

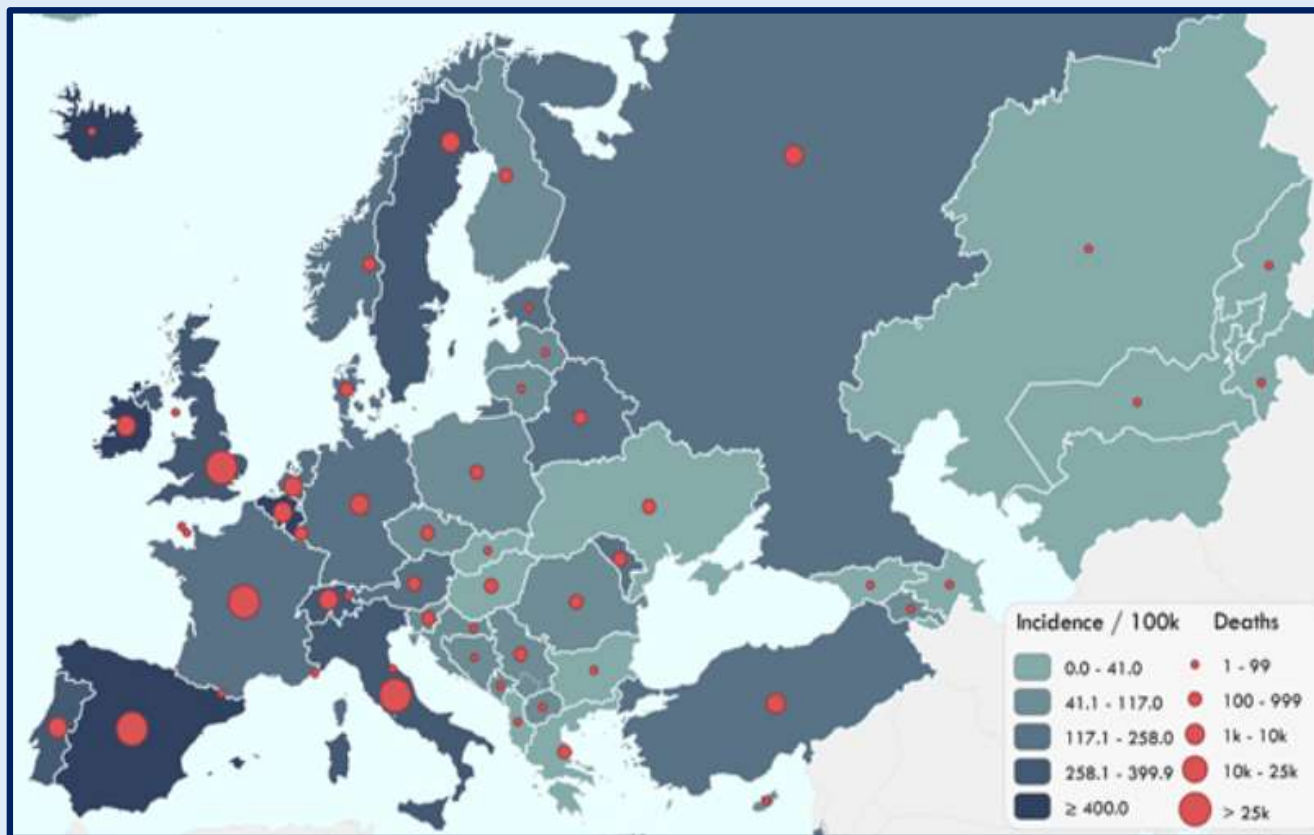


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Current COVID-19 situation in Switzerland



COVID-19 cumulative incidence per 100,000 population and number of deaths, by country in WHO European region.

European Centre for Disease Prevention & Control Data, 13 May 2020

Switzerland was heavily affected by the high and rapidly progressing number of COVID cases.

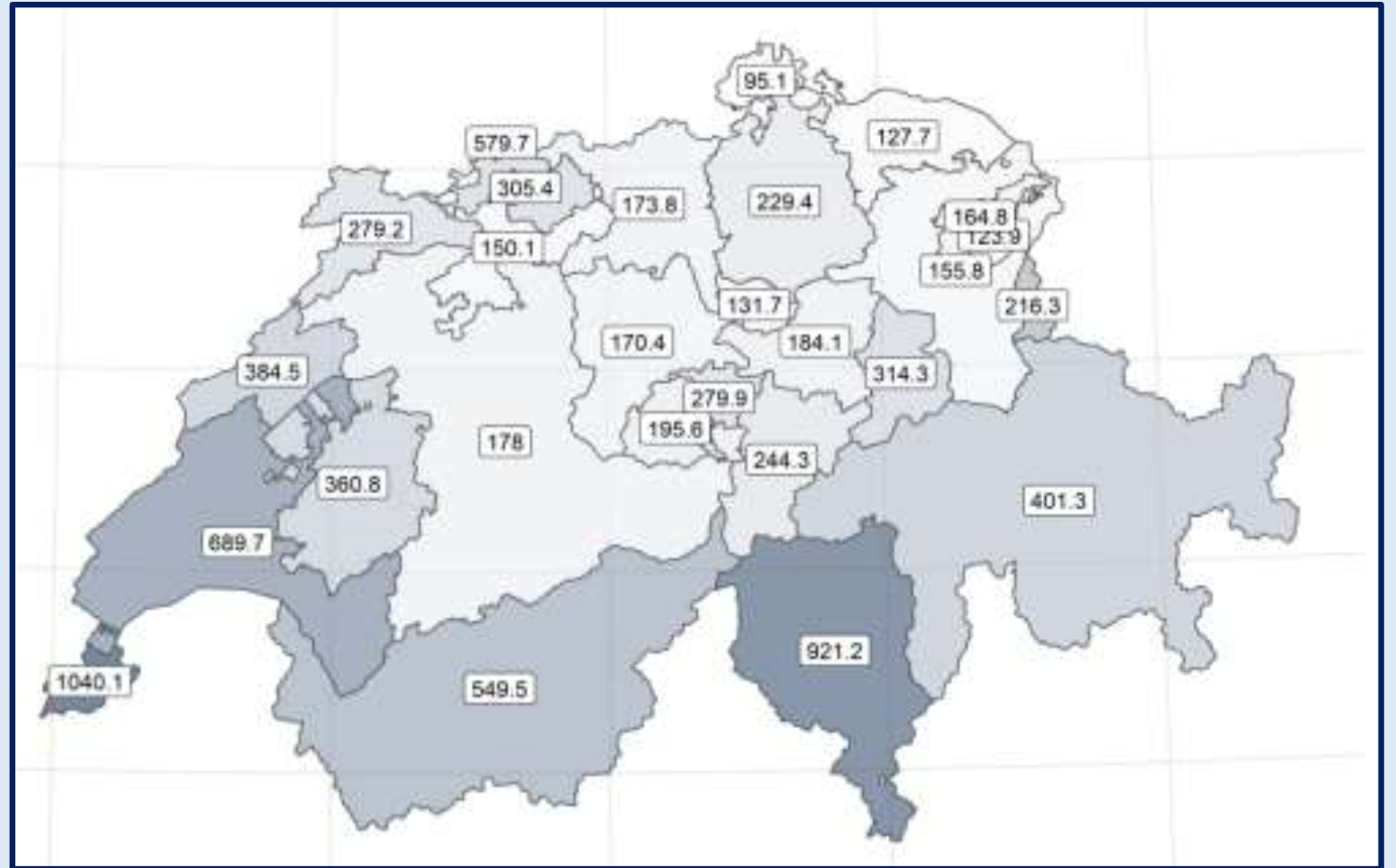
25th February: 1st case detected in the country

18th May: >1600 COVID-related deaths

✓ ***Large regional differences***



In Switzerland (as of 18 May 2020), there have been **30,658 confirmed cases of COVID-19** with **1,631 deaths** (WHO)



Cantonal incidence per 100,000 inhabitants of laboratory-confirmed cases of COVID-19 declared in Switzerland – 18/05/2020
(Federal Office of Public Health)

Current COVID-19 situation at the HUG

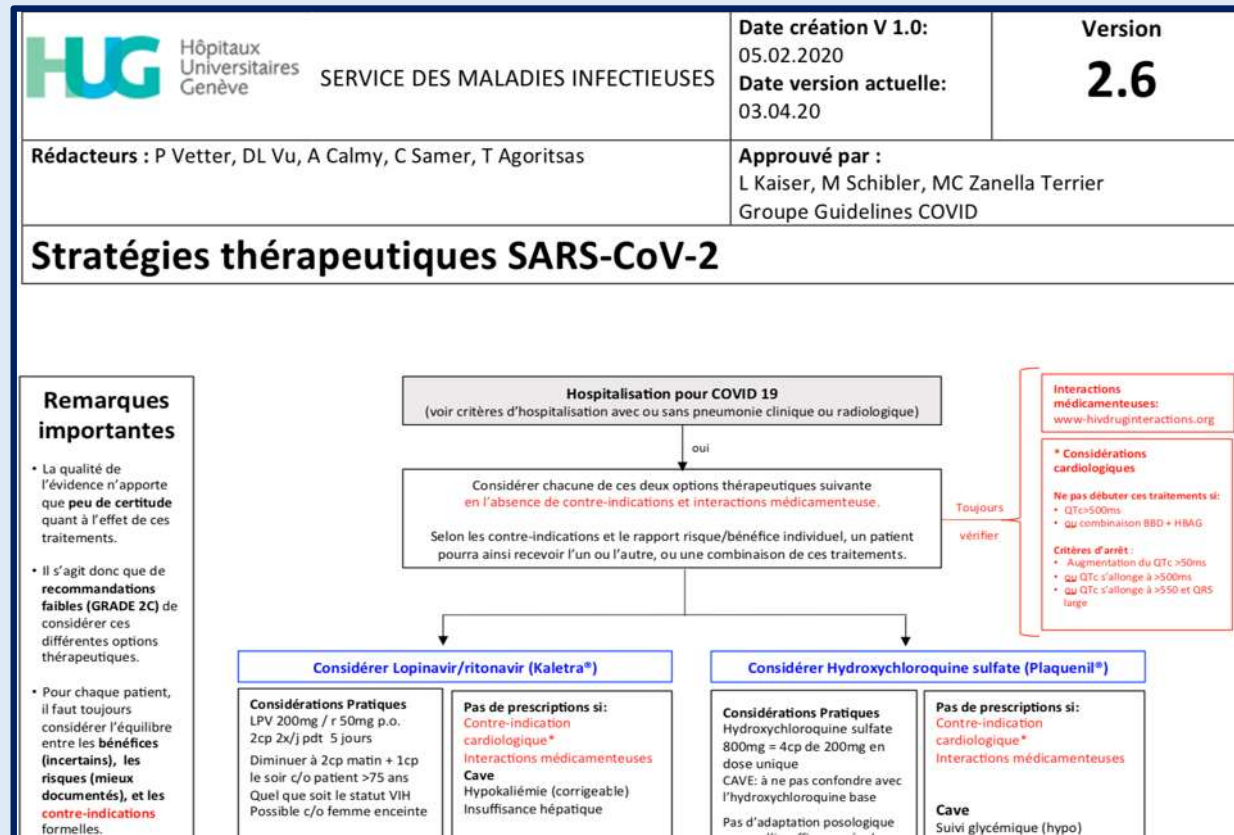


➤ **Geneva region:** high number of hospitalized patients in a very short time – above 1000 patients, the whole of Geneva University Hospital (HUG) was re-organized in a **record time to become a COVID-hospital.**



➤ Full health system **reorganization** was needed, including mobilizing the private clinics to receive non-COVID hospitalized patients.

Clinical safety: emergency writing and implementation of clinical recommendations



- **Writing:** treatment recommendations on patient safety on COVID-19 response at national and facility level
 - ✓ **At hospital level**, a coordinating body met twice weekly to discuss and adapt treatment recommendations.
 - ✓ **At national level**, Swiss national guidance was proposed.
- **Implementing and adopting:**
 - ✓ **Guiding treatment decisions** was critical: staff was junior, few were experimented (rapid hire of new doctors coming from diverse horizons to respond to the patient's load).
 - ✓ **Tool for decision support** and patient care standardization were felt to be key component to ensure quality of care in a crisis situation.
 - ✓ **The guideline communication** was done on the hospital "Intranet" and easily available for all users.

Clinical safety: ensuring medication safety

- **Ensuring of medication safety (e.g. preventing medical errors, drug adverse events. DDI) for patients with chronic conditions who got COVID-19**
 - ✓ Arrangements for private medicine, home visits, social support etc. had to be implemented (Post COVID).
 - ✓ Pharmacovigilance has been a challenge and needed to be explicitly re-affirmed.
 - ✓ **Clinical trials** were indeed important at the time (but came late – 2-3 weeks after the hit wave).
 - ✓ **Provision of drugs** for HIV-infected, chronic patients was a challenge in the HIV/AIDS Unit (6 months supply whenever possible).

Support for patients and staff

- **Ensuring safe care for patients without Covid-19**
 - ✓ Home delivery of drugs organized by medical students
 - ✓ Telemedicine, internet-based consultations
 - ✓ Re-scheduling control visits
 - ✓ Suspending the research and monitoring visits
- **Managing health care workers tension and stress**
 - ✓ Difficult and complex situation for the health staff.
 - ✓ The return to “normal” time seems to be more complex to handle than the first response measures to high number of patients.
- Despite being a **large regional University hospital**, the whole organization structure and processes were efficiently changed and adapted in a record time.



Thank you for your attention!