
Cases reported to the Patient Insurance Centre in 2013–2018 by year of decision



Safeguarding patients and nursing staff

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

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Any quotations must be accompanied by an indication of the source.

Preface

The Finnish statutory patient insurance system commenced when the Finnish Patient Injuries Act (585/1986) entered into force on 1 May 1987. The Act was the first of its kind in the world. Currently, all the Nordic countries have a similar type of patient insurance system in place to process the notices of patient insurance filed in respect of the actions of health care services impartially and without blaming the nursing staff and to pay the statutory compensations to the injured party.

The EU directive on the application of patients' rights in cross-border healthcare (2011/24/EU, also known as the Patient Directive) requires that the Member States have mechanisms and transparent complaints procedures in place for the protection of patients and for seeking remedies in the event of harm arising from the healthcare they receive in a Member State. As it is, European countries have a number of projects currently in progress for establishing national statutory patient insurance systems. Elsewhere in the world, a patient insurance is still rare: there are individual statutory or voluntary compensation systems in place for compensating bodily injuries that occur in connection with health care, but as far as their compensation criteria or amounts are concerned, they are not necessarily as comprehensive as the Nordic systems. The injured party will therefore usually have to seek compensation directly from the party causing the injury, ultimately through litigation in a court of law.

In Finland, the Patient Insurance Centre (PVK) handles and resolves all notices of patient injuries concerning the medical treatment and health care provided in the public and private sectors. The impartial handling of claims outside the treatment process safeguards the rights of both patients and nursing staff. During its nearly 32 years of operations, PVK has resolved more than 210,000 cases reported to it, of which around 70,000 have been deemed compensable. About EUR 590 million has been paid out from the system in compensation for those who have sustained a patient injury.

In addition to an effective system for compensations, it is important to focus on the prevention of accidents and patient safety to avoid human suffering and additional costs in future. Medical treatment and health care always involve risks, and mistakes may occur, but they can and should be learned from. To this end, PVK provides hospital districts with detailed information about the injuries that occurred in their area in support of quality and patient safety work in health care. PVK's injury data is also at the researchers' disposal for purposes that promote patient safety.

The injury statistics open an interesting perspective on Finnish health care and its development. This annual report includes information about reported, resolved and compensable cases of injury from 2013–2018, and more detailed statistics about the resolved compensable patient injuries and compensations paid in 2018.

We publish annual statistics concerning the last year at the beginning of each year on an annual basis, and statistics of current interest on the injury development trends during the current year in an interim report on a semi-annual basis.

Helsinki, March 2019

Minna Plit-Turunen
Unit Director

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Guideline for interpreting the figures in the report

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. In 2018, a notice of injury was filed by 7,044 different individuals, and based on the notices, 8,522 different cases were registered. One notice of injury thus pertained to an average of 1.2 places 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 processing proceeds, and new cases can be registered for the previous injury years as well. For example, when this annual report was compiled, the number of notices of injury registered for 2017 was 8,822, whereas in the 2017 annual report, the number was 8,655.

Resolved cases and compensable patient injuries

- Of the cases resolved in 2018, only bit over one-third were reported last year. Because a claim for compensation can be filed within three years of the date when the party concerned learned of the injury, the resolved case may have occurred several years earlier.
- Each registered injury is resolved as a separate case. In 2018, a case was decided for 7,657 individuals, who received a total of 9,556 decisions on the compensability of the injury.
- 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. In 2018, a total of 2,420 cases were deemed compensable (25.3% of all resolved cases). A favourable decision was issued in respect of at least one place of treatment to a total of 2,257 different claimants or 29.5% of those whose case was decided in 2018.

1 Reported patient injuries

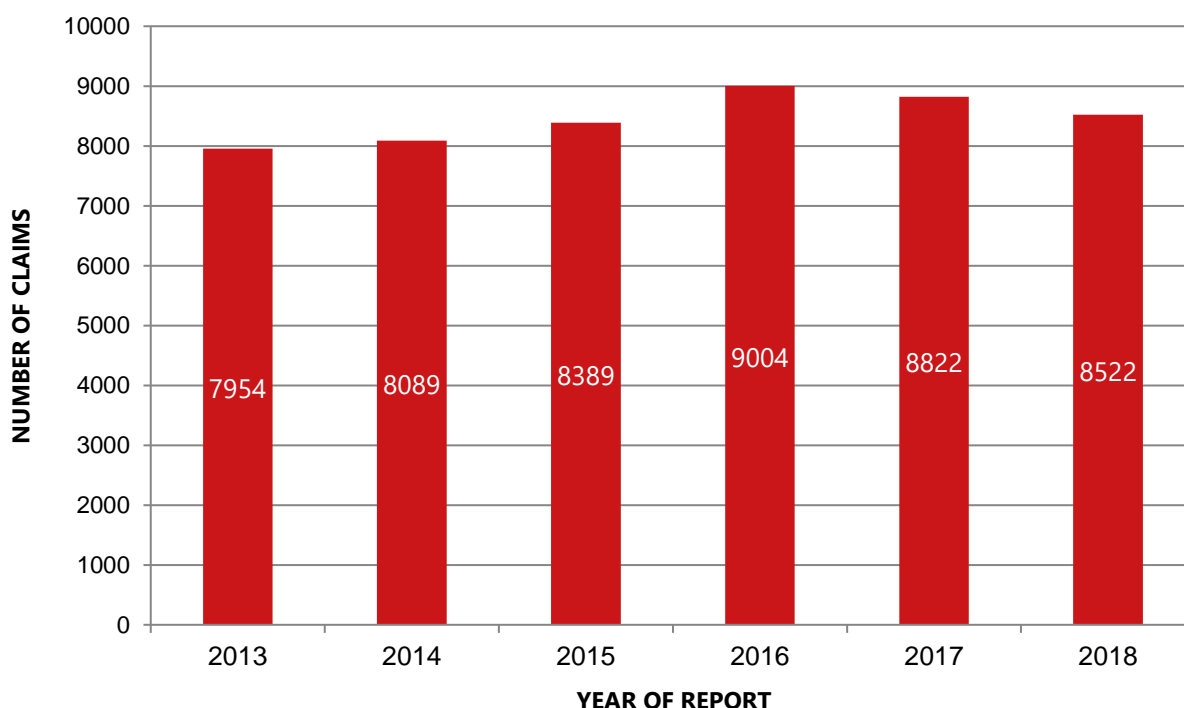
The number of reported patient injuries rose from the early 2010s up until 2016 by more than 20%. In 2017, perhaps somewhat surprisingly, the number of notices started to decline, and the declining trend continued further in 2018 with 8,522 reported cases of patient injury. Last year, 7,044 different individuals filed a notice of injury, whereas in 2017, the number was 7,170. One notice of injury pertained to an average of 1.2 places of injury.

The growth in the number of notices is estimated to be due to the increase in the number of treatment contacts and procedures carried out in health care. Furthermore, interest in health care matters and awareness of patient insurance have increased, with health care and patient safety being subject to wide-ranging public debate on issues such as the health and social services reform. Individual cases of malpractice and patient injury receiving media attention have also been estimated to temporarily increase the number of reported cases. These factors are not sufficient to explain why the number has now started to decline. Discussion on health care matters has remained active, and the number of treatment contacts and health care procedures has not decreased.

The slight decline in the number of notices that has now continued for two years may, at least partly, be due to the fact that more attention has been paid in patient safety in health care and that the measures taken have begun to yield results. However, no research data on the factors affecting the number of notices is as yet available.

When examining the 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. For this reason, the notices received do not always pertain to the treatment given during the same year, and the changes occurring in health care are only gradually reflected in the statistics.

PATIENT INSURANCE CLAIMS REPORTED IN 2013-2018



2 Resolved cases and compensable patient injuries

In 2018, a total of 9,556 decisions on the compensability of the injury were issued. A total 2,420 or 25.3% of the resolved cases were deemed compensable. Furthermore, in 118 cases, the compensation criteria were deemed to have been met, but the loss incurred was so negligible that no compensation was payable.

A total of 7,657 different claimants received a claims decision. Of them, 29.5% received a favourable decision with regard to at least one place of treatment.

Of the compensable injuries, the overwhelming majority (92.2% in 2018) 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 (5.4% in 2018). The number of cases compensated on other grounds was relatively small (2.4 % in 2018).

In negative decisions, the grounds that were more frequently invoked (37.3%) 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 having to endure it as a risk related to a medically justified treatment.

When an annual comparison is made of the compensable and rejected cases and the compensation criteria, it should be borne in mind that the annual amounts are not directly comparable. The amounts are considerably influenced by the total number of claims decisions made by the Patient Insurance Centre during each year. Furthermore, it should be borne in mind that the decisions concern treatment that was mostly already given during the previous years.

PATIENT INSURANCE CLAIMS DECIDED IN 2013-2018



NOTICES OF PATIENT INJURY RESOLVED IN 2013-2018

CLAIMS DECISION	YEAR OF DECISION					
	2013	2014	2015	2016	2017	2018
COMPENSABLE PATIENT INJURIES						
- TREATMENT INJURIES	2,261	2,257	2,172	2,049	2,166	2,231
- EQUIPMENT-RELATED INJURIES	9	14	8	5	13	16
- INFECTION INJURIES	127	132	119	122	153	131
- ACCIDENT INJURIES	21	22	23	23	24	28
- FIRE-RELATED INJURIES	0	0	0	0	0	0
- INJURIES RELATED TO DELIVERY OF PHARMACEUTICALS	10	6	2	4	5	6
- UNREASONABLE INJURIES	22	18	18	10	14	8
* TOTAL	2,450	2,449	2,342	2,213	2,375	2,420
MINOR PATIENT INJURIES	66	62	58	67	90	118
NO PATIENT INJURY						
- NOT AVOIDABLE OR TOLERABLE	1,999	2,061	1,985	2,031	2,323	2,621
- OTHER GROUND FOR REJECTION	3,143	3,940	3,408	3,229	3,846	4,397
* TOTAL	5,142	6,001	5,393	5,260	6,169	7,018
* TOTAL	7,658	8,512	7,793	7,540	8,634	9,556
RESOLVED NOTICES OF INJURY						
- COMPENSABLE PATIENT INJURIES	32.0%	28.8%	30.1%	29.4%	27.5%	25.3%
- MINOR PATIENT INJURIES	0.9%	0.7%	0.7%	0.9%	1.0%	1.2%
- NO PATIENT INJURY	67.1%	70.5%	69.2%	69.7%	71.5%	73.5%
* TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
COMPENSABLE PATIENT INJURIES						
- TREATMENT INJURIES	92.2%	92.1%	92.7%	92.6%	91.3%	92.2%
- INFECTION INJURIES	5.2%	5.4%	5.1%	5.5%	6.4%	5.4%
- ACCIDENT INJURIES	0.9%	0.9%	1.0%	1.0%	1.0%	1.2%
- OTHER INJURIES	1.7%	1.6%	1.2%	0.9%	1.3%	1.2%
* TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NO PATIENT INJURY						
- NOT AVOIDABLE OR TOLERABLE	38.9%	34.3%	36.8%	38.6%	37.7%	37.3%
- OTHER GROUND FOR REJECTION	61.1%	65.7%	63.2%	61.4%	62.3%	62.7%
* TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

3 Compensable patient injuries by place of injury

PVK discloses the number of compensable patient injuries itemised by hospital district as well as in the aggregate as regards injuries that occurred in the private sector. More detailed information about the injuries occurring in the area of a specific hospital district can be obtained from the relevant hospital district that has taken out a patient insurance policy.

When the statistics are examined, it should be borne in mind that the number of injuries deemed compensable during each year is considerably influenced by the number of claims decisions made by the Patient Insurance Centre during the year concerned. In other words, the numbers of decisions made in each year are not directly comparable. Furthermore, no conclusions can be drawn on patient safety in different hospital districts based on the numbers alone, because several background factors should be considered in the comparison, such as the level of difficulty and the number of procedures performed in the area of the hospital district concerned, along with the demographic structure and the number of health care treatment visits.

COMPENSABLE PATIENT INJURIES RESOLVED IN 2013-2018

PLACE OF INJURY	YEAR OF DECISION					
	2013	2014	2015	2016	2017	2018
PLACES OF INJURY IN HOSPITAL DISTRICTS^{*)}	1949	1984	1847	1753	1844	1813
JOINT AUTHORITY OF THE HELSINKI AND UUSIMAA HOSPITAL DISTRICT	369	383	354	302	386	325
JOINT MUNICIPAL AUTHORITY OF THE HOSPITAL DISTRICT OF SOUTHWEST FINLAND	161	161	148	121	143	168
JOINT MUNICIPAL AUTHORITY OF THE SATAKUNTA HOSPITAL DISTRICT	86	68	73	73	66	79
JOINT MUNICIPAL AUTHORITY OF THE KANTA-HÄME HOSPITAL DISTRICT	94	80	92	80	91	95
JOINT MUNICIPAL AUTHORITY OF THE PIRKANMAA HOSPITAL DISTRICT	198	208	188	179	131	150
JOINT MUNICIPAL AUTHORITY FOR SOCIAL AND HEALTH SERVICES IN PÄIJÄT-HÄME	79	75	74	67	86	78
JOINT MUNICIPAL AUTHORITY FOR HEALTH AND SOCIAL SERVICES IN KYMENLAAKSO	97	98	91	100	99	70
JOINT MUNICIPAL AUTHORITY FOR SOCIAL AND HEALTH SERVICES IN SOUTH KARELIA	44	40	55	45	46	44
JOINT MUNICIPAL AUTHORITY OF THE SOUTH SAVO HOSPITAL DISTRICT	52	33	39	54	58	47
JOINT MUNICIPAL AUTHORITY OF THE EAST SAVO HOSPITAL DISTRICT	18	28	18	18	19	23
JOINT MUNICIPAL AUTHORITY FOR HEALTH AND SOCIAL SERVICES IN NORTH KARELIA	76	64	58	64	84	80
JOINT MUNICIPAL AUTHORITY OF THE NORTH SAVO HOSPITAL DISTRICT	128	153	128	134	120	94
JOINT MUNICIPAL AUTHORITY OF THE CENTRAL FINLAND HOSPITAL DISTRICT	87	79	90	67	81	66
JOINT MUNICIPAL AUTHORITY OF THE SOUTH OSTROBOTHNIA HOSPITAL DISTRICT	80	74	65	49	77	56
JOINT MUNICIPAL AUTHORITY OF THE VAASA HOSPITAL DISTRICT	40	32	34	46	36	55
JOINT MUNICIPAL AUTHORITY FOR SPECIALISED MEDICAL CARE AND BASIC SERVICES IN CENTRAL OSTROBOTHNIA	36	43	31	38	38	45
JOINT MUNICIPAL AUTHORITY OF THE NORTH OSTROBOTHNIA HOSPITAL DISTRICT	164	182	143	154	148	178
KAINUU REGION FEDERATION OF MUNICIPALITIES	40	45	46	31	31	34
JOINT MUNICIPAL AUTHORITY OF THE LÄNSI-POHJA HOSPITAL DISTRICT	24	27	27	32	28	35
JOINT MUNICIPAL AUTHORITY OF THE LAPLAND HOSPITAL DISTRICT	59	81	69	73	48	62
THE ÅLAND HEALTH AND MEDICAL CARE ORGANISATION	8	8	7	8	9	7
STATE'S PLACES OF THE INJURY	4	0	3	4	6	4
OTHER PLACES OF INJURY	5	22	14	14	13	18
PRIVATE SECTOR	501	465	495	460	531	607
TOTAL	2450	2449	2342	2213	2375	2420

^{*)} A hospital district's places of injury refer to all those places of injury, such as health stations and hospitals, covered by the patient insurance of the hospital district concerned. The figures also include the injuries of private operators occurring in the health stations and hospitals of the hospital district concerned, even if they are not insured by the hospital district.

4 Compensable patient injuries in different procedures, underlying diseases and surgical procedures

Compensable patient injuries are mostly related to surgical and anaesthesia procedures, in connection with which a total of 1,041 injuries were compensated in 2018. Of these, almost half (498) were related to musculoskeletal system procedures.

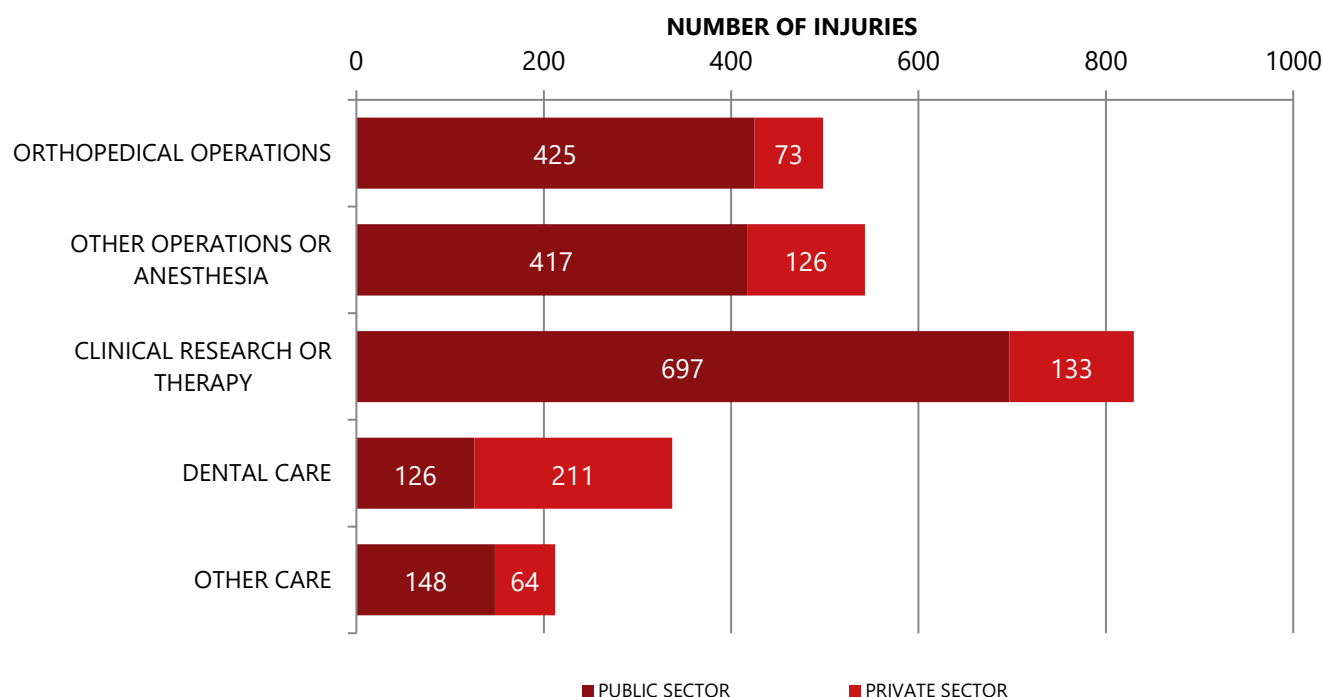
A total of 830 injuries occurring in connection with clinical examination or treatment procedures were compensated. This category comprises a range of errors or omissions related to the examination and treatment of the patient, such as the delay of diagnosis and treatment because the patient was not referred to further examinations at a sufficiently early stage or further examinations were not sufficiently comprehensive.

A total of 337 injuries that occurred in connection with dental care were compensated. Of these, 142 occurred in connection with root canal treatment and 113 in connection with prosthetic treatment. Additionally, 107 injuries occurring in dental, oral, maxillofacial and pharyngeal surgical and anaesthesia procedures were compensated.

The following pages summarise not only the procedure-specific injury data for 2018, but also the data on underlying diseases and the most common surgical procedures in the compensable patient injuries decided in 2016–2018.

As in the previous years, in the aggregated statistics of the past three years concerning surgery-related compensable injuries, the most pronounced are the injuries caused in connection with hip (313 injuries/3 years) and knee joint replacement surgeries (189 injuries/3 years) and surgical decompression of the spinal cord and nerve root (134 injuries/3 years).

PATIENT INJURIES ENTITLED TO INDEMNITY IN 2018



COMPENSABLE PATIENT INJURIES RESOLVED IN 2018

PROCEDURE	PUBLIC SECTOR	PRIVATE SECTOR	TOTAL	PROPORTION OF THE PRIVATE SECTOR
SURGICAL AND ANAESTHESIA PROCEDURES	842	199	1041	19%
A NERVOUS SYSTEM PROCEDURE	66	4	70	6%
B ENDOCRINE SYSTEM PROCEDURE	13	0	13	0%
C EYE-AREA PROCEDURE	23	15	38	39%
D OTORHINOLARYNGEAL PROCEDURE	6	2	8	25%
E DENTAL, ORAL, MAXILLOFACIAL AND PHARYNGEAL PROCEDURE	29	78	107	73%
F CARDIO-THORACOVASCULAR PROCEDURE	12	0	12	0%
G THORACIC CAVITY WALL AND LUNG-AREA PROCEDURE	3	0	3	0%
H MAMMARY PROCEDURE	8	0	8	0%
J PROCEDURE IN THE GI TRACT AND ASSOCIATED ORGANS	108	6	114	5%
K URINARY TRACT- AND MALE GENITAL-AREA PROCEDURE	31	1	32	3%
L FEMALE GENITALIA PROCEDURE	31	4	35	11%
M OBSTETRIC PROCEDURE	13	0	13	0%
N MUSCULOSKELETAL SYSTEM PROCEDURE	425	73	498	15%
NA BACK AND NECK PROCEDURES	37	3	40	8%
NB SCAPULA, CLAVICLE, SHOULDER JOINT AND UPPER ARM PROCEDURES	30	16	46	35%
NC ELBOW JOINT AND FOREARM PROCEDURES	27	4	31	13%
ND WRIST AND HAND PROCEDURES	32	11	43	26%
NE PROCEDURES IN THE PELVIS, SACRUM AND COCCYX	0	1	1	100%
NF HIP JOINT AND FEMUR PROCEDURES	126	8	134	6%
NG KNEE AND LEG PROCEDURES	104	17	121	14%
NH ANKLE AND FOOT PROCEDURES	68	13	81	16%
UNSPECIFIED PROCEDURE	1	0	1	0%
P VASCULAR AND LYMPHATIC SYSTEM PROCEDURE	15	2	17	12%
Q DERMAL AND SUBCUTANEOUS TISSUE PROCEDURE	20	5	25	20%
T SMALL PROCEDURE	7	2	9	22%
U ENDOSCOPIC PROCEDURE	21	1	22	5%
OTHER SURGICAL PROCEDURE	1	0	1	0%
ANAESTHESIA PROCEDURE	10	6	16	38%
CLINICAL EXAMINATION OR TREATMENT PROCEDURE	697	133	830	16%
DENTAL TREATMENT PROCEDURES	126	211	337	63%
NON-SURGICAL REMOVAL OF TOOTH	25	6	31	19%
DENTAL FILLING TREATMENT	5	16	21	76%
ROOT CANAL THERAPY	71	71	142	50%
DENTAL PROSTHETIC TREATMENT	9	104	113	92%
OTHER DENTAL CARE	16	14	30	47%
OTHER PROCEDURES	148	64	212	30%
RADIOLOGICAL EXAMINATION	44	24	68	35%
INJECTION, PUNCTURE	31	9	40	23%
CATHETERISATION, CHANNELLING, CANNULATION	3	0	3	0%
CASTING, DRESSING	7	1	8	13%
WOUND CARE	5	0	5	0%
PHYSIOTHERAPY OR REHABILITATION	3	7	10	70%
HOSPITAL TREATMENT	6	1	7	14%
CHILDBIRTH	15	0	15	0%
OTHER PROCEDURE	34	22	56	39%
TOTAL	1813	607	2420	25%

The injuries of private operators occurring in health stations and public hospitals have also been classified as public sector injuries.

MOST COMMON UNDERLYING DISEASES IN THE COMPENSABLE PATIENT INJURIES RESOLVED IN 2016-2018

		UNDERLYING DISEASE	PROCEDURE			NUMBER IN TOTAL
			SURGERY OR ANAESTHESIA	CLINICAL EXAMINATION OR TREATMENT	OTHER PROCEDURE	
1.	K04	DISEASES OF PULP AND PERIAPICAL TISSUES	14	1	409	424
2.	K08	OTHER DISORDERS OF TEETH AND SUPPORTING STRUCTURES	108	0	216	324
3.	M16	ARTHROSIS OF HIP	277	9	3	289
4.	M17	ARTHROSIS OF KNEE	217	13	5	235
5.	S82	FRACTURE OF LOWER LEG, INCLUDING ANKLE	99	81	24	204
6.	S52	FRACTURE OF FOREARM	75	110	8	193
7.	K02	DENTAL CARIES	5	0	183	188
8.	S62	FRACTURE AT WRIST AND HAND LEVEL	28	119	14	161
9.	M51	OTHER INTERVERTEBRAL DISC DISORDERS	65	54	4	123
10.	S72	FRACTURE OF FEMUR	61	48	12	121
PROPORTION OF 10 MOST COMMON UNDERLYING DISEASES						32%
11.	K80	CHOLELITHIASIS	77	14	1	92
12.	M20	ACQUIRED DEFORMITIES OF FINGERS AND TOES	89	1	2	92
13.	M48	OTHER SPONDYLOPATHIES	75	15	1	91
14.	S83	DISLOCATION, SPRAIN AND STRAIN OF JOINTS AND LIGAMENTS OF KNEE	65	15	3	83
15.	S42	FRACTURE OF SHOULDER AND UPPER ARM	53	18	3	74
16.	C50	MALIGNANT NEOPLASM OF BREAST	22	19	30	71
17.	M19	OTHER ARTHROSIS	63	2	6	71
18.	K05	GINGIVITIS AND PERIODONTAL DISEASES	31	0	34	65
19.	K35	ACUTE APPENDICITIS	22	41	2	65
20.	S63	DISLOCATION, SPRAIN AND STRAIN OF JOINTS AND LIGAMENTS AT WRIST AND HAND LEVEL	23	34	4	61
PROPORTION OF 20 MOST COMMON UNDERLYING DISEASES						43%
21.	H25	SENILE CATARACT	50	10	0	60
22.	S43	DISLOCATION AND SPRAIN OF JOINTS AND LIGAMENTS OF SHOULDER GIRDLE	30	24	4	58
23.	G56	MONONEUROPATHIES OF UPPER LIMB	54	4	0	58
24.	I63	CEREBRAL INFARCTION	0	42	13	55
25.	S92	SUPERFICIAL INJURY OF ANKLE AND FOOT	13	36	2	51
26.	M47	SPONDYLOSIS	39	9	2	50
27.	S02	FRACTURE OF SKULL AND FACIAL BONES	11	4	34	49
28.	S76	INJURY OF MUSCLE AND TENDON AT HIP AND THIGH LEVEL	11	35	2	48
29.	S46	INJURY OF MUSCLE AND TENDON AT SHOULDER AND UPPER ARM LEVEL	19	27	1	47
30.	S66	INJURY OF MUSCLE AND TENDON AT WRIST AND HAND LEVEL	7	35	2	44
PROPORTION OF 30 MOST COMMON UNDERLYING DISEASES						51%

MOST COMMON SURGICAL PROCEDURES IN THE COMPENSABLE PATIENT INJURIES RESOLVED IN 2016-2018

PROCEDURE					PUBLIC SECTOR	PRIVATE SECTOR	TOTAL	PROPORTION OF THE PRIVATE SECTOR
1.	NFB	PRIMARY PROSTHETIC REPLACEMENT OF HIP JOINT	304	9	313			3%
2.	NGB	PRIMARY PROSTHETIC REPLACEMENT OF KNEE JOINT	182	7	189			4%
3.	ABC	DECOMPRESSION OF SPINAL CORD AND NERVE ROOTS FOR DEGENERATIVE CONDITIONS OF SPINE	128	6	134			4%
4.	EBB	RECONSTRUCTIVE OPERATIONS ON TEETH	6	109	115			95%
5.	NHG	EXCISION, RECONSTRUCTION AND FUSION OF JOINT OF ANKLE AND FOOT	96	3	99			3%
6.	NAG	EXCISION, RECONSTRUCTION AND FUSION OF JOINTS OF SPINE	88	6	94			6%
7.	LCD	TOTAL EXCISION OF UTERUS	65	1	66			2%
8.	NCJ	FRACTURE SURGERY ON ELBOW AND FOREARM	62	3	65			5%
9.	EBA	EXTRACTION AND PARTIAL EXCISION OF TOOTH	37	27	64			42%
10.	JKA	OPERATIONS ON GALLBLADDER	57	3	60			5%
PROPORTION OF 10 MOST COMMON PROCEDURES							40%	
11.	NGE	OPERATIONS ON CAPSULES AND LIGAMENTS OF KNEE JOINT	16	43	59			73%
12.	CJE	EXTRACAPSULAR CATARACT OPERATIONS USING PHACOEMULSIFICATION TECHNIQUE	45	10	55			18%
13.	ACC	OPERATIONS FOR IMPAIRED FUNCTION OF PERIPHERAL NERVES	49	6	55			11%
14.	NHJ	FRACTURE SURGERY ON ANKLE AND FOOT	49	4	53			8%
15.	NBJ	FRACTURE SURGERY ON SHOULDER AND UPPER ARM	44	7	51			14%
16.	NGJ	FRACTURE SURGERY ON KNEE AND LOWER LEG	45	2	47			4%
17.	JFB	PARTIAL EXCISION OF INTESTINE	45	0	45			0%
18.	NHK	OPERATIONS ON BONE OF ANKLE AND FOOT	40	4	44			9%
19.	BAA	THYROID GLAND OPERATIONS	37	0	37			0%
20.	JAB	REPAIR OF INGUINAL HERNIA	32	4	36			11%
PROPORTION OF 20 MOST COMMON PROCEDURES							56%	
21.	UJF	ENTEROSCOPY AND COLOSCOPY	32	4	36			11%
22.	NFJ	FRACTURE SURGERY ON FEMUR	35	0	35			0%
23.	NFC	SECONDARY PROSTHETIC REPLACEMENT OF HIP JOINT	26	0	26			0%
24.	JEA	APPENDECTOMY	25	0	25			0%
25.	NDM	OPERATIONS ON FASCIA, GANGLIA, SYNOVIAL SHEATHS AND BURSAE OF WRIST AND HAND	19	5	24			21%
26.	NBL	OPERATIONS ON MUSCLES AND TENDONS OF SHOULDER AND UPPER ARM	8	16	24			67%
27.	CGD	OPERATIONS FOR ERRORS OF REFRACTION	0	23	23			100%
28.	NDJ	FRACTURE SURGERY ON WRIST AND HAND	19	4	23			17%
29.	NDG	EXCISION, RECONSTRUCTION AND FUSION OF JOINT OF WRIST AND HAND	21	2	23			9%
30.	NDE	OPERATIONS ON CAPSULES AND LIGAMENTS OF JOINTS OF WRIST AND HAND	12	10	22			45%
PROPORTION OF 30 MOST COMMON PROCEDURES							64%	

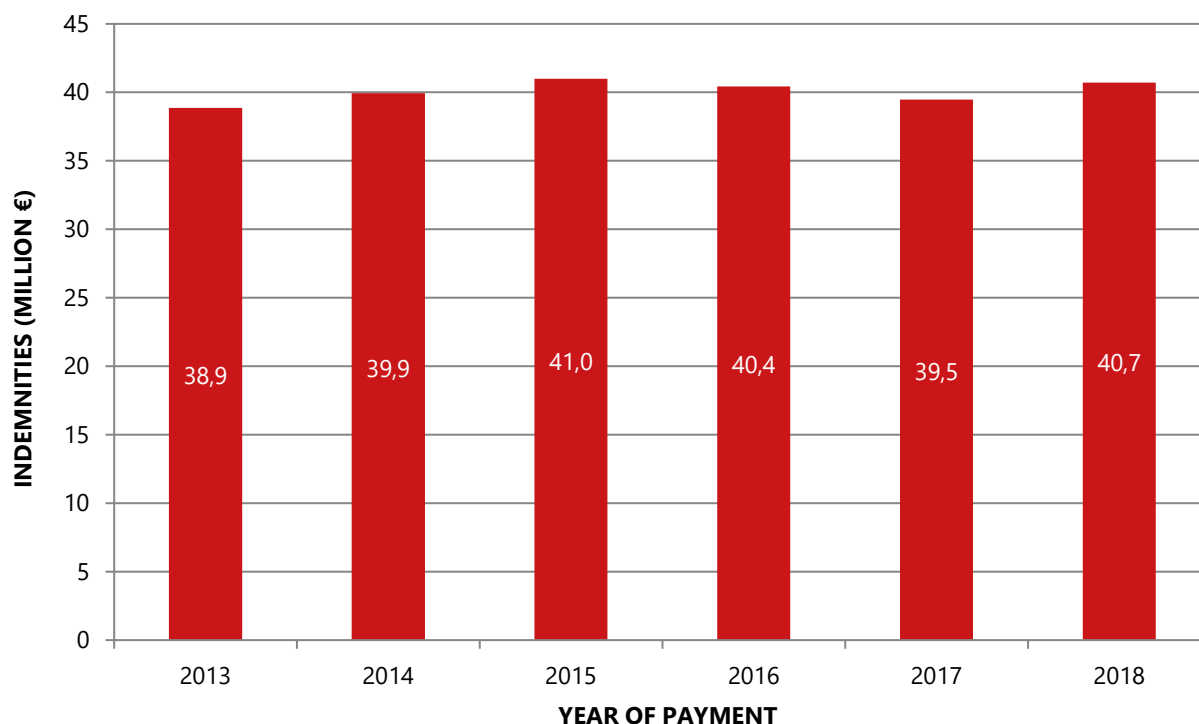
5 Compensations payable under patient insurance

The compensations payable under 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 slightly more than one third of all compensations paid, is compensation for loss of income. The second third consists of compensations paid for immaterial loss and damage, i.e. compensation for temporary incapacity, cosmetic impairment and permanent incapacity. The final third, accounting for slightly less than one third of all compensations paid, consists of medical treatment and other costs.

In 2018, compensations paid totalled EUR 40.7 million, including the management expenses of claims handling operations and the Patient Injuries Board's expenses. Compensation was mostly paid for compensable patient injuries that occurred earlier and were decided prior to 2018. For example, compensations for loss of income can be paid as a monthly pension-like compensation for several years or decades after the occurrence of the patient injury. The injured can also be compensated for medical treatment, medicine and other expenses as long as the patient injury gives rise to such expenses.

PATIENT INSURANCE INDEMNITIES PAID IN 2013-2018



PATIENT INJURIES ENTITLED TO INDEMNITY IN 2018 ACCORDING TO TYPE OF COMPENSATION

