



CONSOLIDATED
ANNUAL
REPORT **20
25**

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Healthcare is entering a new era

2025 was a year of transition towards change in healthcare. Just as in the late 1990s, when the healthcare system was reorganised, and medical facilities were merged, restructured, and modernised. A similar wave of changes lies ahead in the coming years, as the framework of our field of activity is changing or has already changed – the population is ageing, fewer healthcare workers are available to patients than required, and the allocation of healthcare funding, in terms of both prices and sectors, needs to be reviewed and new agreements reached. We must not forget the small size of our country, which, on the one hand, allows decisions and changes to be made quickly and flexibly; on the other hand, it means we cannot ignore the need to use resources wisely.

Systemic and organisational changes in healthcare may also be seen as a response to the substantive and ideological changes that have already taken place in clinical practice. Healthcare is moving towards a model where high-quality care no longer means a single top hospital or doctor. It means a patient-centred approach, seamless care pathways, and inter-organisational collaboration where specialists from different disciplines share responsibility. No one now doubts the strong, independent role played by nurses and other healthcare professionals, or the central place given to the patient as a client within the entire system.

Patients should also drive the upcoming changes in the healthcare sector. To this end, we have begun negotiations with the North Estonia Medical Centre and the University of Tartu, on a discipline-by-discipline basis, to establish a tripartite cooperation model, with the aim of ensuring an even better patient care process through the combined use of our knowledge and experience. To put it bluntly, the European experience cannot often boast success in the establishment of integrated hospitals, but this should not be a reason to abandon the planning and management of such changes. The objective of the changes should be clearly defined and measurable.

The University of Tartu Hospital holds a strong position within the Estonian healthcare system – with 222 years of experience as a university hospital, which we are celebrating this year, and close cooperation with the University of Tartu, we are able to take the lead and, in addition to our day-to-day clinical work, ensure that the very latest knowledge, developments and scientific discoveries are incorporated into patient care. This role was also recognised last year by the people of

Estonia, who named the Hospital as the most reliable healthcare provider offering the highest quality of care. This is the highest recognition of the work our people have done, and we can legitimately be proud of it. Our doors have always been and remain open to all patients in Estonia, as the expertise and services of the university hospital are intended for everyone. Conversely, the Hospital's collaboration with other hospitals in Estonia, as well as with hospitals across Europe and the rest of the world, has opened and continues to open new opportunities for our patients.

In 2026, the development plan period that has guided the Hospital to date will come to an end. The three strategies we developed in 2022 to achieve our desired position – divided between delivering world-class care, enhancing patient-friendliness and a people-centred approach, and valuing our staff – have brought us to a point where it is time to set new goals. Drawing up a new development plan is a process that will shape Tartu University Hospital's future. Once again, we must ask ourselves: who are we at the end of the current development plan, and where do we want to be in a few years' time? What is the nature of our clinical work, how do our patients feel about us, and do our staff come to work with a sense of joy, knowing that they play a highly valuable role both within the Hospital and in society at large? How do we position ourselves in the face of changes to healthcare funding? We don't have all the answers yet, but we have a wonderful opportunity to shape the path for the coming years.

Alongside shaping the future, we have also been the healthcare sector's valued partner in day-to-day clinical practice – in 2025, the Health Insurance Fund purchased most Estonian healthcare services from Tartu University Hospital. Our aim is to remain relevant within the Estonian healthcare sector.

The results for 2025 and our ambitions for the coming years can be achieved only with the combined efforts of all the Hospital's staff, each of whom has a role to play. This is a commendable contribution to society – ensuring patients receive treatment, whilst at the same time training the next generation of healthcare professionals in Estonia, and also participating in research, which ensures that the latest knowledge and treatment methods are incorporated into patient care.

Priit Perens
Chairman of the Board

The Hospital's timeline for 2025

JANUARY

- In January, Tartu University Hospital doubled the number of beds in its **palliative care unit**.
- In January, **the University Hospital and the Health Insurance Fund launched a website that allows women to take part in cervical cancer screening from the comfort of their home.**
- On 30 January, the Hospital hosted a **research and development conference**, where attendees had the opportunity to hear presentations from staff who had defended their doctoral theses the previous year, as well as updates and success stories regarding research, development and innovation projects, and training experiences abroad. The conference aimed to use positive examples to inspire staff to initiate and implement research and development activities that support the Hospital's strategic development.
- On 25 January, the Department of Stomatology at Tartu University Hospital **celebrated its 90th year of activity**. Nearly a century of experience confirms that oral and dental health form an integral part of a person's overall health. 90 years later, the dental clinic comprises of six departments offering preventive care and treatment for almost all oral and dental problems. The Hospital is the only dental practice specialising in this field, combining clinical work with teaching and research.
- On 30 January, **Dr. Katrin Elmet**, a senior consultant and lecturer in the Department of Anaesthesiology at the Hospital, was awarded the title of **Doctor of the Year**. Dr. Katrin Elmet has dedicated her professional life to anaesthesiology, and her work with patients requiring intensive care has also led her to address complex end-of-life issues. In addition to his clinical work and mentoring future colleagues, Dr. Elmet has made medical ethics and a dignified end of life a cause close to her heart.



- In January, a pilot project for screening for abdominal aortic aneurysms, funded by the Health Insurance Fund and the Hospital, was launched to diagnose the condition at an early stage, when treatment is most effective.

FEBRUARY

- In February, **President Alar Karis awarded Dr. Oivi Uibo and Reet Tohvre with decorations**. Dr. Oivi Uibo, recipient of the Estonian Red Cross Order of Merit, Third Class, has dedicated her life to treating children, teaching students and residents, conducting research, and sharing her knowledge through refresher courses and training programmes. Dr. Uibo is a senior consultant and lecturer at both the Children's Clinic and the Nutritional Therapy Centre, treating children of all ages for various gastrointestinal problems as well as health issues requiring nutritional therapy.
- Reet Tohvre, who has been awarded the Estonian Red Cross Order of Merit, 4th Class, is the Head of Nursing at the Psychiatric Clinic of the University Hospital. For many years, she has been a driving force behind developments in the field of mental health. Empowering nurses has been a cause close to Reet Tohvre's heart for many years, as has improving the quality of nursing care and developing nurses' skills.
- From 7 to 14 February, **International Congenital Heart Disease Week** was observed to highlight and remind people of the need for regular monitoring of heart conditions throughout life, regardless of whether the condition has been surgically corrected or not. Surgery or percutaneous procedures to correct congenital heart defects are performed in Estonia exclusively at the University Hospital, whilst the diagnosis of heart defects and patient follow-ups are carried out in collaboration with other Estonian hospitals.



- ## MARCH

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- ## APRIL

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- A group of medical professionals in a hospital setting, with one person wearing a red jacket with "KIIRABI" on the back, attending to a patient on a gurney.

- MAY

- On 8 May, the Hospital hosted **the Tervex crisis exercise** to practise providing medical care in emergency conditions, as well as managing situations involving multiple casualties. Tervex was part of SILL, the international military exercise,

organised by the Estonian Defence Forces. According to the scenario, there was a high risk of a military attack, and an air raid warning was issued to alert the public. Patients from the Hospital's Emergency Department, Intensive Care Units and Surgical Department were then evacuated to the shelter.



- On 9 May, Tartu University Hospital and Tartu Health Care College held a joint event entitled 'Hearts of Healthcare', the aim of which was, as is traditional **on Nurses' Day, to bring together nurses, midwives, and other healthcare professionals.**
- On 16 May, a **Lunch of Opinions was held at Tartu University Hospital, bringing together several Estonian healthcare experts and leaders to discuss mental health issues.** The title of the Lunch of Opinions, 'What's Wrong with Us?', highlighted the explosive growth in demand for mental health support, which in turn has put pressure on the availability of such support.



- On 16 May, the **Hospital Award was presented to Academician Professor Jaan Eha**, who has made an invaluable contribution to the development of both clinical cardiology and cardiological research, having been the founder, developer, and promoter of modern invasive cardiology in Estonia and the surrounding countries.
- On 21 May, **the first set of triplets of the year** were born at the Women's Clinic of Tartu University Hospital – Oliver, Adriana, and Rasmus.
- In May, a **new positron emission tomography (PET/CT) scanner** was installed in the Department

of Nuclear Medicine **at the University Hospital's Radiology Clinic.** The new device makes it possible to diagnose complex diseases with even greater accuracy than before. The scan is used to diagnose tumours, assess their spread, and evaluate treatment outcomes. It is also used to diagnose metabolic disorders of the brain and to provide a more accurate diagnosis of complex inflammatory diseases.

- In May, the **Department of Vascular Surgery at the Hospital celebrated its 60th anniversary.** The field of vascular surgery primarily encompasses arterial conditions, their diagnosis and treatment, alongside related research.
- In May, awards were presented to the best medical lecturers. According to the students, **this year's best medical lecturer at the Hospital was Olavi Maasikas, and the best dental lecturer was Andres Korrovits.**
- In May, the prize for the best article published in the journal Eesti Arst was awarded to **the article by Grete Haube and Tuuli Metsvaht, 'Long-term health outcomes of extremely preterm infants'.**
- In May, the Neinar Seli scholarships were awarded to the University Hospital's employees who had published the most research articles. For the period 2020–2024, the scholarship was awarded to **Professor Alan Altraja from the Pulmonary Clinic** and, for the year 2024, to **Professor Katrin Õunap**, Head of the Genetics and Personalised Medicine Clinic and lead of the Centre of Excellence for Rare Diseases.
- In May, **Juta Ernits and Imbi Ojaste** were named the best clinical supervisors at the Hospital.
- In May, the **Angiography Department** of the Heart Clinic celebrated its 50th anniversary.
- In May, the team at the Neurology Clinic of Tartu University Hospital was awarded the ESO Angels Diamond Status award for the third year running. This is **Europe's highest accolade for the quality of stroke care.**
- In May, the **Cancer Centre** at Tartu University Hospital **celebrated its tenth anniversary.** During this time, the centre has brought a systematic, evidence-based, and patient-centred approach to cancer treatment in Estonia. Over the past decade, the centre has been the only cancer centre in Estonia to have received OEI accreditation, a mark of quality, on two occasions: first in 2015 and again in 2022, confirming that the centre meets the highest standards of cancer care in Europe.

JUNE

- On 5 June, **the South Korean Ambassador, Mr.**

Ileung Kim, visited the Hospital to learn about both the University Hospital and the use of artificial intelligence in a clinical setting. During his first visit to Tartu and the Hospital, the ambassador met with the Hospital's management and was introduced to the Geomexsoft artificial intelligence-based technology, developed in South Korea, which is being used in the palliative care unit of the Sports Medicine and Rehabilitation Clinic.

- On 5 June, an event dedicated to Patient Day, entitled **'Have Your Say'**, was held at the Hospital, with the aim of gathering patients' ideas and suggestions.
- From 13 to 15 June, **the Hospital staff took part in the unique relay race 'From Tipp to Topp'**, which aims to encourage people to get active and discover Estonia from a new perspective. It is a team race in which the teams will cover a total of 351 kilometres from the summit of Suur Munamägi to Pirita, in Tallinn. Two teams from the hospital took part – 'Anaesthesiologists from Tartu University Hospital' and 'Tartu University Hospital's EMO'. Both teams spent a total of over 30 hours on the track, taking turns. Anaesthesiologists proved to be the quickest healthcare professionals on the track.



JULY

- On 1 July, **Dr. Mihkel Plaas began his second term as head of the Ear Clinic**, which will run until 30 June 2029.
- In July, staff from the Hospital took part in the **28th Song Festival and 21st Dance Festival, 'Iseoma'**.

AUGUST

- On 25 August, the **Hospital's inter-departmental championships** took place, with Clinical Department 1 being crowned the Hospital's champion, thanks to the team called **'Women'**.
- On 25 August, **the staff of the Hospital held a joint end-of-summer concert.**



SEPTEMBER

- On 1 September, six staff members from the Hospital began studying part-time on a **new knowledge transfer PhD programme.**
- On 1 September, **Dr. Olav Tammik, Prof. Külli Kingo, Dr. Sven Janno, Dr. Jaan Sütt and Prof. Margus Punab took up their posts as heads of clinical departments;** their term of office will run until 31 August 2029. Following the results of a previous competition, **Dr. Marjo Sinijärv** will head the 3rd clinical department until 31 July 2028.
- On 1 July, **Dr. Mikk Pauklin began his second term as head of the Eye Clinic**, which will run until 31 August 2029.
- At the World Athletics Championships held in Tokyo from 13 to 21 September, a new genetic testing requirement was introduced for female athletes. **The tests on Estonian athletes were carried out by the Clinic of Genetics and Personalised Medicine at Tartu University Hospital.**
- On 12 September, the cardiac surgery anniversary conference **'Tartu Cardiac Surgery 50'** took place. The Department of Cardiac Surgery at the Heart Clinic of Tartu University Hospital was opened on 15 September 1975 in Tartu, making it the first of its kind in Estonia. Over the past half-century, thousands of people have received life-saving treatment in the department.



- On 17 September, World Patient Safety Day, **Dr. Marko Murruste, Head of the Department of Surgery at Tartu University Hospital**, was recognised as an Estonian patient safety advocate. Dr. Murruste plays a key role in establishing a culture of patient safety at the Hospital and across Estonia, and in setting an example. In his case, what stands out is his consistent commitment to thinking critically and taking actions on how to

improve patient safety in a practical, sensible and effective manner. Dr. Murruste has played an active role both in the creation of the national patient safety database, known as POHAK, and in the establishment of national requirements. At the same time, patient safety has been a focus of Dr. Murruste's work for many years, and even a 'Murruste list' is used to classify surgical complications.

- On 30 September, **representatives from Ukraine, Belgium, and the World Health Organisation visited the Hospital. The aim of their visit was to familiarise themselves with the University Hospital and identify areas for cooperation in modernising rehabilitation and continuing professional development in Ukraine.** The visitors were given an overview of the role of Tartu University Hospital in the Estonian healthcare system, as well as its IT, financial, and administrative operations. Particular attention was paid to rehabilitation, its clinical aspects, as well as the organisation of training and continuing professional development.
- In September, the Hospital was awarded the 'Attractive Employer' recognition. Nearly 6,000 students, vocational school pupils, and people with work experience took part in a nationwide survey of employees' job expectations and employer reputation, conducted by the Instar agency between March and May 2025. Tartu University Hospital was voted the most attractive employer by health and wellbeing students from 120 organisations.



- In September, the results of Kantar Emor's survey of medical brands were released, according to which **Tartu University Hospital is considered the most reliable healthcare institution in Estonia.** The survey, conducted by Kantar Emor between 12 and 19 June 2025, involved 1,131 Estonian residents aged between 16 and 74. The aim of the survey was to assess the awareness, accessibility, reliability, patient-friendliness and quality of care at various healthcare facilities. Estonian residents rated Tartu University Hospital as the brand offering the highest quality of care among other healthcare providers (55% of respondents), as well as the most appealing brand. The Hospital is also considered the most trustworthy healthcare institution (58% of respondents); in addition, respondents named the Hospital as one of the most patient-friendly institutions.
- In September, the Hospital's Physiotherapists' Union presented the Physiotherapists of the Year awards. The **2025 Physiotherapist of the Year** for Inpatient Departments was awarded to **Riin Kodasmaa**, who works at the Clinic of Sports Medicine and Rehabilitation, and the Outpatient



Department's Physiotherapist of the Year title was awarded to Merlin Burov, who works at the Children's Clinic.

- In September, the University Hospital and Estonia saw **the first kidney transplant in which the blood types of the kidney donor and the recipient were incompatible.** While blood group incompatibility has previously been a contraindication for kidney transplantation, this new treatment approach is now broadening the treatment options available to patients in need of a kidney transplant.
- In September, the **Neonatology Department of the Children's Clinic celebrated its 45th anniversary;** this is where babies born prematurely or with complicated birth histories are admitted for hospital care.

OCTOBER



- On 1 October, **Chairman of the Board Priit Perens and Board Member and Head of Research and Development Professor Joel Starkopf** began their second term of office. **Saima Hinnno, Head of Nursing and Patient Experience**, has also joined the board. **Dr. Liis Salumäe serves as the head of treatment** on the four-member board.
- From 1 October, **Kai Jöers, Senior Laboratory Specialist at the Joint Laboratory**, will head the University of Tartu Hospital's new unit – **the Tissue and Cell Therapy Development Centre.** During the four-year management period, the centre will be tasked with developing its operational procedures in collaboration with the working groups joining the development centre, as well as commissioning new cleanrooms. It also involves creating a favourable environment for the development of new, innovative tissue and cell therapy services, which will ultimately be incorporated into patient care as innovative treatments.

- On 3 October, as part of the anniversary celebrations of the Faculty of Medicine at the University of Tartu, the Clinical Centre Research Award was presented to **Anette Caroline Õöbik (Kõre)** for her article **'Long-term outcomes of AV node ablation and cardiac pacing in patients with atrial fibrillation: analysis of 10 years of data'**, co-authored by Martin Serg, Tuljo Õöbik, Mart Kals, Rain Paju, Rein Kolk, Indrek Roose, Kaido Hanni, Jüri Voitk, Jaan Eha, and Priit Kampus.

- On 6 October, a **haemodialysis unit run by the Department of Nephrology** at Tartu University Hospital opened at Põlva Hospital, to provide patients with haemodialysis treatment close to home.



- On 16 October, the Hospital hosted **journalists from the United Kingdom and Germany**, who were visiting Estonia as part of the HealthTech cooperation initiative. The visitors were shown around the University Hospital and introduced to various innovative initiatives.
- On 17 October, the Hospital was awarded the **European Society for Medical Oncology quality accreditation**, which confirms that the **Hospital's cancer treatment and its integrated palliative care meet high international standards**.
- On 23 October, a delegation from the **Uzbek Ministry of Health and healthcare professionals** visited the University Hospital to familiarise themselves with the Estonian university hospital. The focus was on both a general introduction to the Hospital and, in more detail, the digital solutions and information systems used in clinical work, as well as the digital literacy and training of healthcare professionals.

NOVEMBER

- On 1 November, Dr. Aileen Tappel took up her post as head of the **Nutrition Centre at Tartu University Hospital**; her term of office runs until 31 October 2029.
- On 10–11 November, the Hospital hosted **its first visiting lecturer, a Belgian medical geneticist**,

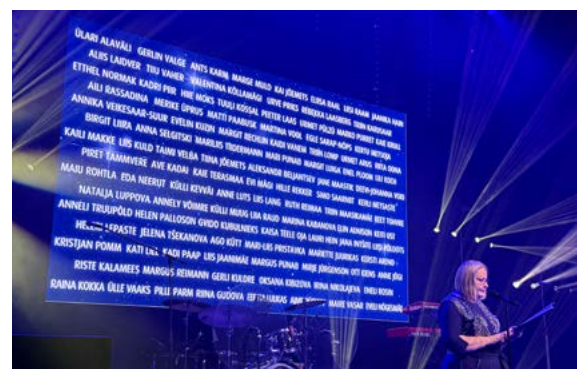


Professor Hilde Van Esch, who joined the Hospital as a visiting professor at the University of Tartu. Her international clinical experience and research in the field of genetic developmental disorders and rare diseases make a significant contribution to the treatment of the Hospital's rarest and most complex patients, as well as to the advancement of medical genetics, thereby strengthening the University Hospital's international collaboration.

- On 22 November, the Estonian Youth Association recognised Tartu University Hospital **with the "Friend of Youth Participation of the Year" nomination**.
- In November, a **joint meeting was held between the management boards of Tartu University Hospital and North Estonia Medical Centre to agree on future areas of cooperation**. The collaboration aims to develop clinical practice between the two tertiary care hospitals, and the areas of cooperation are based on practical needs in patient care, research, and teaching.

DECEMBER

- On 3 December, the Estonian Academy of Sciences elected seven new academicians, including **Professor Joel Starkopf**, a member of the board of Tartu University Hospital and Head of Research and Development, **who was appointed a member of the Estonian Academy of Sciences in the field of clinical medicine**.
- On 8 December, the hospital's staff enjoyed a **Christmas market**.
- On 8 December, the Hospital staff held their **end-of-year concert**.



- On 8 December, the Hospital announced the winners of its **Colleague of the Year awards**, which were presented to **Aleksandr Beljantsev, a medical lecturer in the 2nd Intensive Care Unit of the Department of Anaesthesiology and Intensive Care, and Liisi Põldots, Head of Nursing at the Cardiology Clinic.**
- On 8 December, awards were presented to the Hospital's healthcare staff who had been most highly commended by patients. The award went to **midwife Anne Ilves** from the Women's Clinic, who was nominated by patients for the second year running, and to **Dr. Jana Intšite**, who works in the inpatient department of the Sports Medicine and Rehabilitation Clinic.
- On 8 December, the **Patient-Friendly Initiative awards were presented.** The 2025 public vote was won by the initiatives of the Department of General Paediatrics and Neurology at the Children's Hospital, which have made the child's treatment journey as playful and enjoyable as possible. The Patients' Council recognised an initiative led by the joint laboratory, which significantly improved the treatment pathway for patients requiring repeated blood tests following heart surgery.
- On 9 December, an **innovative operation took place at the Department of Maxillofacial Surgery of the Stomatology Clinic at Tartu University Hospital, during which a patient was fitted with a 3D-printed titanium upper jaw implant, custom-made for them, complete with missing teeth.** The operation was performed by Dr. Oksana Ivask, Head of the Department of Facial and Maxillofacial Surgery, and Professor Andreas Thor of Uppsala University Hospital.
- On 30 December, the Hospital was presented with **the Tartu Achievement of the Year award**, which the people of Tartu voted for in recognition of kidney transplants carried out despite blood group incompatibility.
- Since December, in collaboration between the Eye Clinic and the pharmacy, **atropine treatment has been available for the treatment of short-sightedness, or myopia**, which can significantly slow down the progression of short-sightedness in children.
- In December, the Hospital was awarded **the title of 'Most Desirable Employer'.** CVKeskus.ee conducted its 14th survey of Estonia's most desirable employers, based on the opinions of more than 6,900 employees. In 2025, participants in the survey once again named Tartu University Hospital as the most desirable employer in the healthcare sector.



The Hospital’s key indicators for financial year 2025 and comparison with past periods

Key treatment indicators

Key Indicator	2020	2021	2022	2023	2024	2025
Percentage of patients undergoing scheduled day surgery compared to all scheduled operations ¹	n/a	52.4%	51.4%	53.5%	54.5%	54.3%
Efficiency of the use of operating theatres ²	n/a	n/a	n/a	n/a	76.0%	76.7%
Percentage of hospitalised patients who stayed in the Emergency Department for more than 360 minutes ³	14.0%	14.9%	17.5%	16.9%	18.1%	19.1%
The percentage of outpatient consultations of all consultations performed outside Tartu (including In Tallinn) ⁴	7.0%	7.1%	7.1%	7.2%	7.4%	8.3%
Incidence of nosocomial circulatory infections (number of episodes per 1,000 bed days) ⁵	0.70	0.70	0.70	0.70	0.70	0.80

Formulas for calculating key indicators:

¹ Formula Z (%) = (X / N) * 100

X – number of patients who have undergone scheduled day surgery

N – number of patients undergoing planned inpatient surgery + day treatment

Target group: all patients undergoing scheduled surgeries in the operating room. Data has been retrospectively corrected (only surgical records are taken into account).

² (Actual patient stay in the operating theatre / total scheduled operating theatre time allocated to each operating theatre, in hours) *100. The indicator is calculated for rooms 2–12 in the main operating theatre block of Building G at L. Puusepa 8, based on data from the eHL operating theatre module regarding operating theatre schedules and actual usage (data available from 2024).

³ (Number of hospitalised patients who stayed >360 minutes in EMO / total number of hospitalised patients) *100

⁴ Number of consultations outside Tartu (in Tallinn, Ida-Viru County, Võru, Põlva, etc. / number of consultations, regardless of the place of service provision) *100.

⁵ (Number of nosocomial circulatory infection cases registered in the year / number of bed days) *1000

Key patient experience indicators

Key Indicator	2020	2021	2022	2023	2024	2025
Patient satisfaction with outpatient healthcare services ¹	n/a	n/a	n/a	n/a	n/a	91.81%
Patient satisfaction with inpatient healthcare services ²	n/a	n/a	n/a	n/a	n/a	91.5%
Patient satisfaction with EMO/out-of-hours service ³	n/a	n/a	n/a	n/a	n/a	84.65%
Patient satisfaction with private consultation services ⁴	n/a	n/a	n/a	n/a	n/a	91%
Percentage of patient falls in the hospital ⁵	0.5%	0.3%	0.4%	0.5%	0.9%	1.1%
Percentage of primary outpatient consultations preceded by an e-consultation ⁶	4.3%	5.2%	6.9%	11.4%	12.8%	17.2%

Formulas for calculating key indicators:

¹ Respondents answered the question “How likely are you to recommend the Hospital to friends or family in need of treatment?” on a scale of 0 to 10. Calculation of the Net Promoter Score: response values 9 and 10 are labelled promoters. Response values between 0 and 6 are considered dissatisfied and are less likely to create value. Responses 7 and 8 are labelled passive, and their behaviour falls between promoters and the dissatisfied. NPS = percentage of promoters (%) - percentage of the dissatisfied (%). The passives are considered in the total number of respondents and thus reduce the proportion of promoters and the dissatisfied, and tilt the NPS value towards 0.

² Respondents answered the question “How likely are you to recommend the Hospital to friends or family in need of treatment?” on a scale of 0 to 10. Calculation of the Net Promoter Score (NPS): response values 9 and 10 are labelled promoters. Response values between 0 and 6 are considered dissatisfied and are less likely to create value. Responses 7 and 8 are labelled passive, and their behaviour falls between promoters and the dissatisfied. NPS = percentage of promoters (%) - percentage of the dissatisfied (%). The passives are considered in the total number of respondents and thus reduce the proportion of promoters and the dissatisfied and tilt the NPS value towards 0.

³ The question “How likely would you be to recommend the services of the Department of Emergency Medicine or the on-call service to your friends or family if they needed emergency care?” is answered on a scale of 0 to 10. Calculation of the Net Promoter Score (NPS): response values 9 and 10 are labelled promoters. Response values between 0 and 6 are considered dissatisfied and are less likely to create value. Responses 7 and 8 are labelled passive, and their behaviour falls between promoters and the dissatisfied. NPS = percentage of promoters (%) - percentage of the dissatisfied (%). The passives are considered in the total number of respondents and thus reduce the proportion of promoters and the dissatisfied, and tilt the NPS value towards 0.

⁴ Respondents answered the question “How likely are you to recommend the Hospital to friends or family in need of treatment?” on a scale of 0 to 10. Calculation of the Net Promoter Score (NPS): response values 9 and 10 are labelled promoters. Response values between 0 and 6 are considered dissatisfied and are less likely to create value. Responses 7 and 8 are labelled passive, and their behaviour falls between promoters and the dissatisfied. NPS = percentage of promoters (%) - percentage of the dissatisfied (%). The passives are considered in the total number of respondents and thus reduce the proportion of promoters and the dissatisfied and tilt the NPS value towards 0.

⁵ (Number of patient falls registered in inpatient care / number of patients treated in inpatient care per year) *100.

⁶ (Number of e-consultations (labelled treatments referred) per year in applicable specialities / number of initial e-consultations in applicable specialities) *100. The data has been retrospectively adjusted (excluding, for each year, those specialities where no e-consultations were provided, as well as visits to EMO and to the on-call cabinets).

Key employee indicators

Key Indicator	2020	2021	2022	2023	2024	2025
Employee satisfaction ¹	88%	91%	88%	n/a	87%	92%
Employee NPS ²	n/a	3	-3	n/a	-7.1	12.1
Participation of doctors in advanced training (academic hours per person per year) ³	23.4	40.9	65.8	74.8	84.1	83.0
Participation of nursing staff in advanced training (academic hours per person per year) ⁴	19.2	29.1	43.5	43.2	57.0	64.0
Percentage of doctors aged under 40 among all doctors ⁵	28.9%	28.2%	29.0%	29.0%	29.7%	31.5%
Percentage of nursing staff aged under 40 among all nursing staff ⁶	44.5%	45.8%	45.4%	44.6%	46.0%	45.7%

Formulas for calculating key indicators:

¹ (Number of employees satisfied with their job who answered the question “strongly agree” or “somewhat agree” / number of employees who responded to the survey question) *100.

² The question “Would you recommend the Hospital as a workplace to friends or family?” is answered on a scale of 0 to 10. Calculation of the Net Promoter Score (NPS): response values 9 and 10 are labelled promoters. Response values between 0 and 6 are considered dissatisfied and are less likely to create value. Responses 7 and 8 are labelled passive, and their behaviour falls between promoters and the dissatisfied. $NPS = \text{percentage of promoters (\%)} - \text{percentage of the dissatisfied (\%)}$. The passives are considered in the total number of respondents and thus reduce the proportion of promoters and the dissatisfied, and tilt the NPS value towards 0.

³ Number of academic hours of advanced medical training per year / total number of doctors (natural persons) *100

⁴ Number of academic hours of nurses' advanced training per year / total number of nurses (individuals) *100.

⁵ (number of doctors (excluding doctors-in-residence) aged <40 years / number of all individuals who are doctors (excluding doctors-in-residence)) *100

⁶ (number of nurses aged <40 years / total number of nurses (individuals)) *100.

Key research and teaching indicators

Key Indicator	2020	2021	2022	2023	2024	2025
Number of high-level scientific publications ¹	216	260	282	182	175	185
Percentage of doctors with a PhD ²	15.6%	18.4%	18.4%	18.1%	19.1%	17.7%
Percentage of nurses with a Master's degree ³	3.9%	3.9%	4.3%	4.7%	6.0%	6.5%

Formulas for calculating key indicators:

¹ Number of publications in ETIS sections 1.1, 1.2, 2.1, and 3.1 between 1 January and 31 December

² (Number of doctors with a PhD / total number of doctors) * 100, as at 31 December

³ (Number of nurses with a Master's degree / total number of nurses) *100, as at 31.12

Key financial indicators

Key Indicator	2020	2021	2022	2023	2024	2025
The Hospital's market share within the Health Insurance Fund's specialised medical care ¹	23.8%	24.2%	23.6%	23.65%	23.8%	23.8%
Cost-benefit ratio ²	1.02	1.00	1.03	1.03	1.02	1.01
Volume of investment (as a percentage of total turnover) ³	9.46%	4.00%	14.00%	11.72%	4.37%	5.03%

Formulas for calculating key indicators:

¹ [The actual financial volume of the contract for specialist medical care under the hospital treatment funding agreement (including the annex to the agreement, such as periodic payments and special cases), multiplied by the overtime coefficient / the actual cost of specialist medical care services (including periodic payments and special cases) funded by the Health Insurance Fund]*100, annual total

² Total revenue / total cost, annual total

³ Total investments (buildings, equipment, etc.) / total Hospital turnover *100, annual total

Key environmental protection indicators

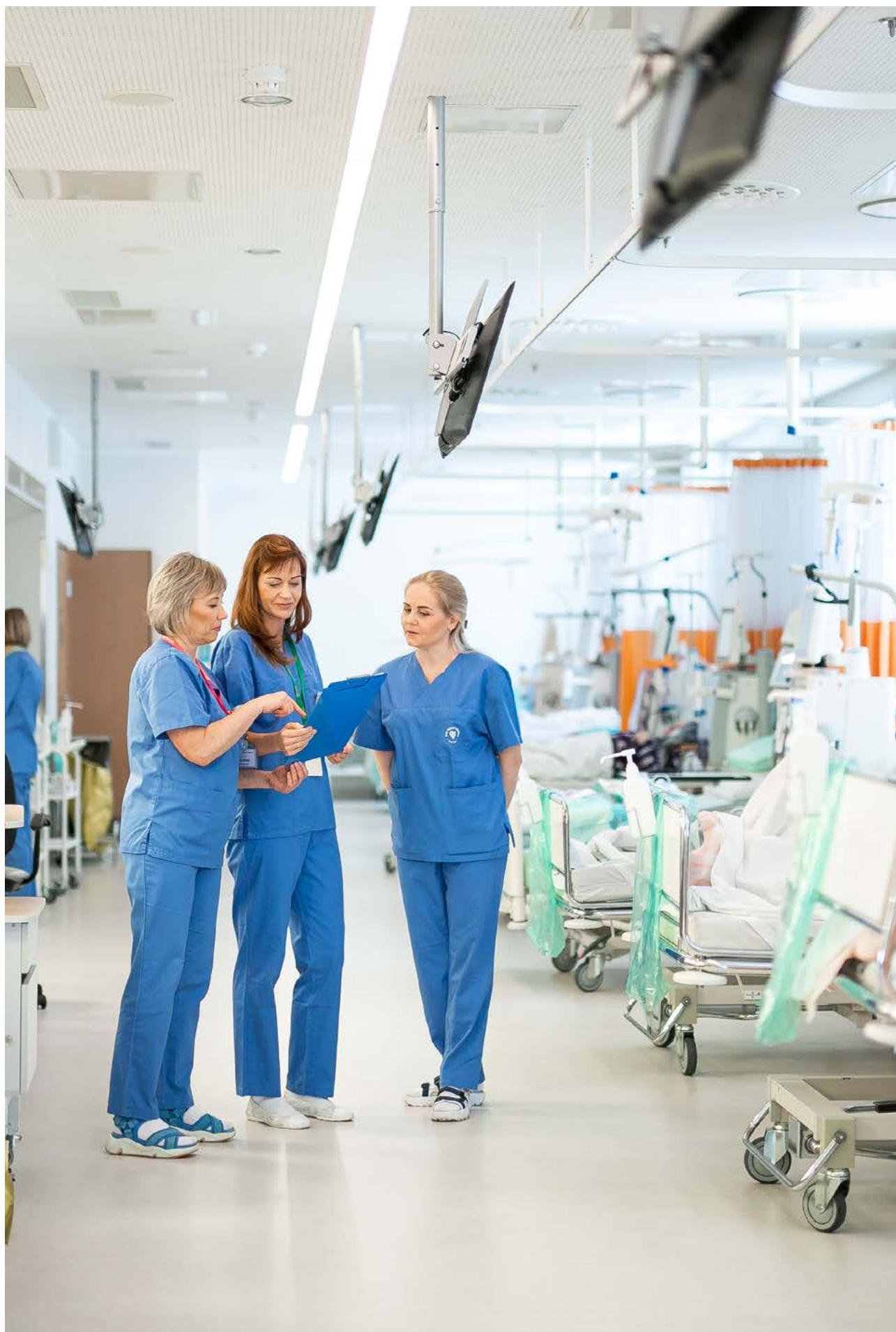
Key Indicator	2020	2021	2022	2023	2024	2025
Energy consumption per bed day ¹	n/a	0.195	0.182	0.182	0.182	0.179
Energy consumption per outpatient admission ²	n/a	0.070	0.068	0.068	0.068	0.068
Percentage of waste collected by type ³	24.0%	28.0%	28.4%	30.9%	36.4%	35.8%

Formulas for calculating key indicators:

¹ Hospital's total annual energy consumption / number of bed days per year

² Hospital's total annual energy consumption / number of outpatient admissions per year

³ Total amount of waste collected by type (packaging, scrap paper, biodegradable waste) / total municipal waste







Estonia's most patient- friendly hospital

The Hospital's vision is to be the first
choice for patients

Creating and shaping the patient experience

Patient experience is created and shaped at the Hospital by ensuring and improving the quality of health services, promoting patient safety, and organising patient education. Shaping the patient experience focuses on how the delivery of healthcare services is structured from the patient's perspective, and how this could be improved through systematic feedback and process analysis.

The Hospital's Patient Council plays a key role in ensuring that our services remain patient-centred.

In 2025, the Patient Council focused on collaborating with clinics to jointly discuss the Hospital's activities, the results of patient satisfaction surveys, and planned improvement measures.

Over the course of the year, meetings were held at the Radiology, Orthopaedics, Haematology-Oncology, and Cardiology Clinics. At the end of the year, for the third year running, a 'Patient-Friendly Initiative' competition was held in collaboration with the Hospital; this time, the winners were **child-friendly activities and the environment in the General Paediatrics and Neurology Department, and the loan of INR measurement devices for patients to take home.**

Treatment environment

In December 2025, the outpatient psychiatry service moved to modern treatment facilities at 33 Raja Street. A notable feature is the newly created sensory room, which promotes emotional balance, self-regulation and mental calm. Particularly for patients with mental health conditions, this helps to reduce anxiety and tension and supports their ability to concentrate and cope. The sensory room complements clinical treatment by encouraging patients to take an active part in their care and supporting their recovery process.

In the outpatient rehabilitation department, a complex of rooms designed for the rehabilitation of neurological patients was renovated – featuring a separate entrance from the car park and three separate treatment rooms, each with a changing room. In addition, the swimming pool, which had undergone extensive renovation, was reopened, allowing group training sessions to resume.

EMO facilities were opened at the Women's Clinic. The post-caesarean section recovery ward was also opened.

A dedicated room for the initial assistance and examination of victims of sexual violence was established and has been in use since May. The room ensures patients with complete privacy and care.

Volunteers and collaborative projects

In 2025, as part of the museum project, **cooperation with Tartu's memory institutions** continued, through which volunteers contribute to the delivery of psychoeducational workshops for patients with mental health conditions. This is an ongoing collaboration between the health and cultural sectors, aimed at supporting patients' mental well-being and their recovery and healing process.

We are also continuing our collaborative projects with previous partners (dr Kloun, Minu unistuste päev, Naerata ometi and others).



Satisfaction surveys and feedback

The Hospital's Net Promoter Score (NPS)

In 2025, the Hospital introduced a recommendation index as a method of immediate feedback **across the entire care pathway**, providing a quick and effective overview of patients' experiences. Feedback from patients provides clear input for further targeted development work in the relevant departments, and, where necessary, it is possible to contact the patient.

The Hospital's 2025 **NPS stands at 87%, remaining at a very high and stable level** (2024: 87%). According to the survey results, 91% of patients recommended the healthcare services provided by Tartu University Hospital (rating 9–10), 6% were neutral (rating 7–8), and 3% were not satisfied with the services they received (rating 0–6).

The 2025 results for the Emergency Department and outpatient clinics show high patient satisfaction, with over 84% of patients recommending the service. Less than 8% are unlikely to recommend the service, and any critical feedback tends to be situation- or incident-specific.

The 2025 results for inpatient care show a very high level of patient satisfaction. Over 91% of respondents would recommend the service, whilst fewer than 3% would not.

87%

The Hospital's Net Promoter Score for 2025

84%

Proportion of EMO referrers in the 2025 patient satisfaction survey

91%

Proportion of those recommending inpatient treatment in the 2025 patient satisfaction survey

The Hospital's feedback system

The Hospital receives feedback from patients and their families on a daily basis. Collecting feedback is important for the continuous improvement of the quality of care, so that patients receive the best care and feel comfortable in the hospital environment. **In 2025, feedback was received from a total of 1,063 patients.**



Feedback from patients covers a wide range of topics, and in 2025, the most common comments related to the tests and procedures carried out or the outcomes of the treatment received. Long waiting times and communication issues were also highlighted, bills were disputed, and attention was drawn to changes relating to food.

The feedback received is analysed on an ongoing basis and the observations made are taken into account as much as possible. The issues that arose have been discussed with the parties concerned and resolved, and preventive measures have been put in place to ensure that similar problems do not recur.

Patients and visitors at the Hospital also notice a great deal of positive feedback – a significant proportion of the feedback consists of expressions of gratitude.

Most expressions of gratitude highlight the quality of the care provided. Both individual employees and departments are recognised. Every year, the tasty food provided by the Hospital's catering service is also highlighted in the thank-you notes.

Care pathways

The aim of developing care pathways is to make healthcare services more patient-centred and to ensure a holistic approach to care.

Under the leadership of Dr. Liina Haring, a project on treatment pathways has been launched at the Psychiatric Clinic, which is also linked to other ongoing development initiatives. A total of 57 staff members from the Psychiatric Clinic are involved in the project. **The project to develop local, in-house treatment pathways is a response both to developments in the field of psychiatry and to the changing needs of patients.** The project aims to establish clear, standardised, and patient-centred care pathways that support evidence-based treatment, improve the transparency of care processes, and enhance the consistency of care within the clinic. This helps to ensure that the patient receives timely and appropriate care, regardless of the healthcare team or stage of treatment. In the Estonian context, the development of such care pathways is particularly important, given the limited resources, the growing need for mental health support, and the uneven availability of services. In addition, patients' expectations regarding clarity, consistency, and involvement in their care have increased.

Led by Tartu University Hospital and the University of Tartu's Institute of Family Medicine and Public Health, and in collaboration with the Health Insurance Fund and GPs, the **lung cancer screening pilot project in Tartu and Tartu County** is now in its third year. The main aim of the project is to include all patients at increased risk of lung cancer in the screening programme, in order to detect cases of lung cancer at an early stage, when treatment options are more effective.

The treatment pathway for cystic fibrosis patients was developed in collaboration with the medical team at the Pulmonary Clinic of the University Hospital, North Estonia Medical Centre, and the Baltic region.

Patient information and education

Patient information and education are an essential part of the patient experience and treatment, helping patients to make informed health decisions and cope with the treatment process and self-care at home. **The information and guidance provided by healthcare professionals is supplemented by information materials, educational videos, workshops, and support groups.** Information is also shared on the Hospital's website and social media channels to improve access to information and promote health awareness within the community.

The Hospital's patient information materials help patients prepare for tests and procedures and provide guidance on managing their condition and self-care. **In 2025, 48 new patient information materials were compiled and 56 existing ones were updated;** in total, the Hospital currently uses 440 patient information materials, some of which are also available in Russian and English.

The Hospital's website and social media channels play a vital role in ensuring that information is readily available. In 2025, the website was visited 4.9 million times, including 1.8 million visits to the Patient section. Content on the Hospital's Facebook page was viewed more than 5 million times, and content on its Instagram page was viewed more than 1.4 million times. The clinic also shares its content on its YouTube channel and LinkedIn account.

The Patient Information Centre hosted regular support group meetings for stroke and cancer patients, where peer counsellors, patients with similar experiences, and their loved ones provided support in coping with the illness. Throughout the year, health workshops were also held for patients, their families, and the wider community, with the aim of raising awareness of ways to look after one's health and developing practical skills.

- From 2025, exercise programmes will be shown to patients via television sets on the second floor of L. Puusepa 1a.

440

patient information materials

9

patient education videos

4.9

million visits to the Hospital's website, including 1.8 million visits to the patient information section

6.4

million views of content on the Hospital's social media channels Facebook and Instagram

- In early 2025, physiotherapists at the Sports Traumatology Centre created a video library comprising more than 400 short videos of rehabilitation exercises. Exercises in video format help patients to perform the exercises correctly and speed up their recovery process.
- The introductory video for the maternity ward was updated, and 15 educational videos were created for parents.
- Health workshops were held for patients, staff, and the local community.
- In collaboration with students from the Estonian Academy of Arts, a project-based description of the patient discharge and follow-up visit process, complete with digital tools, was developed at the Heart Clinic.

Patient safety

From 15 to 28 September, a **patient safety survey known as PRIM (Patient-Reported Incident Measure) was conducted among inpatients at the Hospital**. The aim of the study was to determine how patients rate the safety of the healthcare services provided at the Hospital, as well as communication and the exchange of information during their hospital stay. By the end of the survey, 411 questionnaires had been returned.

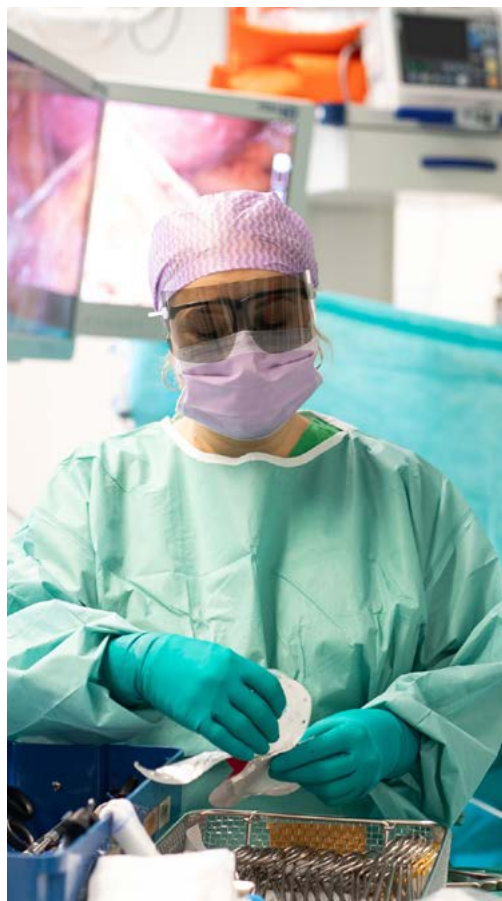
The safety of hospital care was rated very highly by patients at Tartu University Hospital: 90% of patients surveyed felt confident about the safety of their treatment and care.

Throughout 2025, work continued on adapting the Hospital's **Patient Safety Incident Information System (POI)** in line with legislative changes that came into force in 2024, and short training sessions and discussions were organised for staff to help them adapt to the new arrangements.

As was the case in 2024, the increase in the number of reported incidents can be attributed to the growing focus on patient safety, both at the national level and within the Hospital.

As in previous years, the highest number of incidents involved injuries or accidents, of which 447 were related to falls (2024: 368 cases). A total of 255 cases related to medicines were recorded, which is 36 more than in the previous year. Post-operative cases ranked third in terms of frequency (159 cases); in November 2024, these became a completely new category in the case classification system compared with the previous year. In terms of the breakdown by profession of the staff who recorded the cases, there was a shift in favour of doctors in 2025 – their proportion among those recording cases rose from 12% to 30%. This suggests that **patient safety at the Hospital is becoming increasingly comprehensive and is ensured through collaboration between different specialties**.

In 2025, **the Hospital continued to participate in the international SAFEST project**, which aims to improve adherence to evidence-based standardised patient safety practices in perioperative care and reduce the incidence of surgical complications. In addition to the various guidelines created previously, the patient's journey through the mapped procedure was outlined from the perspectives of the anaesthesiologist, the surgeon, and the patient. Data was also collected specifically to assess patients' health outcomes and experiences. According to the initial plans, the first findings of the project are due to be published in the summer of 2026.



New services for patients and the community

As part of a project to validate assessment tools for mood and anxiety disorders at the Psychiatric Clinic, 54 psychometric instruments were validated, including 26 Estonian-language instruments for adults and 15 for minors, and 13 Russian-language instruments for adults, all designed to assess the presence and/or severity of anxiety and mood disorders.

In 2025, the Dental Clinic launched a dental hygiene specialist service, focusing on advice on oral hygiene. At the Pulmonary Clinic, as part of the directly observed treatment for pulmonary tuberculosis, a new video-based treatment protocol has been introduced. The Neurosurgery Department at the Neurological Clinic has launched a dedicated nursing consultation service for patients with back pain. The Women's Clinic has started offering pre-operative consultations with a midwife, as well as consultations for infertility treatment with a midwife. The project to monitor psoriasis patients remotely continued at the Dermatology Clinic.

At the Tallinn Centre of the University Hospital, located at Sepapaja 12, the Sports Traumatology Centre, the Department of Sports Medicine and Outpatient Rehabilitation, and the Dermatology Clinic have begun seeing patients. In addition, the Tallinn centre is also home to a Men's Health Clinic, a Genetics and Personalised Medicine Clinic, and a Psychiatric Clinic.

Community-focused activities

The Dermatology Clinic organised an information day on mole checks as part of its community outreach activities.

Testing of the chatbot used at the clinic has moved into the implementation phase. The aim of the chatbot is to provide the community with fast, reliable and essential support, both before admission to hospital, during their stay, and in the recovery process following hospital treatment.

A number of community school projects were carried out:

- At Tartu Mart Reinik School for pupils in years 4–8, plus lectures for year 9 pupils;
- lectures for pupils at Kuuste School;
- presentations on the services and departments of the Clinical Centre for school pupils at Veeriku School, Nõo Gymnasium, and Jaan Poska Gymnasium;
- workshops in schools and nurseries on oral health and tooth brushing, as well as visits to the Hospital by nursery groups and primary school classes;
- the pilot project for older people continued at the Tähtvere Day Centre.









Treatment activities

University Hospital as an attractive centre of excellence, a leader in Estonian healthcare

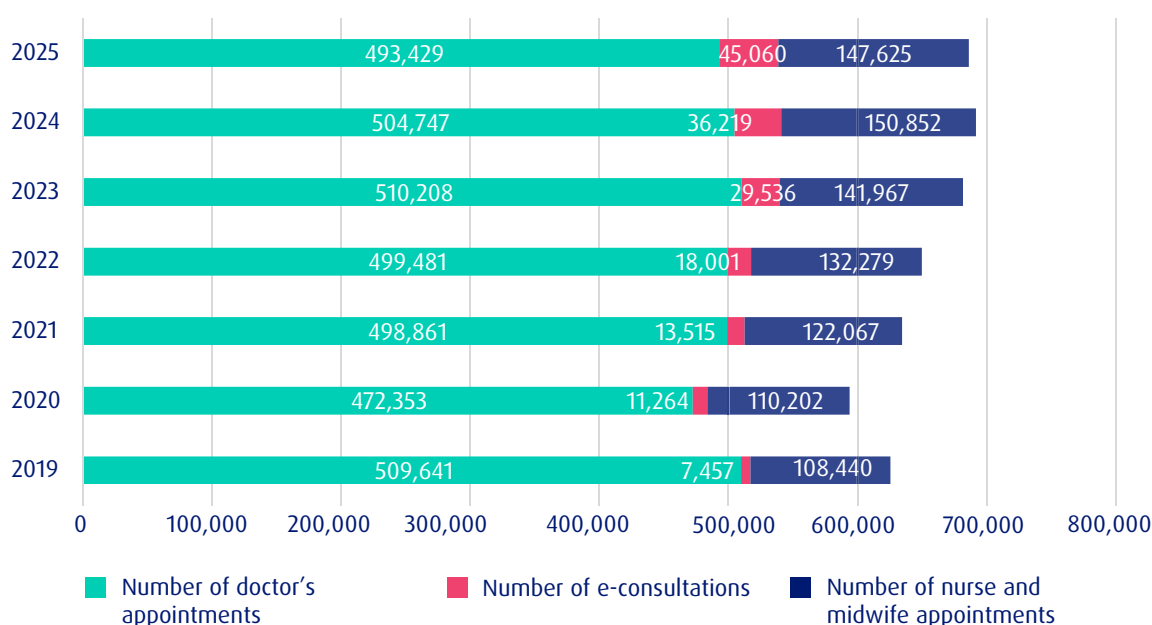
Outpatient medical care

The volume of outpatient care provided at the Hospital is very high and includes appointments and consultations with doctors, nurses, midwives and other specialists in virtually all medical disciplines, as well as various tests, procedures, and other healthcare services that patients require during their treatment.

In 2025, a total of 686,114 outpatient appointments, e-consultations, and appointments with nurses and midwives were held.

Looking at the longer trend, we can see a slight decline in doctors' appointments, whilst there has been an increase in e-consultations and appointments with nurses and midwives, which is greater than the decline in doctors' appointments.

Outpatient appointments and consultations



There were a total of 493,429 consultations across all 34 specialities, of which 88% were face-to-face consultations and 12% were remote consultations by phone or video.

Doctor's appointments

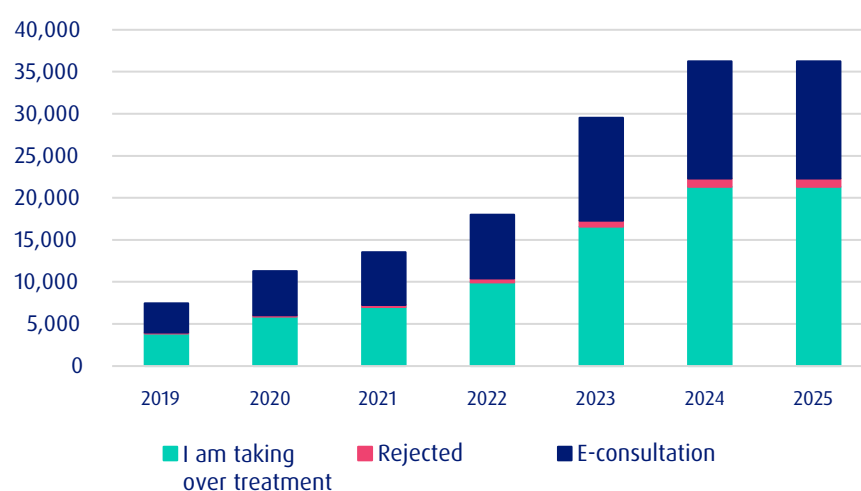
The number of consultations has increased most significantly in the Department of Haematology at the Haematology-Oncology Clinic (with an increase in both Tartu and Ida-Viru County), the Dermatology Clinic (due to consultations carried out at the Tallinn centre), in the Pulmonology Department of the Pulmonary Clinic, in Adult Psychiatry at the Psychiatry Clinic, in Sports Medicine Prevention and Rehabilitation at the Sports Medicine and Rehabilitation Clinic, and in Maxillofacial Surgery at the Stomatology Clinic.

Of the 40,900 consultations conducted outside our main site, more than half took place at the Tallinn centre, located at Ülemiste City Tervisemaja 2, which opened at the start of the year and to which the Men's Clinic and the Genetics and Personalised Medicine Clinic, including the Centre for Rare Diseases, relocated. The Dermatology Clinic, Paediatric Clinic, Psychiatric Clinic, and Sports Medicine and Rehabilitation Clinic have also begun seeing patients at the Health Centre.

Online consultations

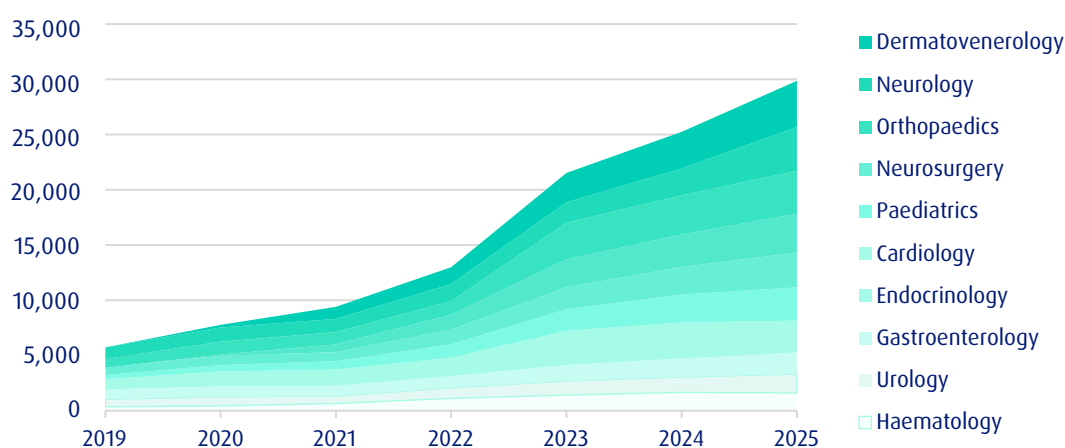
An increasing number of patients are being referred to outpatient appointments via e-consultations. In 2025, 45,060 e-consultation referral letters were responded to, which is 24% more than the previous year. In a single working day, therefore, around 180 e-consultation referral letters were responded to.

E-consultations by mode of response



The specialities with the highest volume of e-consultations (>12 e-consultation responses per working day) were dermatology, neurology, orthopaedics, neurosurgery, paediatrics, and cardiology. Compared with 2019, the number of e-consultations has increased sixfold.

E-consultations by discipline



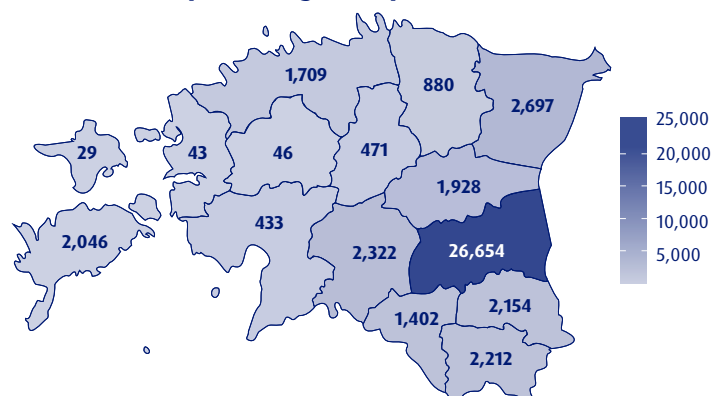
Alongside a significant increase in online consultations, we are seeing a decline in face-to-face appointments, particularly in the case of initial consultations. Across all specialities, more than 15,700 patients were consulted via e-consultation, none of whom went on to see a specialist.

Through e-consultation, a patient's health issue is quickly referred to a specialist. In most specialities, a response is provided within four working days, whether in the form of instructions for further treatment or follow-up, or a decision regarding the transfer of care. In some cases, when a patient is referred for treatment, the necessary tests are scheduled well in advance of the appointment, and the appointment takes place once the test results are available.

In 2025, treatment was prescribed in over 63% of cases following an e-consultation. Of these 28,200 patients, 8% attended an outpatient appointment within a week and 62% within 8 to 42 days.

The majority of e-consultation orders continue to come from general practitioners (approx. 80%), with a smaller proportion coming from other service providers or clinicians from other specialities within the Hospital.

E-consultations by referring county



In 2025, 79,787 patients needed a 24-hour outpatient emergency medical service, which is slightly fewer than in the two previous years.

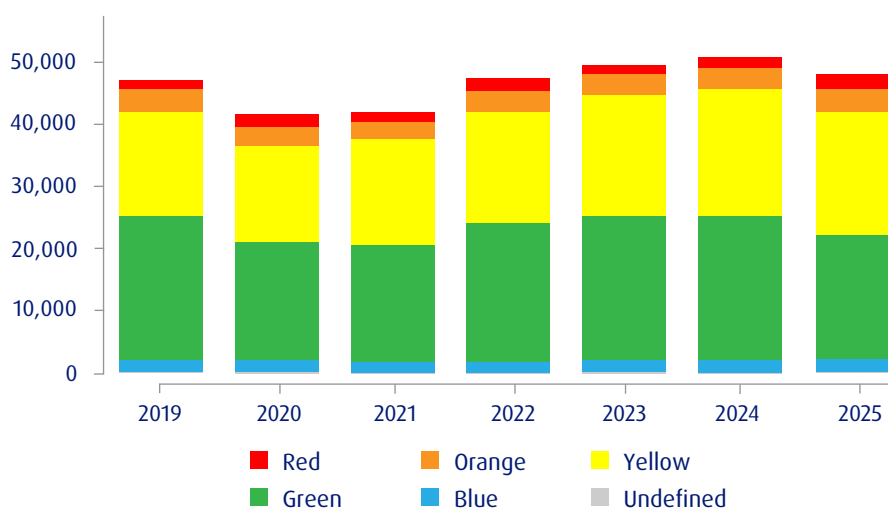
24-hour outpatient emergency medical care

Round-the-clock outpatient emergency medical care is provided at the Hospital's Department of Emergency Medicine (hereinafter referred to as the EMO), the Paediatric EMO, and, depending on the speciality, at the Ear Clinic, the Eye Clinic, and the Psychiatric Clinic.

In 2025, 45,997 patients attended EMO, which was 3,200 fewer than the previous year – a decrease of 7% – and this applied to both trauma and non-trauma cases. Every day, around 126 patients received care at EMO.

There was an increase in the number of patients brought in by the ambulance service, as well as in referrals from GPs to EMO. There was a decrease in the number of walk-in patients (9%) in the less serious, or green-blue triage, category. The number of patients classified as having a severe, red-orange triage category was the same as a year ago, accounting for 12% of all visits.

Referrals to EMO by triage category



37,737 (82%) of the EMO patients required outpatient care, and 8,260 (18%) were hospitalised for emergency indications. Most often, these patients continued to be treated in the Internal Medicine Clinic, Surgery Clinic, Cardiac Clinic, or the Neurology Clinic.

Emergencies were also dealt with around the clock at the paediatric EMO of the Children’s Clinic, as well as in the on-call rooms of the Eye Clinic, Ear Clinic and Psychiatric Clinic, totalling **33,790** cases. Compared with last year, there were approximately 10% fewer visits, particularly among patients who presented themselves directly and those in the green-blue triage category.

In 2025, there were 147,625 consultations with nurses and midwives, and 14,232 home visits and home nursing services were provided. Compared with 2024, there were 2% fewer appointments with nurses.

Nurses’ and midwives’ consultations

Overall, there are slightly fewer nursing and midwifery services compared to 2024, but greater attention has been paid to the content and quality of these services, so that patients with chronic conditions can receive more help and support, and patients’ care pathways are better supported.

In 2025, there were a total of **24,245** visits to midwives at the Women’s Clinic, Family Centre, and Sexual Health Centre, representing a slight decline in the number of services provided to GPs. On a positive note, the number of pregnant women receiving antenatal care remained unchanged in 2025, and midwives continued to provide care for healthy pregnant women, offering breastfeeding advice and diabetes counselling, as well as conducting postnatal home visits.

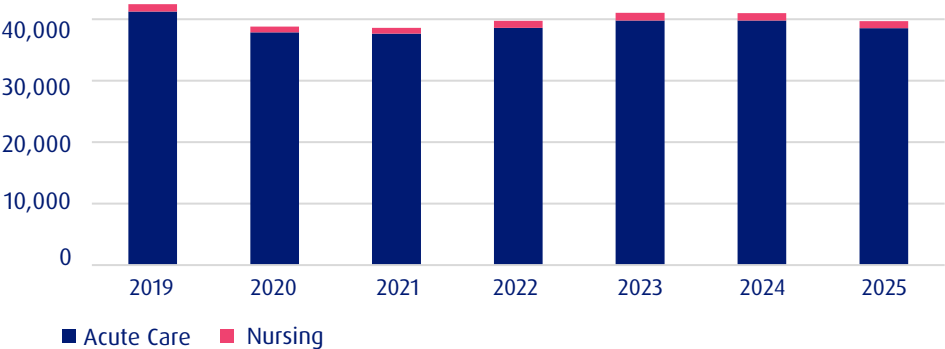
Inpatient treatment

2025 was a busy year for inpatient care, with only minor changes in the key indicators.

Slightly fewer patients were treated in inpatient and day care settings than in the two previous years. However, the health problems of patients admitted to the hospital were more serious, and their length of stay was longer. Milder cases have continued to be treated on an outpatient basis.

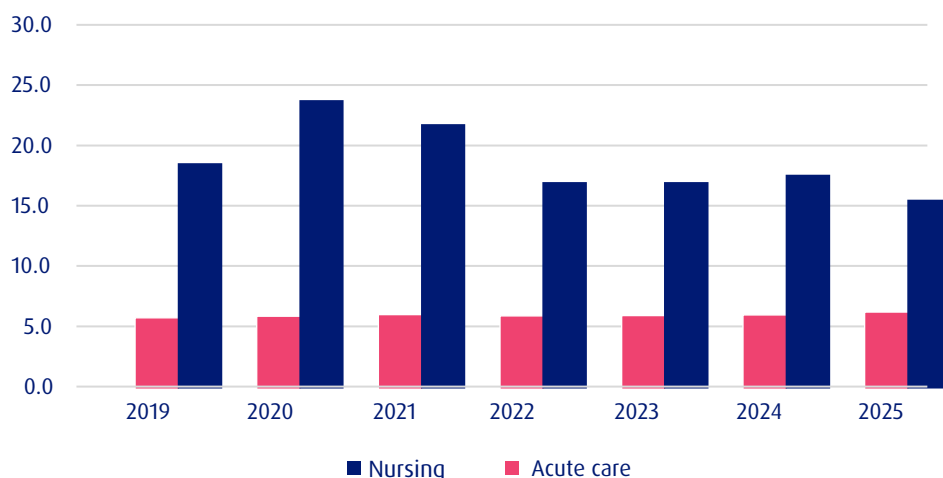
A total of 38,517 patients were treated in the Hospital’s acute care wards, which is approximately 1,300 patients, or 3%, fewer than in the previous two years. Patients were treated in 902 acute care beds, with an occupancy rate of 75%. The greatest demand was for beds in the Internal Medicine Clinic throughout the year, where bed occupancy stood at 95% overall.

Patients treated as inpatients



The number of bed-days in 2025 remained virtually unchanged – **the average length of stay for patients in acute care was 6.5 days**, which is 0.3 days longer than in previous years.

Duration of treatment



A third of the patients admitted for acute care (around 12,000) were admitted via EMO and the on-call cabinet.

Patients of the Hospital have had more serious health problems and required longer hospital stays. The number of intensive care bed days, including the volume of various intensive care services provided to each patient, has increased. In terms of the duration of treatment, there was a decrease in the number of cases lasting up to 3 days (-5%), but the number of cases lasting more than 15 days increased by 6%.

The proportion of older patients (aged 65 and over) has increased. Compared with 2019 and 2024, the proportion of patients aged 0-18 has remained unchanged at 16%, but the proportion of those aged over 65 has risen year on year, standing at 35% in 2019 and 39% in 2025. Older patients spent three days longer in the hospital.

The decline in the number of inpatients is partly due to the introduction of day-case services in cardiology, cardiac surgery, and neurology, where some examinations or procedures requiring short-term monitoring have been transferred to day-case care.

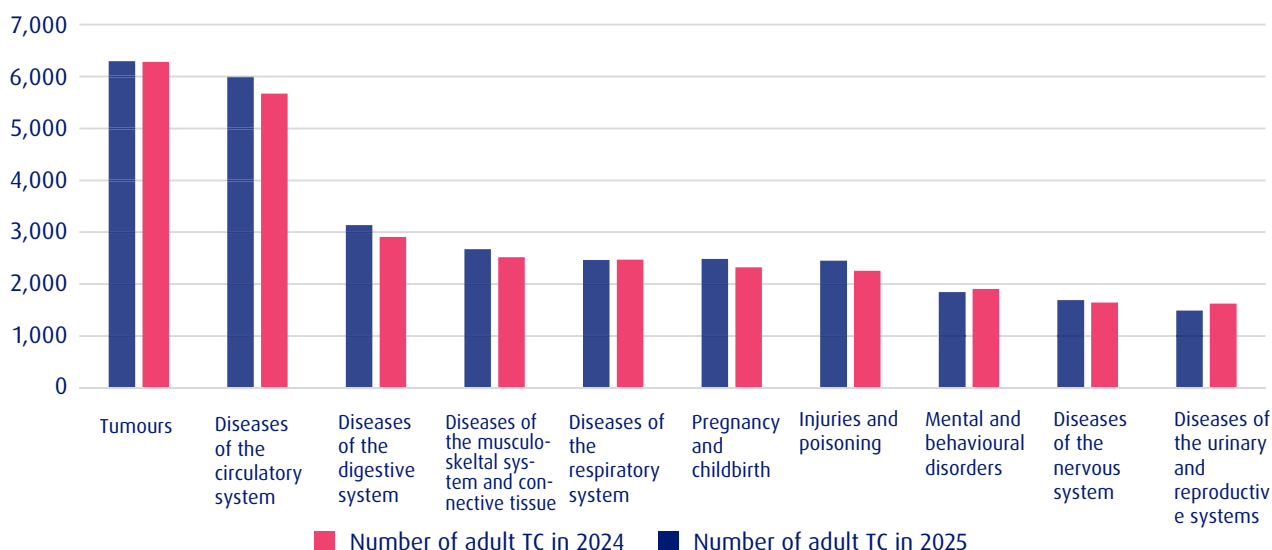
In the inpatient acute care departments, fewer patients have been treated compared with last year in general surgery, paediatric surgery, vascular surgery, ear, nose and throat medicine, gastroenterology, nephrology and orthopaedics. At the same time, however, there were more patients in oncology (including radiotherapy), pulmonology, ophthalmology, gynaecology, dermatology, and palliative care. In haematology-oncology, the number of patients receiving chemotherapy and radiotherapy was roughly the same as the previous year (2,152 patients received chemotherapy and 974 patients received radiotherapy), although the number of drug administrations per patient was higher.

The most common reasons for hospitalisation, by diagnostic group, were tumours, circulatory diseases, diseases of the digestive system, diseases of the musculoskeletal system and connective tissue, respiratory diseases, childbirth, injuries and poisonings, mental and behavioural disorders, and diseases of the nervous system.

The need for hospital treatment among children was mainly due to respiratory diseases, mental and behavioural disorders, congenital malformations and chromosomal abnormalities, and conditions arising during the perinatal period. Less common causes included injuries and poisoning, nervous system disorders, and infectious diseases.

Half of the patients treated as inpatients were from Tartu city and county, and 17% were from the counties of Southern Estonia. Compared with last year, there has been a 9% increase in the number of patients from Ida-Viru County receiving treatment, whilst there has been a decrease in the number from Tartu and Võru counties.

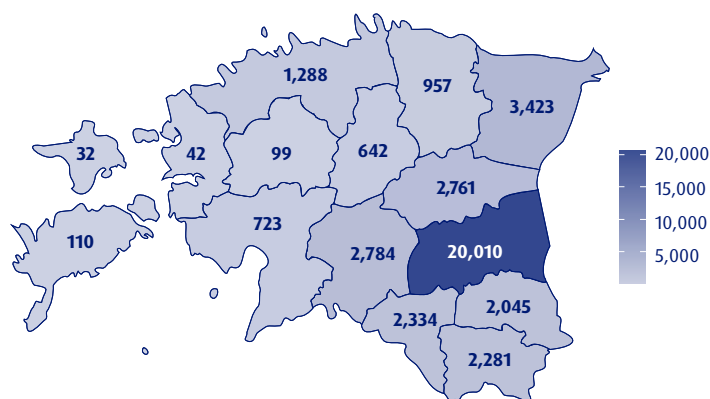
The most common reasons for hospital treatment



A total of 12,580 patients underwent surgery in the hospital, 30% of whom were admitted for emergency treatment. A total of 19,834 surgical procedures were performed. Compared with the same period a year earlier, the number of patients undergoing surgery in the hospital was 433 fewer, or 3% lower.

The number of patients undergoing surgery rose by 27% at the Eye Clinic (though it fell in the day surgery unit), by 10% in the gynaecology department of the Women's Clinic, and by 5% in the cardiac surgery ward of the Heart Clinic. A total of 1,170 patients underwent joint replacement surgery, which was approximately 100 fewer than the previous year.

Patients treated in hospital by place of residence



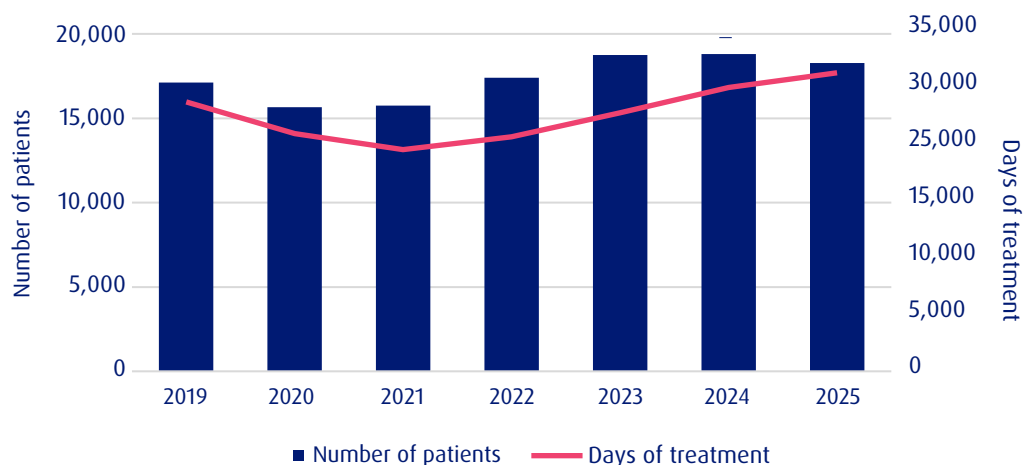
Therapeutic work in day care

A total of 18,265 patients were treated in the day care unit, of whom 10,860 (60%) underwent surgery. The number of outpatient treatment days increased by 10% for non-surgical outpatient treatments (dialysis procedures, various infusion therapies and cardiological procedures).

Compared with 2019, the volume of treatment in terms of patient days for non-surgical procedures has increased by 11%, and new day-care procedures have been introduced.

In recent years, outpatient services have expanded to include cardiology at the Heart Clinic (pacemaker implantations/programming, catheter ablation of arrhythmias or cardioversion) and cardiac surgery (cardiological examinations, including paediatric examinations), as well as the provision of biological treatments in neurology.

Patients treated in day care



Compared with previous years, there were more people on dialysis, which is why the number of haemodialysis procedures increased by 18%. Patients at the University Hospital can also receive dialysis at the Hospital's dialysis clinics operating at three regional hospitals in South Estonia.

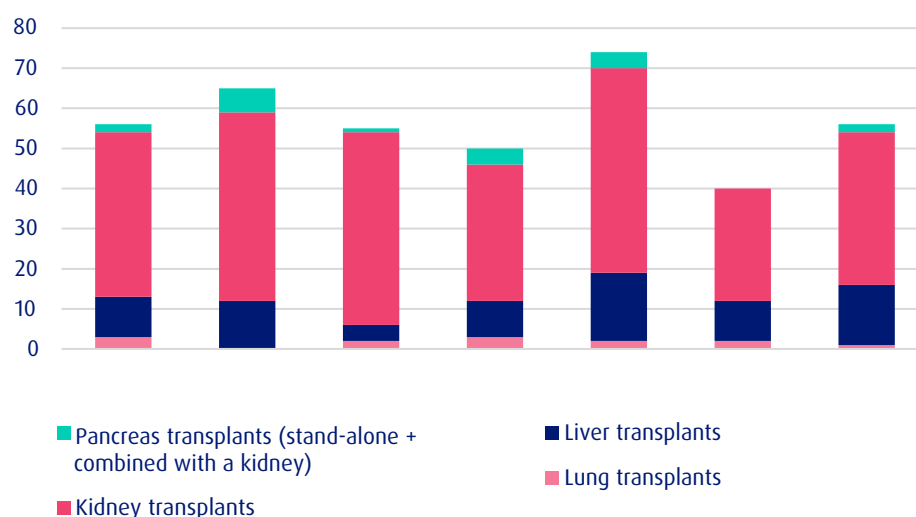
The most common operations or procedures in day care were haemodialysis (7,557 procedures), cataract surgery (3,698 operations), and adenotonsillectomies (1,049 operations).

Organ transplants

In 2025, organ transplants were performed at the Hospital on **55 patients, totalling 56 organ transplants, including 15 liver transplants, 38 kidney transplants, 2 pancreas transplants** (including one case where a kidney and pancreas were transplanted into a single patient), and 1 lung transplant. In addition, one heart transplant was performed on an Estonian patient at Helsinki University Hospital. In 2025, there were three children under the age of 18 among the transplant recipients, all of whom had received kidney transplants.

The Hospital performed Estonia's first living donor kidney transplant in a case of ABO blood group incompatibility.

Organ transplants



Work continued on the organ donation and transplantation databases, with a view to both the follow-up of living donors and the regular monitoring and analysis of organ transplantation outcomes.

As of the end of 2025, there were 737 patients with functioning transplants under observation in Estonia, including the longest-functioning transplants: kidney – 29 years, liver – 20 years, pancreas – 9 years, and lungs – 15 years.

Donation rates can be described as average – the number of deceased organ donors per million inhabitants was 18.3 (2024: 12.4). A comparison of Estonia's figures with those of the two largest organ transplant organisations in Europe: the average rate in Scandiatransplant member states in 2025 was 21.8 (including the highest in Iceland – 38.5, the lowest in Estonia) and the average figure for Eurotransplant countries in 2025 was 15.6 (including the highest in Belgium – 35.5, the lowest in Luxembourg – 2.9).

At the end of the year, 63 patients had been placed on the active waiting list by a decision of the medical council.

In terms of tissue transplants, the Hospital performed 21 corneal transplants and 14 amniotic membrane transplants.

Our plans for next year are primarily focused on the completion of new cleanrooms, including ongoing preparations for the in vitro cultivation and transplantation of corneal epithelium.

In 2025, musculoskeletal tissues were obtained from 71 donors; 143 grafts were issued for transplantation and transplanted into 103 recipients.

A total of 61 haematopoietic stem cell products were processed at the Hospital in 2025. A total of 52 transplants were performed – 23 of these were autologous, and 29 were allogeneic.

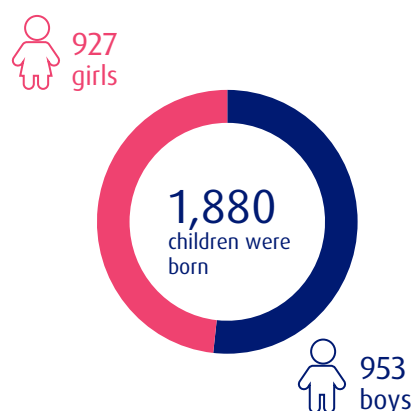
Cooperation continued with the Finnish haematopoietic stem cell registry, with 26 new donors joining. A total of 1,146 people from Estonia have now joined.

There were 583 embryo transplants, resulting in a total of 156 clinical pregnancies with a pregnancy rate of 26.8%. The rate of multiple pregnancies was low, at 2.1% of all transplants. At the end of the year, there were 51 women on the waiting list for embryo transfer. The number of women seeking fertility treatment continues to fall, due to economic and political uncertainty and the age cohort of women of childbearing age.

Assisted childbirths

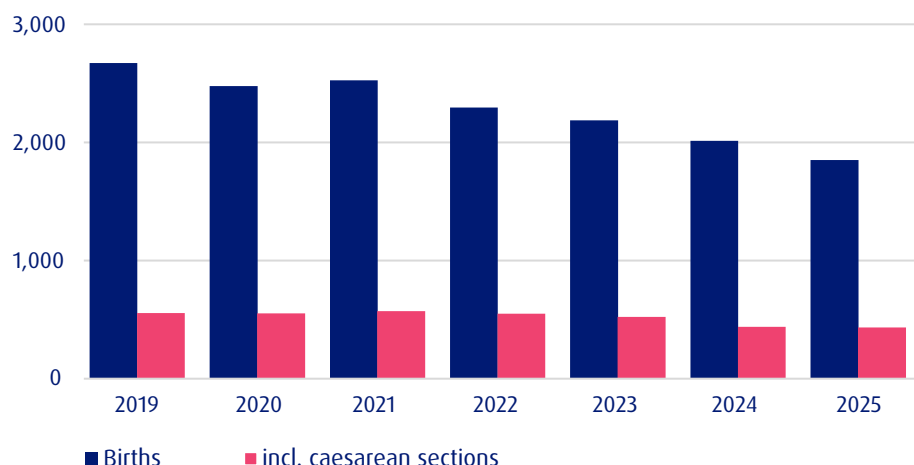
The Women's Clinic at the University Hospital recorded 1,851 births (27 twin births and 2 triplet births), with a total of 1,880 live births. The number of births at the Hospital decreased by 162, or 8%, compared with the previous year. The decline was primarily due to a decrease in the number of women giving birth in Tartu, Valga, Põlva, Jõgeva, and Ida-Viru counties.

The proportion of births at the Hospital out of all births in Estonia was 20.1%, which is a fall of one percentage point compared with 2024.



Across Estonia, the number of registered births fell by 6% in 2025 compared with the previous year; in Tartu, Jõgeva, Põlva, Valga, and Võru counties combined, the decline in births was even greater, at 9% in total.

Childbirths



23% (435 cases) of the births attended at the Women's Clinic at the University Hospital required a caesarean section; two-thirds of these were performed on an emergency basis.

The number of women registered for antenatal care at the Hospital at the end of 2025 was the same as the previous year. This could be a prerequisite for ensuring that the number of births does not continue to fall.

The maternity care provided by the Women's Clinic at the University Hospital is safe, professional, mother- and baby-centred, and of a high standard. The stillbirth rate per 1,000 births in 2025 was 1.06 (the corresponding figure for Estonia in 2024 was 2.10) and the perinatal mortality rate per 1,000 births was 1.06 (the corresponding figure for Estonia in 2024 was 2.73). There were only two perinatal deaths at the Hospital in 2025; both stillbirths were caused by foetal damage resulting from placental insufficiency and intrauterine asphyxia prior to delivery.

Palliative care

The Hospital has been involved in providing palliative care and developing related services for around four years. This is the part of the patient's treatment journey where, as the disease worsens, treatment options and resources are exhausted, but the need for supportive and palliative care increases.

In 2025, 275 patients received care in 15 palliative care beds, whose primary conditions were most commonly malignant tumours, Parkinson's disease or other neurological disorders, as well as advanced cardiovascular disease. The average length of stay in palliative care was 14 days, and the in-hospital mortality rate was 28%.

In 2025, the Hospital had 62 beds for the provision of nursing care, with 1,167 patients in its care, including 481 receiving hospice care. The provision of hospice care has been expanded.

Dental care

There were a total of 61,288 visits to the dentist, representing a 0.6% increase compared with the previous year. More than a third of the dental services provided by the Clinic relate to paediatric dentistry and orthodontics. There were 21,419 paediatric dental appointments, which was 2,284 (10%) more than the previous year. In addition to the Dental Clinic, we provided dental care services for children at six schools in Tartu, with the focus on dental health checks and preventive care.

Referrals to orthodontists were mainly made via an online consultation conducted by a dentist.

There has been a significant increase in the provision of orthodontic care. In 2025, approximately 550 more children and young people received orthodontic treatment, and the number of visits related to this treatment increased by 27%.

The number of dental appointments for adults fell by 1,920 (-5%), in both general dental care and prosthetics. Dental care for adults is largely a private service, and this has a significant impact on the uptake of dental services. The Health Insurance Fund only covers the portion of the dental treatment or denture benefit, which is a relatively small amount.

The Hospital's Dental Clinic continued to provide emergency dental care on both weekdays and weekends and public holidays; 1,450 patients received emergency treatment as part of this service.

For specific conditions and illnesses, dental treatment is carried out on an outpatient basis and, as a rule, under general anaesthetic; we treated 300 such patients last year.

Screening, early detection of diseases

Screening helps to maintain good health and detect diseases as early as possible. The aim of preventive screening is to identify precancerous changes; early detection and treatment of these changes can help prevent the development of cancer or detect cancer at an early stage, when treatment outcomes are favourable.

The Hospital carries out screening programmes for the early detection of breast cancer, cervical cancer, colorectal cancer and lung cancer. Participation in screening programmes has increased, with people making greater use of the services on offer, but from an Estonian perspective, the participation rate remains below 70%.

In 2025, more than 44,000 people took part in various screening programmes at the Hospital, of whom over 32,000 participated in the cancer screening programme.

Cancer screening

Lung cancer remains the leading cause of cancer-related deaths worldwide, as in most cases the cancer is only detected at an advanced stage. Early detection of lung cancer is only possible thanks to effective screening.

The pilot project for lung cancer screening, now in its third year in Tartu County, has convincingly demonstrated how to implement screening in practice. The study includes people aged 55–74 who are at increased risk of lung cancer (for example, those who have smoked for at least 20 pack-years). As part of the screening programme, participants undergo a low-dose CT scan at the Hospital's Department of Radiology.

In 2025, 2,700 people were screened; in total, over 10,000 screenings have been carried out across three screening rounds, and over 80 cases of lung cancer have been detected, the majority of which were at an early stage. It is important to note that, with the systematic implementation of screening programmes, the proportion of cancers diagnosed at an early stage increases each year, whilst the number of advanced-stage cancers decreases accordingly.

As part of the breast cancer screening programme, approximately 17,000 women underwent mammography screening, which was over 1,500 more than the previous year. Taking part in the study is easy to arrange and waiting times are short. The screening was available at the Hospital's mammography cabinet at the Kvartal Centre in Tartu city centre, at the Hospital's branch at the Lõunakeskus retail park, and at the Maarjamõisa medical campus. A mobile mammography unit also travelled to various locations across Estonia throughout the year, including smaller towns and villages. Nearly half of the mammography tests were performed on the Hospital's mammography bus.

In 2025, a total of 10,717 women took part in cervical cancer screening; participation has tripled, largely due to the introduction of HPV home testing.

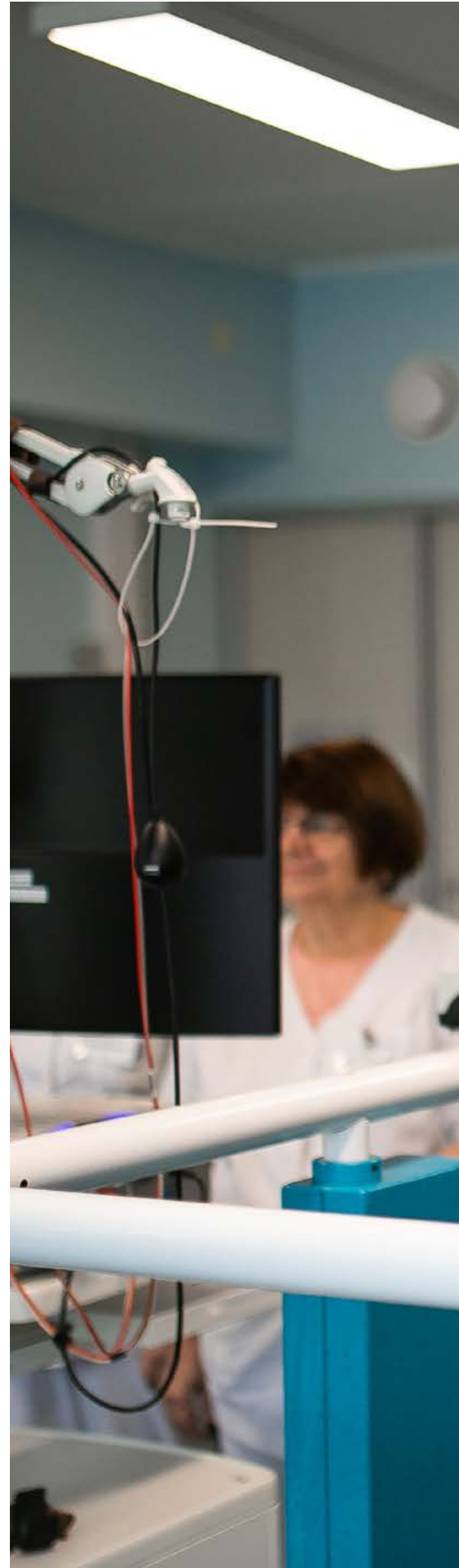
The fourth cancer screening project focused on the early detection of colorectal cancer, involving a colonoscopy performed on patients who had previously been examined by their GP. A total of 637 colonoscopies were performed last year, which is exactly 100 more than the previous year.

Other prevention projects

As part of other prevention projects, active efforts were made to provide reproductive health counselling for young people, alongside the prevention of sexually transmitted diseases; **services were provided to approximately 6,700 people**, both at the Sexual Health Centre of the Women's Clinic and at the Men's Clinic.

There were more young people attending health checks than in previous years, with a total of over 3,800 young people receiving the service. The service was extended to Tallinn at the start of the year, and within the limits of the contract, it was possible to include a further 400 young people in the scheme. This service package is designed for 19-year-old athletes who train regularly and whose weekly training load amounts to at least six academic hours. The aim is to ensure safe exercise, which is achieved through counselling and regular health monitoring.

New projects launched in the spring included screening for abdominal aortic aneurysms, which involved carrying out the relevant ultrasound scan and, where necessary, a follow-up scan, after which the patient was referred to the vascular surgery department for treatment.









Teaching, research, and development

Ensuring a highly skilled clinical, teaching, and research staff is key to the development of a university hospital

Research and development

In 2025, the Hospital continued to systematically promote research and development with the aim of integrating research more closely with clinical practice, develop personalised medicine and genomics-based services, enhance international competitiveness, and strengthen high-tech treatment capabilities in Estonia. Research forms the strategic foundation for quality of care and innovation at the Hospital.

A total of 76 staff members from the Hospital took part in the doctoral programme, three of whom successfully defended their doctoral theses. Six staff members began their studies on the Knowledge Transfer PhD programme. This new format supports the integration of research and clinical practice, as well as the development of the next generation of academics.

The Hospital is a partner in a total of **15 EU-funded international research and development projects**.

The TeamPerMed project continued, and the Hospital's role as an organiser of clinical trials was strengthened. A study aimed at gene donors, entitled 'Genes and the Prevention of Cardiovascular Diseases' (involving 2,714 gene donors), was launched, laying the groundwork for implementing genome-based prevention models.

A rapid genomic analysis project was launched in the paediatric intensive care unit, and the piloting of genomic-based services continued. Work began on developing a competency model for genetic counsellors in collaboration with national partners.

The T-cell therapy development project (CARTEST) has reached the stage of protocol development, staff training and infrastructure development. The aim is to establish the capacity to provide personalised CAR-T therapy in Estonia.

In collaboration with the Health Insurance Fund, a screening programme for abdominal aortic aneurysms was launched, and the development of a treatment pathway for lung cancer was initiated.

The development work involves integrating an AI-based solution for the radiological diagnosis of kidney cancer, developed with the involvement of specialists from the Hospital, into day-to-day practice.

In addition, patient-centred development projects were launched at the Heart Clinic, focusing on improving the discharge process and evaluating the impact of remote monitoring solutions.

350
active research projects

143
new studies over the course of the year

313
scientific publications

185
international peer-reviewed articles

15
Projects funded by the European Union

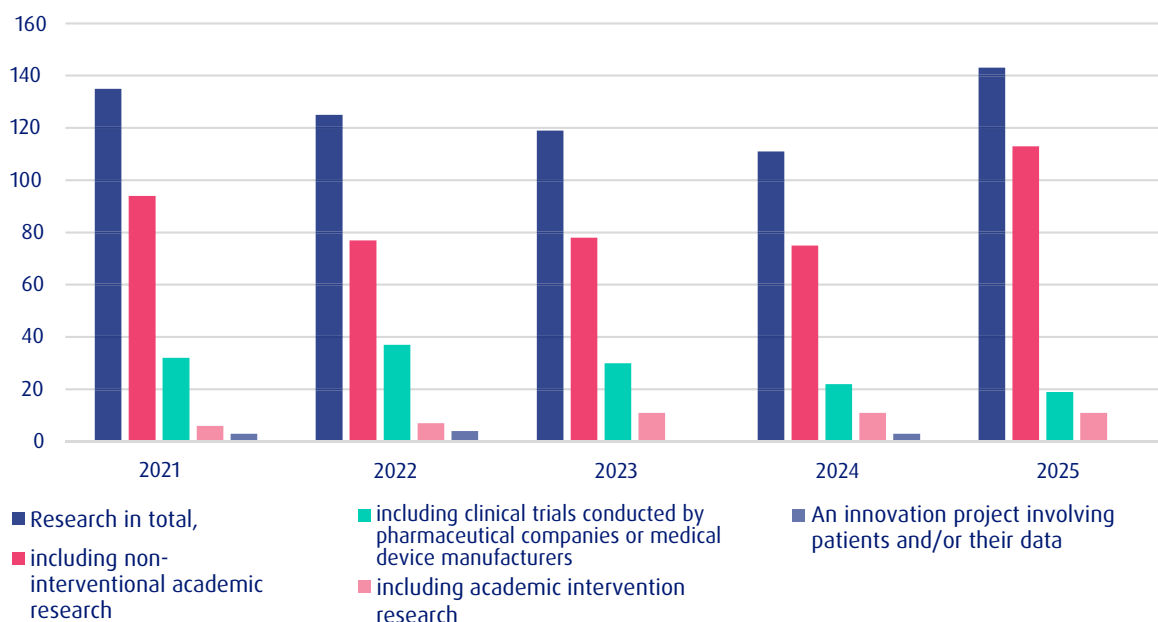
2.07
million euros in external funding

The number of research projects and the launch of new projects demonstrate an increase in research activity and strong project-based capacity.



At the end of 2025, **350 different research projects** were in progress at the Hospital. These included 249 academic non-interventional studies, 35 academic interventional studies, 65 clinical trials by a pharmaceutical company or medical device manufacturer, and 1 innovation project involving patients or their data. In 2025, a total of **143 new research activities were launched**. The most active research units are the Haematology-Oncology Clinic and the Neurology Clinic.

Number of new research activities entered in the Research Register during the year



In 2025, the Hospital received a total of **€2.07 million from external sources to fund research and development**. €0.57 million was allocated from the Development Fund. **8 research and development projects** received funding, totalling **€495,698**. In addition, **€72,166 was allocated for 15 training initiatives**, including work placements for staff in hospitals abroad and the organisation of specialist training courses in Estonia.

In 2025, a total of 313 scientific publications were published, **185 of these in peer-reviewed international scientific journals** and 22 articles in the journal Eesti Arst.



A total of
313
research publications were
published during the year

Six staff members at the University Hospital – Anne Kallaste, Alastair Forbes, Külli Kingo, Margus Punab, Riina Salupere and Vallo Tillmann – were among the top 1% of most-cited researchers in their respective fields worldwide.

Doctoral theses defended in 2025

- **Annika Valner**
Changes in structure and function of extremities in early rheumatoid arthritis
- **Katyayani Sukhavasi**
Single-cell RNA sequencing analysis integrated with human gene-regulatory networks provides mechanistic insights of advanced atherosclerosis in men and women
- **Piret Asser**
From registry to reality: insights into myocardial infarction care and prevention across Estonia and Europe

Development Fund's training grants in 2025

Stomatology Clinic	Participation in the 'AO CMF Lighthouse Course – TMJ Surgery (With Human Anatomical Specimens)' training course	€3,390
Sports Medicine and Rehabilitation Clinic	Participation in the International Olympic Committee Diploma in Sports Medicine course	€4,000
Cancer Centre	Application for a grant to invite an external trainer	€930
Ear Clinic	Participation in a cadaver course on skull base surgery in Pittsburgh, USA	€4,600
Surgery Clinic	Participation in the EPOS BAT ADVANCED COURSE: The 'Hip Surgery from Infancy to Young Adulthood 2025' course	€2,500
Neurology Clinic	The 23rd conference organised by the Society of Neurologists and Neurosurgeons Nordic Stroke Congress, 15–17 September 2025, at the Estonian National Museum in Tartu	€10,000
Heart Clinic	Organisation of the 50th anniversary conference of the Department of Cardiac Surgery at SA TÜK	€3,000
Anaesthesiology and Intensive Care Clinic	Participation in the 'SSAI Advanced Educational Programme in Intensive Care Medicine' course taking place in 2025–2026	€8,400
Genetics and Personalised Medicine Clinic	Participation in the 18th Goldrain Course in Clinical Cytogenetics	€1,450
Haematology and Oncology Clinic	Participation in the training course 'International Workshop on Surface-Guided Radiation Therapy (Maastricht Clinic, Netherlands)'	€6,100
Neurology Clinic	Organising the training course "Protein Aggregation in the Brain, Nerves and Muscles" in collaboration with the Baltic Society of Neuropathologists and the L. Puusepp Society of Neurologists	€7,000
Heart Clinic	Heart Clinic Conference: Training in the use of handheld ultrasound for nurses at the Heart Clinic, and the implementation of ultrasound in the management of patients with heart failure, as well as the delivery of training on secondary prevention of myocardial infarction during independent nursing consultations and in-hospital care	€6,196
Sports Medicine and Rehabilitation Clinic	Participation in the training course 'Interventional Musculoskeletal Ultrasound on Cadavers', to be held at the University of Fribourg, Fribourg, Switzerland	€5,500
Heart Clinic	Heart Clinic Conference: organising the Heart Clinic Conference on 14 November 2025	€4,900
Lung Clinic	Participation in an individual training course in interventional pulmonology in Germany	€4,200

Development Fund's allocations for research, development, and innovation projects in 2025

Heart Clinic	Development of an international network of randomised registry studies and the conduct of the first EuroHeart randomised registry study	€125,000
Heart Clinic	The extent of atherosclerosis in the coronary arteries is determined by genetic and metabolome-based factors in individuals with a similar cardiovascular risk profile: A cross-sectional association study based on the Estonian Biobank	€95,000
Genetics and Personalised Medicine Clinic	Implementation of rapid and comprehensive molecular profiling technology for central nervous system tumours at Tartu University Hospital	€128,830
Sports Medicine and Rehabilitation Clinic	Relative energy deficit in sports and its impact on health: analysis of prognostic factors determining disease progression and optimisation of treatment pathways	€35,000
Genetics and Personalised Medicine Clinic	Diagnosis and monitoring of people with rare diseases and their treatment pathway in Estonia (supplementary application)	€32,000
Cancer Centre	Renewal of the Tartu University Hospital's subscription to DIGICORE network – the development of personalised medicine and international research collaboration in the field of data-driven oncology	€5,000
Sports Medicine and Rehabilitation Clinic	Creation of a video library of rehabilitation exercises for patients with musculoskeletal disorders	€39,000

Teaching at the university hospital is shaping the future of healthcare in Estonia

As a teaching hospital, the Hospital brings together three core activities: clinical care, teaching and research, all of which shape the future of healthcare in Estonia. This is both an opportunity and a responsibility to be the leading centre for education and practical training in the healthcare sector; at the same time, the constant presence of students helps to shape both future colleagues and today's mentors. At the Hospital, young professionals have the opportunity to learn from the best in their fields, gain experience with even the most complex clinical cases, and be involved in innovative research and development work.

There are over **220 resident doctors** working at Tartu University Hospital, accounting for a fifth of the hospital's medical staff. In addition, in 2025, the Hospital conducted over **1,700 clinical training cycles** across various specialities, meaning that each year the Hospital shares its expertise with more than **1,600 students**. The University of Tartu and the Tartu Health Care College refer the most interns to the University Hospital, and last year the majority of interns were placed in the Surgery Clinic, Psychiatry Clinic and the Anaesthesiology and Intensive Care Clinic.

To ensure that supervision at the University Hospital is of a high standard and up to date, regular supervision training sessions are held, a key component of which is the ability to give and receive constructive feedback, thereby creating a safe learning environment for students, teachers, and patients.





Motivated employees as the greatest asset

The Hospital's greatest asset is its dedicated staff. The Hospital supports a sense of community and improves staff motivation and well-being



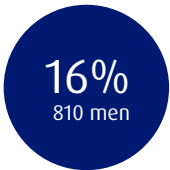
As of the end of 2025, the Hospital employed 5,186 staff members (5,077 in 2024) across 4,445.51 posts (4,359.06 posts in 2024). From 2024, the Hospital’s workforce increased by 109 people, or 2.1%. The number of doctors increased by 1.03%, and the number of nurses increased by 1.9%. The majority of staff are directly involved in the provision of healthcare services; more specifically, 81.6% of posts.

The Hospital’s labour turnover in 2025 was 0.86%.

Positions filled at the end of the year in 2022–2025

	2022	2023	2024	2025
Number of positions filled	4,097	4,223	4,359	4,445
Doctors	644	664	672	681
Residents	214	223	216	216
Nursing staff	1,557	1,588	1,657	1,704
Care staff	745	777	790	798
Support staff	937	971	1,024	1,046

In line with overall trends in the health sector, the Hospital has more female than male workers: as of 31.12.2024, the Hospital employed **4,376 women** (84% of staff) and **810 men** (16% of staff).



Age distribution of employees 2022–2025

	2022	2023	2024	2025
Average age of employees	45	45	45	45
Doctors	49	49	48	48
Nursing staff	42	42	41	42
Care staff	48	49	49	49
TSupport staff	50	59	48	48
Breakdown of employees by age group (excluding residents)				
Up to 29	696	697	751	781
30–49	1,910	1,926	1,985	2,039
50–69	1,768	1,885	1,934	1,967
70 or more	168	176	186	177

The Hospital's 2025 staff costs, including social tax and employer unemployment insurance contributions, amounted to €279.8 million, including €219.6 million in the parent company. In 2024, labour costs amounted to €265.4 million, including €208.8 million in the parent company. In 2025, the Board and Council member fees amounted to €1.3 million (€1.3 million in 2024). The amounts of the early termination indemnities payable to a member of the Management Board are disclosed in Annex 27 to the Annual Accounts (related parties). Board Members are not entitled to any indemnity in the event of their resignation.

Motivating staff



In 2025, the Hospital contributed to motivating its staff through a number of events and activities.

- In 2025, seven staff members began a **micro-degree programme** with the support of the Hospital.
- On 9 May, Tartu University Hospital and Tartu Health Care College held a joint event entitled **“Hearts of Health-care”**, the aim of which was, as is traditional on Nurses' Day, to bring together nurses, midwives, and other healthcare professionals. At the event, participants listened to and discussed how ideas are inspired by collaboration and how they are put into practice. To recognise the contributions of those working in the sector, the event also honoured rising stars and the best mentors.

For the event, clinics and services submitted over 30 inspirational works, the aim of which was to value cooperation, improving the quality and safety of patient care, fostering a positive working and communication culture, supporting the implementation of innovations, and advancing professional practice.

- On 21 August, the traditional, lively three-hour **rafting trip on the Võhandu River** took place for the Hospital staff with nearly 200 registered participants.
- On 25 August, the Hospital's End-of-Summer Day 2025 took place. **Interdisciplinary championships** took place: The winner was Clinical Area 1, with the title secured by team 'Women'. Second place in the overall competition went to the 'Deltapeso' team from Clinical Area 5, whilst third place went to Clinical Area 3, led by the 'Beta-blockers' team. In the evening, there was an **end-of-summer concert**, featuring the brilliant Liis Lemsalu and her band, as well as the nostalgic dance group Regatt.
- In September, the Hospital took part in the inter-company step challenge **"Step Buddy 2025"** via the FitSphere mobile app. A total of 69 organisations from across Estonia took part in the September challenge. The staff at Tartu University Hospital took the most steps, securing first place with 47,454,052 steps.



- On 14 October, we took part in the successful event organised by the Tartu Health Care College, and on 19 November, in the **Career Day event** organised by the Estonian Medical Students' Association.
- From November to December, the Internal Medicine and Women's Clinic, in collaboration with the Siffi mental health digital platform, carried out a **pilot project**, which gave Hospital staff the opportunity to access mental health support via the digital platform.
- On 8 December, the Hospital held its **Christmas events**: a Christmas market, where staff were able to sell and buy homemade food, handicrafts, or art, and the Hospital staff's end-of-year concert, 'Night of the Hospital Stars', which featured performances by pop stars Marju Länik and Karl-Erik Taukar.

Supporting staff development

In 2025, the Hospital's staff undertook 276,583 hours of further training, which is 10.5% more than in the previous year (2024: 250,120 hours).

Number of academic hours in 2025

Doctors	72,998 academic hours
Residents	15,672 academic hours
Nursing staff	129,649 academic hours
Care staff	21,817 academic hours
Support staff	36,447 academic hours

In 2025, participation in e-courses increased significantly. **A total of 27 different e-courses were available to staff**, which is half as many as a year ago. Several new e-courses have been added, such as 'Cyber Security', 'Preparing Children for Procedures and Examinations', 'Radiation Safety in Radiotherapy', and a new course on data protection.

In 2025, training for the Hospital's staff continued through courses organised in collaboration between the Hospital and the Health Insurance Fund: **"Organisation of medical management and support for critical care in hospitals"** (HMIMMS): 58 staff members received training as part of this programme.

In 2025, the training series **"Supervision in Clinical Settings"**, which began the previous year, continued; it is aimed at staff who, alongside their clinical work, supervise trainees and residents through one-to-one supervision. In 2025, there were a total of 4 courses (12 training days), attended by 68 medical lecturers. Over the past three years, **341 instructors** have completed the training programme.



■ **83%** In-house training at the Hospital
■ **17%** Training courses organised by other organisations

In 2025, the Hospital's training department organised a total of 275 training sessions, attended by a total of 7,675 staff members, including 5,890 from the hospital and 1,785 from other healthcare institutions.

Hospital recognitions in 2025

Hospital Award

Academician Professor Jaan Eha

The Hospital's Medal of Honour

Professor Joel Starkopf

Colleagues of the Year

Dr Aleksandr Beljantsev and Liisi Põldots

Healthcare professionals who have received the most gratitude from patients

Dr Jana Intšite and Anne Ilves

Best medical lecturer

Dr Olavi Maasikas

Best dental lecturer

Dr Andres Korrovits

Best nurse

Svetlana Kozlova

Best work placement supervisors

Juta Ernits and Imbi Ojaste

Neinar Seli scholarships

Professor Alan Altraja

Professor Katrin Õunap

Hospital Award for the best article published in the journal Eesti Arst

Grete Haube and professor Tuuli Metsvaht

Staff who have defended a doctoral thesis

Annika Valner

Katyayani Sukhavasi

Piret Asser

The Hospital's Research Award

Anette Caroline Ööbik (Kõre)

A patient-friendly act

Child-friendly activities and environment in the Department of General Paediatrics and Neurology

Loaning out INR monitoring devices for patients to take home

Improving the management culture

In the autumn of 2025, the Hospital conducted an employee satisfaction survey, which showed that employees value the continuous development of the management culture. Whilst the expectations for department-level managers were set out in 2024, **in 2025 the expectations for Hospital and service-level managers were consolidated into a single document.** The purpose of the document is to serve as a tool for setting mutual expectations between managers and employees, and to ensure a coherent direction and efficient functioning of all departments at Tartu University Hospital.

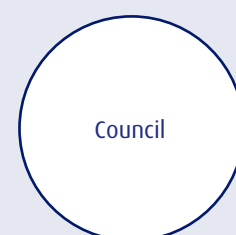
In 2024, a management training programme was developed based on the expectations outlined above, with the aim of supporting the implementation of the departmental management standards by equipping managers with additional management skills, as well as to recognise the work of department-level managers and their role in shaping the Hospital's management culture. **In 2025, the training programme continued, with a total of 28 managers completing the course.** Training for department-level managers will continue in 2026, and a separate management training programme will be developed for Hospital and service-level managers.

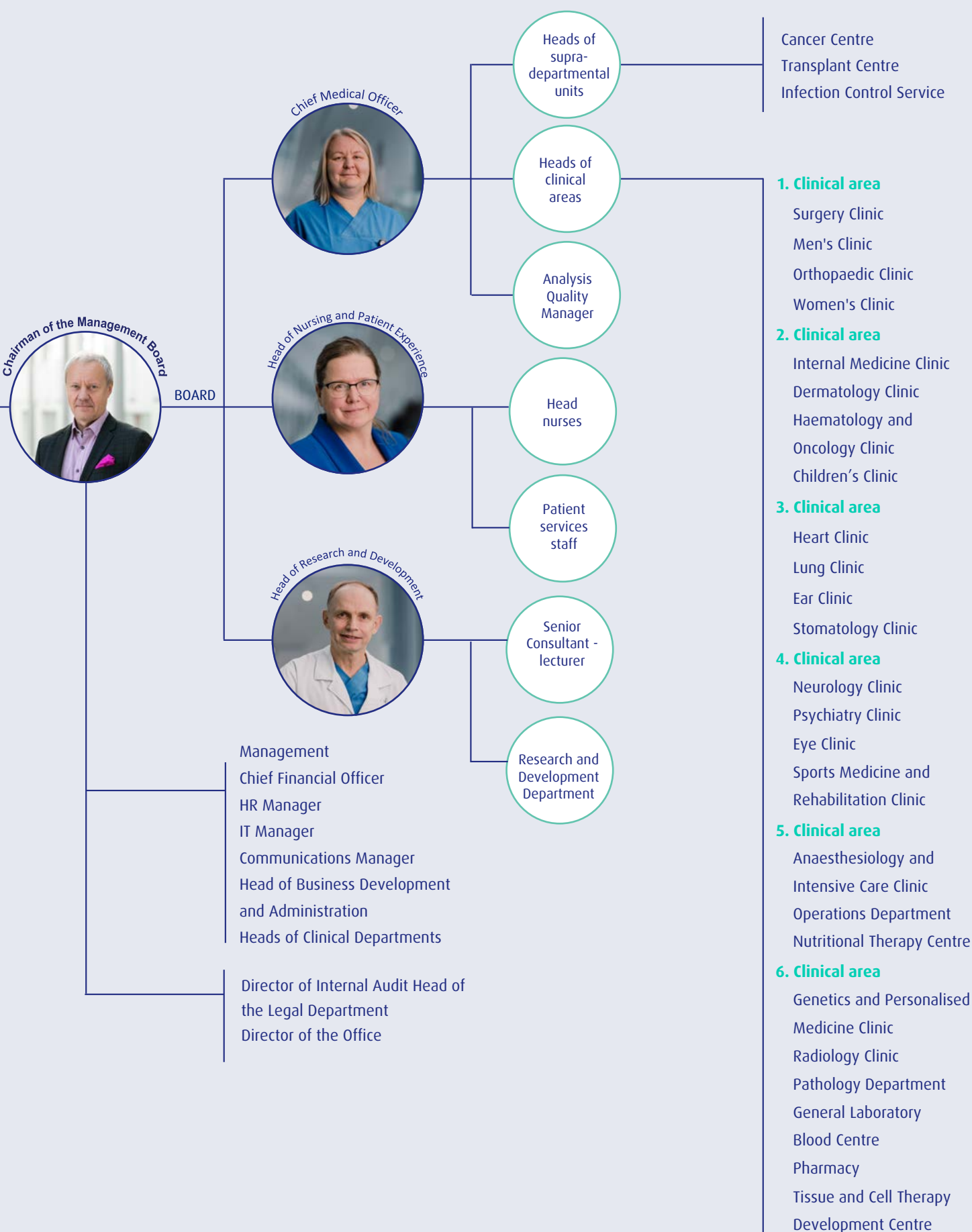
In addition to the training aimed at department-level managers, a number of other training courses were organised for managers in 2025:

- 9 training sessions on the topic 'The nature of conflicts of interest and corruption', in which a total of 131 employees took part; in addition, 98 employees completed a relevant e-learning course;
- 2 training sessions on performance reviews, attended by 29 staff members;
- an in-house training course for managers comprising four modules, with 117 participants;
- 9 training sessions on 'Occupational health and safety training for managers' held in small groups, which was attended by a total of 58 managers.

In 2025, a **360-degree feedback survey for managers** was conducted using the PlanPro software, as part of which feedback was provided to 168 department-level managers: 71 department heads who are doctors, 82 nursing managers, and 15 department heads working in support services. A total of 2,356 questionnaires were filled in, and the feedback collected was to be considered in the annual reviews with managers. The use of the PlanPro software to facilitate annual development reviews was continued. In total, nearly 600 personal development reviews were held with PlanPro in 2025.

The Hospital Board
and wider
management team





Management Board of Tartu University Hospital

The Management Board is the governing body of the foundation, representing and managing the foundation's day-to-day operations in accordance with the law and the statutes of the Tartu University Hospital Foundation. The Management Board is obliged to act in the most economically prudent manner and to ensure the functioning of the risk management and internal control systems. In its activities, the Board is guided by the five-year development plan and annual operational objectives approved by the Council. According to the Statutes, the Board consists of between three and seven members appointed by the Council for a term of up to five years.

The work of the Board is led by the Chair of the Management Board, who may be appointed for a maximum of two consecutive terms of office.

Composition of the Management Board as at 31 December 2025:



Priit Perens

Chairman of the Management Board, term of office until 30.09.2030.

The Chairman of the Board is the Hospital's Chief Executive Officer, whose responsibilities include:

- general management of the Hospital;
- organising the activities of the Board;

- coordinating the activities of administrative structures;
- representing finance, IT, and support services at the board level.

The CEO's responsibilities include the following support functions: finance, information technology and support services; the Executive Board's office; the Registry; the Communications Department; the Human Resources Department; the Legal Department; and, in conjunction with the Board, the Internal Audit Department.

Reporting to the CEO are the Chief Medical Officer, the Chief Scientific Officer, and the Chief Nursing and Patient Experience Officer as members of the Board, the Chief Financial Officer, the Chief Information Technology Officer, and the Chief Business Development and Administration Officer as heads of support areas, and the heads of administrative services.



Liis Salumäe

Chief Medical Officer, term of office until 30.09.2028

The tasks of the Chief Medical Officer are:

- ensuring the high quality of healthcare services provided at the Hospital, taking into account the healthcare funding agreement and the Hospital's role as a base for the University of Tartu's teaching and research activities, whilst developing cooperation between medical teams and clinical departments;
- ensuring the availability of quality health services

and the rational use of resources in the Hospital's area of responsibility, in cooperation with hospitals and municipalities;

- organising the cooperation of the Hospital with other medical institutions in Estonia, including other healthcare institutions, family doctors, and professional associations;
- together with the Head of Research and Development, establishing and developing cooperation between the Hospital and other state universities.

The scope of the Chief Medical Officer covers medical disciplines, the clinics and departments within them, as well as cross-departmental or separate interdisciplinary units (currently the Cancer Centre, Transplant Centre, Infection Control Service, Myocardial Infarction Register), and the Analysis and Quality Service. On a temporary adjunct basis, reporting to the Chief Medical Officer are the heads of the departments responsible for the management tasks (or, in their absence, the heads of the clinics and medical services) and the heads of other units.



Saima Hinno

Head of Nursing and Patient Experience,

term of office until 30 September 2030

The Head of Nursing and Patient Experience is responsible for:

- leading and developing nursing and care at the Hospital;
- coordinating the continuous improvement of a patient-centred approach that encompasses and involves the entire Hospital, by implementing

solutions based on the principles of patient-centred care (human well-being) throughout the entire treatment journey, from the moment a need arises until it is met;

- making a good patient experience a competitive advantage for the Hospital.

The Nursing and Patient Experience Manager is in charge of the Registry and the Call Centre, the Social Work Unit, the Patient Information and Support Centre as a patient service unit and curating the Patient Advisory Board.

Reporting to the Head of Nursing and Patient Experience are the Heads of Nursing and Patient Experience or the Chief Nurses (in their absence, Chief Nurses of the clinics and medical services) and the Heads of the other units in her administrative area, who carry out management tasks on a temporary adjunct basis.



Joel Starkopf

Head of Research and Development, term of office until 30 September 2030

The areas of responsibility of the Head of Research and Development are:

- coordinating the creation and implementation of a development plan for the Hospital;
- leading the institutional development of the Hospital;
- coordinating the cooperation between the Hospital and the University of Tartu in the fields of teaching, research, development, and innovation (currently mainly under the Cooperation Agreement between the University of Tartu and Tartu University Hospital, parts I and II);
- increasing the involvement and visibility of the Hospital in high-priority, modern, diversified, systemic R&D and innovation areas in medical and health sciences, including the development, refinement, and validation of new diagnostic and

therapeutic tools, and the validation of new medicines;

- establishing and developing cooperation between the Hospital and healthcare institutions of international universities;
- initiating and implementing innovative projects and activities at the Hospital, developing new therapeutic competencies in collaboration with the Chief Medical Officer, a Board member;
- Hospital networking with representatives of other disciplines and fields;
- contributing to the popularisation of the Hospital's scientific achievements.

The Head of Research and Development is responsible for the Research and Development Centre, the Clinical Trials Centre, the Simulation Centre, the Analysis and Quality Service, the Medical Information Centre, the Myocardial Infarction Register, and the Development Fund.

Reporting to the Head of Research and Development are medical lecturers with the relevant competence in the clinics in matters of research, development, and teaching.

The Council

The Council of the Foundation plans, organises, and supervises its activities and management. The Hospital's Council has 8 members appointed for a three-year term. The members of the Council shall appoint and dismiss the founders of the foundation as follows: 3 members from the Republic of Estonia, 3 members from the University of Tartu, and 2 members from the City of Tartu.

Powers of the Council

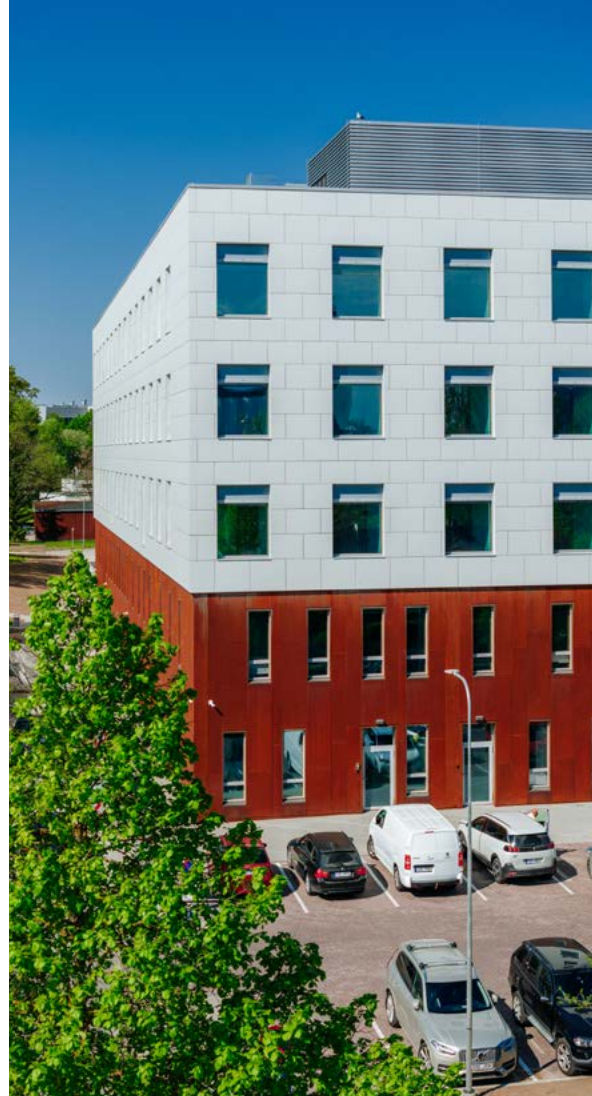
The Council is responsible for approving the Hospital's development and financial plan, as well as the annual budget, the annual operational objectives, and the annual report. The Council decides on the number of members of the Management Board, their mandate terms, and areas of responsibility, appoints and recalls the members of the Management Board, and decides on the contract terms with Board members. The Council decides on borrowing, and the conclusion of finance leases, as well as on the transfer or encumbrance of immovable property and movable property entered in the register, if their value equals or exceeds the limit approved by the Council to the Management Board. The approved threshold for 2025 was €63,911.65 for immovable property and €19,173.49 for movable property. The Council determines the number of auditors, appoints auditors and the term of their engagement and their remuneration or remuneration arrangements, and decides on the early termination of contracts with auditors. The Council, acting on a proposal from the Management Board, approves the structure of the Foundation.

Council meetings and decisions

The work of the Council is managed by the Chair of the Council. The Council adopts rules of procedure to govern its work. The Council takes its decisions at meetings. Council meetings are organised as and when needed, but at least four times a year. In 2025, ten Council meetings were held. A meeting shall be called by the Chair or a Council member substituting for the Chair. The meeting shall also be convened if requested by a member of the Council, the Management Board, or the auditor. A Council meeting has a quorum if at least 5 members of the Council are present. A Council decision is deemed adopted if more than half of the Council members who took part in the meeting are in favour. A Council member is considered present at a meeting by attending the physical meeting or through a real-time two-way audio-video link. Council members absent from the meeting may participate in the vote by transmitting their votes in a form that can be reproduced in writing. In case of voting on clauses 4.2.5, 4.2.6, 4.2.8, 4.2.9, and 4.2.15 of the Statutes, an affirmative vote of at least 5 of the Council members is required to adopt a decision, while a unanimous vote of Council members is required to adopt a decision provided for in clause 4.2.10. The Council may decide without convening a meeting if all Council members vote in favour of the decision in writing or by electronic means. The minutes of a Council meeting are drawn up per the requirements of the legislation. All Council members present at the meeting and by the minute-taker must sign the minutes of a Council meeting. The minutes, the decisions of the Council, and other documents reflecting the work of the Council shall be kept at the seat of the Hospital.

Principles for the remuneration of Council members

The founders of the Hospital jointly decide the remuneration of Council members, guided by the procedure for the remuneration of Council members and the maximum limits of the remuneration, established by a decree of the Minister responsible for the field under subsection 85 (2) of the State Property Act. Council members receive equal remuneration. The Council Chairman may receive higher remuneration than the other Council members for their participation in the activities of the audit committee or another Council body referred to in the Auditor Act. Council members receive remuneration based on their participation in the activities of the Council. In the case provided for in point 8 of subsection 85 (1) of the State Assets Act, the founders may decide to suspend the payment of remuneration to the Chairman of the Council or to reduce their remuneration in proportion to the period during which the Chairman did not fulfil their obligation under the State Assets Act. The remuneration of the Council members is based on the financial situation of the Hospital. The remuneration paid to a member of the Council during the financial year may not exceed 10% of the remuneration paid to the Chairman of the Management Board for the same financial year. No compensation shall be paid to a Council member upon their removal from office.

The composition of the Council as at 31.12.2025 was as follows:**Members appointed by the Republic of Estonia****Kaspar Kokk** term of office until 12 February 2029**Maarjo Mändmaa** term of office until 8 December 2027**Merike Saks** term of office until 5 April 2027**Members appointed by the University of Tartu****Kristjan Vassil** (Chair) term of office until 11 September 2026**Ahti Varblane** term of office until 30 April 2028**Eero Vasar** term of office until 30 April 2028**Members appointed by the City of Tartu****Urmas Klaas** term of office until 30 December 2028**Helju Pikhof** term of office until 5 June 2026

Audit Committee of Tartu University Hospital

Pursuant to the Auditing Act, the Council has established an Audit Committee, an advisory body of the Council in the fields of accounting, audit control, risk management, internal control and audit, monitoring, and budgeting, and the legality of operations.

The Committee aims to oversee the performance of the Hospital's internal control systems and the management of risks, to provide the Hospital's Council with reviews, and, where necessary, to make proposals to improve management and supervision.

The Committee has four members, appointed by the Council for a three-year term. The members of the Committee elect a chairperson from among their number, who organises the Committee's activities. The Chair of the Council may not chair the Committee.

The composition of the Audit Committee as at 31 December 2025 was as follows:**Maris Jesse** term of office until 7 October 2027**Kristjan Vassil** term of office until 14 December 2026**Eero Vasar** term of office until 7 October 2027





A sustainable hospital

Tartu University Hospital is a sustainable hospital that cares for the environment and ensures business continuity and crisis preparedness

Sustainable administration

In 2025, the administration department focused on supporting the Hospital's operations through infrastructure development, improving service quality, and creating a sustainable and employee-friendly environment.

In 2025, work continued on the **fifth construction phase of the medical campus**, and a number of minor refurbishments were carried out in various clinics, alongside the refurbishment of MRI and angiography suites and the procurement and installation of equipment. **Work has begun on the construction of a high-impact cleanroom complex**, which will lay the foundations for the development of high-tech medical services. The aim of the organisational restructuring of the Medical Technology Department was to improve the structure of the support provided by the unit to the clinical side, to enhance its response times, and to ensure the effective management of the equipment lifecycle. Bringing together the infrastructure development and management functions, which had previously operated separately, under a single coordinating body has made it possible to gain a more comprehensive overview of the development and operation of the Hospital's property, enhance the coherence of processes, and support a more efficient and strategic use of resources.

The Finance Department contributed to improving **accessibility and mobility** at the Hospital and to creating **rest and relaxation facilities** for staff, patients, and visitors. The Environment and Cleaning Department has introduced its first autonomous floor-cleaning machine. To strengthen the management of the environmental impact of the Clinical Centre as a sustainable hospital, another EMAS certification process was carried out, and the relevant registration was renewed.

To boost staff satisfaction and offer some variety, the catering service organised several **national cuisine weeks** at the Hospital Café, and during the summer, the menu was enhanced with street food options on a food truck. A new café has also opened at the head office, and it has been warmly received by staff. From 1 September 2025, new arrangements were introduced for patient catering, in accordance with the Public Health Act and the relevant regulation issued by the Minister of Social Affairs. As a result, **the diet provided to in-patient hospital patients has become more in line with Estonian dietary guidelines and more health-promoting than before.**

At the forefront of information technology

Hospital information technology has become a critical strategic capability that supports the organisation's day-to-day operations and enables advances in medicine and science.

IT is no longer a support function, but an integral part of healthcare – a platform underpinning modern clinical processes, decision support, and the patient experience.

Innovation in hospital IT means **data-driven thinking, automation, and the thoughtful application of artificial intelligence**. The aim is to implement new solutions and integrate them into clinical practice in a way that creates measurable value. The Hospital's IT team acts as a strategic partner to the clinical side, ensuring the flexibility, security, and future-proofing of the information system.

Over the past year, the foundations of the Hospital's digital infrastructure have been significantly strengthened. To support the work of geneticists, a new high-performance data storage solution has been introduced, which provides the foundation for the secure and scalable handling of large volumes of genomic data. To ensure resilience, the Starlink satellite communication service was set up. The anti-spam systems have been completely updated.



Extensive development of the Hospital information system continued, with a view to enhancing the digital capabilities of treatment and diagnostic processes:

- the operations module has been enhanced with staff management and an innovative corridor view, which provides a real-time visual overview of what is happening in the operating theatres;
- a new pathology module has been introduced – the journey of the specimen can now be tracked entirely digitally;
- phase 2 of the roll-out of the nationwide blood donation system ÜVIS was carried out;
- a modern digital dental record has been adopted in dental care.

Green hospital

Estonia aims to achieve climate neutrality by 2050, which requires that greenhouse gas emissions do not exceed the amount sequestered in natural carbon sinks, such as forests, soil and peatlands. Achieving this goal requires input from the public sector, organisations and every individual.

Tartu University Hospital is the first hospital in Estonia to hold a registration certificate for the European Union's Eco-Management and Audit Scheme (EMAS).



The Hospital has set the following targets in its Environmental Action Plan:

- improve energy efficiency and resource efficiency;
- reduce waste and promote recycling;
- raise environmental awareness among staff, patients and the wider public.

The Hospital publishes details of its environmental activities and results in an environmental report, which is available on the Hospital's website www.kliinikum.ee/rohelistemkliinikum.

Energy consumption

Energy consumption is one of the Hospital's most significant environmental impacts; consequently, improving energy efficiency and reducing consumption are at the heart of the Hospital's environmental protection activities.

In 2025, the Hospital consumed a total of 52,116 MWh (2024: 52,504 MWh), of which:

- electricity 22,582 MWh (2024: 23,279 MWh);
- thermal energy 25,185 MWh (2024: 25,758 MWh);
- district cooling 4,349 MWh (2024: 3,467 MWh).

Reducing electricity consumption has been a clear priority for the Hospital.

In 2025, electricity consumption fell by 3% compared with the previous year.

Energy savings were achieved through investments in energy efficiency, focusing on the renovation of old buildings, a pilot project for more energy-efficient monitoring of technical systems, and the gradual replacement of existing lighting with LED lights.

The Hospital consumed
52,116 MWh
of energy in 2025 to meet
its electricity, heating, and
district cooling
requirements

3%
reduction in electricity
consumption in 2025
compared with 2024

The load on electrical and cooling systems is particularly high during the spring and summer months. As part of an energy-efficient initiative, the transition to a centralised district cooling system began in 2025 at L. Puusepa 8. To this end, work began on the construction of a district cooling pipeline network with a total capacity of 4.7 MW. The implementation of the system will enable the Hospital to reduce its electricity consumption by approximately 320 MWh per year in the future.

In addition to improving technical solutions, awareness campaigns aimed at staff to encourage energy-efficient behaviour continued in 2025. Staff were urged to monitor room temperatures, switch off lights in empty rooms, and close windows to reduce unnecessary energy consumption.

Waste management and resource efficiency

In 2025, the Hospital generated a total of 1,302 tonnes of waste, of which 29 tonnes were sent to landfill. The remaining waste was channelled through contractual partners into various recycling processes. Waste generated at the hospital is linked to the specific nature of the healthcare facility and, in addition to household and packaging waste, also includes medical waste and residual medicines that require special handling.

97% of the household waste generated at the Hospital (mixed household waste, packaging waste, biowaste, and waste paper) **was sent for recovery**, of which 35% was sent for recycling and the remainder for energy recovery.

In waste management, raising staff awareness and improving sorting skills play a key role in increasing the proportion of waste sent for recycling. **It is equally important to prevent waste generation and implement more resource-efficient solutions.** In 2025, the **“Green Intensive”** working group was launched, one of whose objectives was to reduce waste generation and review work processes in order to find more resource-efficient solutions. **In 2025, the working group carried out waste audits in all intensive care units**, the results of which provided input for updating the waste management regulations and identifying training needs.

As a result of the project **“Hand hygiene and the correct use of gloves – we all stand to gain”**, the use of non-sterile gloves in inpatient wards fell by 8% compared with 2024.

Compared with 2022, over 2 million fewer non-sterile gloves were used in 2025; in other words, the amount of waste generated by gloves has fallen by 10 tonnes per year compared with 2022.

The use of copy paper fell by 14% in 2025 compared with the previous year.

To improve resource efficiency, the use of disposable gowns in day surgery and the use of paper rolls on patient examination tables were discontinued in 2025. **In anaesthesiology practice, the use of isoflurane was discontinued in 2024, and that of desflurane in 2025.**

Since 2020, there has been a systematic focus on reducing the use of photocopying paper; compared with 2020, over 1 million sheets fewer photocopying paper were used in 2025, which equates to approximately 5 tonnes of paper.

In 2025, the Hospital carried out 12 environmentally friendly public procurement procedures, giving preference to products and services produced using resources efficiently. A systematic focus on enhancing the skills of key personnel has led to an increase in the number of green procurements compared with previous years.

Development of the Medical Campus

Due to the rise in construction costs, the initial construction budget for Block F of Phase V of the Maarjamõisa project exceeded the Hospital's financial capacity; consequently, the scope and design of the project were revised to bring the construction costs into line with the Hospital's financial capabilities. In order to cut costs, the project had to be reviewed and reassessed in the autumn. The new design is a couple of storeys lower and does not include an underground level. With the aim of maintaining the highest possible standard of care, the planned space requirements have been further reviewed and optimised in collaboration with the clinical team. The aim is to improve the living and treatment conditions for patients and staff at the Heart Clinic, and to increase the availability and speed of radiological examinations in the fields of cardiology, pulmonology, and infectious diseases. Planning for the Interventional Radiology Centre in Block B is continuing, and design work for the Pulmonary Tuberculosis Department on the 4th floor is underway.

Preliminary design work has begun on the reconstruction of the operating theatre block in Building G, which was completed in 2008. As part of the refurbishment works, the technical systems serving the operating block and the equipment in the operating theatres will be completely upgraded. Both patients' and clinical staff's working conditions will be modernised to improve the delivery of care.

The aim of the cleanroom project, due for completion in the summer of 2026, is to establish a cleanroom complex that complies with the requirements of EU GMP Annex 1 (2027) and to develop the infrastructure of the Clinical Research Centre (KUK). The investment will ensure the sustainability of cell and tissue processing and establish the capacity to manufacture novel medicines under a hospital exemption, by centralising these activities within the high-tech Tissue and Cell Therapy Development Centre at the University Hospital. In addition, the cleanrooms in the hospital pharmacy are being expanded, which will create favourable conditions for further development and the expansion of services. As a result of the project, the Clinical Trials Centre at the University Hospital will become a modern and comprehensive facility for conducting clinical trials.

Preparations for the redevelopment of the Raja 31 building complex will provide an opportunity to improve the quality of emergency and urgent inpatient care at the Psychiatric Clinic and to increase its capacity. The construction of a day hospital will alleviate the space constraints in the inpatient ward and streamline treatment pathways.

Crisis preparedness and business continuity

During the reporting period, the organisation's crisis preparedness and business continuity were strengthened by establishing an operational management system and updating crisis plans and risk analyses. Four tabletop exercises and one large-scale crisis exercise, Tervex 2025, were conducted to test and develop readiness. In the field of fire safety, 52 fire extinguisher and evacuation drills were held, and 1,583 employees completed fire safety training. These measures helped to enhance the organisation's preparedness for various crisis situations and ensure the continuity of services.





EMO PARKLA

57

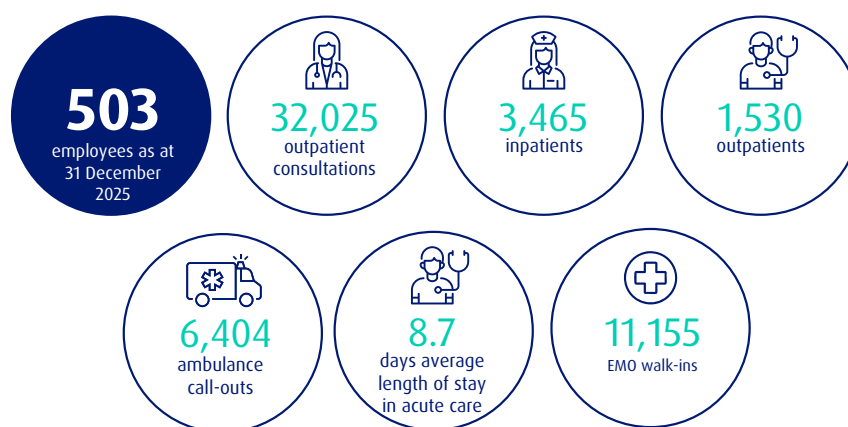
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The Hospital's clinics and ambulance service

The Hospital's clinics and ambulance service cover the whole region of South Estonia

AS Lõuna-Eesti Haigla



Overview

Lõuna-Eesti Haigla AS is the largest provider of healthcare and social care services in south-eastern Estonia, employing 503 staff members. More than 25% of the Hospital's patients come for treatment from outside Võru County. The hospital provides round-the-clock availability in four medical specialities, with a 24-hour laboratory, radiological examinations, and emergency operations. Thanks to the three ambulance crews and the EMO unit at South Estonia Hospital, patients are guaranteed round-the-clock access to emergency medical care.

The hospital's strategic objective is to maintain a healthcare provision structure that meets the needs of the population of South-East Estonia and to ensure the availability of round-the-clock emergency medical care in at least four medical specialities.

Treatment activities

A total of 32,025 outpatient consultations were held in 2025; whilst the number of face-to-face consultations with specialists fell by 7% over the year, the number of remote consultations rose by as much as 25%. Outpatient care is provided at the hospital across a total of 18 medical specialties. The total number of doctors' appointments was 22,870, i.e., 6% more than in 2024.

In 2025, there were 3,465 patients receiving inpatient care, a figure that remained virtually unchanged from the previous year. The average length of stay in acute care was 8.7 days. The hospital's average bed occupancy rate was 76.7%. The total number of bed-days in acute care fell – the main contributing factor was a 3% reduction in the average length of stay.

The figures for day care and surgical procedures remained at the average levels of previous years.

The number of visits to the Accident and Emergency Department (EMO) fell by 8% over the year. A total of 13,096 patients sought treatment, of whom 1,941 were admitted as emergency cases. The proportion of emergency patients remains at the same level as in previous years.

The hospital provides outpatient, inpatient and home nursing care, as well as nursing care in schools and care homes. In 2025, nursing care was provided to a total of 581 patients. In 2025, there were 23% more independent consultations with nurses and midwives than in 2024.

The number of births has fallen steadily over the last five years, and in 2025 there were 248 births at South Estonia Hospital. At the same time, South Estonia Hospital remains the general hospital with the highest number of births in Estonia. In 2025, the hospital was granted a licence to collect stem cells from newborns. Stem cells are collected and stored by the licensed company Elumus in specialised stem cell banks. Stem cells are collected in Estonia through Elumus, but they are stored in England.

In terms of funding, the operating environment was stable for the hospital. Revenue increased due to the rise in healthcare service prices set by the Health Insurance Fund from April 2025 and as a result of the agreement on the funding of additional treatment. Overall, the company's revenue from healthcare services sold to the Health Insurance Fund increased by 4%.

Ambulance service

The South-Estonian Hospital provided ambulance services with three nursing crews. The crews are based in Võru and Antsla. Ambulance services are very well integrated into the hospital service structure. Every working morning, the ambulance crews use a video bridge to report to the on-call doctors on events and patients brought to the hospital during the day, and receive direct feedback from the on-call doctors.

Patient satisfaction

In 2025, South-Estonian Hospital received 182 thank-you notes and 23 complaints. This is the highest number of enquiries received in years. In 2024, South-Estonian Hospital received 179 thank-you notes and 16 complaints.

Employees

As at the end of 2025, South Estonia Hospital employed 503 staff members in 406.25 posts. The number of full-time employees was 314 (62.4%), whilst the number of employees working less than 0.5 FTE was 65, i.e., 13% of the workforce (in 2024, this figure stood at 10%). Of the staff, 448 are directly involved in the provision of healthcare services, i.e., 89.1% of all posts. During the reporting year, the hospital employed 10 resident doctors, of whom 1 was working at the end of the year.

Investments

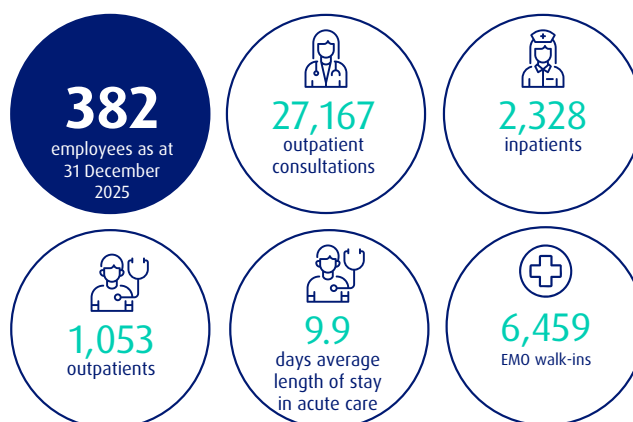
Last year, the construction plans for the Võru ambulance station were finalised, and a building permit was issued. Unfortunately, it was not possible to proceed with the construction project, as the document on the development of the ambulance service, approved by the Minister for Social Affairs, has created uncertainty.

In total, we invested €179,049 in buildings and equipment last year.

Contribution to environmental protection

In 2024, we thoroughly renewed the separate collection of waste, raised awareness of waste sorting among our staff, and bought new separate collection containers. As a result, expenditure on waste management and refuse collection fell by an average of 12% in 2025. We are continuing to raise staff awareness of waste sorting through training sessions. We continue to focus on the more rational use of single-use medical supplies. An expansion of the solar park is planned for 2026.

AS Põlva Haigla



Overview

Põlva Hospital is one of the region's largest employers. As of the end of 2025, Põlva Hospital employed 382 people, including 327 on employment contracts and 55 on service contracts. Põlva Hospital is continuing with the modernisation of its premises; the renovated surgery and nursing wards were opened in the summer of 2025.

Põlva Hospital has departments of emergency medicine, internal medicine, surgery, rehabilitation and nursing care, where emergency medical care is provided, patients are treated, people are helped to recover from illness or injury, and operations are performed. The Midwifery and Gynaecology Centre at Põlva Hospital supports women and families before, during, and after childbirth.

We provide occupational and social rehabilitation services, as well as home nursing care, nursing services in care homes and school health services. Occupational health services are provided to companies. The necessary radiological and laboratory tests and analyses are carried out around the clock, and Põlva Hospital also has an in-house pharmacy.

Põlva Hospital has a primary health centre with 8 family doctors and 15 family nurses, with whom there is close cooperation. Depending on the patient's condition, we cooperate with Tartu University Hospital and other hospitals in South Estonia.

In 2025, Põlva Hospital provided healthcare services worth €13.8 million, including €12.6 million for the Health Insurance Fund. We fulfilled 100% of our contract with the Health Insurance Fund in 2025 (the contract value increased by €0.23 million over the course of the year).

Treatment activities

In 2025, Põlva Hospital carried out 18,711 consultations with doctors and 8,456 consultations with nurses. There were 2,328 inpatients and 1,053 outpatients. The EMO department recorded 6,459 visits.

The average length of stay remained at 11-12 days (9.9 days for acute care), reflecting the complexity of patients' cases and the need for a holistic approach.

Investments

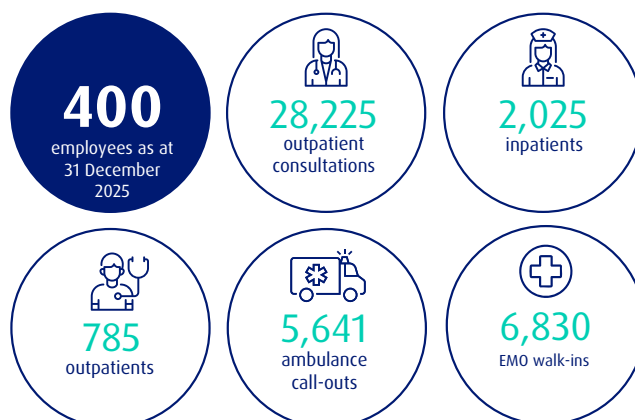
In June 2025, the renovated surgery and nursing wards were opened on the third floor of Põlva Hospital. A new operating theatre light and anaesthesia machine, an autoclave, an intensive care ventilator, ENT equipment and other medical devices were purchased. An automatic access control system was installed at all entrances. Preparations for the reconstruction of the entire building have begun, and a 3D model has been completed for the design work. In the coming years, large-scale medical equipment will need to be purchased to ensure the hospital's continued operation: a CT scanner, an X-ray machine and endoscopy equipment.

A sustainable hospital

Põlva Hospital considers it important to look after the health of its staff, to create a safe and supportive working environment, and to promote healthy lifestyles. Põlva Hospital is the second healthcare facility in Estonia to be registered under the European Union's Eco-Management and Audit Scheme (EMAS).



AS Valga Haigla



Overview

Valga Haigla, a public limited company founded in 1997, is the largest company in Valga County. Valga Hospital aims to provide the maximum amount of active treatment capacity and to ensure a diversity of outpatient specialities, a good working environment, and caring patient-centred service.

Treatment activities

In 2025, Valga Hospital provided outpatient specialist care in 16 specialities, with a total of 28,225 outpatient consultations. This is 5.3% less than a year ago. The number of e-consultations increased by 169%. Inpatient care was provided across 78 beds, including 25 beds used for inpatient nursing care. In 2025, there were 2,025 patients receiving hospital treatment, 396 of whom were in inpatient care. Compared with the previous period, there was a decrease in the number of patients treated and the number of bed-days.

In 2025, 933 surgical procedures were performed on 785 patients (in 2024, the respective numbers were 1,149 and 911).

The number of independent visits by nurses and midwives increased by 5.5% compared to the previous period. The total number of home nurse visits was 4,477, 10% more than the year before.

The number of Emergency Department visits decreased by 9.8% compared to 2024. When broken down by triage categories, the number of patients attending the EMO department did increase for those classified as 'red' and 'orange', but fell significantly for those in the less serious categories. There were 2,092 trauma-related visits, a decrease of 16% compared with the previous year. Children aged 0–14 years accounted for 12% of all referrals. Cases involving foreign nationals accounted for 3% of all EMO cases. 1,969 patients were brought to the Emergency Department by ambulance, whilst 4,861 patients arrived on their own.

Ambulance service

Valga Hospital operates three ambulance crews, two in Valga and one in Tõrva. In 2025, the number of ambulance visits was 5,641, 5% fewer than in the previous year. The number of hospitalised patients fell by 7%.

General and special welfare services

The Care Department at Valga Hospital provides clients with care services similar to those offered in a nursing home, as well as round-the-clock specialist care services for people with severe multiple disabilities. During the reporting year, 92 clients were provided with both short- and long-term care in a general nursing home, and 20 clients received special care for a total of 32,835 bed days. Bed occupancy in the department has remained very high, remaining around 100% in recent years.

Employees

As of 31 December 2025, AS Valga Hospital employed 400 staff in 311 posts, including 82 doctors (including 11 junior doctors) in 36 posts and 122 nursing staff (including 11 nursing assistants) in 100 posts. As a teaching hospital, we supervised 30 students from higher education institutions in the healthcare sector, and four medical students completed their clinical rotations in internal medicine and the EMO department.

Investments

To improve the working environment, investments were made in staff working conditions, and new medical equipment was purchased. Significant investments were made to meet the requirements of the Estonian Information Security Standard (E-ITS) and to enhance cybersecurity.

SA Tartu Kiirabi



Overview

As at 31 December 2025, SA Tartu Ambulance provided ambulance services with a total of 26 ambulance crews in Tartu, Jõgeva, Järva, Põlva, Valga and Viljandi counties. Three of Tartu's ambulance crews are resuscitation crews, including one specialising in neonates and children.

In addition to its core activities, the Tartu Ambulance Foundation's training centre provides training for its own staff, employees of other healthcare providers, and the general public. **The Tartu Ambulance Deltakutse Podcast, complete with transcripts, evolved into the Delta Conference in 2025.** The 'Life-saving first aid for primary school leavers' project continued in Tartu's schools, and the campaign '**Your hands save lives**' was held once again. Tartu Ambulance has always taken part in the Estonian Ambulance Association's Professional Skills Competitions, which were held for the ninth time in 2025, where the Tartu Ambulance Foundation's nursing team demonstrated a high standard of skill and came second.

Treatment activities

In 2025, Tartu Ambulance's 26 crews made a total of 54,851 ambulance visits, 487 visits or 0.9% less than in 2024. The number of visits has therefore been on a downward trend for the last three years. Compared with

2024, there was a slight increase in the number of visits in Valga and Põlva counties. The number of visits by the Tartu 901 and Tartu 902 ambulance crews increased by 42 visits, or 2.2%, compared with 2024. The number of call-outs for the Tartu 903 paediatric ambulance remained at the same level as last year.

In 2025, 21,633 patients were admitted to the hospital out of 54,851 call-outs, representing 39.4% of all call-outs, which is on par with the previous year.

In 2025, Tartu Ambulance crews resuscitated 155 patients, 14 fewer than in 2024. The number of patients who were successfully resuscitated or hospitalised in a post-resuscitation state was 65, accounting for 45.8% of those resuscitated. 13 patients were hospitalised on resuscitation.

Patient satisfaction

In 2025, South-Estonian Hospital received 59 written thank-you notes and 32 complaints.

The patient satisfaction survey was conducted between October and November 2025. A total of 800 people were called, of whom 501 (62.6%) responded to the survey and were interviewed. 93% of respondents are generally satisfied with the work of Tartu Ambulance. This year, for the first time, we asked whether the patient had been given an explanation of what was happening. 94% of respondents confirmed that explanations were provided. Ratings of ambulance staff regarding friendliness, communication skills, and professionalism have remained at the same level over the years. 92% of respondents rated the professionalism of the ambulance service as good or rather good, 91% as friendly, and 91% as having good communication skills. 67% of respondents rated the treatment provided as good (2024: 63%), whilst 22% of respondents rated it as rather good (2024: 24%), and 4% of respondents rated it as somewhat poor or poor (2024: 2.4%).

Employee satisfaction

An employee satisfaction survey was conducted at SA Tartu Ambulance in November 2025. A total of 222 employees (42%) took part in this survey. Representatives from all professions and all regions took part. 95% of staff at Tartu Ambulance are very satisfied or fairly satisfied with their work. The majority (92%) of survey participants would definitely or probably recommend working at SA Tartu Ambulance to their acquaintances and friends (2023: 97.6%).

Main consolidated financial ratios

Key Indicator	2020	2021	2022	2023	2024	2025
Growth in turnover ¹	8.1%	10.6%	6.8%	16.7%	11.7%	4.1%
Growth in income ²	-35.6%	-36.6%	45.6%	87.9%	-29.0%	-57.1%
Net profit margin ³	3.0%	1.7%	2.3%	3.8%	2.4%	1%
Current ratio ⁴	1.9	1.6	1.3	1.5	1.6	1.4
ROA ⁵	3.3%	2.1%	2.9%	4.6%	3.2%	1.3%
ROE ⁶	4.4%	3.0%	4.3%	7.4%	5.0%	2.1%

The formulae used for the calculation of the ratios

¹Turnover growth (%) = (business revenue in 2025 – business revenue in 2024) / business revenue in 2024 × 100

²Profit growth (%) = (profit for the financial year 2025 – profit for the financial year 2024) / profit for the financial year 2024 × 100 ³Net profit margin % = profit for the financial year / operating revenue × 100

⁴Short-term liabilities ratio (multiplier) = current assets / short-term liabilities

⁵ROA % = profit for the financial year / total assets × 100

⁶ROE % = profit for the financial year / net assets × 100





Consolidated annual accounts

Consolidated balance sheet

in thousands of euros

	31.12.2025	31.12.2024	Annex
ASSETS			
Current assets			
Cash	37,324	32,871	2
Receivables and advance payments	50,989	56,503	3
Inventories	15,397	11,514	5
Total current assets	103,710	100,888	
Fixed assets			
Financial investments	2	2	8
Receivables and advance payments	182	133	3
Investment property	1,902	1,971	10
Tangible fixed assets	211,593	207,595	11
Intangible fixed assets	11,434	10,929	12
Total fixed assets	225,113	220,630	
TOTAL ASSETS	328,823	321,518	
LIABILITIES AND NET ASSETS			
Short-term liabilities			
Loan liabilities	5,439	5,390	15
Debts and prepayments	62,433	52,417	16
Dedicated fees, donations, and grants	849	838	20
Provisions	3,253	5,661	19
Total short-term liabilities	71,974	64,306	
Long-term liabilities			
Loan liabilities	40,013	45,080	15
Debts and prepayments	20	10	16
Dedicated fees and donations	428	0	20
Provisions	6,806	6,923	19
Total long-term liabilities	47,267	52,013	
TOTAL LIABILITIES	119,241	116,319	
Net assets			
Net assets belonging to the founders of the parent company			
Foundation capital	33,773	33,773	
Accumulated result of previous periods	159,285	149,497	
Net income of the reporting period	4,138	9,788	
Total net assets belonging to the founders of the parent company	197,196	193,058	
Minority shareholding	12,386	12,141	
TOTAL NET ASSETS	209,582	205,199	
TOTAL LIABILITIES AND NET ASSETS	328,823	321,518	

Consolidated income statement

in thousands of euros

	2025	2024	Annex
Dedicated fees and donations	5,003	1,868	20
Revenue from economic activity	442,870	425,407	21
Other revenue	5,926	6,179	22
Total revenue	453,799	433,454	
Miscellaneous operating costs	-128,009	-118,564	23
Labour costs	-279,792	-265,431	24
Depreciation and impairment of fixed assets	-16,856	-16,640	10,11,12
Other expenses	-24,455	-22,230	25
Total costs	-449,112	-422,865	
Operating profit	4,687	10,589	
Financial expenses	-1,475	-2,298	26
Financial revenue	1,171	1,915	26
Net income of the reporting period	4,383	10,206	
Parent company's share of income	4,138	9,788	
Minority shareholder's share of income	245	418	

Consolidated cash flow statement

in thousands of euros

	2025	2024	Annex
Cash flows from operating activities			
Operating profit	4,687	10,589	
Adjustments			
Depreciation and impairment of fixed assets	16,856	16,640	10,11,12
Profit on sale of fixed assets	-21	-27	22
Targeted financing charged to revenue	-4,142	-1,868	20
Other non-monetary transactions in fixed assets	-861	-221	20
Adjustment of provisions	-472	2,001	
Other non-monetary transactions	-43	-77	
Change in receivables and advance payments	6,097	-2,649	
Change in inventories	-2,706	-2,095	
Change in liabilities and advance payments	5,438	1,230	
Interest paid	-1,643	-2,480	
Earmarked revenue	2,102	1,331	20
Total cash flows from operating activities	25,292	22,374	
Cash-flow from investment activity			
Revenue from targeted funding for fixed assets	593	6,158	20
Paid upon acquisition of tangible and intangible assets	-17,901	-18,692	
Received from the sale of property, plant, and equipment and intangible assets	21	49	
Interest received	1,467	1,709	
Total cash flows from investment activities	-15,820	-10,776	
Cash flows from financing activities			
Loans received	400	400	
Repayments of loans received	-5,208	-5,260	
Capital lease repayments	-211	-235	
Total cash flows from financing activities	-5,019	-5,095	
Total cash flows	4,453	6,503	
Cash and cash equivalents at the beginning of the period	32,871	26,368	
Changes in cash and cash equivalents	4,453	6,503	
Cash and cash equivalents at the end of the period	37,324	32,871	2

Consolidated net asset statement

in thousands of euros

	Foundation capital	Accumulated surplus or deficit	Minority shareholding	Total net assets
Balance as at 31.12.2023	33,773	149,497	11,723	194,993
Result of the reporting period	0	9,788	418	10,206
Balance as at 31.12.2024	33,773	159,285	12,141	205,199
Result of the reporting period	0	4,138	245	4,383
Balance as at 31.12.2025	33,773	163,423	12,386	209,582

Annexes on pages 76 to 109 form an integral part of the consolidated financial statement.

Annexes to the consolidated financial statement

Annex 1. Accounting policies applied in the preparation of the consolidated financial statements

General information

The 2025 consolidated financial statements of Tartu University Hospital have been prepared in accordance with Estonian Financial Reporting Standards. The basic requirements of the Estonian Financial Reporting Standard are laid down in the Accounting Act of the Republic of Estonia, which is supplemented by the guidelines on financial accounting and reporting in the public sector. The accounting policies described in this guide are derived from the Accounting Act and the guidelines issued by the Accounting Standards Board, as well as from international Public Sector Accounting Standards.

The consolidated financial statements were prepared based on the acquisition cost principle, except in cases that are described under the following accounting principles.

The consolidated profit and loss account has been prepared based on the Income Statement Format 1 set out in Annex 2 to the Accounting Act.

The financial year began on 1 January 2025 and ended on 31 December 2025. The consolidated financial statements were prepared in thousands of euros.

The consolidated financial statements reflect any significant circumstances that have an impact on the assessment of assets and liabilities and which arose within the period between the reporting date, 31.12.2025, and the date on which the report was prepared, but involve transactions which occurred during the reporting period or in previous periods. Events after the reporting date, which have not been previously accounted for in the measurement of assets and liabilities but which have a significant impact on the result of the next financial year, have been disclosed in the annexes to the annual report.

The 2025 consolidated financial statements include the Tartu University Hospital Foundation (parent company) and its subsidiaries AS Põlva Hospital, SA Tartu Ambulance, AS South Estonia Hospital, including the financial figures of AS South Estonia Hospital's subsidiaries - OÜ Metsakohvik, OÜ Pesuring - and AS Valga Haigla (hereinafter collectively referred to as the Tartu University Hospital Group). Information about the subsidiaries is available in Annex 8.

Preparation of the consolidated report

The 2025 consolidated financial statements include the financial figures of SA Tartu University Hospital (the parent company) and its subsidiaries: AS Lõuna-Eesti Haigla, SA Tartu Kiirabi, AS Valga Haigla and AS Põlva Haigla.

In the consolidated report, the financial indicators of all of the subsidiaries controlled by the parent company are consolidated line-by-line. Receivables, liabilities, income, expenses, and unrealised gains and losses arising from transactions between the parent company and its subsidiaries have been eliminated from the consolidated financial statements. Where necessary, the accounting principles of subsidiaries have been changed to match those of the Hospital Group.

The share of minority interests in the profit or loss and equity of subsidiaries is presented as a separate line item in the consolidated income statement and, in the consolidated balance sheet, is recognised within equity as a separate component of equity attributable to the parent company's owners.

Subsidiaries

A subsidiary is a company over which the Hospital Group has control. A subsidiary is considered to be controlled by

the parent company if the Hospital Group owns, directly or indirectly, more than 50% of the voting shares of the subsidiary or is otherwise able to control the operating and financial policies of the subsidiary.

Non-corporate entities (foundations) also meet the definition of a subsidiary. If the Hospital Group has a controlling influence in the foundation (generally more than 50% of the voting rights), the holding is recorded as 100%.

Affiliated undertakings

An affiliated undertaking is a company over which the Hospital Group has significant influence but not control. As a general rule, significant influence is presumed to exist where the Hospital Group holds between 20% and 50% of the voting shares or units in a company.

If the Hospital Group has a significant influence (generally 20–50% of voting rights) in the foundation, the holding or financial investment is not recognised in the balance sheet. Contributions to the endowment of the participating holding are reported as an expense of the grant.

Business combinations between companies under common control

Business combinations between entities under common control are accounted for using the adjusted purchase method, under which the acquired interest in the other entity is recognised at the carrying amount of the net assets acquired (i.e. as the acquired assets and liabilities were recognised in the balance sheet of the acquired entity) and the difference between the cost of the acquired interest and the carrying amount of the net assets acquired is recognised as a decrease or increase in the acquiring entity's equity.

Ownership interest in foundations

Interests in entities under control and significant influence (foundations) are accounted for as follows:

- if the Hospital Group has a controlling influence in the foundation (generally more than 50% of the voting rights), the holding is recorded as 100%;
- if the Hospital Group has a significant influence (generally 20–50% of the voting rights) in the foundation, neither the ownership nor the financial investment is recognised in the balance sheet (contributions to the endowment capital of the ownership are recognised as an expense of the grant).

In determining control and significant influence in foundations, consideration is also given to whether the assets of the foundation will be transferred to the Hospital Group in the event of liquidation.

The Hospital Group has a controlling influence (more than 50% of voting rights) in Tartu Ambulance Foundation (see Annex 8). The Hospital Group participates in the activities of the four foundations established through their Councils by appointing its representative(s).

The Hospital is a founding member of the following foundations:

- Foundation Ida-Viru Keskhaigla
- Foundation Bengt Björkstén Fund
- Foundation Eesti Agrenska Fund
- Foundation Eesti Tervishoiu Pildipank

Annexes to the consolidated financial statements include the separate non-consolidated basic financial statements of the consolidated entity (parent company): balance sheet, financial performance statement, cash flow statement, and statement of changes in net assets. The same accounting policies have been applied in the

preparation of the parent company's unconsolidated financial statements and the consolidated financial statements. The unconsolidated financial statements of the parent company, presented as annexes to the consolidated annual accounts, recognise investments in subsidiaries at amortised cost.

Financial assets

The Hospital Group has the following financial assets: cash and cash equivalents, trade and other receivables, and long-term financial investments.

Cash and cash equivalents, trade receivables and other receivables (accrued income and other current and non-current receivables), except for receivables acquired for resale, are recognised at amortised cost. The amortised cost of short-term receivables is usually equal to the nominal value thereof (minus repayments and possible write-downs); thus, short-term receivables are reported on the balance sheet in the amount that is likely to be received. For determining the amortised cost of long-term receivables, they are initially recognised at the fair value of the consideration receivable and interest income is calculated on the receivable in subsequent periods, using the effective interest rate method.

Securities (shares, debentures, bonds, fund units, etc.) are recognised as long-term financial investments (under 'other long-term investments in shares and securities' and 'long-term receivables'), which are unlikely to be sold within the next 12 months (excluding investments in subsidiaries and associates).

On each reporting date, the presence of any circumstances that indicate a potential decrease in the value of the assets is assessed. If such circumstances are present, financial assets carried at adjusted cost (for example, receivables and held-to-maturity bonds) are written down to the present value of the payments expected to be received from the financial asset in the future (discounted at the financial asset's initial recognition at a fixed internal rate of interest).

If the value of financial assets previously written down at adjusted cost increases again in subsequent periods, the previous write-down shall be reversed up to the amount lower than

1. the present value of expected future cash flows from the financial asset; and
2. of the carrying amount using the adjusted cost method, had no impairment loss previously been recognised. Reversals of discounts are recognised in the financial performance statement.

Cash

Cash and cash equivalents include cash on hand, balances on current accounts, and deposits up to 3 months in the balance sheet under the cash item and in the cash flow statement.

Foreign currency transactions, financial assets, and liabilities denominated in a foreign currency.

All currencies other than the euro (i.e., the functional currency of the Hospital Group) are considered foreign currencies.

Transactions in foreign currencies are reported based on the official exchange rates of the European Central Bank on the transaction date. Monetary assets and liabilities that have been registered in foreign currencies (liabilities and loans repaid in cash) are converted into euros on the reporting date based on the exchange rates of the European Central Bank.

Exchange rate gains and losses resulting from revaluation are recognised in the economic outturn statement as the period's income and expenses. Non-monetary assets and liabilities denominated in foreign currencies that are not carried at fair value (e.g., advance payments, cost assets, tangible and intangible fixed assets) are not revalued at the reporting date but continue to be reported at the exchange rate of the European Central Bank at the date of the transaction.

Receivables and advance payments

Trade receivables are the short-term receivables that have arisen in the course of the Hospital's regular business operations. Accounts receivable are recorded at adjusted acquisition cost (i.e., nominal value minus repayments and any allowances made, if necessary).

Write-downs of receivables are recorded in the case of objective evidence that the amounts of all receivables have not been received in accordance with the initial contractual terms and conditions of the receivables. Circumstances indicating a possible impairment of receivables include the debtor's bankruptcy or significant financial difficulties, as well as failure to meet payment deadlines. The impairment of individually important receivables (i.e., the necessity of write-downs) is assessed separately for each buyer based on the present value of estimated future cash flows.

The carrying amount of receivables is reduced by the amount of the allowance for doubtful receivables, and the write-down loss is recognised in the economic outturn account as miscellaneous operating expenses.

If a receivable is deemed irrecoverable, the receivable and the respective write-down are written off the balance sheet. The recovery of previously written-down doubtful debts is recognised as a reduction in the provision for doubtful debts.

All other receivables (accrued income, other short-term receivables) are stated at adjusted cost. The amortised cost of short-term receivables is usually equal to the nominal value thereof (minus repayments and possible write-downs); thus, short-term receivables are reported on the balance sheet in the amount that is likely to be received.

For determining the amortised cost of long-term receivables, they are initially recognised at the fair value of the consideration receivable, and interest income is calculated on the receivable in subsequent periods, using the effective interest rate method.

The accrual-based receivable relating to the recognition of revenue from uncompleted medical cases at the end of the financial year is shown in the group "Receivables and prepayments" under the line "Invoices outstanding from customers".

Inventories

Inventory refers to materials or supplies purchased for the provision of healthcare services and services related to healthcare.

Inventories include raw materials and supplies, goods purchased for sale, and advances to suppliers for inventories.

Records of the stock of tuberculosis medicines held in custody are kept off-balance-sheet.

Cost accounting policies for inventories

Inventories have initially been reported at cost, which consists of acquisition and other costs that are required for bringing the inventories to the current location and condition.

Purchasing costs of the inventories include, in addition to the purchase price, any customs duty and transportation costs directly linked to purchasing the inventories, with any discounts or subsidies deducted.

As the Hospital Group is a public sector entity, the accounting and reporting specificities of the public sector have been applied to the calculation of inventories. Due to the entry into force of the Public Sector Accounting and Reporting Guidelines on 1 January 2004, VAT and other non-refundable taxes paid on the acquisition of inventories are recognised as an expense at the time of acquisition and are not included in the cost of inventories.

The FIFO principle is applied to enter the cost of inventories in the accounts. Inventories are reported in the balance sheet at cost or in the net realisable value, depending on which is lower.

Following amendments to the Health Services Organisation Act, the national health reserve was transferred to Tartu University Hospital in 2025. Under the amendment, the regional hospital is responsible for establishing,

managing, and updating healthcare reserves, and organising their implementation. The Hospital manages its medical supplies in accordance with current requirements.

Investment property

Investment property is only property (land, building, part of a building) that is rented out to a non-public sector entity for rental income or held for the purpose of increasing its market value, and which is not used for its main business.

Some immovable property (land, building) is used mainly for its own economic activities, but also to an insignificant extent for rental purposes. These immovable properties are not separately disposable, so the entire property is recognised as tangible fixed assets.

Investment property is initially recognised in the balance sheet at acquisition cost, which includes transaction costs directly attributable to the acquisition, without which the transaction would probably not have taken place. Investment property is subsequently reported in the balance sheet at cost, from which any accumulated depreciation and potential write-downs arising from the impairment of value have been deducted.

Expenditure on subsequent improvements is included in the cost of tangible fixed assets only if it meets the definition of tangible fixed assets and the criteria for inclusion in the balance sheet (including probable involvement in generating future economic benefits). Costs associated with routine maintenance and repairs are recognised in the income statement. When a component of an investment property is replaced, the cost of the new component is added to the cost of the property, and the residual value of the component being replaced is deducted from the balance sheet.

Depreciation and impairment losses on investment property are recognised in the economic outturn statement in the same way as depreciation on tangible fixed assets, and depreciation is calculated using the straight-line method, applying a depreciation rate of 2-5% per annum.

Investment property is derecognised when the property is disposed of or decommissioned, if no future economic benefits are expected from the property.

The result of derecognition of an investment property shall be recognised in the economic outturn statement in the period of derecognition under other income or other expense.

If the purpose for which the property is used changes, the property is reclassified in the balance sheet.

From the date of the change, the accounting policies of the asset group to which the asset is transferred shall be applied to the property.

Tangible and intangible fixed assets

Tangible fixed assets

Tangible fixed assets include assets used by the Hospital Group in its own economic activity, which have an estimated useful life of more than one year and an acquisition cost exceeding €10,000 per unit.

Any assets of the useful life of over one year, but whose acquisition cost is under €10,000, are written off, and the accounting of such assets is kept off the balance sheet.

Tangible fixed assets are initially registered in the acquisition cost, which consists of the purchase price and the direct expenses accompanying the acquisition, required to take the asset to its operating condition and place. Tangible fixed assets are reported in the balance sheet at cost, from which any accumulated depreciation and potential write-downs arising from the impairment of value have been deducted. The records of the tangible fixed assets acquired by capital lease are kept similarly to purchased fixed assets. Expenditure relating to subsequent improvements is added to the acquisition cost of tangible fixed assets only if such improvements meet the definition of tangible fixed assets and are recognised in the balance sheet recognition criteria (including

the likelihood of future participation in the generation of economic benefits). Any current expenses on maintenance and repair works are reported under the expenses of the reporting period.

A component replaced in the course of improvements is removed from the balance sheet. The useful life of a new component is determined on the basis of its expected service life, taking into account that it does not exceed the remaining useful life of the host asset.

As the Hospital Group is a public sector entity, the accounting and reporting specificities of the public sector have been applied to the calculation of tangible fixed assets. The Public Sector Accounting and Reporting Guidelines do not permit a public sector entity to capitalise VAT and other non-refundable taxes and duties (other than on labour costs) on the cost of tangible and intangible fixed assets, so non-refundable taxes and duties paid on the acquisition of tangible fixed assets are recognised as an expense at the time of acquisition and are not included in the acquisition cost of the assets.

Depreciation is calculated based on the linear method. Depreciation rates are determined separately for each object of fixed assets, depending on the useful life thereof. In the case of items of assets with a significant residual value, only the depreciable difference between the acquisition cost and the residual value is depreciated during the useful life. When the residual value of assets is higher than its carrying amount, depreciation of the asset is ceased. If an item of fixed assets consists of distinguishable components with different useful lives, those components are registered separately as items of assets in the accounting documents and are also subjected to different depreciation standards depending on the respective useful lives.

Assets with an indefinite useful life (land and works of art of permanent value) are not depreciated.

Useful lives by groups of fixed assets		Useful lives by groups of fixed assets	
Buildings and facilities	5–60 years	Means of transport	5–25 years
Machinery and equipment	2–25 years	Computer equipment	2–7 years
Fixed assets and office equipment	5–25 years		

Depreciation is calculated from the moment when the asset is usable for the purpose planned by the Board and ends when the residual value exceeds the carrying amount and the asset is conclusively removed from use. Every reporting date, the justification of the used depreciation rates and residual value is assessed.

Borrowing costs (interest) relating to the construction of tangible fixed assets are not included in the acquisition cost of fixed assets.

Reporting of tangible fixed assets ends in the case of transfer of the assets or if no economic benefits are no longer expected from the use or sale of the asset. The result of the derecognition of tangible fixed assets is reported in the economic outturn statement under other income or other expenses.

Intangible fixed assets

Assets of no physical substance with an expected useful life longer than one year and a cost starting from €10,000 are reported as intangible assets. Intangible fixed assets are initially registered at acquisition cost, which consists of the purchase price and any expenses directly related to purchasing the assets. Intangible assets are recorded in the balance sheet at acquisition cost less any accumulated depreciation and potential write-downs arising from impairment.

Non-refundable taxes and fees paid on the acquisition of intangible fixed assets are recognised as an expense at the time of acquisition.

Depreciation is calculated on a straight-line basis over the useful life of the asset. On every balance sheet date, the justifiability of the depreciation periods and the method of the assets is evaluated.

Licences and software

Purchased computer software that is not an integral part of the associated hardware is shown as an intangible asset. The development costs of computer software are shown as intangible assets if they are directly related to the development of such software items that can be distinguished and controlled by the company and the use of which generates future economic benefit for a period longer than one year. Expenses related to the ongoing maintenance of computer software are reported as expenses on the economic outturn statement. Software and license expenses are depreciated within their estimated useful life of 5-20 years.

Impairment of the value of assets

The Hospital Group, as a public sector entity, does not perform recoverable amount tests on its non-current assets that are necessary for the provision of a public service, nor does it report an impairment loss in the recoverable amount of an asset, unless the asset has been partially or fully impaired through destruction or for any other reason.

Otherwise, in the case of tangible fixed assets with indefinite useful lives and depreciable assets, an assessment is made at each reporting date to determine whether there is any indication that the asset may be impaired.

If such circumstances are present, the recoverable value of the assets is assessed and compared with their carrying amount. An impairment loss is recognised for the amount by which the carrying amount of an asset exceeds its recoverable amount. The recoverable value of an asset is its fair value less costs to sell or its value in use, depending on which is higher. To assess the impairment of the value of assets, the recoverable value of a single asset or the smallest possible group of assets for which cash flows can be identified.

Discounts of assets are reported as expenses of the reporting period. In the case of assets that have previously been written down, an assessment is made at each subsequent reporting date as to whether it is likely that the recoverable amount of the asset has increased in the meantime. If an impairment test reveals that the recoverable amount of an asset or group of assets (cash-generating unit) has risen above its carrying amount, the previous impairment loss is reversed and the carrying amount of the asset is increased to the amount that would have been determined, taking into account normal depreciation in the intervening years. Cancelling a write-down is reported in the economic outturn statement of the financial year as a reduction of write-downs of fixed assets.

Leases

A financial lease is a commercial lease contract that transfers all significant risks and rewards related to ownership of an asset to the lessee. Other lease contracts are recorded as operating leases.

Hospital Group as a tenant

Capital lease is reported in the balance sheet as the fair value of the leased assets and liabilities or the present value of the minimum lease payments, if the latter is lower. Lease payments are divided into financial costs (interest costs) and reduction of the residual value of the liability (repayment of principal). Financial costs are divided over the entire lease term based on the assumption that the interest rate remains the same with respect to the residual value at all times.

Assets leased under financial lease are amortised in the same way as acquired fixed assets, whereas the amortisation period is the presumed useful life of the asset or the period of the lease contract, whichever is shorter. The direct primary expenses covered by the lessee which arise from concluding financial lease contracts, are recognised under the acquisition cost of the asset leased.

Operating lease payments are recognised as an expense in the income statement on a straight-line basis over the lease term.

Hospital Group as a landlord

Assets leased out under operating leases are accounted for in the balance sheet in the same way as fixed assets.

Leased assets are depreciated based on the principles of depreciation that apply to this asset type. Operational lease payments are reported as income in a linear manner during the lease term.

Financial liabilities

All financial liabilities (trade payables, borrowings, accrued expenses, other short-term and long-term debts) are initially reflected at acquisition cost, which includes all costs directly attributable to the acquisition. Subsequent reporting is based on the amortised cost method.

The amortised cost of short-term financial liabilities is generally equal to their nominal value, which is why short-term financial liabilities are reported in the balance sheet in the amount payable.

For the calculation of the amortised cost of long-term financial liabilities, such liabilities are initially registered in the fair value of the payment received (less any expenses on the transaction), considering the interest costs of upcoming periods by using the effective interest rate method.

A financial liability is classified as short-term when it is due to be settled within 12 months after the balance sheet date or if the Hospital Group does not have an unconditional right to defer settling the liability for at least 12 months after the reporting date. Loan liabilities that fall due within 12 months of the reporting date but are refinanced as long-term after the reporting date but before the annual accounts are approved are classified as short-term. Loan liabilities that the lender has the right to recall at the reporting date as a consequence of a breach of contractual terms are also recognised as short-term liabilities.

Provisions and contingent liabilities

The provisions reported in the balance sheet are likely liabilities that have arisen as a result of events that occurred before the reporting date, and whose date or amount remains unclear.

Provisions are reported in the balance sheet based on the amount required to cover the provision and the date of materialisation of the provision, based on an assessment of the Management Board. A provision is recognised in the balance sheet at the amount that the Management Board estimates is necessary at the reporting date to settle the liability or transfer the liability to a third party.

If a provision is likely to be realised more than 12 months after the reporting date, it is recognised at discounted value (the present value of the outflows relating to the provision), unless the effect of discounting is insignificant.

Other potential or actual liabilities that are less likely or whose amount cannot be measured with sufficient reliability, but may, under certain conditions, become a liability in the future, are reported as conditional liabilities in the annexes to the annual accounts.

Donations and grants

Grants comprise funds received (grants received) for which no goods or services are directly provided in exchange for funds and funds given (grants given, intermediated grants) for which no goods or services are directly provided in exchange for funds. Grants are accounted for in accordance with the principles set out in the Public Sector Accounting and Reporting Guidelines.

Grants are divided into the following types:

- targeted financing – project-based grants received and given for specific purposes, where the objectives are determined along with the indicators, schedule, and budget or monitoring the fulfilment of objectives, while the grantor requires a detailed report from the beneficiary on the use of the funds, and the surplus of funds must be paid back to the grantor;

- operating grants – grants received and given to beneficiaries based on their statutory tasks and objectives set out in their development documents.

The types of targeted financing are:

- domestic targeted financing;
- foreign targeted financing.

Domestic targeted financing is targeted financing from residents, i.e., other public sector entities (except foreign targeted financing mediated through them).

Foreign targeted financing is targeted financing from non-residents, including international organisations.

Targeted financing is initially reported in the balance sheet when the cash is being transferred or received, or on the date when the receivables, liabilities, income, and expenses related to targeted financing are reported. Targeted financing is reported as income in the period in which the operating or capital expenditure is incurred or the capital assets are acquired, unless the terms of the grant give rise to a material risk of recovery or of non-recovery. Targeted financing is reported as income when the cash is received.

Where a grantor or intermediary provides a grant based on simplified cost reimbursement methods (standardised unit costs), without requiring cost documentation, the grant income is recognised in the reporting period.

When reporting targeted financing, a distinction is made between operating grants and grants for fixed assets.

Reporting of government grants to cover operating expenses is based on the matching principle. The main condition for the targeted financing for fixed assets is that the recipient must buy, build, or otherwise acquire certain fixed assets.

Targeted financing for the acquisition of fixed assets is recognised as income on an accrual basis when the grant is received, i.e., in the period when the fixed assets are acquired. The cost of fixed assets acquired with targeted financing is recorded as tangible or intangible fixed assets, depending on the classification of the fixed asset.

If expenditure relating to targeted funding has been incurred or fixed assets have been acquired, and there is no material risk that the grant will not be received, but the grant has not yet been received, the targeted funding is recognised as income and a receivable. If the earmarked funding has been received but no expenditure has yet been incurred or fixed assets acquired against it, the funds received are recognised as prepayments under the balance sheet item 'Dedicated fees and donations'.

In the case of in-kind contributions, a distinction is made between:

- a targeted financing in a tripartite transaction where the grantor or intermediary transfers the funds directly to the supplier of goods or services from whom the Hospital Group, as the beneficiary, receives the goods or services;
- targeted financing, where the donor provides goods or services to the Hospital Group as the beneficiary of the grant, and where the grant does not directly involve the sale of goods or services by the supplier.

Where the grant in kind consists of a direct transfer of funds from the donor or intermediary to the beneficiary's supplier, the grant shall be accounted for based on a declaration by the donor or intermediary as if the funds were to pass through the beneficiary to the supplier (except the recording of bank account movements; instead, the beneficiary shall close the debt to the supplier and the receivable from the donor or intermediary or the advance received from the donor or intermediary on the payment date).

In-kind contributions are recorded at the fair value of the goods and services received. Fixed assets received as an in-kind contribution from another public sector entity are recorded at fair value or, if this is not known, at the residual value indicated by the donor. If it becomes apparent that all the conditions for receiving the grant have not been met and the Group, as the intermediary or the recipient of the grant, is liable to the grantor for the fulfilment of the contractual terms and conditions by the recipient and for the proper use of the funds, a

recovery claim against the recipient and/or a repayment obligation to the grantor will be recognised in the event of a breach of contract. It also reduces the income from grants received and/or the cost of grants awarded.

Revenue

Revenue from the sale of goods is recognised at the fair value of the consideration received or receivable, taking into account all write-downs and discounts. Income from the sale of goods is reported when all significant risks of ownership have been transferred from the seller to the buyer, the revenue and transaction costs can be measured reliably, and the receipt of the payment for the transaction is likely.

Revenue from the sales of services is reported following service provision or, if the service is provided within a longer period, based on the rate of maturity.

The accounting policies for the Hospital Group's operating income are as follows.

■ Healthcare services

Revenue from the sale of healthcare services is recognised based on the stage of completion of the service at the balance sheet date, provided that the outcome of the transaction (i.e., the costs and revenues associated with the transaction) involving the provision of the service can be estimated reliably, and it is probable that the consideration will be received. Revenue arising from the provision of the service is reported in the same proportion as the costs incurred in providing the service.

The Health Insurance Fund adjusts the prices of incomplete medical services in accordance with the reference prices for diagnosis-based package services, which may differ from the reference prices in force at the time the claim was submitted. The impact of changes in reference prices has not been taken into account in the recognition of revenue, as it is not possible to estimate this impact reliably. In the management's view, the impact of the change is not significant.

The sales revenue for the reporting year is adjusted for the change in the balance of outstanding cases at the reporting date compared to the balance of outstanding cases at the previous reporting date.

The Management Board's assessment is based on the extract of cases from the treatment accounting programme. Due to limitations of the treatment accounting programme, only the treatment cases that have been completed at the time of the extraction can be recovered from the in-progress service, so the date of the extraction is as late as possible. The accrued receivable for outstanding health cases is included under the item "Accounts receivable from buyers" in Annex 4.

■ Training services

In the case of one-off training, revenue is reported when the activity is completed. In the case of training provided over a longer period of time, the training service is recognised as revenue on a straight-line basis over the training period stipulated in the contract.

■ Clinical Trials Service

Revenue from clinical trials is recognised based on the stage of completion of the service.

- Interest income is reported when receipt of the income is likely, and the amount of the income can be assessed reliably. Interest income is recognised using the asset's internal rate of return, except in cases where the collection of interest is uncertain. In this case, the interest income is calculated on a cash basis.

Related parties

Related parties for the purposes of this report are:

- affiliated companies of the Hospital Group;

- non-profit organisations that are not part of the Hospital Group but in which the Hospital Group has a significant interest;
- foundations where the Hospital Group is one of the founders;
- Members of the executive and senior management of Tartu University Hospital, persons authorised to sign on behalf of the hospital, and foundations, non-profit organisations, and companies under their control or significant influence;
- members of the management boards of subsidiaries of Tartu University Hospital, and the foundations, non-profit organisations, and companies controlled by them or over which they exercise significant influence;
- family members of members of the executive and senior management of Tartu University Hospital and members of the management boards of its subsidiaries – defined as spouses, partners, and children – as well as foundations, non-profit organisations, and companies under their control or significant influence.

In financial statements prepared for reporting periods beginning on or after 1 January 2015, information shall be disclosed only in respect of those transactions that do not comply with legislation, the general requirements of the reporting entity's internal policies, or market conditions. There were no transactions in 2024 and 2025 that did not comply with market conditions, legislation, or the general requirements for the internal documents of the reporting entity.

Annex 2. Cash

in thousands of euros

	31.12.2025	31.12.2024
Cash in hand	93	80
Bank accounts	37,231	32,791
Total cash and cash equivalents	37,324	32,871

In 2025, total interest income from banking operations amounted to 1,120,000 euros; the interest rate on overnight deposits ranged from 0.01% to 2.1%

In 2024, total interest income from banking operations amounted to 1,826,000 euros; the interest rate on overnight deposits ranged from 0.01% to 3.9%

Surplus funds are deposited in term deposits with maturities of 1–6 months and in overnight deposits on a daily basis.

For more information on interest income, see Annex 26.

Annex 3. Claims and advance payments

in thousands of euros

	31.12.2025	Distribution by remaining term		Annex
		Within 12 months	Within 1–5 years	
Claims on buyers	31,643	31,643	0	4
Accounts receivable from buyers	32,271	32,271	0	
Doubtful debts	-628	-628	0	
Advance tax payments and tax refunds	99	99	0	6
Other receivables	18,189	18,189	0	9
Prepayments	1,240	1,058	182	
Expenses for future periods	1,240	1,058	182	
Total receivables and prepayments	51,171	50,989	182	

	31.12.2024	Distribution by remaining term		Annex
		Within 12 months	Within 1–5 years	
Claims on buyers	29,445	29,445	0	4
Accounts receivable from buyers	29,683	29,683	0	
Doubtful debts	-238	-238	0	4
Advance tax payments and tax refunds	82	82	0	6
Other receivables	25,800	25,800	0	9
Prepayments	1,309	1,176	133	
Expenses for future periods	1,309	1,176	133	
Total receivables and prepayments	56,636	56,503	133	

Annex 4. Claims on buyers

in thousands of euros

	31.12.2025	31.12.2024	Annex
Accounts receivable from buyers	32,271	29,683	3
Accounts receivable from buyers	26,100	23,694	
Accrual-based provision for outstanding claims	6,171	5,989	
Doubtful debts	-628	-238	3
Total claims on buyers	31,643	29,445	

Doubtful debts	2025	2024
Invoices are unlikely to be received at the start of the period	-238	-193
Receivables recognised as unlikely to be recovered	13	9
Claims deemed unlikely to be recovered	-416	-75
Claims declared irrecoverable	13	21
Doubtful accounts at the end of the period	-628	-238

Annex 5. Inventories

in thousands of euros

	31.12.2025	31.12.2024
Raw materials and supplies	15,253	11,350
Raw materials and supplies	13,747	11,178
Stockpiles of medical supplies for healthcare emergencies	1,506	172
Goods purchased for reselling	65	88
Advance payments for inventories	79	76
Total inventories	15,397	11,514

As at 31 December 2025, inventories of raw materials and supplies included medicines, dressings, and other medical supplies amounting to 13,184 thousand euros (as at 31 December 2024: 10,675 thousand euros), and stocks of medical supplies for healthcare emergencies amounting to 1,506 thousand euros (as at 31 December 2024: 172 thousand euros).

As at 31 December 2025, the remaining raw materials and supplies, totalling €563,000, consist of food stocks and other operating supplies (as at 31 December 2024, totalling €503,000).

The Hospital Group holds in safe custody a stock of tuberculosis medicines belonging to the National Institute for Health Development, valued at 262,000 euros (401,000 euros as at 31 December 2024).

Annex 6. Tax prepayments and taxes payable

in thousands of euros

	31.12.2025		31.12.2024		Annex
	Prepayment	Tax arrears	Prepayment	Tax arrears	
Value added tax	0	295	0	278	
Personal income tax	0	3,993	0	3,506	
Income tax on fringe benefits	0	60	0	44	
Social tax	0	6,285	0	6,054	
Mandatory funded pension	0	350	0	228	
Unemployment insurance premiums	0	431	0	415	
Other prepaid taxes and tax arrears	0	2	0	1	
Prepayment account balance	99	0	82	0	
Total prepaid taxes and taxes payable	99	11,416	82	10,526	3;16

Annex 7. Investments in affiliated undertakings

Foundations established by the Tartu University Hospital Foundation:

1. Ida-Viru Keskhaigla Foundation
2. Eesti Agrenska Fund
3. Foundation Eesti Tervishoiu Pildipank
4. Bengt Björkstén Fund

All foundations established by the Tartu University Hospital Foundation are located in Estonia. The Tartu University Hospital Foundation exercises significant influence (generally holding 20%–50% of the voting rights):

1. Bengt Björkstén Fund (100% of voting rights); main activity: to promote and support scientific research and award grants related to research on children's allergies or microbiological ecology. The Hospital has no controlling influence over the fund.
2. Ida-Viru Keskhaigla Foundation (50% of voting rights), main area of activity – the provision of high-quality medical care and development work in the fields of medicine and healthcare within the Ida-Viru healthcare region;
3. Eesti Agrenska Fund (40% of voting rights); main activity: ensuring the necessary quality of life for children and their parents and close relatives who have become disabled due to illness or trauma;
4. Foundation Eesti Tervishoiu Pildipank (50% stake), main area of activity – archiving and displaying diagnostic images required for the provision of healthcare services.

As the Tartu University Hospital Foundation exercises significant influence over the foundations, the investment is not recognised in the balance sheet (contributions to the endowment fund are recognised as an expense for each grant).

Annex 8. Investments in subsidiaries and affiliated undertakings

in thousands of euros

Shares of subsidiaries, overview				Participation rate %	
Registry code	Name	Country of location	Core business	31.12.2025	31.12.2024
90007141	SA Tartu Kiirabi	Estonia	ambulance services	100	100
10833853	AS Lõuna-Eesti Haigla	Estonia	healthcare services	51	51
11285842	OÜ Pesuring*	Estonia	laundry services	51	51
11005420	OÜ Metsakohvik*	Estonia	catering	51	51
10351752	AS Valga Haigla	Estonia	healthcare services	51	51
10050157	AS Põlva Haigla	Estonia	healthcare services	51	51

**influence of holding through a subsidiary*

Acquired shareholdings Name of the subsidiary	Percentage of stake acquired	Date of acquisition	Cost of the acquired interest
AS Lõuna-Eesti Haigla	51	28.02.2014	2,025
SA Tartu Kiirabi	100	28.05.2001	810
AS Valga Haigla	51	20.12.2016	1,028
AS Põlva Haigla	51	10.01.2018	809
Total			4,672

Long-term financial investments	31.12.2025	31.12.2024
Shares and units	2	2
Total long-term financial investments	2	2

The Tartu University Hospital Foundation holds 3,100 shares in Celvia CC AS (formerly AS Tervisetehnoloogiate Arenduskeskus).

Long-term financial investments are carried at cost.

Annex 9. Other requirements

in thousands of euros

	31.12.2025	31.12.2024	Annex
Late payments	190	210	
Outstanding targeted funding	1,228	590	20
Short-term deposit	16,771	25,000	
Total	18,189	25,800	

Short-term deposits bear annual interest rates of 2.13–2.4%, and they mature in April 2026.

Annex 10. Investment property

in thousands of euros

	Land	Buildings	Total
Acquisition cost as at 31.12.2023	9	2,523	2,532
Accumulated depreciation	0	-492	-492
Carrying amount as at 31.12.2023	9	2,031	2,040
Depreciation costs	0	-69	-69
Acquisition cost 31.12.2024	9	2,523	2,532
Accumulated depreciation	0	-561	-561
Carrying amount as at 31.12.2024	9	1,962	1,971
Depreciation costs	0	-69	-69
Acquisition cost 31.12.2025	9	2,494	2,503
Accumulated depreciation	0	-601	-601
Carrying amount as at 31.12.2025	9	1,893	1,902

	2025	2024
Rental income from investment properties	128	123
Direct management costs of investment properties	116	76

Annex 11. Tangible fixed assets

in thousands of euros

Fixed assets group	Land	Buildings and facilities	Machinery and equipment				Other tangible fixed assets	Unfinished projects and advance payments			Total
			Means of transport	Computers and computer systems	Other machinery and equipment	Total machinery and equipment		Unfinished projects	Prepayments	Unfinished projects and advance payments	
Saldo 31.12.2024											
Acquisition cost	1,562	254,925	6,498	2,767	108,675	117,940	2,913	3,749	14	3,763	381,103
Depreciation	0	-101,996	-3,749	-2,114	-64,104	-69,967	-1,545	0	0	0	-173,508
Net book value	1,562	152,929	2,749	653	44,571	47,973	1,368	3,749	14	3,763	207,595
Changes in 2025											
Purchases and improvements	32	742	1,352	749	11,163	13,264	192	5,003	13	5,016	19,246
Received free of charge	0	0	0	0	501	501	0	0	0	0	501
Depreciation expense	0	-6,448	-689	-162	-7,608	-8,459	-258	0	0	0	-15,165
Write-downs (at cost)	0	-7	0	0	-93	-93	0	0	0	0	-100
Reclassifications	0	1,676	0	0	27	27	0	-1,676	-27	-1,703	0
Other change	0	0	0	0	0	0	0	-483	0	-483	-483
Balance as at 31.12.2025											
Acquisition cost	1,594	257,303	7,605	3,493	115,202	126,300	3,105	6,593	0	6,593	394,895
Depreciation	0	-108,411	-4,193	-2,253	-66,642	-73,088	-1,803	0	0	0	-183,302
Net book value	1,594	148,892	3,412	1,240	48,560	53,212	1,302	6,593	0	6,593	211,593

Tangible assets sold at the sales price	2025	2024
Plant and equipment	21	49
Means of transport	18	49
Other machinery and equipment	3	0
Total	21	49

Annex 12. Intangible fixed assets

in thousands of euros

	Software	Server licences	Unfinished projects and advance payments	Total
Balance as at 31.12.2023				
Acquisition cost	20,640	221	0	20,861
Accumulated depreciation	-10,345	-203	0	-10,548
Net book value	10,295	18	0	10,313
Changes in 2024				
Purchases and improvements	1,887	0	90	1,977
Depreciation costs	-1,382	-7	0	-1,389
Reclassification	28	0	0	28
Balance as at 31.12.2024				
Acquisition cost	22,555	221	90	22,866
Accumulated depreciation	-11,727	-210	0	-11,937
Net book value	10,828	11	90	10,929
Changes in 2025				
Purchases and improvements	1,667	0	360	2,027
Impairment losses	-1,517	-5	0	-1,522
Balance as at 31.12.2025				
Acquisition cost	23,996	221	450	24,667
Accumulated depreciation	-13,018	-215	0	-13,233
Net book value	10,978	6	450	11,434

Annex 13. Finance lease liabilities

in thousands of euros

	Distribution by residual maturity				Interest rate	Base currency	Maturity date
	31.12.2025	Within 12 months	Within 1-5 years	Over 5 years			
Machinery and equipment	93	93	0	0	2%	euros	2026
Machinery and equipment	55	38	17	0	1.7% + 6-month Euribor	euros	2027
Machinery and equipment	42	42	0	0	0.86% + 6-month Euribor	euros	2026
Machinery and equipment	19	19	0	0	4%	euros	2026
Machinery and equipment	18	6	12	0	3.5%	euros	2029
Machinery and equipment	10	1	9	0	3.5%	euros	2030
Machinery and equipment	21	21	0	0	3.5%	euros	2026
Machinery and equipment	4	4	0	0	1.6%	euros	2026
Means of transport	13	7	6	0	1.72 + 6-month Euribor	euros	2027
Total	275	231	44	0			

	Distribution by residual maturity				Interest rate	Base currency	Maturity date
	31.12.2024	Within 12 months	Within 1-5 years	Over 5 years			
Machinery and equipment	103	51	52	0	0.86% + 6-month Euribor	euros	2026
Machinery and equipment	122	24	98	0	1.6%	euros	2026
Machinery and equipment	112	65	47	0	3.5%	euros	2026
Machinery and equipment	91	36	55	0	1.7% + 6-month Euribor	euros	2027
Machinery and equipment	12	2	10	0	3.5%	euros	2030
Means of transport	26	26	0	0	2.19% + 6-month Euribor	euros	2025
Means of transport	20	7	13	0	1.72% + 6-month Euribor	euros	2027
Total	486	211	275	0			

Carrying amount of leased assets	31.12.2025	31.12.2024
Machinery and equipment	726	852
Other assets	16	43
Total	742	895

Annex 14. Operating lease

in thousands of euros

Reporting entity as the lessor

	2025	2024	Annex
Operating lease income	1,305	1,274	22
Rental income from automatically extended contracts in future periods	31.12.2025	31.12.2024	
Within 12 months	1,040	1,313	
Carrying amount of assets leased as the lessor			
Investment property	1,879	1,947	
Other assets	4,651	7,382	
Total	6,530	9,329	

The figures provided include rental income from both property investments and tangible fixed assets. In the case of other assets held for lease, the carrying amounts of buildings are recognised; these are partly used by the Hospital and partly leased out under operating lease terms. The residual value has been provided taking into account the proportion of the developed area in the total area.

Reporting entity as the lessee

	2025	2024
Operating lease expenses	2,428	1,847
Operational lease expense of automatically extended contracts in future periods	31.12.2025	31.12.2024
Within 12 months	1,672	1,314
1-5 years	1,237	0

The Hospital Group has entered into operating leases for premises, tools, equipment, and cars.

There are no significant conditions attached to the lease contracts.

Annex 15. Loan liabilities

in thousands of euros

Long-term loans	Balance as at 31.12.2025	Distribution by residual maturity			Interest rate	Base currency	Repayment deadline	Annex
		Within 12 months	Within 1-5 years	Over 5 years				
Loan 1 from SEB	1,141	1,141	0	0	0.299% + 6-month Euribor	euros	2026	
Loan 2 from Nordic Investment Bank	33,995	2,344	9,378	22,273	0.37% + 6-month Euribor	euros	2040	
Loan 3 from Nordic Investment Bank	8,004	1,455	5,821	728	1.3% + 6-month Euribor	euros	2031	
Loan 4 from SEB	348	91	257	0	1.22% + 6-month Euribor	euros	2029	
Loan 5 from SEB	960	120	840	0	1.27% + 6-month Euribor	euros	2028	
Loan 6 from SEB	729	57	672	0	1.3% + 6-month Euribor	euros	2028	
Total bank loans	45,177	5,208	16,968	23,001				
Finance lease liabilities	275	231	44	0	0-86% + 6 months Euribor – 4%	euros		13
Total loan liabilities	45,452	5,439	17,012	23,001				

Long-term loans	Balance as at 31.12.2024	Distribution by residual maturity			Interest rate	Base currency	Repayment deadline	Annex
		Within 12 months	Within 1-5 years	Over 5 years				
Loan 1 from SEB	2,282	1,141	1,141	0	0.299% + 6-month Euribor	euros	2026	
Loan 2 from Nordic Investment Bank	36,340	2,344	9,378	24,618	0.37% + 6-month Euribor	euros	2040	
Loan 3 from Nordic Investment Bank	9,459	1,456	5,821	2,182	1.3% + 6-month Euribor	euros	2031	
Loan 4 from SEB	437	90	347	0	1.22% + 6-month Euribor	euros	2029	
Loan 5 from SEB	1,080	120	960	0	1.27% + 6-month Euribo	euros	2028	
Loan 6 from SEB	386	28	358	0	1.3% + 6-month Euribo	euros	2028	
Total bank loans	49,984	5,179	18,005	26,800				
Finance lease liabilities	486	211	275	0	0-86% + 6-month Euribor – 3.5%	euros		13
Total loan liabilities	50,470	5,390	18, 280	26,800				

Bank loan agreements contain, among other things, certain conditions to which the financial ratios of the Hospital Group must comply, including loan covenants. Otherwise, the bank may have a right to reclaim the loan immediately. As at 31 December 2025, the financial indicators of the Hospital Group met all the terms and conditions of the loan agreements.

Annex 16. Debts and prepayments

in thousands of euros

	Distribution by residual maturity			Annex
	31.12.2025	Within 12 months	Within 1-5 years	
Trade payables	20,282	20,263	19	17
Debts to contractors	23,870	23,870	0	18
Tax arrears	11,416	11,416	0	6
Other payables	6,713	6,712	0	
Other accruals	6,403	6,403	0	
Interest payables	310	309	1	
Received prepayments	172	172	0	
Revenue for future periods	99	99	0	
Other received prepayments	73	73	0	
Total payables and advance payments	62,453	62,433	20	

	Distribution by residual maturity			Annex
	31.12.2024	Within 12 months	Within 1-5 years	
Trade payables	12,025	12,021	4	17
Debts to contractors	23,076	23,076	0	18
Tax arrears	10,526	10,526	0	6
Other payables	6,641	6,635	0	
Other accruals	6,152	6,152	0	
Interest payables	489	483	6	
Received prepayments	159	159	0	
Revenue for future periods	110	110	0	
Other received prepayments	49	49	0	
Total payables and advance payments	52,427	52,417	10	

Other accrued charges include accrued liability for social tax and the employer's unemployment insurance contributions.

Annex 17. Trade payables

in thousands of euros

	31.12.2025	Within 12 months	Within 1-5 years
Trade payables	20,282	20,263	19
Trade payables for goods and services	15,645	15,626	19
Payables to suppliers for tangible fixed assets	4,637	4,637	0
Total trade payables	20,282	20,263	19

	31.12.2024	Within 12 months	Within 1-5 years
Trade payables	12,025	12,021	4
Trade payables for goods and services	11,615	11,611	4
Payables to suppliers for tangible fixed assets	410	410	0
Total trade payables	12,025	12,021	4

Annex 18. Debts to contractors

in thousands of euros

	31.12.2025	31.12.2024
Remuneration liability	14,854	13,869
Holiday pay liability	4,847	4,777
Withheld personal income tax	3,447	3,769
Withheld pension fund premium	384	341
Withheld unemployment insurance premium	275	262
Other deductions from remuneration	63	58
Total payables to employees	23,870	23,076

Annex 19. Provisions

in thousands of euros

	31.12.2024	Formation	Re- classification	Usage	Discounting	31.12.2025
Total provisions	12,584	480	0	-2,953	-52	10,059
Short-term provisions	5,661	451	-6	-2,853	0	3,253
Long-term provisions	6,923	29	6	-100	-52	6,806
	31.12.2023	Formation	Re- classification	Usage	Discounting	31.12.2024
Total provisions	10,683	2,719	0	-728	-90	12,584
Short-term provisions	4,384	2,087	-81	-728	-1	5,661
Long-term provisions	6,299	632	81	0	-89	,923

The provisions reported in the balance sheet are likely liabilities that have arisen due to events that occurred before the report date, with the date of materialisation or amount of such liabilities remaining unclear. Provisions have been recognised separately for performance-related pay for members of the management board, occupational injury compensation payable to former employees, and provisions relating to legal disputes.

The provision for occupational disease benefits is calculated based on the average life expectancy figures published by Statistics Estonia and the determined payments for occupational disease benefits. The long-term provision has been discounted using an internal interest rate of 4%.

Annex. 20 Charges for specific purposes

in thousands of euros

	31.12.2024		Funding received	Received non-monetary target outcome	Recorded in the report	31.12.2025	
	Receivables	Liabilities				Receivables	Liabilities
Targeted financing for the acquisition of fixed assets							
Ministry of Social Affairs of the Republic of Estonia	34	0	156	0	248	126	0
Põhja-Eesti Regionaalhaigla SA	0	0	0	360	360	0	0
International Atomic Energy Agency	0	0	0	12	12	0	0
Estonian Association of Parents of Children with Cancer	0	0	437	0	9	0	428
Children’s Fund of Tartu University Hospital	0	0	0	488	488	0	0
Total	34	0	593	860	1,117	126	428
Targeted financing for operational expenditure							
University of Tartu	66	724	555	0	929	369	653
Ministry of Social Affairs of the Republic of Estonia	220	0	299	0	82	8	5
Ministry of Defence of the Republic of Estonia	0	0	41	0	41	0	0
Ministry of Regional Affairs and Agriculture of the Republic of Estonia	0	0	5	0	5	0	0
Estonian Unemployment Insurance Fund	5	0	39	0	35	1	0
Health Board	0	0	329	1,178	1,490	5	22
Estonian Health Insurance Fund	77	0	438	0	742	381	0
Viljandi Haigla SA	4	0	24	0	20	0	0
Children’s Fund of Tartu University Hospital	0	0	0	71	71	0	0
Migrevention OÜ	0	0	8	0	13	5	0
Celvia CC AS	13	0	49	0	50	14	0
Estonian Business and Innovation Agency	11	0	57	0	60	14	412
Tallinn University of Technology	0	0	46	0	29	0	17
Dermtest OÜ	7	0	10	0	3	0	0
Tallinn Health Care College	0	0	7	0	7	0	0
Põhja-Eesti Regionaalhaigla SA	0	0	-18	0	-40	0	22
Medizinische Universität Wien	0	97	0	0	76	0	21
EIT Health e.V.	45	0	44	0	-1	0	0
European Cancer Organisation	0	6	0	0	7	1	0
ABBVIE Biopharmaceuticals BMBH Eesti	0	4	0	0	0	0	4
Organisation of European Cancer Institutes	11	0	25	0	73	59	0
The European Innovation Council and SMEs Executive Agency	0	7	13	0	47	27	0
AI C Inovacao Biomedica	0	0	6	0	0	0	6
University of Twente	37	0	0	0	34	71	0
University of Tampere	7	0	0	0	72	79	0
Leiden University Medical Center	53	0	0	0	14	67	0
Curifylabs OY	0	0	92	0	11	0	81
Better Medicine OY	0	0	8	0	8	0	0
Prinses Maxima Centrum Voor Kinderoncologie BV	0	0	0	0	1	1	0
Turun Ammattikoreakoulu OY	0	0	25	0	7	0	18
Total	556	838	2,102	1,249	3,886	1,102	849
Total	590	838	2,695	2,109	5,003	1,228	1,277

	31.12.2023		Funding received	Received non-monetary target outcome	Recorded in the report	31.12.2024	
	Receivables	Liabilities				Receivables	Liabilities
Targeted financing for the acquisition of fixed assets							
Ministry of Social Affairs of the Republic of Estonia	6,170	0	6,158	0	22	34	0
Põhja-Eesti Regionaalhaigla SA	0	0	0	90	90	0	0
Maternity Hospital Foundation	0	0	0	24	24	0	0
Karolinska University	0	0	0	16	16	0	0
Children’s Fund of Tartu University Hospital	0	0	0	91	91	0	0
Total	6,170	0	6,158	221	243	34	0
Targeted financing for operational expenditure							
University of Tartu	5	917	15	0	269	66	724
Ministry of Social Affairs of the Republic of Estonia	540	0	671	0	351	220	0
Ministry of Climate of the Republic of Estonia	10	0	10	0	0	0	0
Ministry of Education and Research of the Republic of Estonia	5	0	5	0	0	0	0
Estonian Unemployment Insurance Fund	0	0	40	0	45	5	0
Maternity Hospital Foundation	0	0	0	5	5	0	0
Estonian Health Insurance Fund	0	0	131	26	234	77	0
Viljandi Haigla SA	3	0	31	0	32	4	0
Children’s Fund of Tartu University Hospital	0	0	0	122	122	0	0
NGO Estonian Association of Parents of Children with Cancer	0	0	0	4	4	0	0
Celvia CC AS	0	0	33	0	46	13	0
Estonian Business and Innovation Agency	0	0	13	0	24	11	0
Dermtest OÜ	0	0	20	0	27	7	0
Medizinische Universität Wien	0	0	149	0	52	0	97
EIT Health e.V.	103	0	117	0	59	45	0
European Cancer Organisation	8	0	12	0	-2	0	6
ABBVIE Biopharmaceuticals BMBH Eesti	0	4	0	0	0	0	4
Organisation of European Cancer Institutes	2	30	6	0	45	11	0
European Innovation Council and SMEs Executive Agency	1	0	28	0	20	0	7
AI C Inovacao Biomedica	0	20	0	0	20	0	6
University of Twente	0	32	0	0	69	37	0
University of Tampere	0	89	50	0	146	7	0
Leiden University Medical Center	0	4	0	0	57	53	0
Total	677	1,096	1,331	157	1,625	556	838
Total	6,847	1,096	7,489	378	1,868	590	838

The funds received for the targeted financing of fixed assets have been used to purchase disaster relief equipment and medical devices.

Funds allocated for the targeted financing of operating expenses have been used to support major projects and to participate in international research.

Following amendments to the Health Services Organisation Act, the national health reserve was transferred to Tartu University Hospital by the Health Board in 2025.

Annex 21. Revenue from economic activity

in thousands of euros

	2025	2024
Sale of healthcare services to the Health Insurance Fund	362,695	348,853
Provision of ambulance services	29,638	28,190
Healthcare services to other institutions	22,271	21,651
Sale of medical goods and medical support services	15,705	15,405
Sale of healthcare services to the general public	12,379	10,777
Impact of outstanding cases at the balance sheet date	182	531
Total	442,870	425,407

Annex 22. Other revenue

in thousands of euros

	2025	2024	Annex
Revenue from catering services	1,923	1,818	
Rental and lease income	1,305	1,274	14
Operating grants from the state budget	940	955	
Revenue from other services	825	706	
Revenue from the sale of utility services	445	465	
Operating grants from other organisations	305	428	
Money received as a gift	82	67	
Revenue from the replenishment and maintenance of security reserves	49	364	
Gain from the sale of property, plant, and equipment	21	27	
Operating grants from local authorities	12	9	
Revenue from transport services	10	8	
Fines and late payment charges	5	5	
Other revenue	4	53	
Total other operating revenue	5,926	6,179	

Annex 23. Miscellaneous operating expenses

in thousands of euros

	2025	2024
Medical supplies	47,581	46,042
Medicinal products	40,714	36,844
Energy	6,126	6,548
including electricity	3,423	3,978
including thermal energy	2,703	2,570
Purchases of healthcare services	4,854	3,944
IT expenses	4,441	3,956
Maintenance costs of properties, buildings, and premises	4,011	4,063
Purchases of other services	3,816	2,726
Repair and maintenance of fixed assets and consumables	3,559	2,954
Catering and food	2,797	2,732
Costs of training and business trips	2,318	2,072
Goods for sale	1,836	1,710
Transport and vehicle maintenance costs	1,673	1,718
Repairs of properties, buildings, and premises	1,586	854
Rent and lease	1,250	879
Miscellaneous office expenses	859	987
Equipment, workwear	588	535
Total miscellaneous operating costs	128,009	118,564

Annex 24. Labour costs

in thousands of euros

	2025	2024
Wages and salaries	210,325	199,526
Social taxes	69,467	65,905
Total labour costs	279,792	265,431
Average number of employees, converted to full-time equivalent	5,831	5,662

Annex 25. Other expenses

in thousands of euros

	2025	2024
Input VAT expenses	23,886	21,602
Cost of unlikely receivables	403	62
Membership fees of associations and federations	66	75
Other expenses	40	32
Compensation expenses	37	379
Granted targeted financing	23	80
Total	24,455	22,230

Annex 26. Other financial revenue and expenses

in thousands of euros

	2025	2024
Financial revenue		
Interest revenue	1,119	1,826
Interest revenue on deposits	52	89
Total financial revenue	1,171	1,915
Financial expenses		
Interest expense on loans	-1,458	-2,272
Interest expenses on financial lease	-17	-26
Total financial expenses	-1,475	-2,298

Annex 27. Related parties

in thousands of euros

The reporting entity is the **parent company of the Tartu University Hospital Foundation**.

Country in which the reporting entity is registered: **Republic of Estonia**

	31.12.2025	31.12.2024
Number of members at the end of the financial year		
Number of self-employed members	3	3
Hospital Group's Remuneration and other significant benefits, calculated for the executive and senior management	2025	2024
Remuneration provided	1,437	1,310
Car hire charges and allowance for the use of a private vehicle	19	19

The consolidated financial statements disclose the remuneration and significant benefits paid to the management. With regard to transactions with other related parties, information is disclosed in accordance with the Public Sector Financial Accounting and Reporting Guidelines concerning those transactions that do not comply with legislation, the general requirements of the Group's internal documents, or market conditions. Transactions with related parties have not, to the best of the Board's knowledge, been carried out at prices different from market prices.

In the event of early termination of the service contracts with the members of the Management Board, depending on the contracts in force at the date of the report, a termination indemnity of €111,000 would be paid to the Tartu University Hospital Foundation (up to 3 months' salary) and to AS South Estonian Hospital in the amount of €39,000 (up to 6 months' average salary), and €29,700 to Tartu Ambulance Foundation (up to 2 months' salary). No severance pay is paid to the members of the management boards of AS Valga Haigla and AS Põlva Haigla.

Annex 28. Off-balance sheet assets

in thousands of euros

At acquisition cost included in expenses:	31.12.2025	31.12.2024
Total minor-value small assets:	2,543	2,666
including small medical equipment	1,583	1,861
including small IT equipment	710	478
including other non-medical small equipment	250	327
The Hospital Group has at its disposal medical equipment free of charge under contracts and storage agreements for a total amount of	31.12.2025	31.12.2024
	187	187

Annex 29. Tartu University Hospital Foundation's Balance sheet

in thousands of euros

31.12.2023 Balance Sheet	31.12.2025	31.12.2024
ASSETS		
Current assets		
Cash	23,776	21,378
Receivables and advance payments	43,934	51,287
Inventories	14,884	11,013
Total current assets	82,594	83,678
Fixed assets		
Investments in subsidiaries and affiliated undertakings	4,674	4,674
Receivables and advance payments	171	107
Investment property	22	24
Tangible fixed assets	187,732	183,295
Intangible fixed assets	11,298	10,760
Total fixed assets	203,897	198,860
TOTAL ASSETS	286,491	282,538
LIABILITIES AND NET ASSETS		
Short-term liabilities		
Loan liabilities	4,941	4,941
Debts and prepayments	52,457	43,628
Provisions	3,237	5,645
Dedicated fees, donations, and grants	849	838
Total short-term liabilities	61,484	55,052
Long-term liabilities		
Loan liabilities	38,200	43,140
Debts and prepayments	19	3
Provisions	6,777	6,886
Dedicated fees and donations	428	0
Total long-term liabilities	45,424	50,029
TOTAL LIABILITIES	106,908	105,081
Net assets		
Foundation capital	33,773	33,773
Accumulated result of previous periods	143,684	135,835
Result of the reporting period	2, 126	7,849
TOTAL NET ASSETS	179,583	177,457
TOTAL LIABILITIES AND NET ASSETS	286,491	282,538

Annex 30. Financial performance statement of Tartu University Hospital Foundation

in thousands of euros

	2025	2024
Dedicated fees and donations	4,250	1,488
Revenue from economic activity	368,344	353,873
Other revenue	4,641	4,927
Total revenue	377,235	360,288
Miscellaneous operating costs	-118,786	-109,408
Labour costs	-219,556	-208,809
Depreciation and impairment of fixed assets	-14,409	-14,235
Other expenses	-22,057	-19,561
Total costs	-374,808	-352,013
Operating profit	2,427	8,275
Interest expenses	-1,378	-2,179
Other financial income and expenses	1,077	1,753
Result of the reporting period	2,126	7,849

Annex 31. Net assets statement of Tartu University Hospital Foundation

in thousands of euros

	2025	2024
Cash flows from operating activities		
Operating profit	2,427	8,275
Adjustments		
Depreciation and impairment of fixed assets	14,409	14,235
Profit on sale of fixed assets	29	22
Targeted financing charged to revenue	-3,389	-1,488
Other non-monetary transactions in fixed assets	-861	-221
Adjustment of provisions	-472	2,000
Other non-monetary transactions	-43	-77
Change in receivables and advance payments	7,858	-2,144
Change in inventories	-2,692	-2,127
Change in liabilities and advance payments	4,195	1,483
Interest paid	-1,547	-2,360
Targeted accruals	1,583	851
Total cash flows from operating activities	21,497	18,449
Cash-flow from investment activity		
Proceeds from targeted financing	427	3,087
Paid upon acquisition of tangible and intangible assets	-15,974	-15,816
Received from the sale of property, plant, and equipment and intangible assets	8	5
Interest received	1,381	1,561
Total cash flows from investment activities	-14,158	-11,163
Cash flows from financing activities		
Loans received	-4,941	-5,036
Total cash flows from financing activities	-4,941	-5,036
Total cash flows	2,398	2,250
Cash and cash equivalents at the beginning of the period	21,378	19,128
Changes in cash and cash equivalents	2,398	2,250
Cash and cash equivalents at the end of the period	23,776	21,378

Annex 32. Tartu University Hospital's net assets statement

in thousands of euros

	Foundation capital	Accumulated surplus or deficit	Total net assets
Balance as at 31.12.2023	33,773	135,835	169,608
Result of the reporting period	0	7,849	7,849
Balance as at 31.12.2024	33,773	143,684	177,457
Result of the reporting period	0	2,126	2,126
Balance as at 31.12.2025	33,773	145,810	179,583

