



## MANAGEMENT INFORMATION

Landspítali is a University Hospital that was established March 3<sup>rd</sup> 2000 with the merger of the Icelandic State Hospital and the Reykjavík City Hospital. The main role of the hospital is threefold: service to patients, teaching and training of clinical staff, and scientific research. The hospital offers diverse clinical services in outpatient clinics, day patient units, inpatient wards, and clinical laboratories. The hospital's support offices provide a range of services related to human resources, finance and economics, information technology and operations.

### **Executive Committee:**

Hulda Gunnlaugsdóttir, Chief Executive  
Anna Lilja Gunnarsdóttir, Chief Finance and Information Executive  
Anna Stefánsdóttir, Chief Nursing Executive  
Björn Zoega, Chief Medical Executive  
Ingólfur Þórisson, Chief Technical Executive  
Kristján Erlendsson, Chief Research and Development Executive

Landspítali maintains an extensive and informative Website on the Internet.

The Website address is: [www.landspitali.is](http://www.landspitali.is)

Landspítali - University Hospital

Tel: +354 543 1000

Public Relations Manager

Tel: +354 543 1122

## MANAGEMENT INFORMATION

LANDSPÍTALI - UNIVERSITY HOSPITAL

OFFICE OF FINANCE AND INFORMATION

MANAGING EDITOR: ELÍSBET GUÐMUNDSDÓTTIR, e-mail: [elisabeg@landspitali.is](mailto:elisabeg@landspitali.is).

EDITOR IN CHIEF: MARÍA HEIMISDÓTTIR e-mail: [mariahei@landspitali.is](mailto:mariahei@landspitali.is)

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## **Excerpt from the CFO's address to the Annual General Meeting of Landspítali**

Minister of Health and other guests.

The Icelandic economy has been in great turmoil these past few months and this has substantially affected the operations of Landspítali. A large portion of the hospital's supplies is dependent on foreign currencies; consequently the devaluation of the Icelandic krona has adversely affected the hospital's performance. However, when the króna's devaluation beyond the assumptions used in the state budget is taken into account, we see that the hospital's performance was close to being balanced last year. Moreover, as in years previously, hospital operations have expanded both in volume and substance, as I will illustrate shortly.

At Landspítali's Annual General Meeting last year I discussed OECD reports on the quality and cost of health care services in various countries including Iceland, as well as a featured article in the Hagfíðindi Statistical Series on health care expenditures in Iceland. I also presented a comparison study of Landspítali and Swedish hospitals concerning the cost of services, which was conducted by the Ministry of Health. I shall now examine a bit more closely the conclusions of the OECD report from last year. Such comparison is an important contribution to the task of analysing and progressing towards needed reforms carried out by those of us who work in the health care sector here in Iceland. I shall also present the conclusions of the Landspítali annual accounts and key figures from the hospital's operations in 2008. The annual accounts have been audited and endorsed by the Icelandic National Audit Office.

The year's budget allocations and service revenues amounted to just over ISK 38.9 billion and total expenditures to just over 40.5 billion, accounting for an increase in expenditures of 13.1% between years, and an increase in revenues by 9.9%. Of that, wages made up the largest cost item, or just over 64% of expenditures. Operating

expenses, including the cost of S-labelled medications, accounted for just over 32% and purchase of assets, maintenance and capital investment for just over 2%. Financial expenses came to ISK 237 million, which clearly shows the difficult account balance that the hospital had to contend with over the course of the year, and which has resulted in substantial interest on arrears due to defaults on payments to the hospital's suppliers. Expenses over revenues amounted to ISK 1,622 million, or 4.2% of turnover. In line with the accounting principles of the Icelandic State, all allocations during the year are entered as revenues in the annual profit and loss statement. A total of ISK 436 million was allocated in the supplementary budget to pay off the accumulated operating deficit in the balance sheet, so the deficit according to the annual accounts is reduced to ISK 1,186 million. When the króna's devaluation beyond the assumptions used in the state budget is taken into account, expenditures over revenues are some 1.3%.

Wage costs went up by 8.5% between years. Standard wages went up by 9.4%, supplementary and other wages by 7%, overtime payments by 6% and wage related costs increased by 8.7%. Fulltime equivalents decreased by approximately 0.5% between years, and the number of employees by 1%.

Operating expenses rose by 22.3%. Of those, acquisition costs for medications, medical supplies and research laboratory supplies for a 24.7% increase, the cost of S-labelled medications rose by 46.4% and the cost of other medications by 13.8%. The main reason for this increase is the unfavourable exchange rate development. Nearly all S-labelled medications are purchased from abroad as well as a large share of specialised hospital supplies. When the effect of the króna's devaluation on the operations of the hospital is examined we see that the devaluation over and above the budget as accounted for just over ISK 2,100 million during the year.

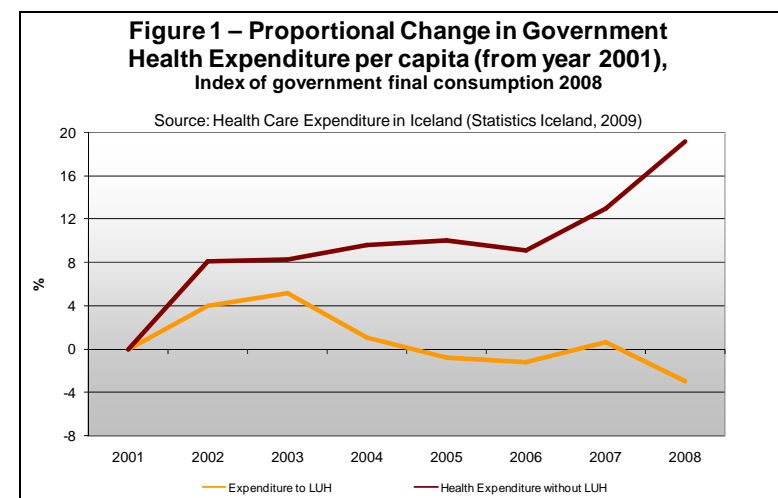
ISK 999 million went towards the purchase of assets, capital investment and maintenance during the year. Of that, ISK 459 million went towards the acquisition of major equipment, 189 million towards renewing the hospital's inpatient units. A new building to house the children's and adolescents' psychiatry ward at Dalbraut was completed, with a total of ISK 166 million going towards that project. ISK 45 million went towards an ongoing renovation project at the emergency department in Fossvogur and ISK 60 million towards a cardiac catheterisation ward at Hringbraut.

Negative working capital according to the balance sheet is ISK 1,622 million and has increased from ISK 436 million at year-end 2007. Short-term receivables were ISK 1,182 million, a substantial increase between years, due among other things to vast debt accumulation amongst other health care institutions. Accounts payable were ISK 3,222 million and have risen considerably between years in line with an increase in negative working capital.

The operations of Landspítali are multi-faceted and extensive. I shall now present some key figures from the hospital's operations.

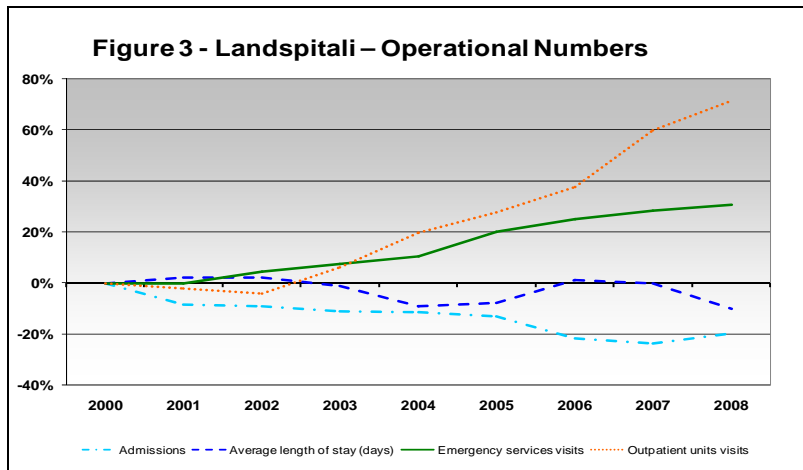
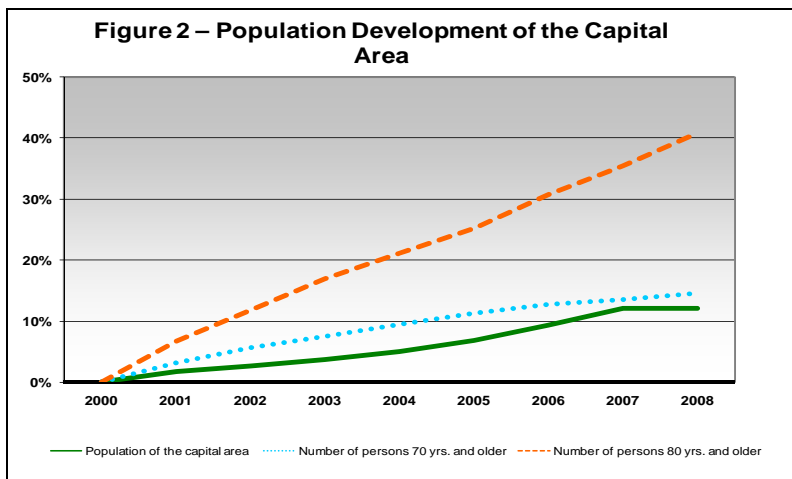
It is interesting to view the trend in state allocations since the hospitals were merged. The Hagfíðindi Statistical Series published by Statistics Iceland shows the progression of health care costs per capita. The development is illustrated on Figure 1. Allocations to Landspítali shown in this figure according to the government accounts are based on data published in the Hagfíðindi Statistical Series. The numbers for 2008 are preliminary. They show that government health care expenditures and expenditures to Landspítali were more or less in tandem up to and including the year 2003, although it should be kept in mind that in 2001 and 2002 payments for S-labelled medications were transferred from the Social Insurance Administration to Landspítali, which in part

explains the vast increase in allocations to Landspítali in those years. At the beginning of 2009 those payments were transferred from Landspítali to the Icelandic Health Insurance, which will affect Landspítali's total expenditures this year. Allocations to Landspítali decline from 2003 onwards, while at the same time state contributions to other aspects of the health care service increase.

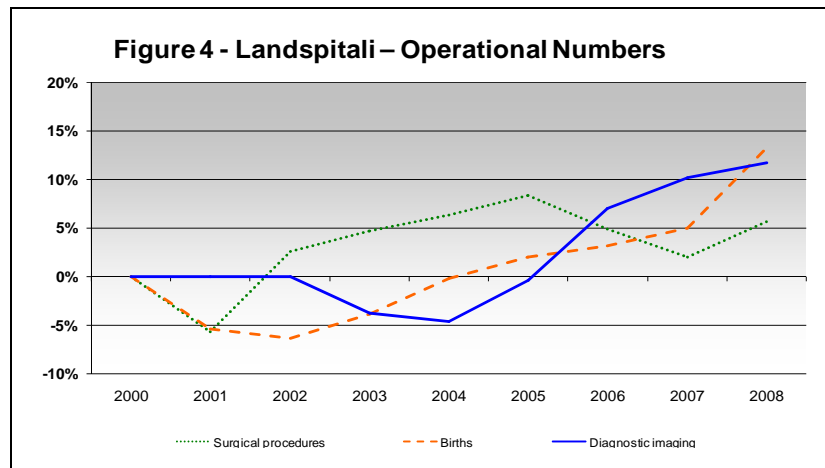


In light of the previous financial data it is interesting to examine population growth. As Figure 2 reveals, there has been substantial growth in the population, particularly in senior age groups. Since 2000 the population of the capital area has increased by 12%, while the 80 years and older demographic has increased by 40%. As pointed out in the OECD report, the relative increase of senior citizens over younger age groups will continue, since the Icelandic nation is a fairly young one.

The growth of the Icelandic population and its rising average age has a vast impact on the operations of the hospital, as seniors are most in need of Landspítali's services. It is often said that people over 65 years of age use four times the number of health care services of those who are below 65. It is our duty to adequately meet this increased need for services by senior citizens.



Like other university hospitals in the Western hemisphere, Landspítali has formulated a policy to build up services beyond the inpatient units, such as in patients' homes. Increasingly complex treatment is now being provided in this manner. Visits to Outpatient units have risen by over 70% since 2000, while admissions have decreased by 20%. The average length of stay has become shorter and patient days on inpatient wards have decreased in number. Visits to the hospital's emergency departments have increased by over 30% since the year 2000. The number of deliveries has increased steadily along with the growth in population, and surgical procedures have also increased to some extent, as well as diagnostic imaging services. The incidence and prevalence of numerous diseases are growing steadily, particularly in light of the increasing number of senior citizens. However, increased productivity at Landspítali and a shortened average length of stay have resulted in the virtual elimination of waiting lists



Last year I talked about the interesting and encouraging data from an OECD report entitled Health at a Glance. I presented a comparison between the 30 OECD nations concerning the number of deaths during hospital stays within 30 days of admission, from, on the one hand, stroke, and on the other, myocardial infarctions. Heart diseases and stroke account for approximately one-fourth of all deaths in OECD nations. I also presented the excellent results achieved in cancer treatment in Iceland in comparison with the performance of other OECD nations. Cancer accounts for over one-fourth of deaths in OECD nations.

Let me now present an additional two comparisons from this same report. The first shows the average life expectancy of residents of the OECD countries. The diagram shows the average life expectancy of several neighbouring countries in comparison with Iceland. Icelandic men have the highest life expectancy of all 30 OECD nations, and women are high on the list.

The second comparison shows infant mortality rates and includes the same nations as before. Iceland has the lowest infant mortality rates of all the OECD nations. These two comparisons, in addition to the outcomes measurements I mentioned earlier, demonstrate the good performance of the Icelandic health care service, although other factors in Iceland's environment also have an effect. In Iceland's current economic difficulties it is vitally important that we do not place such strain on the health care system that we risk endangering the excellent results that have been achieved. Foreign studies have demonstrated an increasing need for health care during times of economic hardship; consequently great care must be taken when making decisions on budget allocations to the health care service. Good access to health care must be ensured.

Operations, results and development		
- Life expectancy 2005 -		
	<u>Men</u>	<u>Women</u>
<b>Iceland</b>	<b>79,2</b>	<b>83,1</b>
Sweden	78,4	82,8
Norway	77,7	82,5
Finland	75,5	82,3
Denmark	75,6	80,2
USA	75,2	80,4
UK	76,9	81,1
OECD Average	75,7	81,4

Operations, results and development	
Infant mortality/1000 in 2005	
<b>Iceland</b>	<b>2,3</b>
Sweden	2,4
Finland	3,0
Norway	3,1
Denmark	4,4
UK	5,1
USA	6,8
OECD average	5,4

Health care expenditure 2005	
USD (PPP) per capita	
USA	6.401
Norway	4.364
<b>Iceland</b>	<b>3.443</b>
Denmark	3.108
Sweden	2.918
UK	2.724
Finland	2.331
OECD average	2.759

Health care expenditures (PPP adjusted per capita) are also presented in the OECD report. This shows that Iceland is in sixth place of the 30 OECD nations in terms of health care expenditures per capita. Considering that Iceland is a relatively young nation, these figures should be a cause of concern. They may also demonstrate that there is room for lowering costs in the Icelandic health care system. In the current difficult economic climate in Iceland it is essential to find ways to maintain and strengthen our excellent health care service, while also reducing costs.

As illustrated, Landspítali has shown good performance in recent years. Excellent results have been achieved in clinical work, as briefly outlined, and scientific work at Landspítali has flourished, as proven by the large number of scientific publications, citations and science grants. Operational performance has also been favourable. The hospital's various professionals have all worked well together to achieve rationalisation while at the same time broadening the scope of operations. A good example of this collaboration is the implementation of the DRG sorting system and the subsequent cost analysis of clinical services, both of which have boosted the quality of data concerning the operations of the hospital, and raised cost awareness. This work has received widespread praise, for instance by the Icelandic National Audit Office. Another example is Landspítali's participation in international databases. Landspítali is now party to a Swedish database concerning the use and outcomes of cardiac catheterisations. This participation affords Landspítali an opportunity to compare its performance in this field with that of Swedish hospitals, and this has already led to further developments in this type of work at the hospital. Landspítali is also party to a Nordic database on the use of new biological medications and the success of such treatment.

Participation in such international projects, aimed at comparing quality and outcomes, is especially important to Landspítali since the hospital is the only university hospital in Iceland. Such comparisons gradually and steadily allow us to improve our operations and performance, as well as share our results with other hospitals.

The next few years will be very challenging to the health care system in Iceland, both due to the economic difficulties and because the population is rapidly ageing. The rationalisation tasks of the next few years must not be short-term solutions, but must instead form the basis for comprehensive future development, in which access to services, as well as their quality and safety, are guaranteed. Sound information about operations and administration is the basis for assessing the changes brought about by the rationalisation processes. Existing knowledge concerning trends in the prevalence of diseases must also be taken into account, as well as the increasing burden of long-term illnesses on Western nations. The long-term, overall effects of rationalisation and other changes to the health care service must be examined closely in order to ensure that rationalisation in one location or point in time does not lead to inefficiency or reduced services elsewhere. Last but not least, we Icelanders need to monitor changes taking place in health care services in the countries with which we like to compare ourselves. The European Commission has submitted a proposal for a directive concerning the rights of citizens to health care services in any European Union nation if their own country cannot provide the relevant service within a specific period of time. Essentially this means that the Icelandic health care system must prepare to participate in an environment that is much more open than before.

We must be prepared to provide services to foreign patients and can expect Icelanders to increasingly seek services abroad. All this calls for clear definition of the service provided in each country and in each place, coordinated operations and efficient flow of information to patients, health care workers and health care authorities.

In recent years Landspítali has enjoyed good collaboration with Icelandic Health Insurance and its predecessor The Social Insurance Administration concerning services for Icelandic patients in foreign hospitals. This collaboration has in some cases led to decisions being made to transfer important services to Iceland, which has shown good results. In 2003, for example, kidney transplants from living donors, were introduced at Landspítali but prior to that time patients in need of this service had to obtain it abroad. The treatment has been very successful and collected data reveals the cost-efficiency of these change for the Icelandic nation.

More such examples, in which Landspítali has agreed to provide services that previously had to be obtained abroad, could easily be cited. Such projects lead to improved care for patients and their relatives, new knowledge, training and research opportunities being brought into the hospital and, last but not least, effective health care for the community. It is my hope that Landspítali and health care authorities continue to collaborate on such developments, to benefit patients and the community as a whole.

Anna Lilja Gunnarsdóttir Chief Finance and Information Executive

### Key statistics for Landspítali

	2008	2007	2008-2007	Increase/ decrease
Number of individuals receiving hospital care <sup>1)</sup>	106.699	102.663	4.036	3,9%
Outpatient units - visits	367.540	328.694	38.846	11,8%
Day units - visits	93.422	96.608	-3.186	-3,3%
Emergency department - visits	94.650	93.060	1.590	1,7%
Hospital at home service - visits	14.798	16.008	-1.210	-7,6%
Admissions	28.607	27.241	1.366	5,0%
Patient days	232.570	245.155	-12.585	-5,1%
Average length of stay (LOS)	8,1	9,0	-0,9	-9,7%
Average LOS Excluding Division of Rehabilitation and Division of Geriatrics	5,2	5,7	-0,5	-8,3%
Patient acuity	1,18	1,20	-0,02	-1,6%
Deliveries	3.376	3.128	248	7,9%
Surgical procedures	14.583	14.070	513	3,6%
Diagnostic imaging	123.956	122.277	1.679	1,4%
Number of employees (at the end of the year)	5.022	4.974	48	1,0%
Full-time equivalents (mean)	3.872	3.884	-13	-0,3%

<sup>1)</sup> Each individual may have received care on more than one occasion, but is counted here only once.

Accounts

		2008	2007
<b>Revenues</b>			
	Allotment in State Budget	35.962,9	32.527,7
	Revenues from patient care and other operations	2.952,9	2.866,9
	Income from interest	78,9	59,6
	<b>Total Revenues</b>	<b>38.994,7</b>	<b>35.454,2</b>
<b>Expenses</b>			
	Wages and salaries	26.103,9	24.051,9
	Other operating expenses	10.129,1	8.694,3
	"S-labelled" medications <sup>1)</sup>	3.069,0	2.095,7
	Cost of capital	315,7	204,3
	Capital investments, maintenance and equipment	999,0	844,2
	<b>Total Expenses</b>	<b>40.616,8</b>	<b>35.890,4</b>
<b>Expenses above Revenues</b>			
	<b>Total Expenses above Revenues</b>	<b>1.622,0</b>	<b>436,2</b>
<b>Other Revenues</b>			
	Correction to allotment in State Budget	-436,2	-777,0
<b>Total Expenses above Revenues incl. Special Appropriations and Expenses</b>		<b>1.185,8</b>	<b>-340,8</b>

Amounts in ISK millions

<sup>1)</sup> "S-labelled" medications are those only intended for hospital use and are specially provided for in the State Budget.

# Operational Numbers

## Outpatient services

	Outpatient units		Increase/ decrease	Day units		Increase/ decrease	Total		Increase/ decrease
	2008	2007		2008	2007		2008	2007	
Division of Paediatrics	15.655	11.751	33,2%	3.470	3.151	10,1%	19.125	14.902	28,3%
Division of Obstetrics and Gynaecology	33.926	24.896	36,3%	6.039	5.310	13,7%	39.965	30.206	32,3%
Division of Psychiatry	53.311	50.657	5,2%	47.411	53.283	-11,0%	100.722	103.940	-3,1%
Division of Internal Medicine	95.325	80.230	18,8%	17.525	16.851	4,0%	112.850	97.081	16,2%
Division of Haematology and Oncology	21.400	23.603	-9,3%	9.964	9.197	8,3%	31.364	32.800	-4,4%
Division of Surgery	46.275	36.664	26,2%	1.061	1.354	-21,6%	47.336	38.018	24,5%
Division of Anaesthesia, ICU and OR	47	45	4,4%	0	0	0,0%	47	45	4,4%
Division of Emergency Services	5.523	14.164	-61,0%	0	0	0,0%	5.523	14.164	0,1%
Division of Rehabilitation	21.290	19.177	11,0%	3.041	2.716	12,0%	24.331	21.893	11,1%
Division of Geriatrics	3.026	2.293	32,0%	4.911	4.746	3,5%	7.937	7.039	12,8%
Division of Human Resources	1.629	1.457	11,8%	0	0	0,0%	1.629	1.457	11,8%
Division of Laboratory Medicine	70.133	63.757	10,0%	0	0	0,0%	70.133	63.757	10,0%
<b>Total</b>	<b>367.540</b>	<b>328.694</b>	<b>11,8%</b>	<b>93.422</b>	<b>96.608</b>	<b>-3,3%</b>	<b>460.962</b>	<b>425.302</b>	<b>8,4%</b>

## Hospital at home service

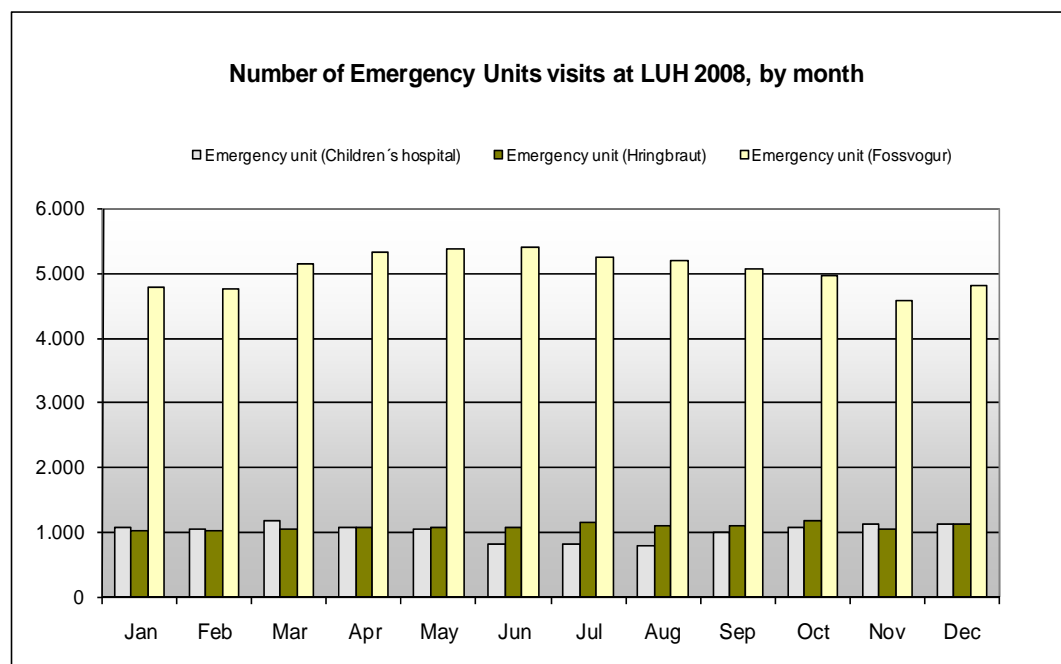
		Number of Visits		Number of Patients	Increase/ decrease
		2008	2007		
<b>General services</b>	<b>Total</b>	<b>7.755</b>	<b>8.295</b>	<b>904</b>	<b>-6,5%</b>
<b>Oncology patients</b>					
Planned visits		4.388	3.962	-	10,8%
Emergency visits		515	505	-	2,0%
	<b>Total</b>	<b>4.903</b>	<b>4.467</b>	<b>-</b>	<b>9,8%</b>
<b>Geriatric patients<sup>1) 2)</sup></b>	<b>Total</b>	<b>250</b>	<b>850</b>	<b>-</b>	<b>-</b>
<b>Psychiatric patients<sup>1)</sup></b>	<b>Total</b>	<b>1.890</b>	<b>2.396</b>	<b>189</b>	<b>-21,1%</b>
	<b>Grand Total</b>	<b>14.798</b>	<b>16.008</b>	<b>1.093</b>	<b>-7,6%</b>

<sup>1)</sup> This is a new service at Landspítali, therefore data are not available for the whole year of 2007.

<sup>2)</sup> Service closed in August 2008

## Emergency Services

	Number of visits		Increase/ decrease	Average visits pr. day		Admissions		Admission ratio		Increase/ decrease
	2008	2007		2008	2007	2008	2007	2008	2007	
Emergency unit (Children´s Hospital)	12.229	11.589	5,5%	33,5	31,8	983	984	8,0%	8,5%	-5,3%
Emergency unit, Psychiatry	8.600	9.198	-6,5%	23,6	25,2	615	920	7,2%	10,0%	-28,5%
Emergency unit (Hringbraut)	13.100	12.122	8,1%	35,9	33,2	4.647	4.135	35,5%	34,1%	4,0%
Emergency unit (Fossvogur)	60.721	60.151	0,9%	166,4	164,8	5.206	5.517	8,6%	9,2%	-6,5%
<b>Total</b>	<b>94.650</b>	<b>93.060</b>	<b>1,7%</b>	<b>259,3</b>	<b>255,0</b>	<b>11.451</b>	<b>11.556</b>	<b>12,1%</b>	<b>12,4%</b>	<b>-2,6%</b>



# Operational Numbers

## Division of Paediatrics

	Admissions		Increase/ decrease	Patient days			Increase/ decrease	Average length of stay		Increase/ decrease
	2008	2007		2008	2007	2008-2007		2008	2007	
General paediatrics	997	1.002	-0,5%	4.391	4.639	-248	-5,3%	4,4	4,6	-4,9%
Paediatric surgery	501	539	-7,1%	1.464	1.774	-310	-17,5%	2,9	3,3	-11,2%
General surgery - children	8	13	-	23	32	-9	-	2,9	2,5	-
Neonatology	520	418	24,4%	4.863	5.186	-323	-6,2%	9,4	12,4	-24,6%
Other services for children										
Ophthalmology	28	17	-	75	28	47	-	2,7	1,6	-
Cardiothoracic surgery	4	9	-	33	79	-46	-	8,3	8,8	-
Orthopaedics	172	204	-15,7%	365	317	48	15,1%	2,1	1,6	36,6%
ENT	110	104	5,8%	140	130	10	7,7%	1,3	1,3	1,8%
Neurosurgery	22	39	-	57	231	-174	-	2,6	5,9	-
Reconstructive surgery	77	60	-	540	223	317	142,2%	7,0	3,7	88,7%
<b>Total</b>	<b>2.439</b>	<b>2.405</b>	<b>1,4%</b>	<b>11.951</b>	<b>12.639</b>	<b>-688</b>	<b>-5,4%</b>	<b>4,9</b>	<b>5,3</b>	<b>0,0%</b>

## Division of Obstetrics and Gynaecology

Gynaecology <sup>1)</sup>	786	795	-1,1%	1.966	2.288	-322	-14,1%	2,5	2,9	-13,1%
Obstetrics	4.278	4.043	5,8%	9.836	10.167	-331	-3,3%	2,3	2,5	-8,6%
Surgery for breast cancer	286	236	21,2%	637	450	187	41,6%	2,2	1,9	16,8%
<b>Total</b>	<b>5.350</b>	<b>5.074</b>	<b>5,4%</b>	<b>12.439</b>	<b>12.905</b>	<b>-466</b>	<b>-3,6%</b>	<b>2,3</b>	<b>2,5</b>	<b>-8,6%</b>

## Division of Psychiatry

General psychiatry	1.325	1.351	-1,9%	17.372	17.616	-244	-1,4%	13,1	13,0	0,5%
Child & Adolescent psychiatry	172	157	9,6%	4.347	4.424	-77	-1,7%	25,3	28,2	-10,3%
Treatment for alcohol & drug abuse	487	481	1,2%	4.996	5.138	-142	-2,8%	10,3	10,7	-4,0%
Psychiatry, rehabilitation	312	317	-1,6%	25.127	28.698	-3.571	-12,4%	80,5	90,5	-11,0%
<b>Total</b>	<b>2.296</b>	<b>2.306</b>	<b>-0,4%</b>	<b>51.842</b>	<b>55.876</b>	<b>-4.034</b>	<b>-7,2%</b>	<b>22,6</b>	<b>24,2</b>	<b>-6,8%</b>

## Division of Internal Medicine

General internal medicine	280	87	221,8%	2.202	614	1.588	258,6%	7,9	7,1	11,4%
Endocrinology	398	406	-2,0%	3.603	3.575	28	0,8%	9,1	8,8	2,8%
Rheumatology	441	484	-8,9%	4.226	4.388	-162	-3,7%	9,6	9,1	5,7%
Cardiology	2.659	2.187	21,6%	13.048	12.938	110	0,9%	4,9	5,9	0,0%
Dermatology and venereal disease	161	207	-22,2%	971	1.579	-608	-38,5%	6,0	7,6	-20,9%
Pulmonology	1.084	1.034	4,8%	7.655	8.021	-366	-4,6%	7,1	7,8	-9,0%
Gastroenterology	647	658	-1,7%	4.464	4.553	-89	-2,0%	6,9	6,9	-0,3%
Nephrology	298	350	-14,9%	2.956	3.991	-1.035	-25,9%	9,9	11,4	-13,0%
Infectious diseases	386	468	-17,5%	4.507	5.149	-642	-12,5%	11,7	11,0	6,1%
Neurology	776	799	-2,9%	7.474	7.606	-132	-1,7%	9,6	9,5	1,2%
<b>Total</b>	<b>7.130</b>	<b>6.680</b>	<b>6,7%</b>	<b>51.106</b>	<b>52.414</b>	<b>-1.308</b>	<b>-2,5%</b>	<b>7,2</b>	<b>7,8</b>	<b>-8,6%</b>

<sup>1)</sup> Admissions shorter than 12 hours are counted as day-unit visits.

## Operational Numbers

### Division of Haematology and Oncology

	Admissions		Increase/ decrease	Patient days			Increase/ decrease	Average length of stay		Increase/ decrease
	2008	2007		2008	2007	2008-2007		2008	2007	
Haematology	547	506	8,1%	4.584	4.869	-285	-5,9%	8,4	9,6	-12,9%
Oncology	652	638	2,2%	4.630	5.309	-679	-12,8%	7,1	8,3	-14,7%
Palliative care	181	138	31,2%	3.210	2.780	430	15,5%	17,7	20,1	-12,0%
<b>Total</b>	<b>1.380</b>	<b>1.282</b>	<b>7,6%</b>	<b>12.424</b>	<b>12.958</b>	<b>-534</b>	<b>-4,1%</b>	<b>9,0</b>	<b>10,1</b>	<b>-10,9%</b>

### Division of Surgery

General surgery	2.229	2.176	2,4%	11.414	11.416	-2	0,0%	5,1	5,2	-2,4%
Ophthalmology	322	296	8,8%	729	870	-141	-16,2%	2,3	2,9	-23,0%
Cardiothoracic surgery	604	510	18,4%	5.379	5.010	369	7,4%	8,9	9,8	-9,3%
Orthopaedics	1.926	1.763	9,2%	9.601	10.680	-1.079	-10,1%	5,0	6,1	-17,7%
ENT	742	761	-2,5%	1.835	2.151	-316	-14,7%	2,5	2,8	-12,5%
Neurosurgery	773	799	-3,3%	3.068	3.156	-88	-2,8%	4,0	3,9	0,5%
Reconstructive surgery	280	248	12,9%	1.842	2.443	-601	-24,6%	6,6	9,9	-33,2%
Maxillofacial surgery	93	70	32,9%	269	127	142	111,8%	2,9	1,8	59,4%
Urology	980	1.071	-8,5%	4.830	5.080	-250	-4,9%	4,9	4,7	3,9%
Vascular surgery	565	520	8,7%	2.547	2.738	-191	-7,0%	4,5	5,3	0,0%
<b>Total</b>	<b>8.514</b>	<b>8.214</b>	<b>3,7%</b>	<b>41.514</b>	<b>43.671</b>	<b>-2.157</b>	<b>-4,9%</b>	<b>4,9</b>	<b>5,3</b>	<b>-8,3%</b>

### Division of Rehabilitation

Rehabilitation	494	339	45,7%	10.922	10.061	861	8,6%	22,1	29,7	-25,5%
Habilitation	21	24	-12,5%	5.250	6.415	-1.165	-18,2%	250,0	267,3	-6,5%
<b>Total</b>	<b>515</b>	<b>363</b>	<b>41,9%</b>	<b>16.172</b>	<b>16.476</b>	<b>-304</b>	<b>-1,8%</b>	<b>31,4</b>	<b>45,4</b>	<b>-30,8%</b>

### Division of Geriatrics

Geriatrics	983	917	7,2%	35.122	38.216	-3.094	-8,1%	35,7	41,7	-14,3%
<b>Total</b>	<b>983</b>	<b>917</b>	<b>7,2%</b>	<b>35.122</b>	<b>38.216</b>	<b>-3.094</b>	<b>-8,1%</b>	<b>35,7</b>	<b>41,7</b>	<b>-14,3%</b>

<b>Total excluding Division of Rehabilitation and Division of Geriatrics</b>	<b>24.813</b>	<b>23.655</b>	<b>4,9%</b>	<b>129.434</b>	<b>134.587</b>	<b>-5.153</b>	<b>-3,8%</b>	<b>5,2</b>	<b>5,7</b>	<b>-8,3%</b>
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<b>Total inpatient units</b>	<b>28.607</b>	<b>27.241</b>	<b>5,0%</b>	<b>232.570</b>	<b>245.155</b>	<b>-12.585</b>	<b>-5,1%</b>	<b>8,1</b>	<b>9,0</b>	<b>-9,7%</b>
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# Operational Numbers

## Nursing Workload, Patient Classification

	January - december						December				
	Patients		Workload index		Acuity			Average number of classified patients	Nursing hours per patient day		
	2008	2008	2007	2008	2007	Increase/decrease	Recommended		Actual	Difference	
Division of Psychiatry	54.093	69.047	74.868	1,28	1,31	-2,3%	11,7	7,2	7,8	0,60	
Division of Paediatrics	12.200	18.364	20.325	1,51	1,52	-0,7%	10,7	9,7	9,4	-0,30	
Division of Obstetrics and Gynaecology	12.949	13.946	13.901	1,08	1,06	1,9%	12,4	4,5	5,1	0,60	
Division of Internal Medicine	50.461	54.049	56.163	1,07	1,11	-3,6%	18,5	6,3	6,9	0,60	
Division of Haematology and Oncology	12.374	14.175	14.569	1,15	1,15	0,0%	11,3	8,7	8,1	-0,60	
Division of Surgery	43.185	45.852	46.709	1,06	1,06	0,0%	14,6	6,5	7,8	1,30	
Division of Anaesthesia, ICU and OR	3.696	14.550	15.396	3,94	3,77	4,5%	5,0	22,4	29,2	-	
Division of Rehabilitation	11.103	11.623	11.559	1,05	1,10	-4,5%	18,6	6,3	5,3	-1,00	
Division of Geriatrics	35.091	41.297	45.757	1,18	1,20	-1,7%	16,1	5,6	6,3	0,70	
<b>Total</b>	<b>181.059</b>	<b>213.856</b>	<b>224.379</b>	<b>1,18</b>	<b>1,20</b>	<b>-1,6%</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	

## Deliveries

	2008	2007	Increase/decrease
	Number of deliveries	3.376	
Proportion of all deliveries in Iceland	70,6%	69,5%	1,5%
Number of children	3.446	3.204	7,6%
Number of twins	68	67	1,5%
Number of triplets	1	4	-
Multiple births	2,0%	2,3%	-
Caesarean section rate	16,9%	18,8%	-

## Operational Numbers

### Invasive Cardiology and Cardiological Diagnostics

	Procedures		Increase/ decrease
	2008	2007	
Coronary angiography, thereof:	1.957	1.792	9,2%
PTCA	747	662	12,8%
Cardiac pacemaker implants and replacements	278	267	4,1%
Ablation procedures	82	84	-2,4%
Amplatzer procedures	21	23	-8,7%
Pacemaker follow-up	3.000	2.907	3,2%
Electrocardiogram	15.575	14.760	5,5%
Cardiac ultrasound	3.585	3.454	3,8%
Electrocardiogram (Holter)	1.700	1.513	12,4%
Cardiac stress test	1.070	1.063	0,7%

### Cardioverter-Defibrillator Implants

	Procedures		Increase/ decrease
	2008	2007	
Cardioverter-Defibrillator Implants	43	30	43,3%

### Dialysis

	Nr. of services		Increase/ decrease
	2008	2007	
Chronic haemodialysis	6.864	5.730	19,8%
Acute haemodialysis	337	684	-50,7%
Plasmapheresis	29	38	-23,7%
Peritoneal dialysis	229	244	-6,1%
Phone consultations	204	332	-38,6%
Other	67	120	-44,2%
<b>Total</b>	<b>7.730</b>	<b>7.148</b>	<b>8,1%</b>

### Surgical Procedures

	Procedures		Increase/ decrease
	2008	2007	
General surgery	2.177	2.216	-1,8%
Ophthalmology	384	360	6,7%
Paediatric surgery	779	730	6,7%
Cardiothoracic surgery	807	748	7,9%
Orthopaedics	2.530	2.404	5,2%
ENT	1.375	1.341	2,5%
Neurosurgery	701	724	-3,2%
Gynaecology	3.047	2.892	5,4%
Reconstructive surgery	329	350	-6,0%
Urology	998	998	0,0%
Vascular surgery	287	296	-3,0%
Other	9	4	-
<b>Subtotal</b>	<b>13.423</b>	<b>13.063</b>	<b>2,8%</b>
Ophthalmology, outpatients	1.160	1.007	15,2%
<b>Total</b>	<b>14.583</b>	<b>14.070</b>	<b>3,6%</b>
Intraocular injection of medication for treatment of age-related macular degeneration	1.344	762	76,4%

### Intensive Care Units

	Admissions		Patient days		Increase/ decrease (patient days)	Average length of stay	
	2008	2007	2008	2007		2008	2007
Fossvogur	634	667	1.881	2.105	-10,6%	3,0	3,2
Hringbraut	606	574	1.799	1.899	-5,3%	3,0	3,3
<b>Total</b>	<b>1.240</b>	<b>1.241</b>	<b>3.680</b>	<b>4.004</b>	<b>-8,1%</b>	<b>3,0</b>	<b>3,2</b>

### Anaesthesia

	Surgical		Non - surgical		Total		Increase/ decrease
	2008	2007	2008	2007	2008	2007	
Fossvogur	5.090	5.056	601	669	5.691	5.725	-0,6%
Hringbraut	4.443	4.410	1.692	1.575	6.135	5.985	2,5%
Obstetrics and Gynaecology	3.231	3.023	1.291	1.084	4.522	4.107	10,1%
<b>Total</b>	<b>12.764</b>	<b>12.489</b>	<b>3.584</b>	<b>3.328</b>	<b>16.348</b>	<b>15.817</b>	<b>3,4%</b>

## Operational Numbers

### Diagnostic imaging

	Fossvogur		Hringbraut		Total		Increase/ decrease
	2008	2007	2008	2007	2008	2007	
Plain X-rays	49.022	50.387	23.098	23.282	72.120	73.669	-2,1%
Coronary angiogr. and interventional proced.	997	872	52	56	1.049	928	13,0%
Nuclear medicine procedures	550	573	1.627	1.603	2.177	2.176	0,0%
Ultrasound	3.734	3.767	6.505	5.742	10.239	9.509	7,7%
Magnetic Resonance Imaging (MRI)	5.877	5.637	4.198	3.417	10.075	9.054	11,3%
Computed Tomography (CT)	12.861	12.893	11.959	10.944	24.820	23.837	4,1%
CT/Sonogr. guided biopsies	302	261	361	259	663	520	27,5%
Other	1.435	1.263	1.378	1.321	2.813	2.584	8,9%
<b>Total</b>	<b>74.778</b>	<b>75.653</b>	<b>49.178</b>	<b>46.624</b>	<b>123.956</b>	<b>122.277</b>	<b>1,4%</b>

### Laboratory Medicine

	Tests/Procedures		Increase/ decrease
	2008	2007	
Immunology	48.581	47.260	2,8%
Haematology	373.564	360.902	3,5%
Clinical Biochemistry	1.319.252	1.261.530	4,6%
Genetics and Molecular Medicine	10.622	9.508	11,7%
Virology	67.572	63.303	6,7%
Bacteriology	141.123	140.659	0,3%
Clinical Pathology	73.881	68.426	8,0%
Autopsies	271	266	1,9%
Blood Bank			
Blood and Blood Products	19.729	17.680	11,6%
Tests and Services	69.177	63.370	9,2%

## Sleep Research Laboratory

	Inpatients		Increase/ decrease	Outpatients		Increase/ decrease
	2008	2007		2008	2007	
Nocturnal assessments	340	329	3,3%	518	446	16,1%
Initiation of CPAP therapy <sup>1)</sup>	135	159	-15,1%	399	413	-3,4%
Follow-up; CPAP therapy <sup>1)</sup>	255	281	-9,3%	71	82	-13,4%
Other follow-up and support	84	23	-	3.681	3.151	16,8%
<b>Total</b>	<b>814</b>	<b>792</b>	<b>2,8%</b>	<b>4.669</b>	<b>4.092</b>	<b>14,1%</b>

<sup>1)</sup> CPAP: Continuous Positive Airway Pressure.

## Pastoral services

	2008	2007	Increase/ decrease
Pastoral Care Visits	4.944	4.053	22,0%
Family sessions	483	406	19,0%
Guidance to hospital staff	404	238	69,7%
Emergency calls	532	504	5,6%
Bereavement services	524	517	1,4%
Scheduled religious services	512	473	8,2%
Follow up	887	757	17,2%
<b>Total</b>	<b>8.286</b>	<b>6.948</b>	<b>19,3%</b>

## Psychological services

	2008	2007	Increase/ decrease
Counseling sessions	4.510	4.450	1,3%
Neuropsychological assessment	2.340	2.020	15,8%
Guidance	530	355	49,3%
Counseling	200	630	-68,3%
Seminars and lectures	480	2.250	-
<b>Total</b>	<b>8.060</b>	<b>9.705</b>	<b>-17,0%</b>

# Operational Numbers

## Occupational therapy

			Increase/ decrease
	2008	2007	
Division of Paediatrics	0	0	-
Division of Obstetrics and Gynaecology	3	16	-81,3%
Division of Internal Medicine	2.881	3.134	-8,1%
Division of Haematology and Oncology	274	404	-32,2%
Division of Surgery	2.273	2.641	-13,9%
Division of Geriatrics	6.555	6.096	7,5%
Division of Rehabilitation	6.980	6.001	16,3%
Outpatient units and group therapy	1.688	1.903	-11,3%
<b>Total</b>	<b>20.654</b>	<b>20.195</b>	<b>2,3%</b>

## Nutritional counseling

			Increase/ decrease
	2008	2007	
Division of Paediatrics	974	723	34,7%
Division of Obstetrics and Gynaecology	126	209	-39,7%
Division of Psychiatry	590	665	-11,3%
Division of Internal Medicine	2.818	2.748	2,5%
Division of Haematology and Oncology	806	692	16,5%
Division of Surgery	905	777	16,5%
Division of Geriatrics	557	609	-8,5%
Division of Rehabilitation	439	426	3,1%
Other	415	471	-11,9%
<b>Total</b>	<b>7.630</b>	<b>7.320</b>	<b>4,2%</b>

## Physiotherapy

			Increase/ decrease
	2008	2007	
Division of Paediatrics	1.531	1.553	-1,4%
Division of Obstetrics and Gynaecology	615	931	-33,9%
Division of Internal Medicine	19.222	18.960	1,4%
Division of Haematology and Oncology	1.406	1.696	-17,1%
Division of Surgery	19.853	22.105	-10,2%
Division of Geriatrics	19.249	21.757	-11,5%
Division of Rehabilitation	14.363	14.470	-0,7%
Outpatient units and group therapy	18.595	16.791	10,7%
<b>Total</b>	<b>94.834</b>	<b>98.263</b>	<b>-3,5%</b>

## Social worker services

			Increase/ decrease
	2008	2007	
Division of Paediatrics	1.623	1.727	-6,0%
Division of Obstetrics and Gynaecology	3.202	3.260	-1,8%
Division of Psychiatry	6.296	8.689	-27,5%
Division of Internal Medicine	2.501	2.659	-5,9%
Division of Haematology and Oncology	2.638	2.631	0,3%
Division of Surgery	843	1.110	-24,1%
Division of Geriatrics	3.281	3.125	5,0%
Division of Rehabilitation	849	1.158	-26,7%
<b>Total</b>	<b>21.233</b>	<b>24.359</b>	<b>-12,8%</b>

# Operating Expenses

## Accounts; Divisonal Partition

	Total Revenues and Expenses				Revenues from patient services and other operations		Wages & Salaries		Other Operating Expenses	
	2008	Budget	Absolute Difference	Relative Difference	2008	Budget	2008	Budget	2008	Budget
Office of the Chief Executive <sup>1)</sup>	1.261,3	1.258,8	-2,5	-0,2%	43,8	24,7	1.034,5	1.035,5	270,7	248,0
Office of the Chief Technical Executive	4.767,0	4.773,8	6,9	0,1%	497,7	436,4	2.079,5	2.206,0	3.185,2	3.004,2
Office of the Chief Research and Development Executive	233,9	226,9	-7,0	-3,1%	24,3	25,0	152,0	150,3	106,2	101,6
Division of Paediatrics	1.427,3	1.372,8	-54,5	-4,0%	95,5	95,0	1.290,6	1.264,6	232,2	203,2
Division of Obstetrics and Gynaecology	1.238,4	1.227,2	-11,1	-0,9%	68,5	57,4	1.173,3	1.144,5	133,6	140,1
Division of Psychiatry	3.213,5	3.160,7	-52,8	-1,7%	93,2	82,8	3.046,9	3.007,2	259,9	236,3
Division of Internal Medicine	4.471,1	4.251,6	-219,5	-5,2%	258,7	248,9	3.370,6	3.208,3	1.359,2	1.292,2
Division of Haematology and Oncology	1.480,4	1.449,5	-30,9	-2,1%	391,7	424,1	1.424,0	1.412,9	448,1	460,8
Division of Surgery	3.230,7	3.234,7	4,0	0,1%	78,2	86,2	2.851,6	2.858,1	457,3	462,8
Division of Anaesthesia, ICU and OR	3.999,1	4.032,9	33,7	0,8%	14,3	13,7	2.494,0	2.515,3	1.519,4	1.531,2
Division of Emergency Services	1.592,3	1.561,3	-31,0	-2,0%	290,3	254,6	1.567,9	1.546,5	314,7	269,4
Division of Diagnostic Imaging	1.030,5	1.059,1	28,6	2,7%	196,3	206,6	916,6	904,0	310,2	361,8
Division of Rehabilitation	1.495,0	1.494,7	-0,3	0,0%	31,1	33,2	1.328,2	1.366,5	197,8	161,3
Division of Geriatrics	1.531,6	1.445,9	-85,7	-5,9%	66,2	65,4	1.301,0	1.222,9	296,9	288,4
Division of Laboratory Medicine	2.392,2	2.253,3	-138,8	-6,2%	846,7	821,0	2.039,6	2.035,6	1.199,3	1.038,7
Miscellaneous	-191,6	53,2	244,8		623,1	337,3	23,4	63,2	408,1	327,3
Internal transactions	0,0	0,0	0,0		-545,5	-545,5			-545,5	-545,5
<b>Total</b>	<b>33.172,6</b>	<b>32.856,4</b>	<b>-316,2</b>	<b>-1,0%</b>	<b>3.074,2</b>	<b>2.666,7</b>	<b>26.093,5</b>	<b>25.941,3</b>	<b>10.153,2</b>	<b>9.581,8</b>

<sup>1)</sup> Includes Office of the Chief Medical Executive, Office of the Chief Nursing Executive, Office of the Chief Finance and Information Executive and Office of Human Resources

Amounts in ISK millions

## Medication costs

	2008	2007	Increase/ decrease
"S-labelled" medications <sup>1)</sup>	3.107.098	2.141.894	45,1%
Other medication costs	1.289.274	1.119.762	15,1%
<b>Total</b>	<b>4.396.372</b>	<b>3.261.656</b>	<b>34,8%</b>

Amounts in ISK thousand

<sup>1)</sup> "S-labelled" medications are those used in outpatient care and only intended for hospital use and are specially provided for in the State Budget.

# Operating Expenses

## Full-time Equivalents, Wages and Salaries

	Full-time equivalents (FTE's)		Total Wages and Salaries	
	2008	2007	2008	2007
Office of the Chief Executive <sup>1)</sup>	151,3	141,8	1.032,9	884,5
Office of the Chief Technical Executive	469,1	476,0	2.078,7	1.941,3
Office of the Chief Research and Development Executive	23,6	23,7	151,8	138,1
Division of Paediatrics	174,8	171,3	1.290,5	1.193,5
Division of Obstetrics and Gynaecology	164,0	160,9	1.173,2	1.045,2
Division of Psychiatry	496,9	501,7	3.039,5	2.776,4
Division of Internal medicine	450,7	429,5	3.369,9	2.946,4
Division of Haematology and Oncology	215,7	207,6	1.423,7	1.262,4
Division of Surgery	367,2	367,4	2.851,1	2.683,7
Division of Anaesthesia, ICU and OR	319,0	328,5	2.494,1	2.346,5
Division of Emergency Services	199,5	211,0	1.567,7	1.540,1
Division of Diagnostic Imaging	113,6	119,5	916,2	842,2
Division of Rehabilitation	230,5	242,2	1.327,7	1.275,3
Division of Geriatrics	195,8	199,9	1.300,7	1.211,8
Division of Laboratory Medicine	298,2	299,4	2.039,0	1.889,8
Other	2,9	4,0	33,4	34,8
<b>Total</b>	<b>3.872,7</b>	<b>3.884,5</b>	<b>26.090,1</b>	<b>24.012,2</b>

Amounts in ISK millions

<sup>1)</sup> Includes Office of the Chief Medical Executive, Office of the Chief Nursing Executive, Office of the Chief Finance and Information Executive, and the Office of Human Resources

# Statistical Highlights

## Division of Paediatrics

	2008	2007
Day units - visits	3.470	3.151
Outpatient units - visits	15.655	11.751
Emergency department - visits	12.229	11.589
Admissions	2.439	2.405
Patient days	11.951	12.639
Average length of stay	4,9	5,3
Patient acuity	1,51	1,52
Full time equivalents	174,8	171,3
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	1.427.285,0	1.372.761,0

## Division of Obstetrics and Gynaecology

	2008	2007
Day units - visits	6.039	5.310
Outpatient units - visits	33.926	24.896
Admissions	5.350	5.074
Patient days	12.439	12.905
Average length of stay	2,3	2,5
Patient acuity	1,08	1,06
Deliveries	3.376	3.128
Full time equivalents	164,0	160,9
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	1.238.365,8	1.227.230,8

## Division of Psychiatry

	2008	2007
Day units - visits	47.411	53.283
Outpatient units - visits	53.311	50.657
Emergency department - visits	8.600	9.198
Admissions	2.296	2.306
Patient days	51.842	55.876
Average length of stay	22,6	24,2
Full time equivalents	496,9	501,7
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	3.213.529,0	3.160.703,3

## Division of Internal Medicine

	2008	2007
Day units - visits	17.525	16.851
Outpatient units - visits	95.325	80.230
Admissions	7.130	6.680
Patient days	51.106	52.414
Average length of stay	7,2	7,8
Patient acuity	1,07	1,11
Full time equivalents	450,7	429,5
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	4.471.089,0	4.251.594,5

## Division of Haematology and Oncology

	2008	2007
Day units - visits	9.964	9.197
Outpatient units - visits	21.400	23.603
Admissions	1.380	1.282
Patient days	12.424	12.958
Average length of stay	9,0	10,1
Patient acuity	1,15	1,15
Hospital service at home - visits	12.658	12.762
Full time equivalents	215,7	207,6
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	1.480.418,0	1.449.503,9

## Division of Surgery

	2008	2007
Day units - visits	1.061	1.354
Outpatient units - visits	46.275	36.664
Admissions	8.514	8.214
Patient days	41.514	43.671
Average length of stay	4,9	5,3
Patient acuity	1,06	1,06
Nutritional counseling	7.630	7.320
Surgical procedures	14.583	14.070
Full time equivalents	367,2	367,4
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	3.230.710,0	3.234.676,4

Amounts in ISK millions

# Statistical Highlights

## Division of Geriatrics

	2008	2007
Day units - visits	4.911	4.746
Outpatient units - visits	3.026	2.293
Admissions	983	917
Patient days	35.122	38.216
Average length of stay	35,7	41,7
Patient acuity	1,18	1,20
Full time equivalents	195,8	199,9
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	1.531.606,0	1.445.911,4

## Division of Anaesthesia, Intensive Care and OR

	2008	2007
Surgical procedures	13.423	13.063
Admissions to ICU	1.240	1.241
Average length of stay; ICU	3,0	3,2
Patient acuity	3,94	3,77
Outpatient units - visits	5.523	14.164
Full time equivalents	319,0	328,5
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	3.999.104,0	4.032.852,0

## Division of Rehabilitation

	2008	2007
Outpatient units - visits	21.290	19.177
Patients - rehabilitation	494	339
Patient days - rehabilitation	10.922	10.061
Average length of stay - rehabilitation	22,1	29,7
Patients - long term care	21	24
Patient days - long term care	5.250	6.415
Average length of stay - long term care	250,0	267,3
Patient acuity	1,05	1,10
Full time equivalents	230,5	242,2
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	1.494.970,0	1.494.701,9

## Division of Emergency Services

	2008	2007
Emergency visits	73.821	72.273
Outpatient visits (follow-up)	47	45
Full time equivalents	199,5	211,0
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	1.592.268,4	1.561.313,8

## Division of Laboratory Medicine

	2008	2007
Immunology	48.581	47.260
Haematology	373.564	360.902
Clinical Biochemistry	1.319.252	1.261.530
Genetics and Molecular Medicine	10.622	9.508
Virology	67.572	-
Bacteriology	141.123	-
Clinical Pathology	73.881	68.426
Autopsies	271	266
Blood Bank		
Blood and Blood Products	19.729	17.680
Tests and Services	69.177	63.370
Full time equivalents	298,2	299,4
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	2.392.154,0	2.253.305,8

## Division of Diagnostic Imaging

	2008	2007
Diagnostic imaging services	123.956	122.277
Full time equivalents	113,6	119,5
	<b>Costs 2008</b>	<b>Budget 2008</b>
Operating costs, budget 2007	1.030.487,0	1.059.134,6

Amounts in ISK millions

	2008	2007	2006	2005	2004	
<b>Population development in the capital area<sup>2)</sup></b>						<b>Udvikling af befolkningen i hovedstadsområdet <sup>2)</sup></b>
Number of inhabitants	201.585	197.754	191.737	187.263	184.101	Befolkning
Annual increase	1,67%	3,14%	2,39%	1,72%	1,28%	Årlig vækst
Number of inhabitants age 70 years and older	16.459	16.400	16.282	16.079	15.818	Antal beboere 70 år og ældre
Proportion of inhabitants age 70 years and older	8,19%	8,29%	8,49%	8,59%	8,59%	Procent beboere 70 år og ældre
Number of inhabitants age 80 years and older	6.537	6.351	6.127	5.873	5.681	Antal beboere 80 år og ældre
Proportion of inhabitants age 80 years and older	3,25%	3,21%	3,20%	3,14%	3,09%	Procent beboere 80 år og ældre
<b>Key operational statistics<sup>3)</sup></b>						<b>Nøgletal for hospitalet <sup>3)</sup></b>
Total operational costs (ISK) <sup>9)</sup>	39.302.062	38.337.607	36.947.017	36.079.363	35.906.363	Samlede udgifter <sup>9)</sup>
Salaries	66%	68%	69%	71%	71%	Udgifter til personale
Medication costs (incl. in total operational costs) <sup>9)</sup>	4.343.274	3.607.760	3.349.462	3.033.600	3.381.216	Udgifter til medicin <sup>9)</sup>
Number of individuals receiving hospital care	106.699	102.663	100.046	92.535	-	
Emergency units, visits	94.650	93.060	90.589	87.060	80.054	Skadestue, antal besøg
Outpatient units, visits	341.952	319.014	274.585	254.579	238.726	Ambulante besøg
Dayward units, visits	93.422	96.608	101.383	99.227	99.703	Dagpatienter, antal besøg
Hospital at home service, visits	14.798	16.008	10.990	6.419	6.389	Hjemmebesøg
Patient days	232.570	245.155	255.259	258.764	260.532	Antal sengedage
Admissions	28.607	27.241	27.943	31.060	31.583	Antal indlæggelser
Average length of stay	8,1	9,0	9,1	8,3	8,2	Gennemsnitlig liggetid
Patient acuity	1,18	1,20	1,18	1,16	1,13	Patient acuity
Mean DRG weight, inpatients	1,20	1,20	(1,40)	(1,22)	(1,17)	Gennemsnitlig DRG-vægt af indlagte patienter
Hospital beds	788	836	860	848	862	Antal senge
Surgical procedures	14.583	14.070	14.475	14.957	14.675	Kirurgiske behandlinger
Number of births	3.376	3.129	3.074	3.039	2.973	Antal fødsler
Diagnostic imaging	123.956	122.277	118.763	110.542	105.856	Antal radiologiske undersøgelser
Staffing, full time equivalents	3.872	3.884	3.843	3.850	3.824	Antal ansatte/årsværk

<sup>1)</sup> Í sumum tilfellum eru tölur ekki sambærilegar milli ára vegna mikilla breytinga á starfsemi LSH á tímabilinu.

Some of the figures reported are not directly comparable due to considerable changes in the operation of the hospital in the period. I nogle tilfælde kan tallene ikke sammenlignes pga. ændringer af hospitalets drift i perioden

<sup>2)</sup> Gögn frá Hagstofu Íslands. Data from Statistics Iceland. Data fra Íslands Statistík.

<sup>3)</sup> Tölur úr ársskýrslum LSH. Data from hospital annual reports. Data fra hospitalets ársberetning.

<sup>4)</sup> Krónutölur í þúsundum, á verðlagi ársins 2008 (skv. vísitölum Hagstofu Íslands), án fjármagnsliða.

<sup>5)</sup> Komur á slysa- og bráðadeildir vantalдар um innlagða sjúklinga árin 2002,2003 og 2004, sem voru áætlaðar um 10% og er hér leiðrétt fyrir því.

<sup>6)</sup> Einungis komur sjúklinga sem ekki liggja á LSH. Komur í blóðtökur á göngudeild vantalдар 2006 og fyrr.

<sup>7)</sup> Legur undir 12 klst. á kvennasviði talдар sem dagdeildarkomur frá 2006. Legur þeirra sem útskrifuðust af gæsludeild talдар með legum frá 2007, voru áður talдар sem dagdeildarkomur.

<sup>8)</sup> Íslenskar DRG vigtir teknar í notkun 2007.

<sup>9)</sup> Numbers in thousands (ISK), at fixed price level for the year 2008. Tal i tusind (ISK), ved fast pris for året 2008.

	2008	2007	2006	2005	2004	
Average exchange rate USD to ISK	88,10	64,02	69,77	62,86	70,12	Gennemsnitlig valutakurs USD til ISK
Average exchange rate EUR to ISK	127,50	87,60	87,72	78,14	87,15	Gennemsnitlig valutakurs EUR til ISK

**State allocations to LUH, 1999 - 2009** (actual price level for each year)

<b>Year</b>	<b>State allocations, as % of total health expenditure</b>	<b>State allocations, as % of total state expenditure</b>	<b>State allocations as % of GNP</b>
<b>1999</b>	36,26%	9,18%	2,80%
<b>2000</b>	36,53%	9,32%	2,75%
<b>2001</b>	36,27%	8,87%	2,69%
<b>2002</b>	36,48%	9,62%	2,96%
<b>2003</b>	36,63%	9,38%	3,04%
<b>2004</b>	33,89%	9,06%	2,75%
<b>2005</b>	34,54%	8,63%	2,67%
<b>2006</b>	33,43%	8,84%	2,53%
<b>2007</b>	34,98%	8,55%	2,60%
<b>2008</b>	32,80% <sup>1)</sup>	7,79%	2,48%
<b>2009</b>	28,22% <sup>2)</sup>	5,89% <sup>2)</sup>	2,01% <sup>3)</sup>

<sup>1)</sup> Preliminary data from Statistics Iceland

<sup>2)</sup> According to state budget

<sup>3)</sup> GNP 2009 according to forecasts from the Ministry of finance