

## Facts and figures

This chapter in the Annual Supervision Report presents an overview of the most important tasks that the Offices of the County Governors, the Norwegian Board of Health Supervision in the Counties and the Norwegian Board of Health Supervision (the central office) carry out as supervision authorities and appeals bodies.

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### Complaints regarding failure to meet people's rights to receive social services

**Table 1 Complaints regarding the Social Services Act dealt with by the Offices of the County Governors Trend 2004–2008 and the result of cases in 2008 according to type of case**

Office of the County Governor	2004	2006	2008						
	Cases dealt with	Cases dealt with	Cases dealt with*	Social services			Social security benefits		
				Cases dealt with	Reversed	Revaked	Cases dealt with	Reversed	Revaked
Østfold	548	426	299	56	22	8	236	24	38
Oslo og Akershus	2287	1223	857	145	52	7	642	98	37
Hedmark	229	208	221	29	10	4	182	35	17
Oppland	205	193	152	27	2	5	123	8	6
Buskerud	378	384	311	63	20	4	241	25	9
Vestfold	365	336	249	56	5	13	178	10	8
Telemark	286	188	118	37	10	4	77	7	6
Aust-Agder	110	99	50	15	1	3	31	0	0
Vest-Agder	262	166	144	48	11	11	93	2	11
Rogaland	634	377	202	40	5	4	157	9	5
Hordaland	569	506	356	89	8	17	250	10	26
Sogn og Fjordane	111	104	102	54	25	8	45	4	2
Møre og Romsdal	256	224	160	40	3	22	117	10	12
Sør-Trøndelag	284	235	172	32	5	18	135	9	20
Nord-Trøndelag	126	95	89	25	2	5	60	6	6
Nordland	314	260	139	44	4	4	87	8	7
Troms	245	226	173	64	9	17	105	4	11
Finnmark	124	101	71	18	5	2	50	3	8
TOTAL	7333	5351	3865	882	199	156	2809	272	229

\* In addition to complaints about social services and social security benefits, the Offices of the County Governors dealt with 174 other cases regarding the Social Services Act

### Administrative procedures carried out by the Offices of the County Governors

Table 1 presents figures for cases in which individuals have complained about a decision that the municipality has taken pursuant to the Social Services Act, for which the Office of the County Governor has been appeals body. Most of the complaints are about social security benefits. Other complaints are mainly about social services. Examples of complaints about social security benefits are rejection of an application, complaints about the amount of the benefit, and more specific complaints about expenses for accommodation, clothes, dental treatment, medication, furniture and travelling. Complaints can also be about the conditions for receiving social security benefits. In 2008, 2809 cases of

complaint about social security benefits were dealt with, compared with 3726 in 2007.

In 2008, 882 complaints about social services were dealt with, compared with 1045 in 2007 (see Tables 1 and 2). Economic assistance for carers was the service that was complained about most, with 314 cases. Practical assistance came next, with 271 cases, of which 106 were about client-managed personal assistance. There were 132 complaints about support contacts and 120 about respite care services.

In 2008 there were few complaints pursuant to the Social Services Act. In particular, there were few complaints about social security benefits. Low level of unemployment and

favourable economic conditions can be part of the explanation. The economic recession in the autumn of 2008 came too late to affect the number of complaints. The reduction in the number of complaints about social services must have other causes.

Since the Social Services Act came into force in 1993, the Offices of the County Governors have never dealt with so few complaints as in 2008. The number of new cases they received went down from 6 394 in 2004 to 3 995 in 2008 – a reduction of 38 per cent.

The Offices of the County Governors are required to deal with at least 90 per cent of cases of complaint within three months. In 2005, 90 per cent of cases were dealt with within the deadline, in 2006 85 per cent, in 2007 76 per cent, and in 2008 87 per cent. Eleven of the 18 Offices of the County Governors dealt with over 90 per cent of cases within three months. At the beginning of 2008, there were 471 cases that had not been dealt with, by the end of 2008 there were 579 cases.

#### Cases dealt with by the Norwegian Board of Health Supervision

The Norwegian Board of Health Supervision, which is the highest authority for complaints regarding rights laid down in social services legislation, received three cases regarding social services in 2008. Two of these were complaints about social services. One was a request to re-examine a decision made by the Office of the County Governor in a case of complaint about the number of hours allocated for a client-managed personal assistant. No reasons were found to reverse the decisions made by the appeals body.

#### Complaints regarding failure to meet people's rights to receive health services

##### Cases dealt with by the Board of Health Supervision in the Counties

The Norwegian Board of Health Supervision in the County is the appeals body when a person has not received his or her rights pursuant to the Patients' Rights Act and certain other regulations. Those who have responsibility for the services (the municipalities etc.) shall have reassessed the case before a complaint is sent to the Norwegian Board of Health Supervision in the County. The Norwegian Board of Health Supervision in the County can assess all aspects of the case. The decision of the Norwegian Board of Health Supervision in the County is final.

Up until 2007, the number of complaints regarding failure to meet people's rights to receive health services increased, but from 2007 until 2008 the number fell by 13 per cent (from 889 to 773). See Table 3.

In 276 of the 773 cases (36 percent) the complaint was partially or wholly supported, or the decision was revoked because of errors in the way the case was dealt with, or for similar reasons. This is at about the same level as in 2006 and 2007, when complaints were successful in 35 and 30 per cent of cases respectively.

Altogether, 39 per cent of complaints about health services in 2008 were related to the right to reimbursement of travel expenses for journeys between the patient's home and the place where treatment was provided (Patients' Rights Act, Section 2-6). These complaints are often about relatively

**Table 4 Use of coercion and restraint for people with mental disabilities Social Services Act Chapter 4A. 2008**

Office of the County Governor	Decisions taken by the municipalities – Section 4-A5 third paragraph, a		Decisions reassessed by the Offices of the County Governors – Section 4-A5, third paragraph, b and c			Number of dispensations from the requirement regarding the qualifications of staff – Section 4A-9	Number of local supervisions – Section 2-6
	Number of decisions	Number of people the decisions related to	Number of decisions approved	Number of decisions not approved	Number of people the decisions related to		
Østfold	2031	95	30	2	22	14	12
Oslo og Akershus	5073	290	110	3	83	72	27
Hedmark	990	39	43	1	35	34	2
Oppland	157	37	59	1	50	48	1
Buskerud	4678	38	142	5	40	36	23
Vestfold	634	38	30	0	22	21	7
Telemark	274	38	40	0	17	22	4
Aust-Agder	201	23	11	1	9	6	6
Vest-Agder	471	48	45	0	33	2	13
Rogaland	3006	132	188	4	64	63	6
Hordaland	9236	159	202	10	110	102	55
Sogn og Fjordane	279	25	25	0	24	10	13
Møre og Romsdal	1437	51	145	5	49	59	12
Sør-Trøndelag	1006	52	30	0	24	3	22
Nord-Trøndelag	392	18	77	10	26	51	7
Nordland	122	30	141	1	44	36	22
Troms	1537	31	40	2	38	16	25
Finnmark	2281	8	11	7	6	6	17
Total	33 805	1152	1369	52	696	601	274



small amounts of a few hundred kroner. The proportion of complaints where the decision was in favour of the complainant was less than for other types of complaint (17 per cent for travel expenses in 2008, 39 per cent for other rights regarding health services). These figures are very similar to the figures for 2007.

### Cases dealt with by the Norwegian Board of Health Supervision (the central office)

The Norwegian Board of Health Supervision is the highest authority for complaints regarding rights laid down in the health legislation.

We received 22 cases in 2008:

- cases of general complaints about services: 5 cases
- requests to re-examine decisions in a case of complaint: 11 cases, decision in favour of the complainant in one case
- complaints about the appeal body's decision to reject a complaint: 6 cases, decision in favour of the complainant in one case
- complaints about rejection of claims for covering legal costs: 2 cases, decision in favour of the complainant in one case.

### Use of coercion and restraint for people with mental disabilities

Legal safeguards associated with use of coercion and restraint for people with mental disabilities are regulated in the Social Services Act Chapter 4A. The Offices of the County Governors have several tasks related to these provisions (see Table 4). The tasks and reporting during the period 2000-2007 of the Offices of the County Governors are described in the Report from the Norwegian Board of Health Supervision 7/2008.

The municipalities report decisions taken about measures taken to avoid injury in emergency situations (individual situations) to the Offices of the County Governors, pursuant to the Social Services Act, Section 4A-5, third paragraph, a. In 2008, 33 805 decisions were taken, relating to 1152 persons.

Planned measures to avoid injury in repeated emergency situations must be authorized by the Offices of the County Governors. Authorization must also be obtained for measures to meet clients' basic needs for food and drink, dressing, rest, sleep, hygiene and personal safety, including education and training, pursuant to Section 4A-5 third paragraph b and c.

In 2008, the Offices of the County Governors authorized 1369 decisions. The number of persons with a decision per 31 December was 696. These decisions related to:

- measures to avoid injury in repeated emergency situations – 459 decisions
- measures to meet clients' basic needs – 573 decisions
- use of mechanical restraint – 97 decisions (27 pursuant to letter b, 70 letter c)

**Table 5 Supervision of social services – Number of system audits carried out by the Offices of the County Governors 2006, 2007 and 2008**

Office of the County Governor TTT	2006	2007	2008
Østfold	9	9	9
Oslo og Akershus	14	17	22
Hedmark	9	10	9
Oppland	7	8	6
Buskerud	13	10	11
Vestfold	8	9	9
Telemark	6	8	7
Aust-Agder	8	7	9
Vest-Agder	8	7	9
Rogaland	9	10	12
Hordaland	15	16	14
Sogn og Fjordane	9	8	8
Møre og Romsdal	12	13	12
Sør-Trøndelag	11	13	10
Nord-Trøndelag	6	8	6
Nordland	9	10	11
Troms	8	10	8
Finnmark	7	8	7
Total	168	181	179

- use of radical warning systems – 226 decisions (47 pursuant to letter b, 179 letter c)
- education and training – 14 decisions.

The Offices of the County Governors gave dispensation from the requirement regarding the qualifications of staff in 601 cases, which in the Social Services Act, Section 4A-9, applies to personnel who shall implement measures according to Section 4A-5, third paragraph b and c.

The Offices of the County Governors made no decisions about complaints about measures pursuant to Section 4A-5, third paragraph a. Two complaints regarding measures pursuant to Section 4A-5, third paragraph b and c were dealt with by the County Committee for Child Welfare and Social Affairs.

On 224 occasions, the Offices of the County Governors carried out local supervision of measures pursuant to Section 4A-5, third paragraph b and c, according to the duty to carry out supervision in Section 2-6, first paragraph, second point. Local supervision was also carried out 50 times pursuant to other provisions.

### Supervision of Social Services

#### System audits

In 2008, the Offices of the County Governors carried out 179 system audits (see Table 5). 176 of these system audits were supervision of municipalities. Three system audits were carried out in other organizations. In 143 of the system audits, breaches of laws or regulations were detected. In 139 of the system audits, requirements pursuant to both health and social legislation were investigated. These system

**Table 6 Supervision of health services – Number of system audits carried out by the Norwegian Board of Health Supervision in the Counties. 2006, 2007 and 2008**

Norwegian Board of Health Supervision in the County	2006	2007	2008
Østfold	13	12	15
Oslo og Akershus	23	13	32
Hedmark	10	12	12
Oppland	6	10	16
Buskerud	10	14	13
Vestfold	12	14	20
Telemark	13	13	14
Aust-Agder	14	13	13
Vest-Agder	13	12	14
Rogaland	18	11	20
Hordaland	20	26	26
Sogn og Fjordane	10	11	12
Møre og Romsdal	15	16	17
Sør-Trøndelag	14	16	15
Nord-Trøndelag	12	10	10
Nordland	22	19	16
Troms	14	14	16
Finnmark	7	11	12
<b>TOTAL</b>	<b>246</b>	<b>247</b>	<b>293</b>

audits were carried out jointly by the Offices of the County Governors and the Norwegian Board of Health Supervision in the Counties. 114 of these system audits were carried out as part of the countrywide supervision of municipal health services, social services and child welfare services.

Sixty-five system audits were carried out in addition to countrywide supervision. The institutions and themes for these system audits were chosen on the basis of information that the Offices of the County Governors have about risk and vulnerability in their own county.

These system audits included:

- legal safeguards for people with mental disabilities: 19 system audits
- health and social services, or only social services, for people living in their own homes: 18 system audits
- legal safeguards for people with alcohol and drug problems, living in treatment institutions: 8 system audits
- support person services and respite care services: 6 system audits
- services for people with mental health disorders: 4 system audits
- health and social emergency preparedness: 4 system audits
- accommodation for homeless people: 3 system audits
- services for people with alcohol and drug problems, at the offices of the Norwegian Labour and Welfare Organisation: 2 system audits.

Per 31 December 2008, there were still open nonconformities (breaches of laws or regulations that had not been corrected) from 30 system audits of social services carried out in 2007 or earlier. The corresponding figure per 31 December 2007 was 22. The Offices of the County Governors will follow up nonconformities with the owners of the services and the people responsible for providing the services, until the services are in line with statutory requirements.

In 2008, the Offices of the County Governors did not issue instructions pursuant to the Social Services Act.

In addition to the 179 system audits, the Offices of the County Governors have also carried out supervision of institutions 7 times, and local supervision of use of restraint and coercion for people with mental disabilities 274 times (see Table 4).

### Supervision of health services

In 2008, the Norwegian Board of Health Supervision in the Counties carried out 293 system audits, and other types of supervision of institutions 8 times.

These system audits included:

- municipal health services: 215 system audits
- specialized health services: 78 system audits

In addition, the Norwegian Board of Health Supervision carried out 14 system audits relating to the Blood Regulations, and the Norwegian Board of Health Supervision in Rogaland carried out two system audits related to health-related conditions in the petroleum industry.

139 of the 215 system audits carried out in the municipalities, investigated requirements pursuant to both health and social legislation. These were carried out jointly by the Offices of the County Governors and the Norwegian Board of Health Supervision in the Counties. Altogether, 114 of these system audits were part of countrywide supervision of municipal health services, social services and child welfare services.

In addition, the Norwegian Board of Health Supervision in the Counties carried out countrywide supervision of specialized health services provided at district psychiatric centres (DPS) for adults with mental health disorders. 28 of the 78 system audits of specialized health services were part of this countrywide supervision.

In 223 of the 293 system audits breaches of laws or regulations were detected.

In addition to the 142 system audits that were part of countrywide supervision, 151 other system audits were carried out. 101 of these were system audits of municipalities, and 50 were system audits of specialized health services.



**Table 7 Supervision cases dealt with by the Norwegian Board of Health Supervision in the Counties – Number of completed cases and percentage of cases that took more than 5 months to deal with. 2006, 2007 and 2008**

Norwegian Board of Health Supervision in the County	Number of completed cases			Percentage of cases that took more than 5 months in 2008
	2006 <sup>2</sup>	2007 <sup>2</sup>	2008	
Østfold	109	120	221	63
Oslo og Akershus	358	314	390	68
Hedmark	105	114	114	83
Oppland	58	74	52	75
Buskerud	86	95	116	75
Vestfold	92	120	61	33
Telemark	90	77	62	23
Aust-Agder	48	29	42	38
Vest-Agder	79	55	63	22
Rogaland	97	139	99	34
Hordaland	172	153	209	37
Sogn og Fjordane	38	43	53	6
Møre og Romsdal	62	71	91	67
Sør-Trøndelag	107	93	119	39
Nord-Trøndelag	65	41	77	82
Nordland	124	94	110	31
Troms	72	75	92	20
Finnmark	37	21	27	44
<b>TOTAL</b>	<b>1799</b>	<b>1728</b>	<b>1998</b>	<b>52</b>
In addition: cases completed without being assessed, by requesting the person who was complained against to contact the complainant in order to find an amicable solution	348	290	281	

1. The figures are slightly different from previously published figures, because the figures are corrected when inaccuracies are detected.

The system audits of the municipalities included:

- services provided in nursing homes: 44 system audits (18 of these involved treatment with medication)
- health and social services for different groups of clients living in their own homes: 23 system audits
- emergency services: 7 system audits
- services for people with dementia: 6 system audits
- follow-up by physicians of driving licences: 5 system audits
- emergency planning: 5 system audits
- health and social services for people with mental health disorders: 4 system audits.

Other areas that were the theme for supervision included: community health, plans for control of communicable diseases, physiotherapy services and other municipal services.

The system audits of specialized health services included:

- ambulance services and emergency service headquarters: 8 system audits

- specialized services for people with alcohol and drug problems: 6 system audits
- recruitment and follow-up of temporary staff: 5 system audits
- rehabilitation centres: 4 system audits
- follow-up of people with cancer: 4 system audits
- children in hospital: 4 system audits
- reports of adverse events in specialized health services (Specialized Health Services Act, Section 3-3): 4 system audits.

Per 31 December 2008, there were still open nonconformities (breaches of laws or regulations that had not been corrected) from 60 system audits of health services carried out in 2007 or earlier. The corresponding figures were 37 at the end of 2007, 28 at the end of 2006, 30 at the end of 2005 and 40 at the end of 2004. The Offices of the County Governors will follow up nonconformities with the owners of the services and the people responsible for providing the services, until the services are in line with statutory requirements.

### Issuing instructions

In 2008, the Norwegian Board of Health Supervision warned one municipality that they may be issued with instructions, because they had no plan for health and social emergency preparedness. It did not become necessary to issue instructions. Regular coercive fines, issued to Western Norway Regional Health Authority for hospital occupancy rates in excess of capacity, were discontinued in May 2008 (see the article in the Annual Supervision Report 2007).

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

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

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

In 2008, the number of new cases per 100 000 inhabitants ranged from 30 in Rogaland and 32 in Oslo og Akershus, to 85 in Troms. For the whole country, there were 2166 new supervision cases in 2008 (46 per 100 000 inhabitants, which is almost the same as in 2007).

The number of supervision cases being dealt with by the Norwegian Board of Health Supervision in the Counties (the backlog) decreased from 1111 at the end of 2007 to 880 at the end of 2008. This represents a reduction of 21 per cent (the figure of 880 is slightly too low, because of delayed registration).

**Table 8 Supervision cases dealt with by the Norwegian Board of Health Supervision in the Counties – Number of cases according to legislative basis for assessment of cases. 2006, 2007 and 2008**

Legislative basis	2006 <sup>1</sup>	2007 <sup>1</sup>	2008
<b>Provisions in the Health Personnel Act</b>			
Section 4. Sound professional standards: behaviour	231	183	245
Section 4. Sound professional standards: examination, diagnosis and treatment	1513	1528	1513
Section 4. Sound professional standards: medication	217	204	215
Section 4. Sound professional standards: other	295	254	276
Section 7. Emergency treatment	40	41	33
Section 10. Information	99	84	84
Section 16. Organization of the services	149	134	196
Chapters 5 and 6. Duty of confidentiality, right of disclosure, duty of disclosure	104	102	115
Sections 39–41. Patient records	271	229	253
Section 57. Fitness to practice: alcohol and drug abuse	32	27	47
Section 57. Fitness to practice: other reasons	54	56	53
<b>Provisions in the Specialized Health Services Act</b>			
Section 2–2. Duty of sound professional standards	383	478	572
<b>Other legislative basis for assessment</b>	537	477	621
<b>Total number of provisions as legislative basis<sup>2</sup></b>	3925	3797	4223
<b>Number of cases assessed<sup>2</sup></b>	1799	1728	1998

1. The figures are slightly different from previously published figures, because the figures are corrected when inaccuracies are detected.

2. Several of the cases dealt with by the Norwegian Board of Health Supervision in the Counties are assessed on the basis of several provisions. Therefore the number of assessments can be higher than the number of cases.

The requirement concerning the length of time taken to deal with cases, laid down in the government budget, is that more than half of the cases shall be dealt with within five months. This requirement was met in 11 counties in 2008 and 10 counties in 2007 (Oslo og Akershus count as one office). For all the counties seen as a whole, this requirement was almost met. However, the requirement applies for a maximum of 2 000 new cases, which is 166 fewer cases than were received in 2008.

Supervision cases are often complex. Table 8 shows that on average each case has more than two legislative bases for assessment. The theme that is most often assessed is sound professional standards. The next most common theme is the duty to keep patient records. There are few cases about alcohol and drug abuse and other issues relating to fitness to practice, but these cases often end up with an administrative reaction from the Norwegian Board of Health Supervision.

#### **Supervision cases dealt with by the Norwegian Board of Health Supervision (the central office)**

The Norwegian Board of Health Supervision (the central office) deals with the most serious supervision cases, which

are sent over from the Norwegian Board of Health Supervision in the Counties. 224 cases were dealt with in 2008 (271 in 2007). 155 administrative reactions were given, 12 to institutions and 143 to health care personnel (183 administrative reactions were given in 2007). In 2008, no administrative reaction was given for 65 cases (95 in 2007). 58 health care personnel lost their authorization (70 in 2007).

The Norwegian Board of Health Supervision gave 143 administrative reactions to individuals in 2008. Just under half of these (77) were given to doctors. 47 doctors were issued with a warning, and 20 lost their authorization. Eight doctors lost their right to prescribe addictive medication, three of them because they had lost this right in another Nordic country. For one doctor, the right to prescribe addictive medication was limited.

The reasons for withdrawal of authorization for health care personnel were as follows:

- misuse of alcohol and drugs: 37 cases
- behaviour, mainly punishable offences regarded as incompatible with working as a health worker: 8 cases
- sexual misconduct with a patient: 4 cases
- unsound professional practice / serious lack of professional judgement: 3 cases
- authorization, that was the basis for the Norwegian authorization, lost in another country: 6 cases.

The other cases of loss of authorization were based on various serious breaches of the Health Personnel Act.

Altogether, 11 health care personnel had their authorization suspended while their case was being dealt with (6 doctors, 4 nurses and 1 dentist). Suspension of authorization was extended for one doctor. One dentist lost the right to prescribe addictive medication.

In 2008, for 33 of the decisions made by the Norwegian Board of Health Supervision, appeals were made to the Norwegian Appeals Board for Health Personnel (49 in 2007). 28 of these cases related to decisions about administrative reaction (of which two involved suspension of authorization), while the other five related to rejection of an application for new authorization/licence. Decisions have been made for 26 of the 33 cases that were sent to the Appeals Board in 2008. The Board upheld the decision of the Norwegian Board of Health Supervision in 23 of these cases. Two decisions were reversed, and one decision was partially reversed. One complainant withdrew his complaint about suspension before it was dealt with by the Board. In addition, the Board made decisions about 10 cases that the Norwegian Board of Health Supervision had sent to them in 2007. All these decisions were upheld. The Board rejected one complaint from 2007, and one of the complainants withdrew his complaint.



Nine health care personnel have notified the Norwegian Board of Health Supervision that they renounce their authorization/licence. Seven doctors have renounced their right to prescribe addictive medication.

Of 65 cases that have been dealt with regarding application for new authorization or limited authorization from health care personnel who had previously lost their authorization, 22 applications were totally rejected, 6 applicants were granted limited authorization, 23 applicants were granted new authorization without limitations, and 14 applicants were granted limited authorization to practice under specified conditions.

The Norwegian Board of Health Supervision received four applications for the right to prescribe addictive medication from health care personnel who had previously lost this right. We dealt with six applications for the right to prescribe addictive medication in 2008. Four of these applications were rejected and two were granted.

In 2008, the Norwegian Board of Health Supervision dealt with 15 cases against institutions, compared with 41 cases the previous year. 12 institutions were given criticism by us for inadequate internal organization and management. We found no reason to give criticism in three cases. In most cases, the Norwegian Board of Health Supervision in the

Counties complete cases about inadequate organization or management of health services, so the number of cases dealt with by us is relatively small in relation to the total number of completed cases.

The Norwegian Board of Health Supervision cooperates with the police in a number of cases, for example, by giving advice about whether cases should be investigated, or whether a punishable breach of health legislation has been committed. In seven cases in 2008, the Norwegian Board of Health Supervision has applied for prosecution, and reported six health care personnel to the police on the basis of a suspicion of a punishable offence.

**Tabel 9 Number of cases completed by the Norwegian Board of Health Supervision and number of administrative reactions – 2002–2008**

	Completed cases	Administrative reaction <sup>1</sup>	No administrative
2002	173	103	71
2003	172	125	55
2004	237	148	101
2005	242	168	87
2006	252	184	76
2007	271	181	95
2008	224	155	65

<sup>1</sup> Several administrative reactions have been given for some cases

**Table 10 Administrative reactions against health care personnel given by the Norwegian Board of Health Supervision according to health care personnel category, 2008**

	Warning	Loss of authorization or licence	Loss of the right to prescribe medication in groups A and B	Limited authorization or licence	Limited right to prescribe medication in groups A and B	Total
Doctor	47	20	8	1	1	77
Dentist	4					4
Psychologist	1	1				2
Nurse	7	21				28
Auxiliary nurse	1	10				11
Social educator		1				1
Midwife		1				1
Physiotherapist	1	1				2
Other groups	3 <sup>1</sup>	8 <sup>2</sup>				11
Unauthorized	6					6
TOTAL	70	63	8	1	1	143

1. One chiropractor and two emergency medical technicians

2. Two emergency medical technicians, one pharmacy technician, one occupational therapist, two pharmacists, one medical secretary and one dental health secretary

**Table 11 Reason for withdrawal of authorization, according to health care personnel group, 2008**

	Nurse	Auxiliary nurse	Doctor	Other	Total
Misuse of alcohol and drugs	15	7	10	5	37
Illness			1		1
Sexual misconduct with a patient	1		1	2	4
Behaviour	2	3		3	8
Unsound professional practice	1		2		3
Failure to comply after a warning			3		3
Authorization lost in another country	2		2	2	6
Other			1		1
TOTAL	21	10	20	12	63

The Norwegian Board of Health Supervision used medical experts in five supervision cases in 2008. In addition, two health care personnel were required to have a medical or psychological examination.

In 2008, the Norwegian Board of Health Supervision received 292 new cases, compared with 215 in 2007. The median time taken to deal with the cases in 2008 was just over five months, compared with five and a half months in 2007. Per 31 December 2008, 168 cases were being dealt with, compared with 99 the previous year.

## Medevent

Medevent (Meldesentralen – the Reporting System for Adverse Events in Specialized Health Services) is a database for reports of events that are registered according to the Specialized Health Services Act, Section 3-3. Health institutions have a duty to send a written report to the Norwegian Board of Health Supervision 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 a result of provision of health care, or as a result of one patient injuring another.

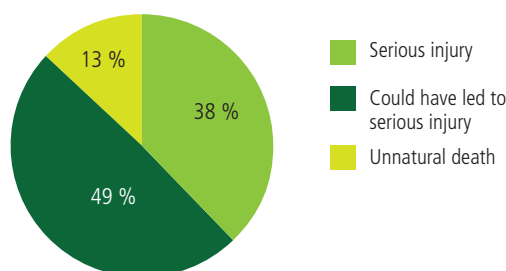
The number of reports of adverse events that were registered in the database in 2007 was 2039 (1854 in 2006). Over one-third of the reports (38 %) were reports of serious injury, and one half (49 %) were reports of incidents that could have led to serious injury. 271 reports of unnatural death were registered in 2007 (13 per cent of all reports).

21 per cent of these reports were associated with the use of medication.

6 per cent of reports registered in 2007 were reports of events associated with birth. In 61 per cent of these, the event was associated with the woman, and in 39 per cent the child. There were 18 reports of unnatural death of the child during birth.

14 per cent of reports registered in 2007 were reports of events that occurred in mental health care. 102 reports of suicide, 51 reports of attempted suicide and 30 reports of self-inflicted injuries were registered. Most of these events involved patients in psychiatric units or patients who were receiving psychiatric treatment in somatic units.

**Figure 1 Reports of adverse events registered in 2007, according to degree of injury**



A number of changes were made to Medevent in 2007. The old registration form, which had been in use since January 2001, was extensively revised. The revised form was available from September 2007. A new database, adapted to the new registration form, was established and in use from October 2007.

Figures for 2008 will be published in May 2009.

## Use of our web site: [www.helsetilsynet.no](http://www.helsetilsynet.no)

In 2008, there were approximately 4.8 million visits to specific sites on our web site (4.1 million in 2007).

The most popular sites were (number of visits in brackets):

- publications (1 300 000)
- supervision reports (1 300 000)
- the web sites of the Norwegian Board of Health Supervision in the Counties (420 000)
- legislation (360 000)
- news (320 000).

## Access to documents

In 2008, the Norwegian Board of Health Supervision received 1 481 requests for access to documents from the media organizations that participate in the Electronic Mail Records. There were 1 367 requests in 2007.

## Directives from the Norwegian Board of Health Supervision

- IK-1/2008. Choice of medication for substitution treatment for patients admitted for medication-assisted rehabilitation (MAR). Guidelines for dealing with complaints by the Norwegian Board of Health Supervision in the Counties.

**Table 12 Financial statement 2008. Budget chapters 721 and 3721, the Norwegian Board of Health Supervision (NOK 1000)**

Income / expenditure	Budget	Accounts	Difference
Expenditure: fixed wages	48 816	46 536	2 280
Expenditure: variable wages	2 488	5 466	(2 978)
Operating costs (rent, cleaning, electricity, security etc.)	7 870	7 900	(30)
Other expenditure	20 658	17 086	3 572
Total expenditure	79 832	76 988	2 844
Income	(3 323)	(3 581)	258
Net expenditure / saving	76 509	73 407	3 102



- IK-2/2008. Guidelines for dealing with cases related to the Health Personnel Act, Section 67
- IK-3/2008. Guidelines for dealing with decisions and cases of complaint relating to the Patients' Rights Act, Chapter 4A, by the Norwegian Board of Health Supervision in the Counties.

### **Financial Statement 2006**

The financial statement for the Norwegian Board of Health Supervision is shown in Table 12. Expenditure for dealing with complaints, and supervision carried out by the Norwegian Board of Health Supervision in the Counties and the Offices of the County Governors, was covered under the budget chapter 1510, the Offices of the County Governors.