

# Hospital leadership and management in turmoil of COVID-19

Hosted by the European Association of Hospital Managers

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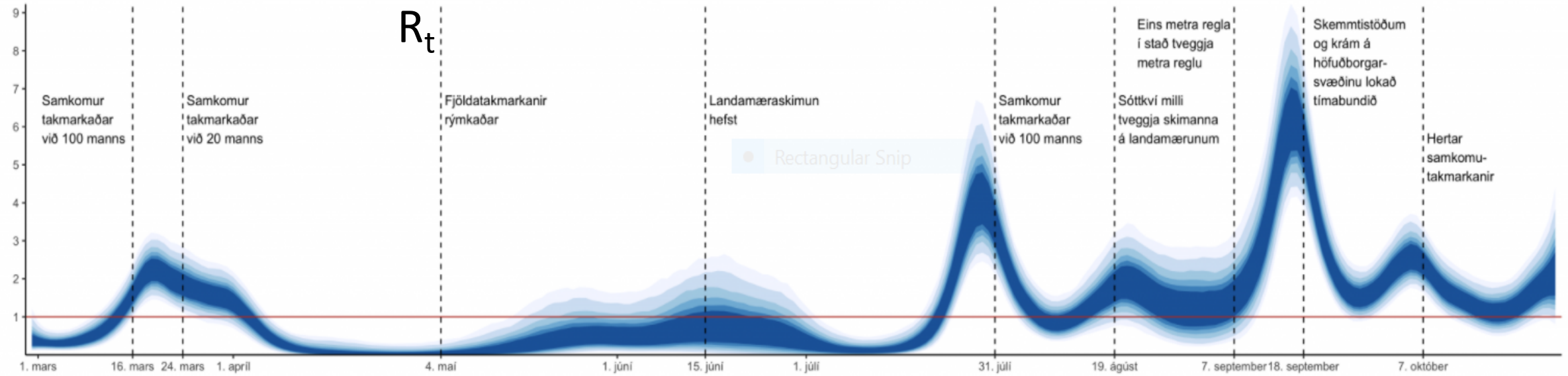
4-5 November 2020

#IHFCOVIDForum

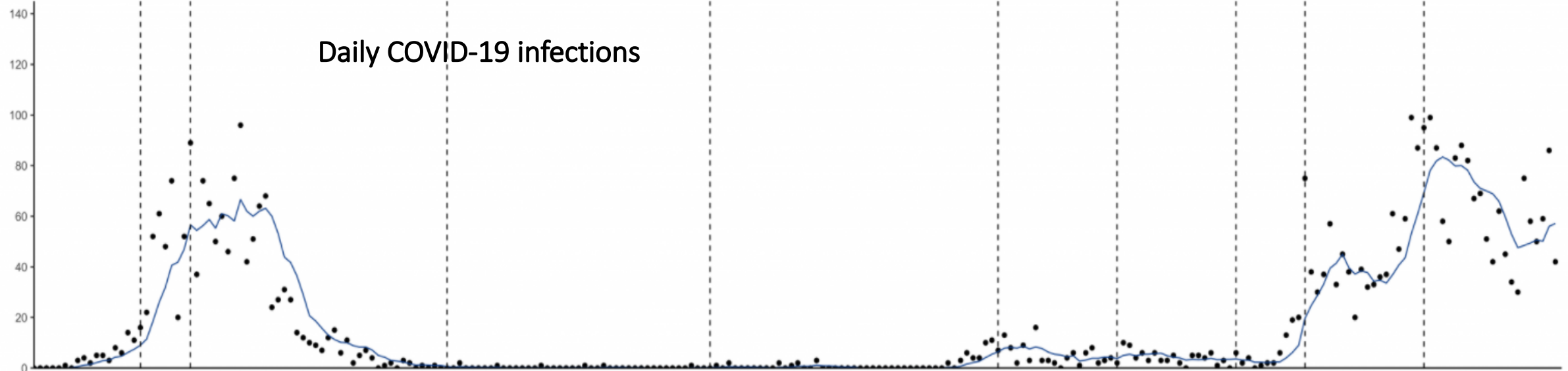
# *Country Experience: brief overview regarding Covid-19 pandemic (1<sup>st</sup> wave – March to May)*

- **COVID-19 Testing**
  - Targeted Testing - 5%-10% infected
  - People booking time (at Decode) – 0,8% infected
  - Random Testing (2300 cases) – 0,6% infected
  - Immunity Testing September– to date 0.9% of population – **but only 0.25% of staff of National Hospital**
- **COVID-19 Mortality rate**
  - 10 Patients died
  - CFR (Case Fatality Rate) -  $10/1800 = 0,56\%$
  - IFR (Infection Fatality Rate) -  $10/3960 = 0,25\%$
- **Other issues**
  - General public acceptance
  - Mild restrictions (6 weeks school closures, no lock-down, max group size 20)

Þróun smitstuðulsins ( $R_t$ ) innanlands utan sóttkvíar



Dagleg greind smit innanlands



# *How your Health System/organization coped with it*

- Very open, consistent communication from health authorities – daily TV broadcasts – “holy trinity” (and 4<sup>th</sup> wheel!)
- Extensive testing (collaboration with deCode Genetics)– use of quarantine
- COVID-19 Outpatients Clinic run by national hospital, enlisting and reaching out to every infected person (use of app)
- Centralised stockpile of PPE – centralized overview of PPE, ventilators etc by nat. hospital and single purchasing agency (purchasing office of hospital)

# *Impact on Leadership & Management, for now and in the future*

- Importance of communicating clearly and openly with public
- Importance of early detection, quarantine and isolation
- Importance of triaging into appropriate services – telephone support ->OPC ->admission to hospital ->ICU -> follow up services (use IT as much as possible)
- Importance of keeping an adequate stock of PPE and distributing it
- **Conclusion: Policitics will not defeat the virus – best possible information and overview of facts – and a willingness (humility) to make decisions based in this - will**

# CONTACT

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