
Cases reported to the Patient Insurance Centre in 2014–2019 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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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 globally and it significantly improved the legal protection of patients. Before the Patient Injuries Act, the only option for patients who suffered injuries was to claim compensation directly from the party who caused the injury and to take the claim to court if necessary.

Today, all Nordic countries have a similar patient insurance system in place to process notices of patient injuries concerning medical treatment objectively and without blame, and to pay statutory compensation to the injured. Although there have been several initiatives in different European countries to establish a statutory patient insurance system, not many of these systems exist yet outside the Nordics. Individual statutory or voluntary insurance schemes have been set up to handle injuries that occur in connection to healthcare, but as far as their compensation criteria or amounts are concerned, they are not as comprehensive as the Nordic systems.

Last year was a turning point in history for patient insurance, as the Parliament of Finland adopted the reforms proposed to the legislation concerning patient insurance on 11 March 2019 (Government Proposal 298/2018) and the President of the Republic confirmed the related acts on 22 August 2019. The new Patient Insurance Act (948/2018), the Act on the Patient Insurance Centre (949/2019) and the Act on the Traffic Accident and Patient Injuries Board (959/2019) will enter into force on 1 January 2021.

The new Patient Insurance Act will further improve the legal protection of claimants: the provisions on compensation procedures are more detailed, and the provisions on the types of compensable injuries are more extensive and ensure that in the future, injuries resulting from devices permanently installed in a patient's body, such as prosthetic joints, can be compensated under certain conditions. Vocational rehabilitation necessary due to a patient injury will also be compensable in the future. The new legislation brings no changes to other compensation criteria or the role of the Patient Insurance Centre (PVK). PVK handles and resolves all notices of patient injuries concerning the medical treatment and health care provided in the public and in the private sector in the future as well. The impartial handling of claims outside of the treatment process will continue safeguarding the rights of both the patients and healthcare providers.

During its almost 33 years of operations, the Patient Insurance Centre has resolved more than 220,000 cases reported to it, of which around 73,000 have been deemed compensable. Almost 600 million euros have been paid in compensation to injured patients. The costs of these injuries to healthcare and our society were much larger.

In addition to an effective system for compensations, it is important to pay attention to patient safety and the prevention of accidents to avoid human suffering and additional costs in the future. Medical treatment and healthcare operations always involve risks and mistakes may occur, but mistakes can and should be learned from. To this end, Patient Insurance Centre 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 available for researchers for purposes that promote patient safety.

The Patient Insurance Centre's injury statistics provide an interesting point of view to the Finnish health care system and its development. This annual report contains information about cases of injury reported, resolved and compensated in 2014–2019 and more detailed statistics about the resolved compensable patient injuries and the compensations paid in 2019.

At the beginning of each year, we publish annual statistics concerning the previous year. We also publish statistics on the injury development trends during the current year in an interim report on a semi-annual basis.

Helsinki, March 2020

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Interpreting statistics

- 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 places of treatment. In 2019, 7,645 individuals filed notices of injury and 9,556 separate cases were registered based on the notices. This means on average one notice of injury concerned 1.2 places of treatment on average.
- 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 2018 was 8,685, whereas in the 2018 annual report, the number was 8,522.

Resolved cases and compensable patient injuries

- Of the cases resolved in 2019, slightly less than half were filed last year. A filed case may have happened several years before, as compensation can be applied for within three years from the date the injured party learned of the injury.
- Each registered case is resolved independently. In 2019, decisions were sent to 7,601 people, who received a total of 9,594 decisions on the compensability of the injury they had reported.
- If a reported case 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 case and as a compensable case. In 2019, 2,331 cases were deemed to be compensable, which is 24.3% of all cases resolved within the year. A favourable decision was issued in respect of at least one place of treatment to a total of 2,162 claimants, i.e. in 28.4% of the cases resolved in 2019.

1 Reported patient injuries

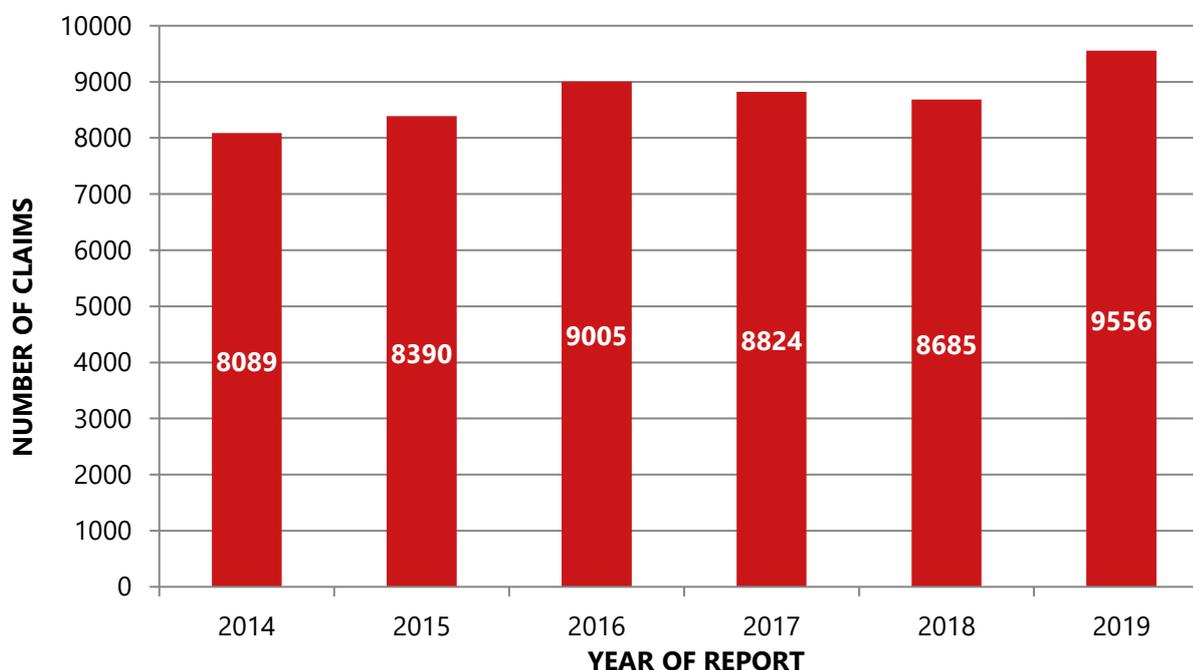
The number of reported patient injuries grew over 30% during the last decade. In 2019, a notice of injury was filed by 7,645 individuals and the notices concerned 9,556 different places of treatment and procedures. This means that on average, a report filed by one person was related to 1.2 places of treatment or procedures.

The number of reported injuries was higher than ever before during the Patient Insurance Centre's 32 years of operations. It should be noted however, that not all notices of injury are compensable. The increased number reports alone does not mean that there was a rise in compensable patient injuries in 2019.

The increased number of reports is assessed to be primarily due to the increase in the number of treatment contacts and procedures carried out in health care. Furthermore, interest towards healthcare matters and awareness of the patient insurance system have increased in the last decade, as healthcare and patient safety have been subject to public debate, for example in connection with the health and social services reform. Individual cases of malpractice and patient injury – and lately the shortcomings of treatment in nursing homes for the elderly – being discussed in the media has also increased the number of reports. In 2019, the increase in reports was also affected by the fact that notices of patient injury could be filed electronically on the Patient Insurance Centre's website throughout the year for the first time.

When examining the statistics, it should be kept 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 2014-2019



2 Resolved cases and compensable patient injuries

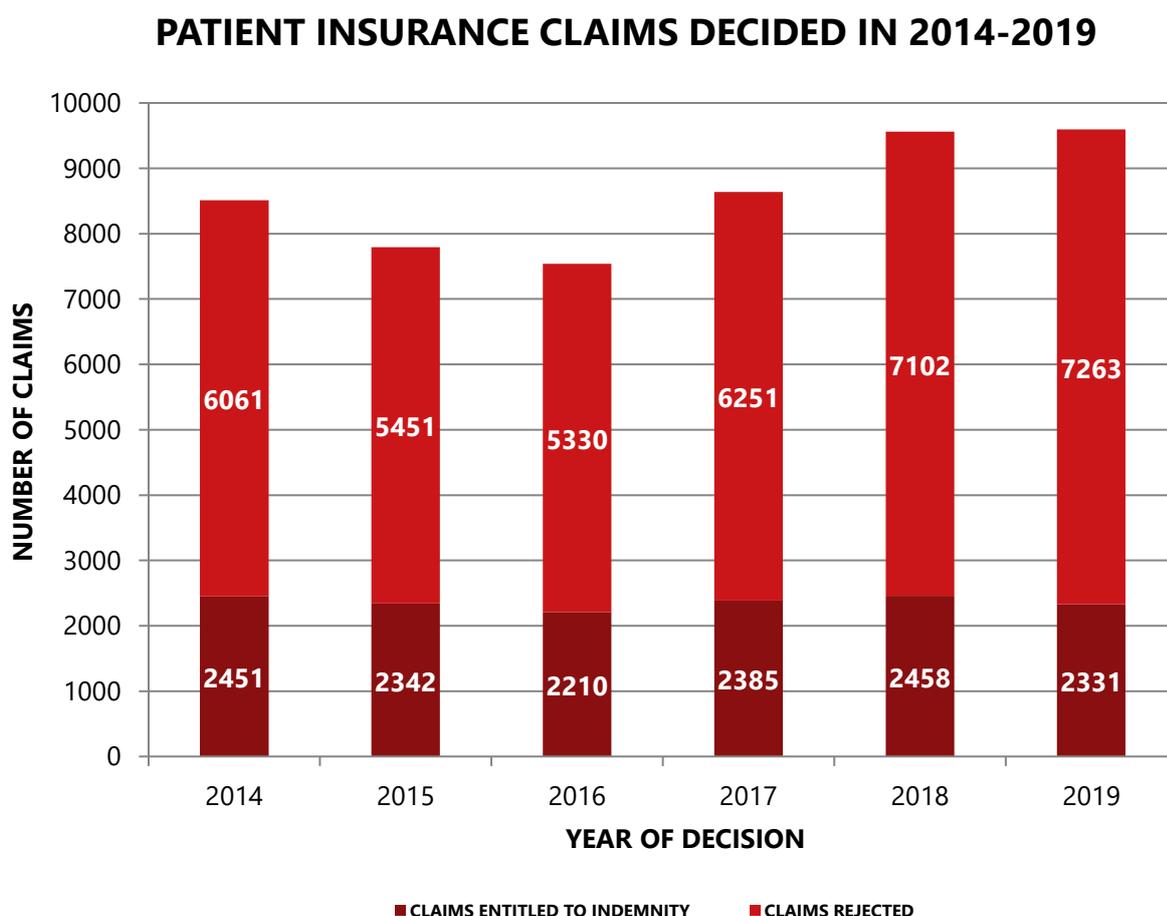
In 2019, 9,594 decision were made on the compensability of injuries. A total of 2,331 cases were deemed as compensable, i.e. 24.3% of all resolved cases. Furthermore, in 113 cases, the compensation criteria were deemed to have been met, but the loss incurred was so negligible that no compensation was paid.

Decisions were given to 7,601 claimants. Of them, 28.4% received favourable decisions for at least one reported place of treatment.

The majority of the compensated injuries (93.5%) were compensated as 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. Infection injuries (4.1%) were the second largest type of injury compensated. The share of cases compensated due to other compensation criteria was relatively small (2.4%).

In negative decisions, the grounds that were most frequently invoked (34.7%) 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 to be capable of enduring it as a risk related to a medically justified treatment.

When comparing the annual figures of favourable and negative decisions and grounds invoked, it should be kept in mind that the annual numbers are not directly comparable. The numbers are significantly affected by the number of decisions made each year. It should also be noted that the cases resolved in 2019 mostly concerned treatment provided in the years before.



NOTICES OF PATIENT INJURY RESOLVED IN 2014-2019

CLAIMS DECISION	YEAR OF DECISION					
	2014	2015	2016	2017	2018	2019
PATIENT INJURIES ENTITLED TO INDEMNITY						
- TREATMENT INJURY	2,257	2,172	2,044	2,174	2,264	2,179
- EQUIPMENT-RELATED INJURIES	14	8	5	13	16	19
- INFECTION INJURY	133	119	123	154	135	95
- ACCIDENTAL INJURY	21	23	23	24	28	21
- FIRE-RELATED INJURIES	0	0	0	0	0	0
- INJURIES RELATED TO DELIVERY OF PHARMACEUTICALS	6	2	4	5	6	4
- UNREASONABLE INJURIES	20	18	11	15	9	13
* TOTAL	2,451	2,342	2,210	2,385	2,458	2,331
MINOR PATIENT INJURIES	62	58	67	89	117	113
NO PATIENT INJURY						
- INJURY WAS UNAVOIDABLE OR TOLERABLE	2,060	1,984	2,031	2,315	2,609	2,484
- OTHER CLAIMS REPORTED	3,939	3,409	3,232	3,847	4,376	4,666
* TOTAL	5,999	5,393	5,263	6,162	6,985	7,150
* TOTAL	8,512	7,793	7,540	8,636	9,560	9,594
CLAIMS DECIDED						
- PATIENT INJURIES ENTITLED TO INDEMNITY	28.8%	30.1%	29.3%	27.6%	25.7%	24.3%
- MINOR PATIENT INJURIES	0.7%	0.7%	0.9%	1.0%	1.2%	1.2%
- NO PATIENT INJURY	70.5%	69.2%	69.8%	71.4%	73.1%	74.5%
* TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
PATIENT INJURIES ENTITLED TO INDEMNITY						
- TREATMENT INJURY	92.1%	92.7%	92.5%	91.1%	92.1%	93.5%
- INFECTION INJURY	5.4%	5.1%	5.6%	6.5%	5.5%	4.1%
- ACCIDENTAL INJURY	0.9%	1.0%	1.0%	1.0%	1.1%	0.9%
- OTHERS	1.6%	1.2%	0.9%	1.4%	1.3%	1.5%
* TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NO PATIENT INJURY						
- INJURY WAS UNAVOIDABLE OR TOLERABLE	34.3%	36.8%	38.6%	37.6%	37.4%	34.7%
- OTHER CLAIMS REPORTED	65.7%	63.2%	61.4%	62.4%	62.6%	65.3%
* TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

3 Compensable patient injuries by place of injury

The Patient Insurance Centre discloses the number of compensable patient injuries itemised by hospital district as well as the total of injuries that occurred in the private sector. More detailed information about the injuries that occurred in the area of a specific hospital district can be enquired from the hospital district concerned 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 may be 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. Several background factors should be taken into account in the comparison, such as the level of difficulty and number of the procedures performed in the area of the hospital district concerned, along with the demographic structure and the number of healthcare treatment visits.

COMPENSABLE PATIENT INJURIES RESOLVED IN 2014-2019

PLACE OF INJURY	YEAR OF DECISION					
	2014	2015	2016	2017	2018	2019
PLACES OF INJURY IN HOSPITAL DISTRICTS*)	1987	1847	1751	1853	1843	1785
JOINT AUTHORITY OF THE HELSINKI AND UUSIMAA HOSPITAL DISTRICT	383	354	302	386	332	342
JOINT MUNICIPAL AUTHORITY OF THE HOSPITAL DISTRICT OF SOUTHWEST FINLAND	162	149	119	143	170	158
JOINT MUNICIPAL AUTHORITY OF THE SATAKUNTA HOSPITAL DISTRICT	68	73	73	67	82	68
JOINT MUNICIPAL AUTHORITY OF THE KANTA-HÄME HOSPITAL DISTRICT	80	91	80	92	96	77
JOINT MUNICIPAL AUTHORITY OF THE PIRKANMAA HOSPITAL DISTRICT	210	188	179	132	151	142
JOINT MUNICIPAL AUTHORITY FOR SOCIAL AND HEALTH SERVICES IN PÄIJÄT-HÄME	75	74	67	87	80	77
JOINT MUNICIPAL AUTHORITY FOR HEALTH AND SOCIAL SERVICES IN	98	91	100	100	73	77
KYMENLAAKSO						
JOINT MUNICIPAL AUTHORITY FOR SOCIAL AND HEALTH SERVICES IN SOUTH	40	55	45	46	44	49
KARELIA						
JOINT MUNICIPAL AUTHORITY OF THE SOUTH SAVO HOSPITAL DISTRICT	33	39	54	58	48	45
JOINT MUNICIPAL AUTHORITY OF THE EAST SAVO HOSPITAL DISTRICT	28	18	18	19	23	18
JOINT MUNICIPAL AUTHORITY FOR HEALTH AND SOCIAL SERVICES IN NORTH	64	57	64	84	81	91
KARELIA						
JOINT MUNICIPAL AUTHORITY OF THE NORTH SAVO HOSPITAL DISTRICT	153	129	135	121	95	120
JOINT MUNICIPAL AUTHORITY OF THE CENTRAL FINLAND HOSPITAL DISTRICT	79	90	67	81	67	94
JOINT MUNICIPAL AUTHORITY OF THE SOUTH OSTROBOTHNIA HOSPITAL DISTRICT	74	65	49	77	56	63
JOINT MUNICIPAL AUTHORITY OF THE VAASA HOSPITAL DISTRICT	32	34	46	36	55	42
JOINT MUNICIPAL AUTHORITY FOR SPECIALISED MEDICAL CARE AND BASIC SERVICES	43	31	38	39	48	27
IN CENTRAL OSTROBOTHNIA						
JOINT MUNICIPAL AUTHORITY OF THE NORTH OSTROBOTHNIA HOSPITAL DISTRICT	182	143	153	148	181	132
KAINUU REGION FEDERATION OF MUNICIPALITIES	45	46	31	31	34	36
JOINT MUNICIPAL AUTHORITY OF THE LÄNSI-POHJA HOSPITAL DISTRICT	27	27	32	28	35	38
JOINT MUNICIPAL AUTHORITY OF THE LAPLAND HOSPITAL DISTRICT	81	69	73	48	63	66
THE ÅLAND HEALTH AND MEDICAL CARE ORGANISATION	8	7	8	9	7	6
STATE'S PLACES OF THE INJURY	0	3	4	6	4	2
OTHER PLACES OF INJURY	22	14	14	15	18	15
PRIVATE SECTOR	464	495	459	532	615	546
TOTAL	2451	2342	2210	2385	2458	2331

^{*)} 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 and underlying diseases

The compensable patient injuries are mostly related to surgical procedures and anaesthesia, in connection of which a total of 950 injuries were compensated in 2019. Of these, less than half (413) were related to surgical procedures on the musculoskeletal system.

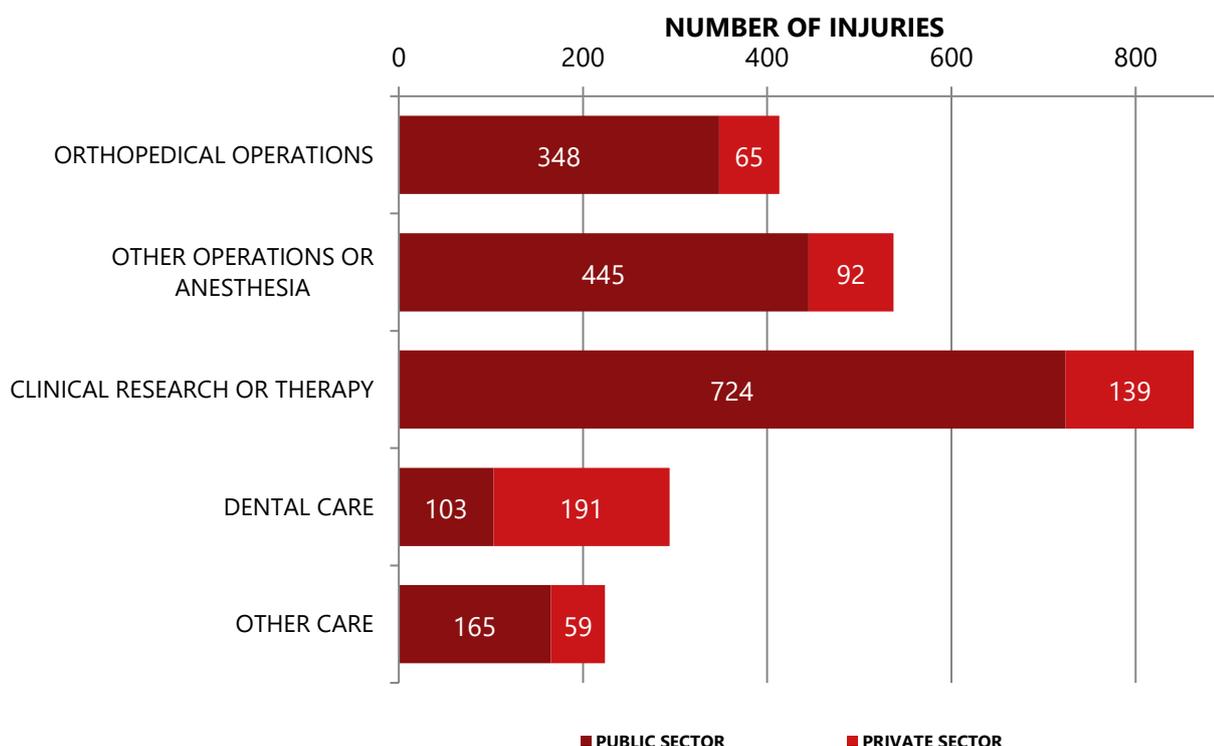
A total of 863 injuries that occurred in connection with clinical examination or treatment procedures were compensated for. This category is a very diverse one, but the largest type of patient injury in it was delays in diagnosis or treatment. In these cases, the patient was not examined extensively enough, or the patient was not referred to further examinations at a sufficiently early stage and as a result, the medical issue became more severe or had to be treated with more invasive methods.

A total of 294 injuries that occurred in connection with dental care procedures were compensated for. Of these, 109 occurred in connection with root canal treatment and 86 in connection with prosthetic dental treatment. In addition to injuries related to dental care procedures, a total of 80 injuries that occurred in dental, oral, maxillofacial and pharyngeal surgical procedures, or the related anaesthesia, were compensated for.

The next page includes a procedure-specific summary of the amount of compensable cases resolved in 2019 categorised by the places of treatment of public healthcare and the private sector. In the summary, the injuries of private operators that occurred in health stations and public hospitals have also been classified as public sector injuries.

Information on the most common underlying diseases in the patient injury cases deemed compensable in 2017–2019 can be found on page 11 of this report. In this three-year statistic, in addition to dental diseases, the most prominent underlying conditions were arthrosis in the hip (277 cases) and knee (227 cases) and fractures in the knee or leg (207 cases), forearm (189 cases), wrist or hand (163 cases) and femur (137 cases).

PATIENT INJURIES ENTITLED TO INDEMNITY IN 2019



COMPENSABLE PATIENT INJURIES RESOLVED IN 2019

PROCEDURE	PUBLIC SECTOR	PRIVATE SECTOR	TOTAL	PROPORTION OF THE PRIVATE SECTOR
SURGICAL AND ANAESTHESIA PROCEDURES	793	157	950	17 %
A NERVOUS SYSTEM PROCEDURE	71	5	76	7 %
B ENDOCRINE SYSTEM PROCEDURE	10	0	10	0 %
C EYE-AREA PROCEDURE	28	16	44	36 %
D OTORHINOLARYNGEAL PROCEDURE	7	0	7	0 %
E DENTAL, ORAL, MAXILLOFACIAL AND PHARYNGEAL PROCEDURE	25	55	80	69 %
F CARDIO-THORACOVASCULAR PROCEDURE	12	0	12	0 %
G THORACIC CAVITY WALL AND LUNG-AREA PROCEDURE	8	0	8	0 %
H MAMMARY PROCEDURE	11	1	12	8 %
J PROCEDURE IN THE GI TRACT AND ASSOCIATED ORGANS	111	4	115	3 %
K URINARY TRACT- AND MALE GENITAL-AREA PROCEDURE	34	0	34	0 %
L FEMALE GENITALIA PROCEDURE	46	1	47	2 %
M OBSTETRIC PROCEDURE	11	0	11	0 %
N MUSCULOSKELETAL SYSTEM PROCEDURE	348	65	413	16 %
NA BACK AND NECK PROCEDURES	38	1	39	3 %
NB SCAPULA, CLAVICLE, SHOULDER JOINT AND UPPER ARM PROCEDURES	26	12	38	32 %
NC ELBOW JOINT AND FOREARM PROCEDURES	22	2	24	8 %
ND WRIST AND HAND PROCEDURES	19	14	33	42 %
NE PROCEDURES IN THE PELVIS, SACRUM AND COCCYX	1	0	1	0 %
NF HIP JOINT AND FEMUR PROCEDURES	107	6	113	5 %
NG KNEE AND LEG PROCEDURES	71	20	91	22 %
NH ANKLE AND FOOT PROCEDURES	64	10	74	14 %
P VASCULAR AND LYMPHATIC SYSTEM PROCEDURE	21	0	21	0 %
Q DERMAL AND SUBCUTANEOUS TISSUE PROCEDURE	12	5	17	29 %
T SMALL PROCEDURE	13	2	15	13 %
U ENDOSCOPIC PROCEDURE	18	2	20	10 %
OTHER SURGICAL PROCEDURE	3	1	4	25 %
ANAESTHESIA PROCEDURE	4	0	4	0 %
CLINICAL EXAMINATION OR TREATMENT PROCEDURE	724	139	863	16 %
DENTAL TREATMENT PROCEDURES	103	191	294	65 %
NON-SURGICAL REMOVAL OF TOOTH	18	14	32	44 %
DENTAL FILLING TREATMENT	7	18	25	72 %
ROOT CANAL THERAPY	54	55	109	50 %
DENTAL PROSTHETIC TREATMENT	5	81	86	94 %
OTHER DENTAL CARE	19	23	42	55 %
OTHER PROCEDURES	165	59	224	26 %
RADIOLOGICAL EXAMINATION	39	21	60	35 %
INJECTION, PUNCTURE	21	10	31	32 %
CATHETERISATION, CHANNELLING, CANNULATION	14	0	14	0 %
CASTING, DRESSING	14	1	15	7 %
WOUND CARE	3	1	4	25 %
PHYSIOTHERAPY OR REHABILITATION	4	4	8	50 %
HOSPITAL TREATMENT	12	0	12	0 %
CHILDBIRTH	14	0	14	0 %
OTHER PROCEDURE	44	22	66	33 %
TOTAL	1 785	546	2 331	23 %

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 2017-2019

UNDERLYING DISEASE	PROCEDURE			NUMBER IN TOTAL
	SURGERY OR ANAESTHESIA	CLINICAL EXAMINATION OR TREATMENT	OTHER PROCEDURE	
1. K04 DISEASES OF PULP AND PERIAPICAL TISSUES	19	1	415	435
2. K08 OTHER DISORDERS OF TEETH AND SUPPORTING STRUCTURES	128	0	217	345
3. M16 ARTHROSIS OF HIP	262	12	3	277
4. M17 ARTHROSIS OF KNEE	202	16	9	227
5. S82 FRACTURE OF LOWER LEG, INCLUDING ANKLE	98	85	24	207
6. S52 FRACTURE OF FOREARM	75	110	4	189
7. K02 DENTAL CARIES	6	1	173	180
8. S62 FRACTURE AT WRIST AND HAND LEVEL	24	126	13	163
9. S72 FRACTURE OF FEMUR	68	56	13	137
10. M51 OTHER INTERVERTEBRAL DISC DISORDERS	60	54	4	118
PROPORTION OF 10 MOST COMMON UNDERLYING DISEASES				32 %
11. M48 OTHER SPONDYLOPATHIES	90	15	2	107
12. S83 DISLOCATION, SPRAIN AND STRAIN OF JOINTS AND LIGAMENTS OF KNEE	63	16	5	84
13. K80 CHOLELITHIASIS	69	12	1	82
14. S42 FRACTURE OF SHOULDER AND UPPER ARM	49	26	6	81
15. K05 GINGIVITIS AND PERIODONTAL DISEASES	37	1	40	78
16. M20 ACQUIRED DEFORMITIES OF FINGERS AND TOES	74	1	2	77
17. C50 MALIGNANT NEOPLASM OF BREAST	20	21	32	73
18. H25 SENILE CATARACT	61	7	0	68
19. G56 MONONEUROPATHIES OF UPPER LIMB	62	5	0	67
20. S63 DISLOCATION, SPRAIN AND STRAIN OF JOINTS AND LIGAMENTS AT WRIST AND HAND LEVEL	22	35	5	62
PROPORTION OF 20 MOST COMMON UNDERLYING DISEASES				43 %
21. M19 OTHER ARTHROSIS	55	2	3	60
22. K35 ACUTE APPENDICITIS	25	31	0	56
23. I63 STROKE	0	41	14	55
24. S43 DISLOCATION, SPRAIN AND STRAIN OF JOINTS AND LIGAMENTS OF SHOULDER GIRDLE	26	23	4	53
25. M54 DORSALGIA	1	42	9	52
26. S92 SUPERFICIAL INJURY OF ANKLE AND FOOT	11	34	3	48
27. S66 INJURY OF MUSCLE AND TENDON AT WRIST AND HAND LEVEL	6	37	5	48
28. R10 ABDOMINAL AND PELVIC PAIN	19	23	5	47
29. S46 INJURY OF MUSCLE AND TENDON AT SHOULDER AND UPPER ARM LEVEL	23	23	1	47
30. M47 SPONDYLOSIS	37	8	1	46
PROPORTION OF 30 MOST COMMON UNDERLYING DISEASES				50 %

5 Compensable patient injuries in 2014–2016 compared to the number of procedures carried out

From the patient safety point of view, instead of the absolute number of compensated patient injuries, it is more relevant to consider how many compensable patient injuries occurred in different procedures as compared to the numbers of procedures carried out.

The next page includes statistics on how often a compensable patient injury occurred in connection with each respective procedure when compared to the number of procedures.

A total of 30 surgical procedures with the highest number of patient injuries were included in the review. Some rare procedures, in which a compensable patient injury occurs relatively more frequently, may be excluded from the review, because the number of injuries is so low.

The years under review have been chosen to make the data as valid as possible, i.e. in the chosen years a notice of injury would already have been filed of the injuries that occurred during the year under review and that the case would already have been decided.

Year after year, hip and knee joint replacement surgeries and decompression of the spinal cord and nerve roots have remained at the top of the statistics in surgical procedures that are frequently compensated as patient injuries. Since a large number of these procedures is carried out each year, the number of compensable patient injuries is also higher than the number of injuries in certain rarer surgical procedures.

However, regardless of the total number, the risk of suffering a patient injury in these operations is rather low. In 2014–2016, a total 70,000 hip or knee replacement surgeries were performed and only six in one thousand patients suffered a patient injury in connection to the procedure.

The risk for patient injury was relatively low in the other procedure categories as well – less than one percent.

However, when interpreting the statistics, it must be kept mind that a notice of patient injury is probably not filed on all incidents that could meet the criteria of a compensable patient injury. The degree of severity of the injury sustained or the way the injury affects the functional capacity of the injured party may affect how actively injuries related to different procedures are reported.

THE MOST COMMON SURGICAL PROCEDURES IN THE COMPENSABLE PATIENT INJURIES THAT OCCURRED IN 2014–2016 AS COMPARED TO THE PROCEDURES CARRIED OUT

PROCEDURE	PATIENT INJURIES	PROCEDURES (THL)	PATIENT INJURY/PROCEDURE (THL)
1. NFB PRIMARY PROSTHETIC REPLACEMENT OF HIP JOINT	265	37 116	0,71 %
2. NGB PRIMARY PROSTHETIC REPLACEMENT OF KNEE JOINT	154	33 056	0,47 %
3. ABC DECOMPRESSION OF SPINAL CORD AND NERVE ROOTS FOR DEGENERATIVE CONDITIONS OF SPINE	140	27 162	0,52 %
4. NHG EXCISION, RECONSTRUCTION AND FUSION OF JOINTS OF ANKLE AND FOOT	114	18 650	0,61 %
5. NAG EXCISION, RECONSTRUCTION AND FUSION OF JOINTS OF SPINE	105	12 797	0,82 %
6. EBB RECONSTRUCTIVE OPERATIONS ON TEETH	82	-	-*)
7. LCD TOTAL EXCISION OF UTERUS	71	14 530	0,49 %
8. EBA EXTRACTION AND PARTIAL EXCISION OF TOOTH	66	-	-*)
9. NGE OPERATIONS ON CAPSULES AND LIGAMENTS OF KNEE JOINT	64	12 380	0,52 %
10. CJE EXTRACAPSULAR CATARACT OPERATIONS USING PHAKOEMULSIFICATION TECHNIQUE	58	130 654	0,04 %
PROPORTION OF 10 MOST COMMON PROCEDURES		38 %	
11. NCJ FRACTURE SURGERY OF ELBOW AND FOREARM	56	11 936	0,47 %
12. NHJ FRACTURE SURGERY OF ANKLE AND FOOT	55	13 852	0,40 %
13. ACC OPERATIONS FOR IMPAIRED FUNCTION OF PERIPHERAL NERVES	51	36 118	0,14 %
14. JKA OPERATIONS ON GALLBLADDER	51	27 049	0,19 %
15. JFB PARTIAL EXCISION OF INTESTINE	47	14 509	0,32 %
16. NBJ FRACTURE SURGERY OF SHOULDER AND UPPER ARM	46	7 930	0,58 %
17. NHK OPERATIONS ON BONE OF ANKLE AND FOOT	46	10 879	0,42 %
18. NGJ FRACTURE SURGERY OF KNEE AND LOWER LEG	40	7 898	0,51 %
19. BAA THYROID GLAND	38	7 586	0,50 %
20. NFJ FRACTURE SURGERY OF FEMUR	38	14 580	0,26 %
PROPORTION OF 20 MOST COMMON PROCEDURES		54 %	
21. JAB REPAIR OF INGUINAL HERNIA	37	35 071	0,11 %
22. UJF ENTEROSCOPY AND COLOSCOPY	34	-	-*)
23. NDJ FRACTURE SURGERY OF WRIST AND HAND	31	10 422	0,30 %
24. NDE OPERATIONS ON CAPSULES AND LIGAMENTS OF JOINTS OF WRIST AND HAND	28	-	-*)
25. NFC SECONDARY PROSTHETIC REPLACEMENT OF HIP JOINT	27	5 783	0,47 %
26. JAD REPAIR OF INCISIONAL HERNIA	26	-	-*)
27. JEA APPENDECTOMY	26	23 385	0,11 %
28. NBL OPERATIONS ON MUSCLES AND TENDONS OF SHOULDER AND UPPER ARM	23	19 652	0,12 %
29. NDG EXCISION, RECONSTRUCTION AND FUSION OF JOINT OF WRIST AND HAND	23	6 013	0,38 %
30. JAH OPENING OF PERITONEAL CAVITY	22	15 823	0,14 %
PROPORTION OF 30 MOST COMMON PROCEDURES		64 %	

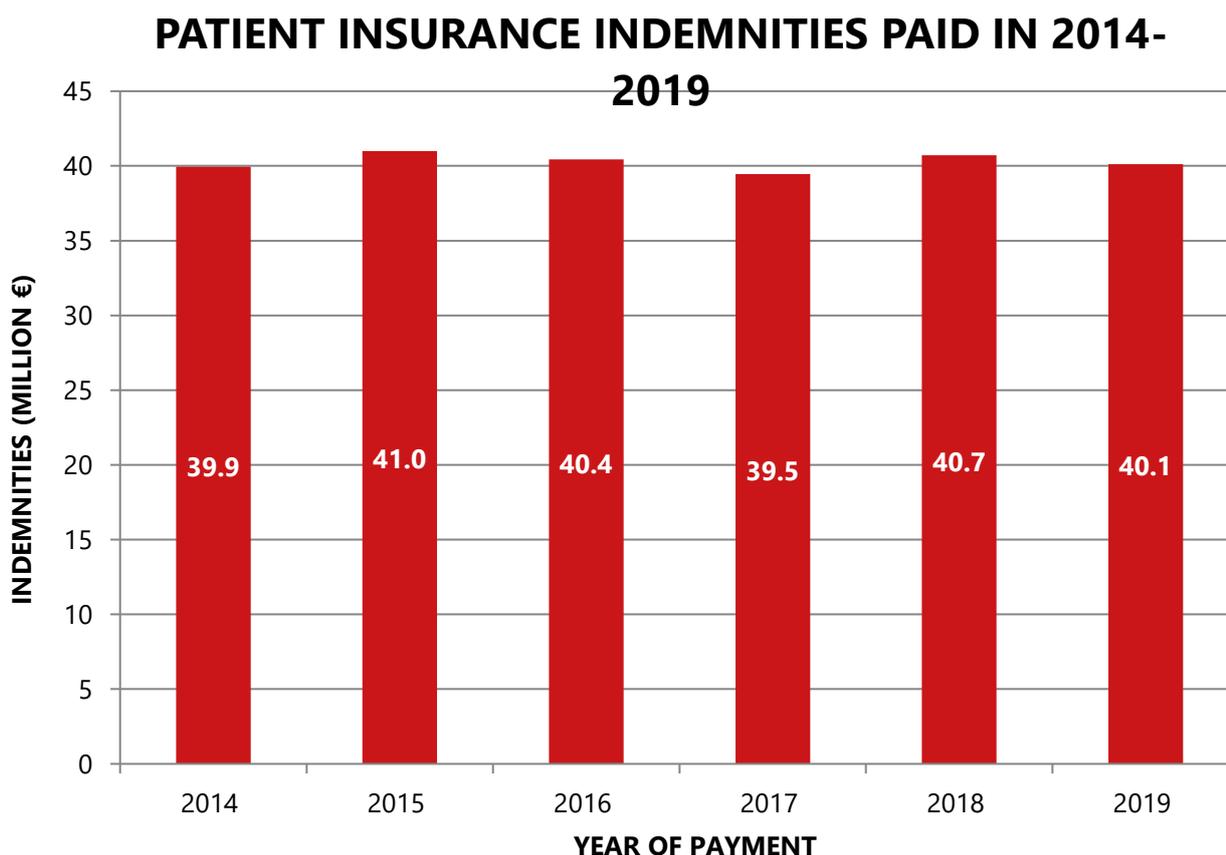
* Details of private health care providers are missing from the numbers of procedures entirely or in part, so the numbers of patient injuries as compared to the procedures carried out cannot be reported.

6 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 regulations issued by the Traffic Accident Board.

The single largest compensation type, with a share of 40%, was compensation for the loss of income. The compensations paid for immaterial loss and damage, i.e. compensation for temporary or permanent incapacity, accounted for slightly less than one third of all compensations paid. A quarter of the compensations paid were compensations for the cost of medical treatment and other costs incurred due to a patient injury.

In 2019, a total of 40.1 million euros was paid in compensation for patient injuries. The number includes the management expenses of claims handling and the expenses of the Patient Insurance Centre. Most compensated cases were resolved before 2019 and the related injuries had occurred before that as well. Compensation for the loss of income, for example, can be paid as pension-like monthly instalments during several years or sometimes decades after the injury occurred. Costs of medical treatment and medication and other incurred costs are compensated to the injured party for as long as they continue accumulating.



EXPENSES OF THE PATIENT INSURANCE SYSTEM AND PAID COMPENSATIONS BY COMPENSATION TYPE

