

Press release of 11.03.2022

Minimum number of surgical procedures calculated for the first time based on data
Lack of routine practice: more than 270 deaths could be avoided in Swiss hospitals

Martigny, 11.03.2022 - In Swiss hospitals, patients are often cared for by doctors who do not perform surgical procedures frequently enough to achieve optimal treatment outcomes. This means that more than 270 deaths per year could be avoided. For the first time, a study has established the minimum number of times ten surgical procedures should be performed in Swiss hospitals to achieve an optimal result. The thresholds identified are significantly higher than the current cantonal requirements.

Routine practice is a definite advantage in the case of surgical procedures. Experienced surgeons and their teams achieve better treatment results, especially for complex surgeries. This has been proven by scientific studies. On behalf of Groupe Mutuel, Dr Daniel Zahnd conducted a scientific study on the minimum number of times a procedure must be performed to achieve an optimal result. He analysed the relationship between doctors' routine practice and the risk of patient death for 25 groups of diseases. For ten medical procedures, the study found a significant correlation between the number of cases and patient mortality. The author also estimated the minimum number of medical procedures that would be required to achieve at least an average quality of treatment on a national scale.

Few hospitals meet the minimum number of cases required

The minimum numbers of cases required, currently applied in the Swiss hospital planning service groups (GPPH), are based on a review of the scientific literature, i.e. the pragmatic approach that has been customary in this area up until now. In addition, findings from other countries may be transferred to Switzerland. The minimum numbers of cases required, established for the first time in this study, are based on figures of the Swiss Federal Statistical Office for the years 2017 to 2019, with 258 datasets from acute care hospitals. A comparison with the minimum numbers of cases of the cantonal hospital planning service groups (GPPH) reveals considerable differences. Few hospitals, especially among the regional and district hospitals, reach the minimum number of cases required, as calculated by this study. "The problem is more serious than we thought", said Dr Daniel Zahnd, author of the study. In the previous 2020 study, the proportion of hospitals that had not reached the minimum numbers of cases required by the GPPH in 2018 was still estimated at just over 46%.

Surgical bladder removal: only three hospitals meet the criteria

The study concluded that the identified minimum numbers of cases would prevent more than 270 deaths per year for the ten medical procedures reviewed. By category of surgery, bladder removal shows the greatest difference between the target number and the number currently applied in hospitals. Out of 43 hospitals, only three meet the study's minimum of 26 operations per year. For hip and knee replacements, the GPPH requires at least 50 operations per year. The empirical values calculated by the study are at least 303 per year for hip replacements and 225 for knee replacement operations.

Surgery / treatment	Minimum number of cases, as per the study (source: volume-outcome in this study)	Minimum number of cases according to the GPPH	Proportion of hospitals achieving the minimum number of cases according to this study
Bladder (removal)	26	10	7.0% (3 out of 43)
Hip replacement	303	50	8.9% (8 out of 90)
Chronic obstructive pulmonary disease (COPD)	263	-	9.1% (9 out of 99)
Lungs (partial removal)	90	30	10.6% (9 out of 85)
Colon (partial removal)	90	-	10.6% (9 out of 85)
Heart attack	325	-	13.7% (13 out of 95)
Knee replacement	225	50	14.6% (13 out of 89)
Pelvic and leg arteries surgery	34	10	15.6% (7 out of 45)
Prostate (removal)	175	10	16.5% (15 out of 91)
Pancreas (removal)	28	29	22.6% (7 out of 31)

Summary

"Due to the correlations found and to the significant difference with the minimum numbers of cases prescribed in hospital planning, we would recommend to accelerate structural reforms in the hospital sector", said Dr Daniel Zahnd.

"The study shows that routine practice contributes significantly to a successful surgery. In addition, further quality optimisation and patient-oriented measures are needed. We have a duty towards our insured persons who must receive the best possible care. That is why we support studies and projects that focus on the quality of medical procedures and, therefore, on the well-being of patients," concluded Thomas Boyer, CEO of Groupe Mutuel.

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