interim report, the number of notices of injury recorded for 2021 is 9,176, whereas in the 2021 annual report, the number was 9,026.

### Resolved cases and compensable patient injuries

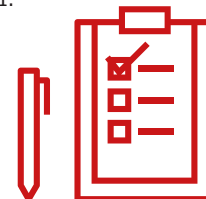
- A claim for compensation can be filed within three years of the date when the injured party learned of the injury. This means that a case resolved in 2022 may have occurred several years earlier. During the period under review, 11% of the resolved cases were reported before 2022.
- If the case of injuries 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

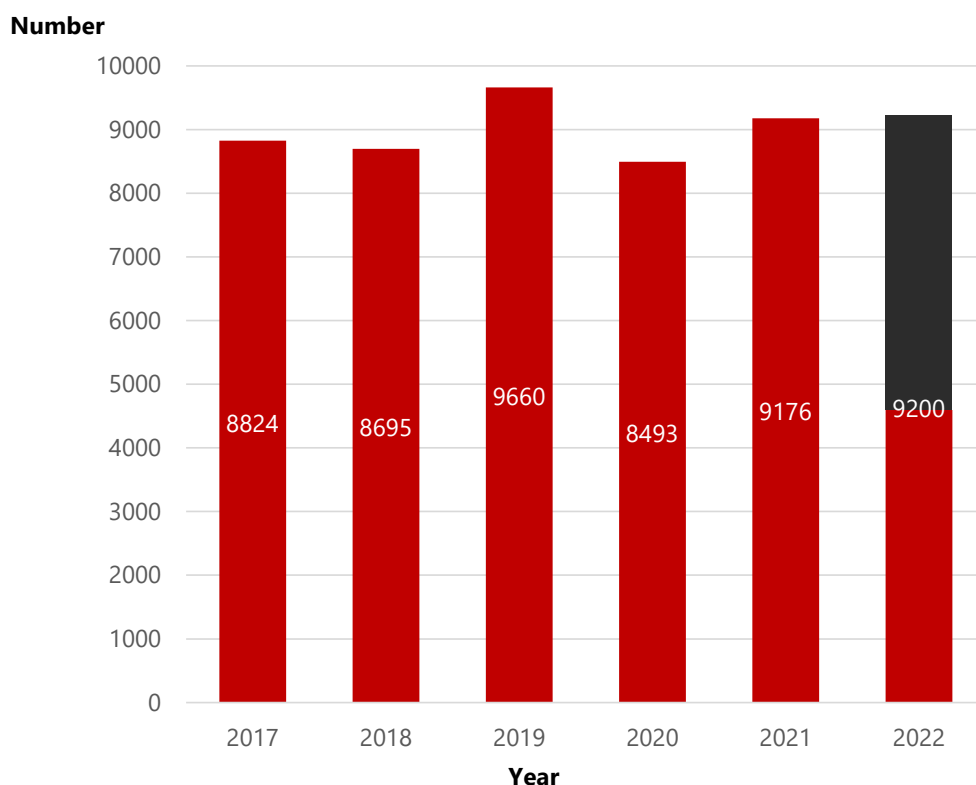
The number of reported patient injuries grew by more than 30% during the 2010s. The long-standing upward trend in the number of notices of injury was broken due to the coronavirus pandemic in 2020, with up to 13% fewer notices filed than in the previous year. In 2021, the number of filed notices of injury started increasing later in the year in particular, and the numbers have kept increasing this year. In the first half of 2022, a total of 766 notices were submitted per month on average, which is nearly the same amount as the monthly average for the entire 2021 (765 notices/month) and notably more than the average for the same period in 2021 (720 notices/month).

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. However, there is, in part, a delay in 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 claimant 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 766 notices of patient injury were filed per month.



**Figure 1. Reported patient injuries 2017–2022** ([The data content of the graph](#))



**Number of notices of injury nearly identical to that of 2021**

In early 2022, on average, the number of filed notices of patient injury each month was nearly identical to that of 2021.

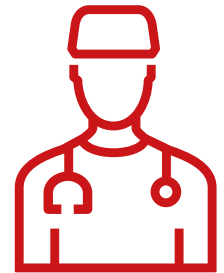
## 2. Resolved cases and compensable patient injuries

Between 1 January and 30 June 2022, 4,191 filed cases were resolved. Of the resolved cases, 965, or 23%, were deemed compensable. Furthermore, in 51 cases, the compensation criteria were deemed to have been met, but the loss was so insignificant that no compensation became payable. Slightly more than one in every four (26.5%) claimants received a favourable decision with regard to at least one case.

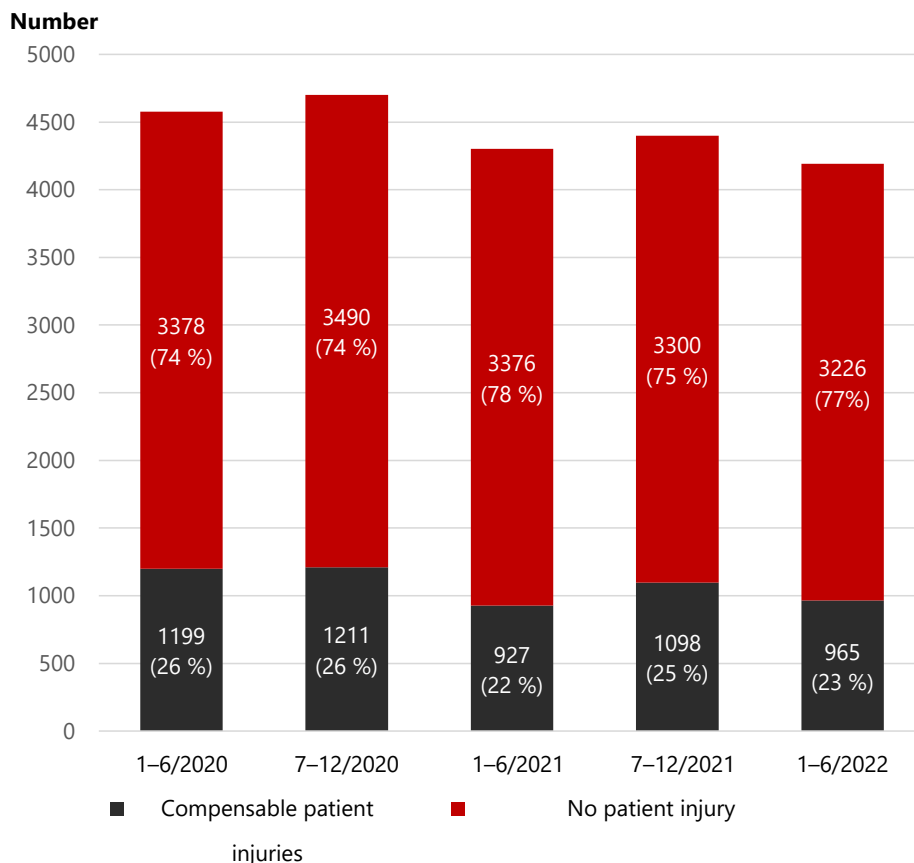
The majority of the compensated injuries (92.9% during the period under review) were deemed treatment injuries. In these cases, the compensation criterion is that an experienced healthcare professional would have acted differently in the situation concerned and thereby avoided the injury. The second most frequent are infection injuries (5.9% 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. The infection being such that the patient was deemed capable of enduring it as a risk related to a medically justified treatment was also among the most common grounds.

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



**Figure 2: Patient injury cases resolved in 2020-2022**  
[\(The data content of the graph\)](#)



### More than one in four compensated

Grounds for compensation were met in 24.2% of cases (includes injuries considered insignificant).

Slightly more than one in every four claimants (26.5%) were compensated with regard to at least one case.

## Patient injury cases resolved in 2020-2022 per year of resolution

Claims decision	2020	2021	1-6/2021	1-6/2022
<b>Compensable patient injuries</b>				
Treatment injuries	2207	1870	858	896
Equipment related injuries	21	11	6	2
Infection injuries	155	109	53	57
Accident related injuries	15	19	4	4
Lääkkeen toimittamisvahingot	2	3	0	1
Unreasonable injuries	10	13	6	5
<b>Total</b>	<b>2 410</b>	<b>2 025</b>	<b>927</b>	<b>965</b>
<b>Minor injuries</b>	<b>114</b>	<b>88</b>	<b>39</b>	<b>51</b>
<b>No patient injury</b>				
Unavoidable or tolerable	2 322	2 217	1 166	1 069
Other grounds for rejection	4 432	4 371	2 171	2 106
<b>Total</b>	<b>6 754</b>	<b>6 588</b>	<b>3 337</b>	<b>3 175</b>
<b>Total</b>	<b>9278</b>	<b>8 701</b>	<b>4 303</b>	<b>4 191</b>

Distribution	2020	2021	1-6/2021	1-6/2022
<b>Resolved notices of injury</b>				
Compensable patient injuries	26,0 %	23,3 %	21,5 %	23,0 %
Minor injuries	1,2 %	1,0 %	0,9 %	1,2 %
No patient injury	72,8 %	75,7 %	77,6 %	75,8 %
<b>Total</b>	<b>100,0 %</b>	<b>100,0 %</b>	<b>100,0 %</b>	<b>100,0 %</b>

<b>Compensable patient injuries</b>				
Treatment injuries	91,6 %	92,4 %	92,6 %	92,9 %
Infection injuries	6,4 %	5,4 %	5,7 %	5,9 %
Accident related injuries	0,6 %	0,9 %	0,4 %	0,4 %
Other injuries	1,4 %	1,3 %	1,3 %	0,8 %
<b>Total</b>	<b>100,0 %</b>	<b>100,0 %</b>	<b>100,0 %</b>	<b>100,0 %</b>

<b>No patient injury</b>				
Unavoidable or tolerable	34,4 %	33,7 %	34,9 %	33,7 %
Other grounds for rejection	65,6 %	66,3 %	65,1 %	66,3 %
<b>Total</b>	<b>100,0 %</b>	<b>100,0 %</b>	<b>100,0 %</b>	<b>100,0 %</b>

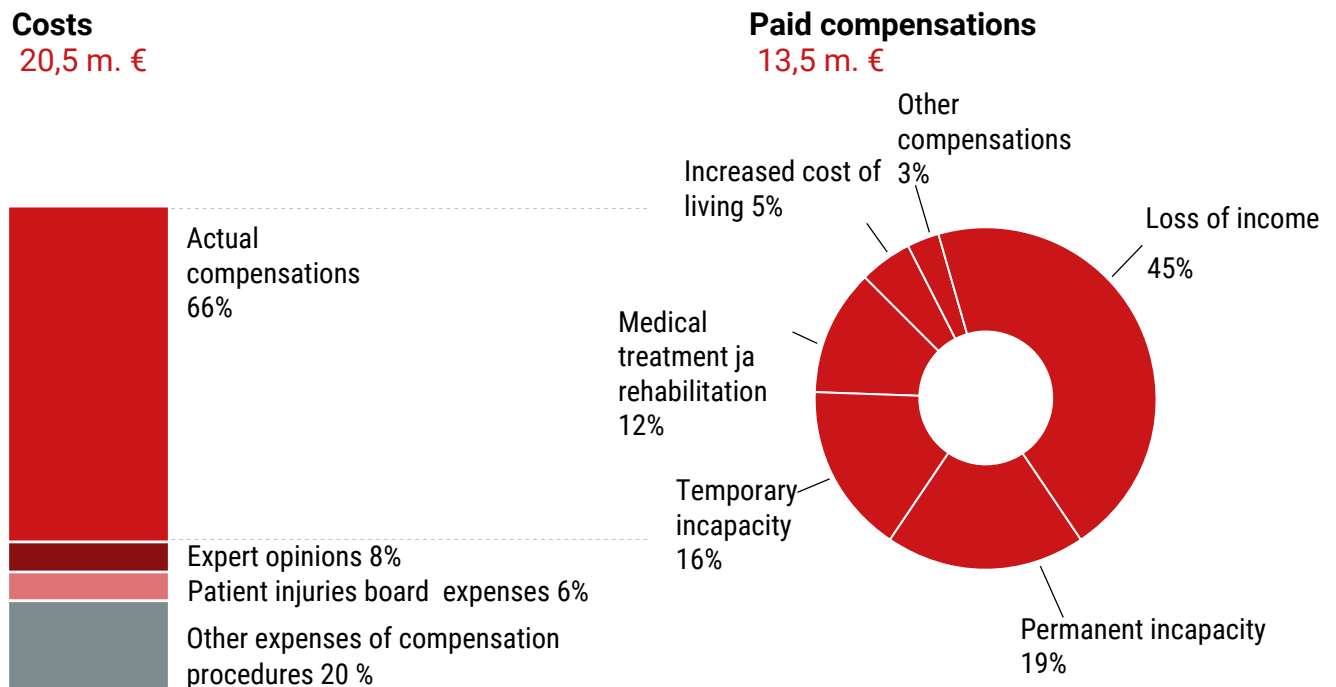
### 3. Expenses of the patient insurance system and paid compensations by compensation type between 1 January and 30 June 2022

The compensations 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 (LIIPO, formerly the Patient Injuries Board) and, where applicable, to the guidelines on compensation under motor liability insurance.

In the first half of 2022, the single largest compensation type, with a share of 45%, 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. A fifth of the compensations covered medical expenses and other expenses.

Between 1 January and 30 June 2021, a total of EUR 20.5 million, including the management expenses of claims handling, was paid out in compensation for patient injuries occurring in different years.

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





## Patient Insurance centre

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