

Notices of patient injury and resolved cases 1 January – 30 June 2018



Safeguarding patients and nursing staff

We handle the compensation procedures for patient injuries that occur in Finland on a centralised basis. We safeguard the rights of patients and the nursing staff and produce useful information in support of the evolving insurance system and patient safety work.

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Preface

Malpractice and the safety of health care have been popular topics in the media during the past spring. In particular, there has been a much discussion of malpractice leading to death: the headlines have claimed that hundreds and even thousands die because of malpractice every year in Finland.

The estimates presented in the media of the number of deaths that occur in health care are mainly based on international estimates and patient safety surveys, some of which were conducted years ago. In Finland, data about the incidents is not comprehensively collected, and no research on the matter has been conducted. Based on international data, it has been estimated that about one out of ten hospital patients suffers at least a minor adverse event, one out of a hundred severe incapacity, and for one out of a thousand, the malpractice may lead to permanent incapacity or even death. It has been estimated on various occasions that as many as 50% of the adverse events could be prevented if more attention was paid to patient safety in health care units. However, no research data is yet available on the subject.

The notion of malpractice has not been unequivocally defined. In everyday language, malpractice, adverse events and complications and patient injuries are often bundled together, and indeed, as concepts, they partly overlap. The patient may well perceive any harm occurring in connection with treatment (an adverse event) as an instance of malpractice or patient injury, even if no culpable errors or omissions (malpractice) occurred in the treatment. For a bodily injury sustained in connection with treatment to be compensable as a patient injury, the preconditions set out in the Patient Injuries Act must be met.

It is clear that deaths occur, and will continue to occur, in health care as a result of severe diseases, treatment complications, accidents and errors. Everyone makes mistakes – even the most competent of health care professionals. When a mistake occurs, the essential thing is to determine the reasons for what happened. Equally essential is that the events are discussed openly and without blame. This means people are confident in reporting mistakes. They can be learned from, and similar incidents can be avoided in the future. Every death that could have been avoided is one death too many.

To date, there is no national body in Finland that can collect comparable patient safety data from every health care unit. Centralised and comprehensive data on the adverse events and cases of malpractice occurring in different units could help in locating high risk and development areas not only where the mistake happened, but also in health care services in general. It could also facilitate the spread of an open and deliberative atmosphere and a culture of learning from mistakes in health care workplaces.

The Patient Insurance Centre (PVK) handles and resolves all the notices of patient injury filed by patients concerning the medical treatment and health care provided in the public and in the private sector. Consequently, based on the injury data accumulated over the last few decades, PVK has comprehensive information concerning the kinds of adverse event in health care that result in filing a notice of patient injury and the kind of compensable patient injuries that occur in health care. Cases of patient injury should also be systematically addressed in health care to learn lessons from them. PVK's comprehensive injury data is also at the researchers' disposal for the purposes of quality and patient safety research.

This interim report summarises statistics of current interest on the injury development trends during the current year. Further to the media discussion, the report also includes a brief analysis of the compensated patient injuries leading to death resolved this year.

Helsinki, July 2018

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1 Briefly concerning the first half of the year and how to interpret the statistics

During the first six months of 2018, 4,279 new notices of patient injury were filed with the Patient Insurance Centre (PVK). A total of 4,744 cases were resolved, of which 1,269 were deemed as compensable patient injuries. The compensation rate was 27%, i.e. the same as in 2017. A total of EUR 21.9 million was paid out in compensation for patient injuries occurring in different years, including the management expenses of claims handling operations.

When examining injury statistics, it should be borne in mind that, as a rule, a notice of injury must be filed within three years of the date when the patient first knew of the injury. In other words, the reporting year is not always the same as the year when the injury occurred.

Furthermore, the claims decisions do not, for the most part, pertain to injuries occurring or reported during the year of decision. Of the injuries reported in 2017, only one third, and of the decided cases, only 8.5%, occurred during the last year. The changes occurring in health care are therefore only gradually reflected in the statistics.

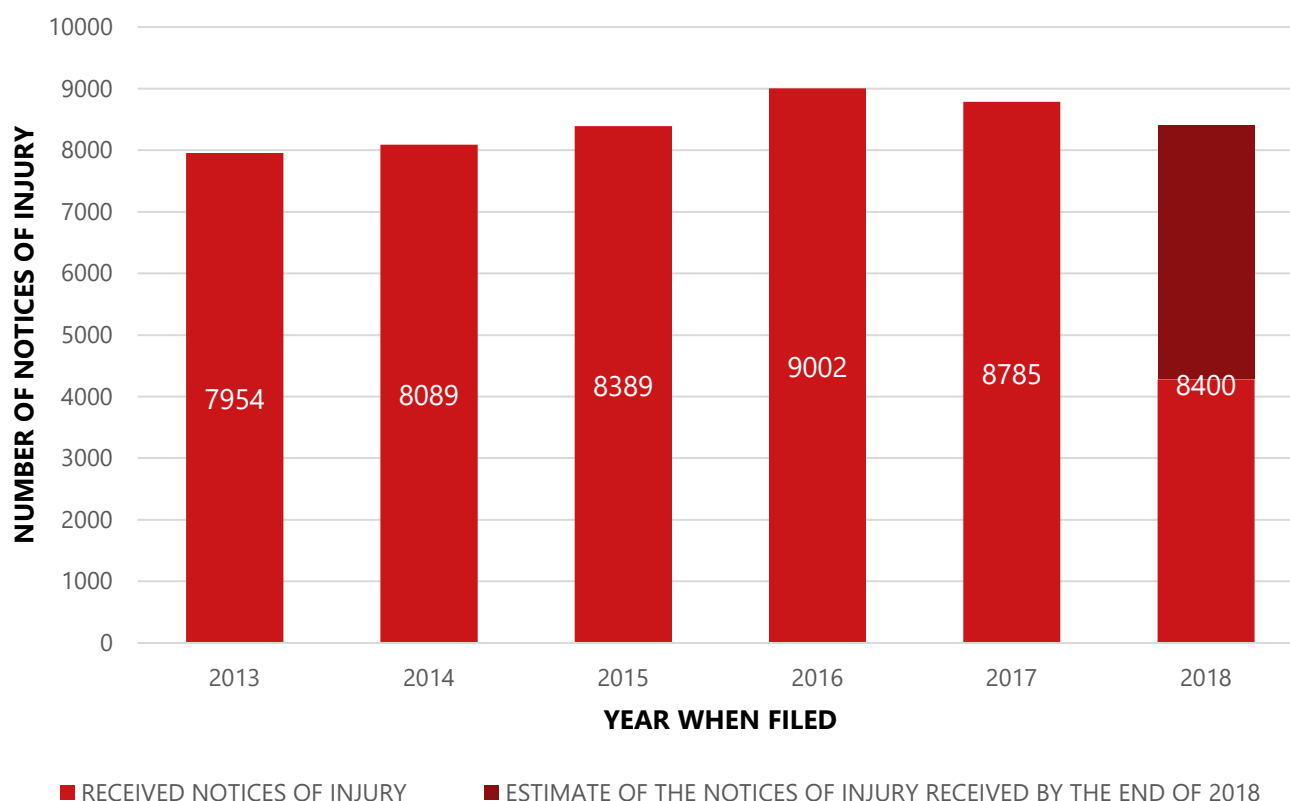
We will publish an annual report on the previous year's statistics in March, and in July, statistics of current interest on the injury development trends during the current year. Injury statistics are based on the cases reported, registered and resolved during the period under review. During the processing of the case, it may appear that the reported injury case pertains to more places of injury than those originally reported. For this reason, the number of reported injuries may increase later, and minor deviation may occur in the statistical figures of the previous years. However, the annual statistics figures are collected annually at the same time, so they are fully comparable and provide a comprehensive overview of the development of the number of notices filed and cases resolved.

2 Received notices of patient injury

The number of notices of injury has been on the rise throughout the 2010s. The increase from 2010 to 2016 was more than 20%. This growing trend ended in 2017, when the number of notices of injury received (8,785) was for the first time smaller than the previous year (9,002). However, the number of notices continued to remain higher than in 2015 (8,389).

The declining trend has continued during the first half of 2018. By the end of June, 4,279 new notices of injury were filed, which is 452 less than during the corresponding period in 2017 (4,731). A total of 8,334 new notices of injury were received during the last 12 months. The number of notices therefore seems to have declined slightly after a long period of growth, despite the fact that the number of procedures in health care has continued to grow every year.

NOTICES OF PATIENT INJURY RECEIVED IN 2013-2018



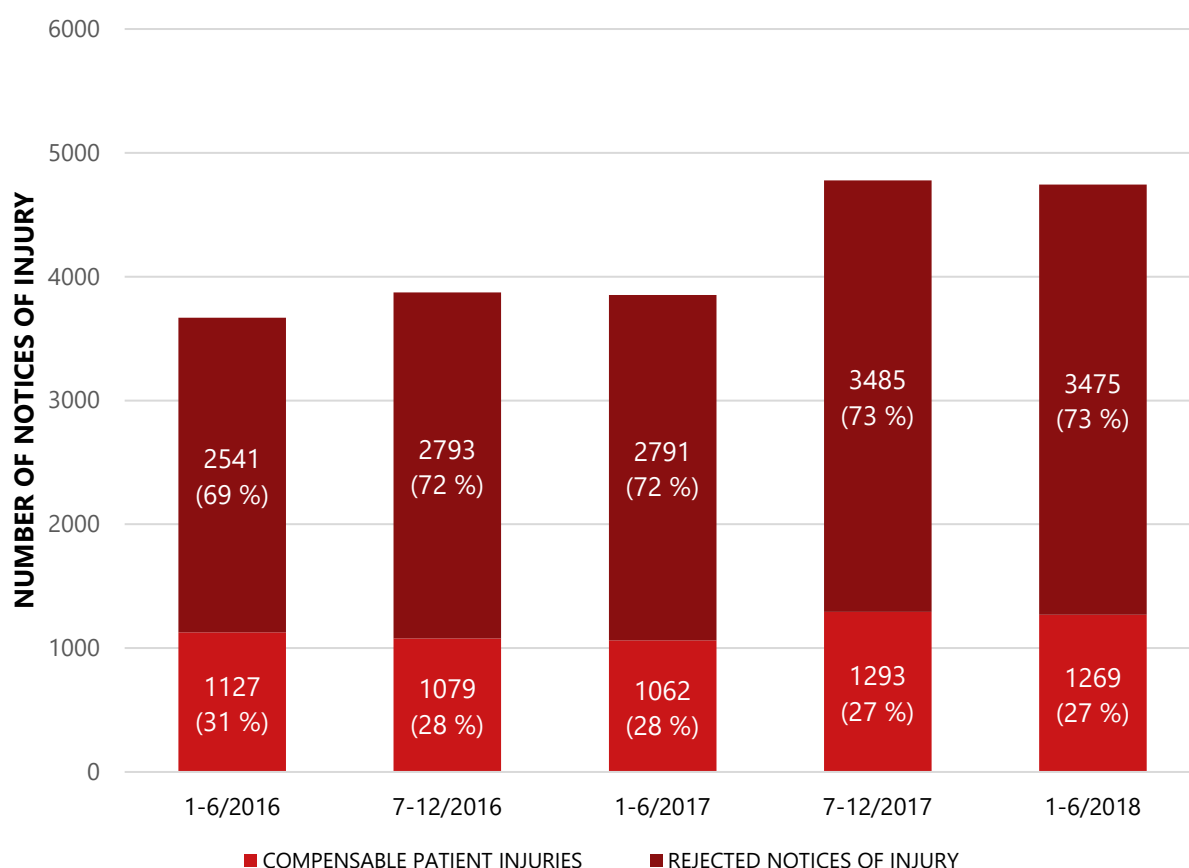
3 Resolved and compensable notices of patient injury

During the period 1 January – 30 June 2018, a total of 4,744 reported cases were resolved, 670 cases more than the number of new notices of injury received. Of the resolved cases, 1,269 or 27% were deemed compensable. Furthermore, in 1% of cases, the compensation criteria were deemed to have been met, but the loss incurred was so negligible that no compensation was payable.

Of the compensable injuries, the overwhelming majority (92.8% during the period under review) are classified as 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 (5.1% during the period under review).

In negative decisions, the grounds more frequently invoked (62.3%) were that the adverse effect 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.

NOTICES OF PATIENT INJURY RESOLVED IN 2016-2018



CLAIMS DECISION	YEAR OF DECISION			
	2016	2017	1-6/2017	1-6/2018
COMPENSABLE PATIENT INJURIES				
- TREATMENT INJURIES	2043	2148	969	1178
- EQUIPMENT-RELATED INJURIES	5	13	8	6
- INFECTION INJURIES	122	152	65	65
- ACCIDENT INJURIES	23	24	11	13
- INJURIES DUE TO INCORRECT SUPPLY OF PHARMACEUTICALS	4	5	2	4
- UNREASONABLE INJURIES	9	13	7	3
* TOTAL	2,206	2,355	1,062	1,269
NEGLIGIBLE PATIENT INJURIES				
	67	91	39	60
NO PATIENT INJURY				
- NOT AVOIDABLE OR TOLERABLE	2034	2326	1021	1287
- OTHER GROUND FOR REJECTION	3233	3859	1731	2128
* TOTAL	5,267	6,185	2,752	3,415
* TOTAL	7,540	8,631	3,853	4,744
RESOLVED NOTICES OF INJURY				
- COMPENSABLE PATIENT INJURIES	29.3%	27.3%	27.6%	26.7%
- NEGLIGIBLE PATIENT INJURIES	0.9%	1.1%	1.0%	1.3%
- NO PATIENT INJURY	69.9%	71.7%	71.4%	72.0%
* TOTAL	100.0%	100.0%	100.0%	100.0%
COMPENSABLE PATIENT INJURIES				
- TREATMENT INJURIES	92.6%	91.2%	91.2%	92.8%
- INFECTION INJURIES	5.5%	6.5%	6.1%	5.1%
- ACCIDENT INJURIES	1.0%	1.0%	1.0%	1.0%
- OTHER INJURIES	0.8%	1.3%	1.6%	1.0%
* TOTAL	100.0%	100.0%	100.0%	100.0%
NO PATIENT INJURY				
- NOT AVOIDABLE OR TOLERABLE	38.6%	37.6%	37.1%	37.7%
- OTHER GROUND FOR REJECTION	61.4%	62.4%	62.9%	62.3%
*TOTAL	100.0%	100.0%	100.0%	100.0%

4 Compensable patient injuries leading to death

During the first half of 2018, 16 cases where the patient died or their death occurred earlier as a result of the actions taken in health care were deemed compensable patient injuries. Since 2014, a total of 293 cases leading to death have been deemed compensable.

The cases resolved in 2018 occurred during 2015–2017. Excluding two neonatal deaths related to childbirth, the age of those who died because of a patient injury varied between 54 and 84, the average age being 76.

In this limited sample, the results are not statistically significant, and no far-reaching conclusions can be drawn based on them concerning the incidence of deaths occurring as a consequence of the actions taken in health care or the safety of health care. Not all incidents leading to death are reported to PVK as patient injuries. Considering the large number of procedures conducted in health care and the number of treatment visits, the number of notices of injury in the event of death filed with PVK is relatively low compared to the estimates made on the number of malpractice-induced deaths.

To avoid misconceptions, it is important to distinguish between the notions of adverse event, malpractice and patient injury. In everyday language, the notion of malpractice is usually associated with a culpable action (negligence) in respect of which the regulatory authorities supervising the health care system or courts of law dealing with the case could impose sanctions on the health care professional concerned. Deaths related to treatment events of this type are highly exceptional in PVK's injury data.

Relatively few incidents leading to death related to surgical procedures are reported to PVK. The cases deemed as compensable patient injuries highlight the significance of the difficulty of diagnostics, treatment choices and the monitoring of the patient's condition in examination and treatment situations. The treatment chain may involve a number of individual events that impair the prognosis. In the treatment of diseases with a poor prognosis, the patient's life often cannot be significantly prolonged even with the correct treatment decisions.

PERMANENT INCAPACITY CATEGORY	YEAR OF DECISION				
	2014	2015	2016	2017	1-6/2018
DEATH	84	77	56	60	16

Of the cases leading to death resolved during the first half of 2018, in five cases, the examination of the patient was deemed to have been deficient, which resulted in delayed diagnosis and treatment or in the choice of a wrong form of treatment. Examples of diseases that were not diagnosed sufficiently early included pulmonary embolism and myocardial infarction.

In four cases, the death of the patient was deemed to have resulted from insufficient monitoring after an abdominal procedure, and in one case, from deficient treatment after another surgical procedure.

In two cases, the patient's preoperative state of health was so poor that, in view of the risks involved, the operation should not have been performed at all. In one case, the risks involved with the patient's state of health were not sufficiently considered when the surgical procedure was chosen.

One of the cases that was deemed compensable concerned the death of a baby in connection with childbirth. An emergency C-section was delayed because of deficient monitoring, resulting in severe hypoxia and the death of the baby. In another case related to obstetric treatment, the baby died at the age of slightly over one week as a result of very rare infections that started in connection with the treatment.

One case involved an injury caused by the malfunction of a medical device.

5 Compensations payable under the patient insurance

The compensations payable under the patient insurance are determined according to the provisions of the Patient Injuries Act (585/1986) and the Tort Liability Act (412/1974). When the compensations are assessed, due consideration is also given to the decision practice of the Patient Injuries Board and, where applicable, the guidelines and norms issued by the Traffic Accident Board.

The single largest compensation type, accounting for more than one third of compensations paid during the first half of the year, was compensation for the loss of income. The second third, accounting for slightly less than one third of all compensations paid, consisted of the compensations paid for immaterial loss and damage, i.e. compensation for temporary incapacity, cosmetic impairment and permanent incapacity. The final third of all compensations paid consisted of medical treatment and other costs.

COMPENSATIONS PAID OUT OF THE PATIENT INSURANCE IN 2018 BY COMPENSATION TYPE

