Hospital leadership and management in turmoil of COVID-19

Hosted by the European Association of Hospital Managers

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Country Experience: brief overview regarding Covid-19 pandemic (1st 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)
Daily COVID-19 infections
How your Health System/organization coped with it

- Very open, consistent communication from health authorities – daily TV broadcasts – “holy trinity” (and 4th 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
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