

# Facts and Figures

From The Annual Supervision Report 2005 The Norwegian Board of Health.

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This chapter presents an overview of the most important tasks of the Offices of the County Governor, the Norwegian Board of Health in the Counties, and the Norwegian Board of Health (centrally) as supervision authorities and appeals bodies. More detailed statistics are to be found on the web site of the Norwegian Board of Health: [www.helsetilsynet.no](http://www.helsetilsynet.no).

### ***Complaints relating to the Social Services Act***

Dealing with complaints relating to the Social Services Act is a substantial task for the Offices of the County Governor. The Offices of the County Governor dealt with 6 021 complaints in 2005 (7 333 in 2004) (see Table 1). By complaints we mean cases in which individuals have complained about a decision made by a municipality about benefits or services according to the Social Services Act, and where the municipality has not accepted the complaint. The County Governor is the appeals body and can reverse decisions made by the municipalities. About one third of the cases were about economic support, the other cases were mainly about social services. Examples of complaints about economic support are complaints about the amount of benefit, and more specific complaints relating to benefits for food, rent, electricity, deposit, clothes, dental treatment, medicine, furniture and travel. Examples of complaints about social services are complaints about economic assistance for carers, practical assistance and training including client-managed personal assistance, relief for carers and support persons. Complaints can be about the type of service, the extent of services offered and payment.

**Table 1. Complaints regarding the Social Services Act.  
Number of new cases and completed cases,  
2005**

County	New cases	Completed cases - economic support	Of which decision affirmed (%)	Completed cases - social services	Of which decision affirmed (%)	Total completed cases
Østfold	528	397	65 %	105	31 %	514
Oslo og Akershus	1 420	1 011	75 %	183	50 %	1 278
Hedmark	243	180	83 %	55	31 %	257
Oppland	187	128	78 %	41	51 %	183
Buskerud	379	288	72 %	90	53 %	393
Vestfold	327	238	83 %	57	70 %	318
Telemark	240	185	77 %	36	75 %	245
Aust-Agder	111	89	87 %	22	55 %	119
Vest-Agder	174	136	76 %	32	63 %	168
Rogaland	526	440	81 %	75	72 %	525
Hordaland	560	451	76 %	117	61 %	588
Sogn og Fjordane	127	75	72 %	38	71 %	117
Møre og Romsdal	274	185	75 %	81	59 %	280
Sør-Trøndelag	270	167	85 %	49	43 %	223
Nord-Trøndelag	109	103	76 %	25	40 %	137
Nordland	323	217	72 %	67	48 %	307
Troms	246	158	82 %	52	62 %	220
Finnmark	110	129	64 %	19	47 %	140
Total	6 154	4 577	76 %	1 144	54 %	6 012

The County Governors supported the decision of the municipality in 71 per cent of cases (74 per cent in 2004). The proportion of decisions affirmed by the County Governors was higher for cases about economic support than for cases about social services. In 14 per cent of cases, the County Governors reversed the decision of the municipality. The decisions were revoked in 13 per cent of cases and returned to the municipality to be dealt with again. In two per cent of cases the decision was rejected, so that the complaint was not assessed. There are no statistics about what happens to cases that are returned, but many decisions are reversed by the municipalities on the basis of the comments of the County Governors.

The Offices of the County Governor are required to deal with cases within three months. Over 90 per cent of cases were dealt with within three months, and over 70 per cent within two months.

At the start of 2005 there were 704 pending cases, and at the end of 2005 there were 841. 6 154 cases were received – 240 fewer than in the previous year. 1 312 fewer cases were dealt with in 2005 than in 2004. The main reason for this was that several large Offices of the County Governor made a special effort to reduce the backlog in 2004. The main impression is that the County Governors have good control over cases of complaint relating to the Social Services Act.

## **Complaints regarding peoples' rights for health services**

The Norwegian Board of Health in the County is the appeals body when patients mean that they have not received the services that they have the right to receive according to the Patients' Rights Act and certain other regulations. Those who have responsibility for the services (the municipality or the health trust) shall have reassessed the case before a complaint is sent to the Norwegian Board of Health in the County. The Norwegian Board of Health in the County can assess all aspects of the case. The decision of the Norwegian Board of Health in the County is final.

The number of completed cases was 754 in 2005 (361 in 2004, 199 in 2003). A large part of the increase is due to new regulations from 1 September 2004 in the Patients' Rights Act about the right to ambulance transport.

Some of the 754 cases were assessed according to several sections in the Act. Table 2 presents the distribution of the 831 assessments.

In 252 of the 754 cases, the decision was totally or partly affirmed.

**Table 2. Complaints regarding peoples' rights for health services. Number of cases completed by the Norwegian Board of Health in the Counties - assessed according to specific provisions in the legislation, 2004 and 2005**

Provision	Provision regarding:	Number of cases 2005	Of which decision in favour of the complainant	Number of cases 2004
<b>Patients' Rights Act</b>				
Section 2-1 first paragraph	the right to required health care from the municipal health services	62	10	34
Section 2-1 second paragraph	the right to required health care from the specialized health services	134	46	72
Section 2-2	the right to an evaluation within 30 workdays	25	19	5
Section 2-3	the right to a re-evaluation	3	2	4
Section 2-4	the right to choose hospitals	15	15	9
Section 2-5	the right to an individual plan	12	5	11
Section 2-6	the right to ambulance transport	314	56	42
Chapter 3	the right to participation and information	22	7	11
Chapter 4	consent to health care	1	0	1
Section 5-1	the right of access to medical records	31	25	20
Unspecified		2	0	47
<b>The Health Personnel Act</b>				
Sections 42, 43 and 44	the right to correction of medical records	26	13	23
	the right to deletion of information in medical records			
	the right deletion of information in medical records recorded on the wrong person			
<b>Municipal Health</b>				

<b>Services Act</b>				
Section 2-1	the right to required health care	182	52	143
Section 2-2	children's right to a health check	1	1	
<b>Dental Health Services Act</b>				
Section 2-1	the right to required dental care	1	1	1
Total number of assessments of specific provisions		831	252	423

## ***Supervision of social services***

### **System audits**

The Offices of the County Governor carried out 160 system audits in 2005, see Table 3.

**Table 3. Supervision of social services.  
Number of system audits carried out by the Offices of the County Governor  
2004 and 2005**

County	Number of system audits	
	2005	2004
Østfold	9	7
Oslo og Akershus	16	6
Hedmark	10	4
Oppland	7	4
Buskerud	11	8
Vestfold	8	3
Telemark	8	3
Aust-Agder	7	8
Vest-Agder	8	5
Rogaland	8	3
Hordaland	10	5
Sogn og Fjordane	9	9
Møre og Romsdal	6	6
Sør-Trøndelag	14	8
Nord-Trøndelag	7	10
Nordland	9	10
Troms	8	6
Finnmark	5	4
Total	160	109

No breaches of laws or regulations were detected in 34 of the 160 system audits that were carried out in 2005.

80 of the 160 system audits were carried out jointly by the Offices of the County Governor and the Norwegian Board of Health in the Counties in relation to both health and social legislation.

The Offices of the County Governor carried out countrywide supervision on two themes according to guidelines produced by the Norwegian Board of Health in 2005:

- use of coercion and restraint for people with mental disabilities (See the article pp 4-5\*\*) – 53 system audits
- municipal health and social services for adults over 18 years of age who live outside institutions, who have complex and long-term needs for services (joint supervision with the Norwegian Board of Health in the Counties) (See the article pp 6-7\*\*) – 60 system audits

Reports of countrywide supervision are published in the Norwegian Board of Health's report series.

Altogether, 47 system audits were carried out that were not part of countrywide supervision. The institutions and themes for supervision for these were chosen on the basis of information the Offices of the County Governor had on risk and vulnerability. The themes for these 47 system audits included:

- services for alcohol and drug abusers (20 system audits)
- administrative procedures for allocation of municipal services (6 system audits)
- other themes, such as services for elderly house-bound people and people with mental illness, legal safeguards etc. (21 system audits).

Per 31 December 2005, there were still open nonconformities (breaches of laws or regulations that had not been corrected) in five places where system audits had been carried out in 2004 or earlier. The nonconformities related to services for alcohol and drug abusers, relief for carers, and care services.

### **Supervision of institutions for alcohol and drug abusers**

The Offices of the County Governor carried out supervision of 42 institutions for alcohol and drug abusers, according to the Regulations to the Social Services Act etc, Chapter 3.

### **Use of coercion and restraint for people with mental disabilities, according to the Social Services Act Chapter 4A**

Legal safeguards for the use of restraint and compulsion for individuals with mental disabilities are regulated by the Social Services Act Chapter 4A.

The municipalities report decisions regarding measures to prevent injury in emergency situations (single episodes) to the Offices of the County Governor, according to the Social Services Act section 4A-5, third paragraph, a. The number of decisions was 24 337 in 2005 (21 110 in 2004), concerning 1 065 persons (1 032 persons in 2004) (see Table 4).

**Table 4. Supervision of Social Services.  
Number of decisions and number of people for whom the decisions apply  
relating to the Social Services Act Chapter 4A, 2005**

County	Section 4A-5, a		Section 4A-5, b and c		Section 4A-9		
	Number of people	Number of decisions	Number of people	Number of decisions approved	Number of decisions not approved	Dispensation from the requirement to undergo training	Local supervision
Østfold	61	728	14	20	6	14	3
Oslo og Akershus	187	4 072	49	59	5	37	24
Hedmark	37	280	11	37	0	24	11
Oppland	36	430	45	61	0	43	29
Buskerud	46	383	10	19	1	17	11
Vestfold	30	451	12	18	1	10	9
Telemark	37	712	8	30	2	9	7
Aust-Agder	19	574	6	7	2	4	1
Vest-Agder	65	490	26	32	2	6	10
Rogaland	110	2 176	33	53	3	45	13
Hordaland	150	6 933	60	127	3	62	23
Sogn og Fjordane	37	808	15	20	0	11	11
Møre og Romsdal	44	944	44	118	2	49	7
Sør-Trøndelag	56	3 180	34	41	1	11	7
Nord-Trøndelag	11	199	21	48	0	75	13
Nordland	89	123	34	103	0	32	14
Troms	34	1 554	21	33	2	23	10
Finnmark	16	300	6	15	1	9	6
Total	1 065	24 337	449	841	31	481	209

The Offices of the County Governor have to authorize planned measures to prevent injury in repeated emergency situations and measures to meet the client's basic needs for food, drink, dressing, rest, sleep, hygiene and personal safety, including teaching and training, according to the Social Services Act section 4A-5, third paragraph, b and c. The Offices of the County Governor authorized 839 decisions in 2005 (655 in 2004). The decisions related to (figures for 2004 in brackets):

- 301 (272) planned measures to prevent injury in repeated emergency situations
- 342 (242) measures of restraint to meet the clients' basic needs
- 57 (47) measures of use of mechanical means of restraint (16 decisions according to b, 41 to c)
- 131 (87) measures of comprehensive warning systems (51 decisions according to b, 80 according to c)
- 8 (7) measures of teaching and training.

The decisions applied to 457 persons (378 persons in 2004).

The Offices of the County Governor gave dispensation from the requirement to undergo training in 477 cases (312 cases in 2004), which in the Social Services Act section 4A-9 applies to personnel who shall implement measures according to the Social Services Act section 4A-5, third paragraph b and c.

The Offices of the County Governor settled three complaints regarding measures relating to the Social Services Act section 4A-5, third paragraph, a, and prepared the cases for two complaints regarding measures relating to the Social Services Act section 4A-5, third paragraph, b and c, to be dealt with by the County Committee for Social Affairs.

The Offices of the County Governor carried out 194 local supervisions of measures according to the Social Services Act section 4A-5 third paragraph, b and c, relating to the duty of supervision according to section 2-6 first paragraph, second point. Twelve local supervision visits were also carried out in addition.

The large increase from 2004 to 2005 in the number of people with decisions, and the number of people given dispensation from the requirement to undergo training, is probably partly due to the backlog of cases dealt with by the municipalities in connection with the new Chapter 4A of the Social Services Act, that came into force on 1 January 2004.

## Issuing instructions

In 2005, the Offices of the County Governor did not issue instructions according to the Social Services Act.

## *Supervision of health services*

### Supervision of institutions

The Norwegian Board of Health in the Counties carried out 222 system audits in 2005 (see Table 5). Of these, 148 were system audits of municipal health services, 69 of specialized health services and 5 of other health services.

**Table 5. Supervision of health services.**  
**Number of system audits carried out by the Norwegian Board of Health in the Counties, 2005**

County	Number of system audits			Total
	Municipal health services	Specialist health services	Other	
Østfold	7	3		10
Oslo og Akershus	13	10		23
Hedmark	8	3		11
Oppland	4	2	1	7
Buskerud	9	3		12
Vestfold	6	5		11
Telemark	5	4	1	10
Aust-Agder	13	0	2	15
Vest-Agder	5	3		8
Rogaland	6	5		11
Hordaland	14	9		23
Sogn og Fjordane	10	3		13
Møre og Romsdal	7	5		12
Sør-Trøndelag	9	6		15
Nord-Trøndelag	5	2	1	8
Nordland	11	3		14
Troms	12	2		14
Finnmark	4	1		5
<b>Total</b>	<b>148</b>	<b>69</b>	<b>5</b>	<b>222</b>

In addition, the Norwegian Board of Health in Rogaland carried out three system audits and 20 other types of supervision of health-related conditions in the petroleum industry.

Of the 148 (156 in 2004) system audits of municipal health services, 76 of these were supervision of both health and social services, carried out jointly by the Offices of the County Governor and the Norwegian Board of Health in the Counties.

In 119 of the 148 system audits of municipal health services, and in 51 of the 69 system audits of specialized health services, breaches of the legislation were detected.

In 2005, the Norwegian Board of Health in the Counties carried out countrywide supervision of two areas, according to guidelines developed by the Norwegian Board of Health:

- communication between health care personnel and between health care personnel and patients in health trusts that provide surgical treatment for patients with acute diseases and cancer in the gastrointestinal tract (see article pp 8-9\*\*) – 23 system audits.
- municipal health and social services for non-institutionalized adults over 18 years of age with complex and long-term needs for services (supervision carried out jointly with the Offices of the County Governor) (see article pp 6-7\*\*) – 60 system audits.

Reports summarizing the findings from each of the areas of countrywide supervision are published in the report series: Report from the Norwegian Board of Health. The reports are in Norwegian, with an English summary, and can be found at [www.helsetilsynet.no](http://www.helsetilsynet.no).

Altogether 88 system audits of the municipalities were carried out, that were not part of countrywide supervision. The themes for these were:

- nursing and care services (49 system audits)
- emergency services (18 system audits)
- health and social emergency planning (6 system audits)
- other (15 system audits).

Altogether 46 system audits of specialized health services were carried out, that were not part of countrywide supervision. The themes for these were:

- patients' rights (15 system audits)
- psychiatric services (9 system audits)
- maternity units (8 system audits)
- other, including private clinics, health services for alcohol and drug abusers, quality improvement work (14 system audits).

### **Nonconformities that are more than one year old**

Per 31 December 2005, there were still open nonconformities (breaches of laws or regulations that had not been corrected) in 30 places where system audits had been carried out in 2004 or earlier. There were open nonconformities in 40 places per 31 December 2004, and in 71 places per 31 December 2003.

Of the 30 system audits with nonconformities per 31 December 2005, one had been carried out in 1999, one in 2002, four in 2003 and twenty-four in 2004. Three had been carried out in health trusts, and 27 had investigated various municipal services.

The Norwegian Board of Health in the Counties will follow up nonconformities with the owners and the people responsible for running the services, until the services are in line with statutory requirements.

### **Issuing instructions**

In 2005, the Norwegian Board of Health gave a warning about issuing instructions, or issued instructions about correcting conditions, in accordance with the Health Services Supervision Act section 5, the Specialized Health Services Act section 7-1, or the Municipal Health Services Act section 6-3, in the following cases:

- Research project, Aker University Hospital.  
Instructions issued to discontinue the project.  
Letter of 23 September 2005 to Aker University Hospital
- Excess patients in relation to capacity, including patients admitted under compulsion, Sandviken Psychiatric Hospital.  
Instructions issued to Helse Vest RHF (Western Norway Regional Health Authority). Letter of 9 March 2005
- Lack of a plan for health and social emergency planning.  
Warning about issuing instructions given to 103 municipalities and six health trusts.  
Instructions issued later to 26 municipalities.  
Per 31.12.2005, there were still 41 municipalities and one health trust for which the situation had not been rectified.

### ***Supervision cases (individual cases) in the health services***

#### **Supervision cases dealt with by the Norwegian Board of Health in the Counties**

Supervision cases are cases dealt with by the Norwegian Board of Health in the Counties on the basis of complaints from patients, relatives and other sources, concerning possible deficiencies in provision of services.

The number of new cases per 100 000 inhabitants varies from 20 in the county of Møre og Romsdal to 92 in the county of Finnmark.

The aim is that more than half of the cases shall be dealt with within five months. This aim was achieved in fifteen counties (Oslo and Akershus were counted separately) (ten counties in 2004). See Table 6.

**Table 6. Supervision of health services**

**Number of completed cases and percentage of cases that took more than 5 months to deal with, 2004 and 2005**

County	Number of completed cases 2005	Percentage of cases that took more than 5 months 2005	Number of completed cases 2004
Østfold	122 *	34 %	89
Oslo og Akershus	294 *	47 %	457
Hedmark	90 *	57 %	77
Oppland	56	30 %	65
Buskerud	149	46 %	110
Vestfold	86	27 %	67
Telemark	76	43 %	70
Aust-Agder	51	31 %	34
Vest-Agder	68	62 %	50
Rogaland	137	46 %	100
Hordaland	164	30 %	115
Sogn og Fjordane	36	3 %	44
Møre og Romsdal	65	82 %	63
Sør-Trøndelag	148	41 %	94
Nord-Trøndelag	51	49 %	56
Nordland	110	54 %	82
Troms	74	35 %	65
Finnmark	71	45 %	37
Backlog project	117 *		
<b>Total</b>	<b>1 965</b>	<b>45 %</b>	<b>1 675</b>

\* Because of the long time taken to deal with supervision cases in Østfold, Oslo og Akershus, and Hedmark, the Norwegian Board of Health dealt with some of the cases from these three offices. The number of cases completed in 2005 was 117 (37 from Østfold, 39 from Oslo og Akershus and 41 from Hedmark).

**Distribution**

Information is given below about the source of supervision cases, what they relate to, and the assessments and results of the cases. Some cases are complex, so that several health services or health care personnel are assessed in the same case. Some cases are assessed according to several provisions in the legislation, so that the sum of the number of cases in the different categories is greater than the number of cases.

**Distribution of supervision cases according to source**

Patients, their relatives and their representatives were the source of 1 321 of the cases in 2005. Other common sources were the Patient Ombudsman (142 cases), employers (129 cases) and reports of incidents of severe injury to patients (114 cases). Altogether there were 2 103 sources for the 1 965 completed cases.

### Distribution of supervision cases according to type of service

Of the 1 965 supervision cases completed in 2005, 1 992 assessments were made of health services. See Table 7.

**Table 7. Supervision cases (individual cases)**

#### Distribution of assessments according to type of service, 2004 and 2005

Service	Number of assessments 2005	Percentage of assessments 2005 (%)	Number of assessments 2004
Public specialized health services	772	39 %	720
Regular medical practitioner	692	35 %	680
of which: emergency services	198	10 %	199
Nursing homes	137	7 %	138
Private specialized health services	132	7 %	155
of which: private hospitals	23	1 %	36
Home-based health services	83	4 %	90
Dental services	40	2 %	49
Other health services	122	6 %	124
Not specified	14	1 %	24
Total	1 992	100 %	1 980

In 66 per cent of assessments in 2005, no nonconformities were found (breaches of duty of health care personnel, or criticism of the system to the institution by the Norwegian Board of Health in the County, or case referred to the Norwegian Board of Health).

### Distribution of supervision cases according to type of health care personnel and institution

In 2005, 1 211 assessments of supervision cases involving health care personnel were made. In addition, 761 assessments of institutions as organizations (municipality, health trust etc.) were made. The categories of health care personnel that were assessed most often in relation to supervision cases are shown in Table 8. Seventeen assessments for 6 categories of health care personnel are not specified in the table. There were 12 categories of health care personnel for which no assessments were made. Nineteen assessments were made for persons who had neither authorization nor a licence to practice.

**Table 8. Supervision cases (individual cases)**

#### Distribution of cases according to category of health care personnel, 2003-2005

Health care personnel	2005	2004	2003
Physicians	925	952	838
Nurses	104	118	97
Dentists	42	50	35
Psychologists	38	33	39
Auxiliary nurses	29	22	18
Physiotherapists	15	25	15
Chiropractor	9	3	1
Midwives	7	11	4
Emergency Medical Technician	6	10	4
Other health care personnel	17	..	..
Persons without authorization or licence	19	..	..
Total	1211		

### **Distribution of supervision cases according to specialty**

In 2005, 830 cases were completed, involving 935 assessments, for institutions or health care personnel in specialized health services. Table 9 presents the distribution of these assessments according to specialty.

In 2005, no nonconformities were found in 62 per cent of assessments.

**Table 9. Supervision cases (individual cases)  
Distribution of cases according to specialty, 2003-2005**

Specialty	2005	2004	2003
Psychiatry	257	238	177
Surgery	169	133	109
Internal medicine	114	93	86
Obstetrics and gynaecology	70	79	62
Orthopaedic surgery	45	22	25
Anaesthetics	27	39	22
Nevrology	17	26	17
Paediatrics	15	17	17
Physical medicine and rehabilitation	12	15	10
Ophthalmology	10	19	8
Child and adolescent psychiatry	10	17	20
Oncology	8	14	15
Other medical specialities	67	67	-
Not specified	114	124	-
Total	935	903	-

### **Distribution of supervision cases according to legislative basis**

The number of assessments according to legislative basis in 2005 was 3 043.

Table 10 shows, as expected, that the majority of supervision cases (approximately 66 per cent) are about sound professional practice. A large number of cases relate to information and documentation (approximately 9 per cent). Cases related to alcohol and drug abuse, and other reasons related to fitness to practice (approximately 3 per cent of cases), are often serious, and in many cases result in administrative reactions from the supervision authorities.

**Table 10. Supervision cases (individual cases)  
Distribution of cases according to legislative basis, 2003-2005  
(for the majority of individual cases)**

Legislative basis	Number of cases		
	2005	2004	2003
Provisions in the Health Personnel Act			
Section 4. Sound professional standards: behaviour	216	200	183
Section 4. Sound professional standards: examination, diagnosis, treatment	1 350	1 313	1 208
Section 4. Sound professional standards: medication	202	169	159
Section 4. Sound professional standards: other	250	244	240
Section 7. Emergency treatment	54	43	58
Section 10. Information	75	99	74
Section 16. Organization of the service	144	140	119
Chapters 5 og 6. Duty of confidentiality, right of disclosure, duty of disclosure	87		83
Sections 39-44. Patient records	201	95	205
Section 57. Fitness to practice: alcohol and drug abuse	39	269	35
Section 57. Fitness to practice: other reasons	52	45	51
Provisions in the Specialized Health Services Act			
Section 2-2. Duty of sound professional standards	373	298	173
<b>Total</b>	<b>3 043</b>	<b>2 989</b>	<b>2 588</b>

**Distribution of supervision cases according to outcome of cases**

Table 11 shows the distribution of supervision cases dealt with by the Norwegian Board of Health in the Counties in 2003, 2004 and 2005 according to outcome of the case.

**Table 11. Supervision cases (individual cases)  
Distribution of cases according to outcome, 2003-2005**

Outcome	Number of cases		
	2005	2004	2003
Referred to the Norwegian Board of Health	294	293	195
Notification of breach of duty by health care personnel	353	284	213
Advice or guidance given to health care personnel	469	511	443
Criticism of the system, to the the director / municipal executive	42	38	33
Criticism of the system, to the professional leader	9	14	17
No remarks	825	832	763
<b>Total</b>	<b>1 992</b>	<b>1 972</b>	<b>1 664</b>

**Supervision cases dealt with by the Norwegian Board of Health**

Cases dealt with by the Norwegian Board of Health (the most serious cases, which are referred by the Norwegian Board of Health in the Counties to the Norwegian Board of Health (centrally) are discussed in a separate article on page 35\*\*. Statistics on administrative reactions to health care personnel and criticism of the system are presented in the article.

## MedEvent

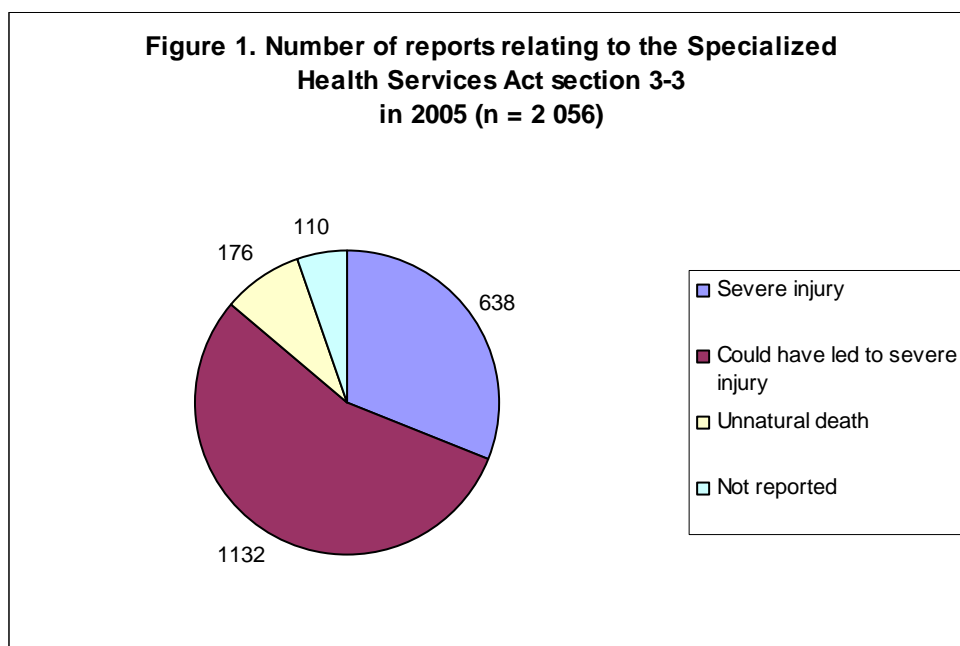
MedEvent (Meldesentralen – the Reporting System for Adverse Events in Specialist Health Services) is a database of reports of events that are registered according the Specialized Health Services Act section 3-3. Health institutions have a duty to send a written report to the Norwegian Board of Health in the County in the event of serious injury to patients, or events that could have led to serious injury to patients, that occur as the result of provision of health care, or as a result of one patient injuring another.

The Annual Report 2004 for MedEvent provides a summary of the experience gained from reports of events that happened in 2004. The number of reports has increased by 51 per cent from 2001 to 2004. The Norwegian Board of Health means that this increase can reflect a positive development in people's attitude to reporting adverse events to the authorities. The increase does not necessarily reflect an increase in the number of adverse events that occur in specialized health services.

Per 1 December 2005, 2 056 reports of events that had happened in 2004 had been registered. Nine per cent of these were reports of unnatural deaths (Figure 1).

**Number and percentage of reports of incidents that occurred in 2005 relating to the Specialized Health Services Act section 3-3 according to the level of injury to the patient (n = 2 056)**

	Number of reports	Percentage of all reports
Severe injury	638	31 %
Could have led to severe injury	1132	55 %
Unnatural death	176	9 %
Not reported	110	5 %
Total	2056	100 %



On quarter (24 per cent) of reports of events that had happened in 2004 were related to incorrect use of medicinal products. Eighty-five reports related to cases of suicide, and 49 related to cases of attempted suicide.

It is registered in 43 per cent of reports that the patient was informed about the event. It is registered in only ten per cent of reports that the patient was informed about Norsk Pasientskadeerstatning – NPE (Compensation for Injuries to Patients: an independent national body set up to process compensation claims from patients who believe they have suffered an injury as a result of treatment under the Norwegian public health service). It is of concern that many patients are not informed about the event or about NPE.

### ***Use of our website: [www.helsetilsynet.no](http://www.helsetilsynet.no)***

In 2005, there were 650 000 visits to our website, and three million visits to specific pages. The most popular pages were (number of visits in brackets):

- publications (887 000)
- supervision reports (approximately 2 000 reports, 583 000 visits)
- the websites of the Norwegian Board of Health in the Counties (369 000, including their annual reports)
- legislation (257 000).

### ***Access to documents***

In 2005, the Norwegian Board of Health received 2 265 requests from the media for access to documents in the Electronic Mail Records. There were 2 136 requests in 2004 and 1 700 requests in 2003.

### ***Press releases***

8/2005. Karl Evang Award presented to Borghild Haaland

7/2005. Invitation to the Karl Evang Seminar

6/2005. Do you have any nominations for candidates for the Karl Evang Award?

5/2005. The Norwegian Board of Health gives criticism to Nordlandssykehuset HF, Lofoten

4/2005. Deficiencies in health services to newly-arrived asylum seekers, refugees and people reunited with their families

3/2005. Deficiencies in allocating social services to alcohol and drug abusers

2/2005. Invitation from the Norwegian Board of Health to a press conference. Presentation of the Annual Supervision Report 2004

1/2005. Sixty health care personnel lost their authorization last year.

### ***Directives from the Norwegian Board of Health***

The Norwegian Board of Health did not publish any directives in 2005.

## **Financial statement**

Table 12 shows the financial statement for the Norwegian Board of Health for 2005, budget chapter 721.

The expenses of the Norwegian Board of Health in the Counties and expenses related supervision carried out by the Offices of the County Governor are covered under the budgets of the Offices of the County Governor, chapter 1510.

Table 12. The Norwegian Board of Health  
Financial statement (NOK 1 000)  
2005

Budget Chapter 721	Budget	Accounts	Difference
Expenditure: fixed wages	37 519	36 852	667
Expenditure: variable wages	6 856	7 726	-870
Operating costs, buildings etc. (rent, electricity, cleaning, security)	12 103	12 079	24
Other expenditure	12 820	12 377	443
Total expenditure	69 298	69 034	264
Income	5 108	5 497	-389
Net expenditure/saving	64 190	63 537	653

### **The Norwegian Board of Health assists with the backlog of cases**

Because of limited resources, the Norwegian Board of Health in Oslo og Akershus did not manage to meet the requirement regarding length of time to deal with cases, as laid down in the Proposition to the Storting No. 1 2004. The Norwegian Board of Health therefore helped to deal with 150 supervision cases, during the period 1 September 2004 to 1 September 2005. In addition help was provided with 46 of the oldest supervision cases from Hedmark, and 40 supervision cases from Østfold.

Of the 237 cases that were sent to the Norwegian Board of Health, five cases were returned to the Norwegian Board of Health in the Counties, two cases were written off without being dealt with, and six cases were assessed as not being supervision cases, but were completed by sending a letter to the relevant organization. Thirty-four cases (15 per cent) were sent to the Norwegian Board of Health for assessment of administrative reactions. Of these, 25 cases were completed during the project period (1 September 2004 to 1 September 2005).