Helsinki University Hospital

Department of Neurosurgery of Helsinki University Central Hospital (HUCH)
http://www.hus.fi/en/medical-care/medical-services/neurosurgery/pages/default.aspx?redirected=1

In the HUS area, all neurosurgical operations are exclusively performed at the Department of Neurosurgery at Töölö Hospital as a part of HUCH. The Department of Neurosurgery is the oldest neurosurgical department in Finland, established in 1932.

The Department of Neurosurgery in Helsinki has maintained its position as the largest and best known neurosurgery unit in Finland.

The Department of Neurosurgery at HUCH provides treatment to all patients requiring neurosurgery within the HUS area and the Hospital Districts of Kymenlaakso and South Karelia, i.e. the whole Southern Finland with population of nearly 2 million.

All cerebral bypass surgeries and pediatric epilepsy surgeries in Finland are performed exclusively at the Department of Neurosurgery at HUCH. In addition,patients from across Finland and abroad are referred to to Helsinki for neurosurgical treatment of complex cranial base tumours and cerebrovascular abnormalities. The Department of Neurosurgery at HUCH is the only neurosurgical unit in Finland providing pediatric emergency services 24 hours a day 7 days a week.

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A prospective observational study comprised 418 consecutive adult patients undergoing elective craniotomy at Helsinki University Hospital between December 7, 2011 and December 31, 2012.We recorded outcome event rates and categorized them according to British Neurosurgical National Audit Programme (NNAP), American National Surgical Quality Improvement Program (NSQIP), and American National Neurosurgery Quality and Outcomes Database (N2QOD) to assess the applicability of these programs for quality benchmarking and estimated sample sizes required for reliable quality comparisons. RESULTS:

The rate of in-hospital major and minor morbidity was 18.7% and 38.0%, respectively, and 30-d mortality rate was 2.4%. The NSQIP criteria identified 96.2% of major but only 38.4% of minor complications. N2QOD performed better, but almost one-fourth (23.2%) of all patients with adverse outcomes, mostly minor, went unnoticed. For NNAP, a sample size of over 4200 patients per surgeon is required to detect a 50.0% increase in mortality rates between surgeons. The sample size required for reliable comparisons between the rates of complications exceeds 600 patients per center per year.

The implemented benchmarking programs in the United Kingdom and United States fail to identify a considerable number of complications in a high-volume center. Health care policy makers should be cautious as outcome comparisons between most centers and individual surgeons are questionable if based on the programs [1)].

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