

## EMERGENCY NURSING IN ICELAND



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A group of 7 Icelandic nurses attended the 2016 ENA conference in Los Angeles, California. Gudrun Osp Theodorsdottir, Iris Kristjansdottir, Gudny Birna Gudmundsdottir, Betsy Arna Kristinsdottir, Hrefna Magna Gudmundsdottir, Soffia Kristjansdottir, and Jon Gardar Vidarsson all work at a small community hospital emergency department in Keflavik. This group of excited ED nurses funded their trip to the conference by providing health status measurements at local fairs, selling cookies at bake sales, and teaching first aid to children, teachers, and coaches.

Iceland is an island in the middle of the Atlantic Ocean. Geologically, the island is situated on parts of both the European and North American continental plates. Iceland covers an area of approximately 40,000 square miles, most of which have some kind of geothermal activity including many glaciers, geysers, and lava fields. The weather is a source of most Icelandic conversations with average temperatures of about 30°F to 50°F but record high temperatures of 86°F and a record low of approximately -40°F.<sup>1</sup> Iceland is a sovereign state with no military and a population of 338,000<sup>2</sup> but prides itself in having won the Cod Wars against the UK, in which the 2 nations fought over fishing territory by cutting fishing nets, ramming ships, and with the Icelanders threatening to close the NATO base in Keflavik in the middle of the Cold War.<sup>3</sup> The Icelandic people are also very proud of their national Icelandic soccer team, which reached the 2016 European men's championship's quarter finals against all odds, after a 2-to-1 final score against the English team and qualified for the 2018 World Cup.<sup>4</sup>

There are 74 municipalities in Iceland that govern local matters regarding administration, education, and welfare. Reykjanesbaer, which consists of the small united commu-

nities of Keflavik, Njardvik, and Hafnir, is the 5th largest.<sup>5,6</sup> The health care system is administered by its Ministry of Welfare and paid for mostly by taxes (83%) and, to a lesser extent, by service fees (17%).<sup>7</sup> Unlike most countries, there are no private hospitals, and private insurance is practically nonexistent.<sup>8</sup> A considerable portion of the government budget is assigned to health care, and the country's health care system is one of the best in the world.<sup>8</sup> Icelanders are among the world's healthiest people.<sup>9</sup> Infant mortality is one of the lowest in the world, and the average life expectancy is among the highest in the world at approximately 82 years.<sup>10,11</sup>

Most health care centers in Iceland take care of the sick and injured; however, not all of them have a defined and designated emergency department. The emergency department at the University Hospital (LSH) in Reykjavik, the capital, is the largest and is divided into 2 separate units: a cardiac emergency unit and an emergency department that can be considered to be a level 1 trauma center.<sup>8</sup> The trauma center has more than 100,000 visits each year, and it employs a total of approximately 46 nurses. The emergency department is composed of 2 floors. The upper level handles orthopedic injuries and administration of antibiotics. This part of the department is staffed with 5 nurses on day and evening shifts but is closed during the night. The lower level handles medical emergencies and other illnesses, with 11 nurses on day shift and 9 nurses in the evening. Physicians work on both these floors and include 5 to 6 specialists and 6 to 9 junior physicians during the day and 3 specialists and 2 or 3 junior physicians in evenings. At night, they work with 1 specialist and 3 junior physicians.<sup>12</sup>

There is also a specialized pediatric emergency department in Reykjavik, an emergency department in Akureyri Hospital (population of almost 18,500,<sup>6</sup> but services a larger area), in the capital of the north, and an emergency department in Selfoss (Arborg), a municipality in the south (population: almost 8,500,<sup>6</sup> but it services a larger area). Some other smaller hospitals and health centers provide emergency care but do not have specific emergency departments. In Keflavik, near the international airport, there is a small community hospital—Sudurnes Hospital & Health Center (HSS)—which is the home base for the authors and others who attended the 2016 National ENA Conference. This hospital ward has 31 beds, along with a maternity ward of 4 beds.<sup>13</sup> HSS serves the municipalities of Reykjanesbaer, Sandgerði, Garður, Grindavík, and Vogar

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(total population: almost 24,000<sup>6</sup>) but also receives patients from the airport including airport staff members who reside in other municipalities, medical divers from transatlantic flights, and tourists. HSS provides public health services required by law, and the hospital board prioritizes the limited funding from the government to meet the needs of the community. Per law in Iceland, district hospitals shall provide general hospital services, including outpatient departments, as appropriate.<sup>14</sup>

At HSS, patients can make appointments with a physician (general practitioner), nurse, or midwife on all weekdays from 8:00 AM to 4:00 PM. Maternity care is paid for by the government. A physician is on call 24/7, and the emergency department provides around-the-clock service for injured patients and those who are acutely ill, in need of urgent medical assistance, and unable to wait for appointments. However, the nurses do not work nights at this emergency department as they do at the above-mentioned emergency departments, nor do they work after 7 PM on weekends. During the night, from midnight to 8 o'clock in the morning, and between 7 PM and 11 AM on weekends, a physician tends to the injured and unwell and can call for another physician to help out, if necessary. This is because of budgetary limitations of the health center. Staff costs remain the largest expenditure for the center; speculations on patient safety arise from this type of arrangement.

During the times that nurses are present, from 8 AM to midnight, the ED staff consists of a physician (ranging from a student physician with at least 5 years of medical school to an emergency physician or a surgeon) and 2 nurses. One day a week, a nursing assistant helps with orthopedic ambulatory evaluations for those patients who have fractures and other types of orthopedic problems. This hospital does not have orthopedic specialists, so the patients are seen by general surgeons, family physicians, or emergency physicians with phone consultations from Reykjavik.

The majority of the nursing staff—7 of the 11 nurses—have, or are working on, advanced degrees: 2 in emergency nursing, 2 in anesthesia, 2 in rural nursing, and 1 in nursing management. The other nurses have finished the 4-year Bachelor of Science degree, which is required by Icelandic law to validate a nursing license. A master's degree can be obtained from the University of Iceland or Akureyri. This requires 120 units for a specialty field and 60 to 90 credits for an advanced diploma degree.

The University hospital in Reykjavik (LSH) is approximately 50 kilometers from Keflavik and takes less than an hour by car and about half an hour in an ambulance going full speed. In more rural parts of Iceland, medical helicopters, supplied by the Icelandic coast guard, and medical airplanes are used to some extent or in accordance

with the seriousness of injuries or illnesses and budget limitations. In Keflavik, there are 2 ambulances manned per shift with the possibility of recruiting off-duty staff and the reserved team. The emergency technicians (EMTs) are very well trained, and most of them are experienced in specialized skills such as intubation and intravenous initiation. Although we do not train together, we work well together and respect one another greatly.

Approximately 17,000 patients sought help at the emergency department in Keflavik last year.<sup>15</sup> The emergency department receives patients of all ages, with all types of injuries and illnesses, and their job description is vague and general. The nurses are expected to do what is required to provide the best possible care for patients and to do whatever is needed to reach that goal. There are no rules or laws on patient–nurse ratio, and the emergency department has no guidelines on the matter. The 2 nurses at each time do what they can, when they can. They are the response team in case of in-house emergencies, whether within the hospital ward, the labor and delivery ward, or elsewhere. Keep in mind that there is no operating room at this hospital and no intensive care unit or specialized staff such units provide. The nurses, like the physicians, sometimes escort patients by ambulances to the university hospital in Reykjavik if the patient's condition requires extra care, monitoring, or stabilizing. If a cardiac arrest or a serious accident occurs in the community, the physician, and sometimes an ED nurse, goes to the scene to help the EMTs take care of patients. The nurses form a mass-casualty response team, along with the physicians, and play a critical role in the international airport's contingency plan. A few of the ED nurses had a special assignment to organize the mass-casualty triage area at the airport and had nearly full control over how the area was equipped. The medical divers have at times taken unexpected turns; as one nurse recalls, she was requested to put in a urinary catheter in an ambulance on the runway because the patient was not allowed to enter the country because of visa restrictions. In another situation, a child requiring resuscitation died on one of these airplanes. The nurses often accompany physicians on these calls so they can experience field work within their daily routine. These situations make the Keflavik emergency department unique and exciting for the nurses who work there.

To become a nurse in Iceland, one needs to finish a BSc degree in nursing, which is granted after 4 years of a nursing program from either the University of Iceland or the University of Akureyri.<sup>16</sup> This is equivalent to an RN in the US. Icelandic nurses need no special degrees or certifications specifically to work in the emergency department, and there is no legal requirement to obtain recertification or to maintain

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