

Sten Kjellström— the new CEO of St. Erik Eye Hospital



Photo: Danish Saroee

For the new Portrait of Excellence series in Ophthalmology, we want to shine the spotlight on some of the greatest in the field. This series allows us to not only provide perspective on their outstanding work and contributions to shaping the future of ophthalmology, but also to provide insights into how they came to the position they are in today. We want to create a platform for them to share what they have learned throughout their careers and to provide advice for those who are just starting out.

In October, Tor Paaske Utheim sat down (virtually) with the new CEO of St. Erik Eye Hospital in Sweden. Since Kjellström was a resident in Kalmar, Sweden, he has done research at the NIH, ran departments that employed hundreds of people, and recently has begun his new role, heading one of the leading eye hospitals in Europe. During their candid conversation, Kjellström discusses his view on the future of the hospital, describes what it is like having such an important leadership role in the community, and opens up about how he recharges his batteries.

What are you most excited about for your new role as the CEO of St. Erik Eye Hospital?

It is a dream to have an entire hospital dedicated to ophthalmology and eye patients. To have everyone, from the IT department and HR to engineering, care so deeply about these eye patients and work together to make sure that we can treat our patients the best now and in the future is what excites me most about joining St. Erik Eye Hospital.

What does a typical day look like as the CEO of this large eye hospital?

Every day is different. It's a big organization, but with a specialized focus. I work on both high theoretical level as well as on the ground practice. Sometimes I'm meeting with individual staff, some days I'm discussing St. Erik Eye Hospital's specialized responsibilities with politicians, and others I'm conversing with the industry on how we can advance therapies. Sometimes I'm talking to private clinics about how we can collaborate for our patients. But one thing is always the same, it's always for the patient's good. For every meeting that we have with politicians, with the staff, I think, "how can we advance so that our patients can get better treatment?" That is the one thing that stays the same. Everything else varies.

What are your visions for St. Erik Eye Hospital regarding eye care, research, and innovation?

In general, I want to see St. Erik Eye Hospital as a positive force for ophthalmology in the Nordics. I see us as a hub for collaboration, bringing together world-leading expertise from across the Nordics for the benefit of patients. But it isn't the hospital or the location or the history; it is the staff here, how much they care about the patients, and how we work together with others that makes the hospital great. Connecting our staff to colleagues in Norway, Finland, Iceland, and Denmark to share knowledge means that together we can ensure the best care for the patient.

At the same time, it's crucial that we build a dynamic ecosystem within St. Erik Eye Hospital. We have a whole floor dedicated to research and innovation and a close collaboration with Karolinska Institutet. We have a corneal biobank, two labs for pre-clinical research, and a clinical pathology research lab as well. One of the success stories of this environment is Lexplore, a start-up that uses artificial intelligence to help diagnose dyslexia by tracking eye movements.

Our research environment also attracts leading industry partners to collaborate with us by sharing infrastructure and developing novel treatments. We are working to develop new frameworks to make this kind of collaboration easier for our clinicians and researchers. Having pre-clinical, clinical and industrial perspectives under one roof makes St. Erik Eye Hospital an exciting place to work at and drives innovation. My vision is to strengthen the connections between these partners. Professor Stefan Seregard, our Head of Research & Innovation, will be leading this important work. It's a huge priority, because we won't be able to take care of our patients in the future if we just continue to do what we do today.



Family photo, Dangar Island, 1972, Sten is the one to the right
(Photo: private)

Sten Kjellström

Service Positions

- Swedish National knowledge-based healthcare organization—NPO Ögonsjukvård, *Board Member: 2018-2022*
- Swedish Ophthalmological Society, *President: 2018-2020, Vice President: 2016-2018*
- Swedish Retina Society, *Board Member: 2014-present*
- Swedish Ophthalmological Society, *Scientific Secretary: 2014-2016, Board Member: 2014-present*

Education

- Leadership Development Program, European Society of Ophthalmology, *2015-2017*
- PhD, Lund University & National Institute of Health, *2010*
- MD, Lund University, *1999*
- Electrical Engineering, Lars Kaggskolan, *1988*

How do you refresh your batteries with such a demanding job?

You might not believe it, but I am very much an introvert. I charge my batteries when I'm "introverting," looking inside, reading a book, and so on. I love my job. I love talking to people. But generally, I prefer talking to people one-on-one or one-to-few, rather than big town hall meetings. When it comes to this kind of connection and conversation, I go from a little bit of an introvert to maybe about half an extrovert — I get energy from a good dialogue. I'd say good conversation brings so much to my life. Outside work, going to the gym is super important for me. Focusing on exercising gives me some peace. We also have a small house in the archipelago. I just sit there, on my little island, on my little blue bench, looking out. It's beautiful.



"I just sit there, on my little island, on my little blue bench, looking out."

Åmtö, Sten's summer place on an island on the east coast, where he recharges his batteries (Photo: private)

What are the most important lessons you have learned in your career so far? What advice would you give to a new doctor or researcher early in their career?

I would say, be humble, never assume that you know all the answers, and always stay curious. Don't underestimate the importance of good communication — it's probably the most important tool that we have. As a doctor or a researcher, we are always working with a team. Good communication lets us combine our colleagues' knowledge, experiences and perspectives to really make an impact.

I remember how overwhelming it was to get started in the research world. I think it's important for new researchers to stay curious and not get discouraged by the procedural elements. I would also tell new researchers not to underestimate the importance of communicating your research — not just to other experts in the field, but to anyone.

And then when it comes to new doctors, I would say, remember that every patient is an individual, even if it may be hard when we see 20 or 30 patients with macular degeneration per day. For each patient, before you go in the room, stand behind the door, take a deep breath and say, "now I'm going to meet So-and-So," and see every single one as a new patient. It's not just another AMD. It's a new patient. I believe most doctors think like this, but it's important not to forget. It is easy to get tired, but then you need to just take a step back and focus on the individual.



Climbing in Italy, Val Masino
(Photo: private)

How did you become a leader in the field and how have past leadership roles prepared you for your current position?

I am an accidental leader, even if my professional and personal life has in the end prepared me for this role. It started with a political decision on consolidating ophthalmology to only one location in Skåne. It probably wasn't the most thought through decision. Our bosses quit and there was a lot of uproar among my colleagues, but then I thought, "this is not the time to lay down. Who's going to stand up for the patient? We really need to stand up, not to fight for our rights, but for the patient's rights." I was asked by the division head to step up as temporary head of the clinic.

From there, I ended up with 650 employees, and I oversaw four different specialties. But, as I'm an ophthalmologist by training, I must admit that ophthalmology was the one closest to my heart. I was so happy with my job down in Skåne that I initially didn't apply for the job at St. Erik Eye Hospital. Again, I became an accidental leader here, but I know that I made the right decision. The work is very important and close to my heart.

Throughout my leadership journey, it has been so rewarding to see how my colleagues evolve. Seeing them grow and take on new responsibilities and challenges is always inspiring.

What do you see as the biggest opportunities and challenges in the field of ophthalmology in the coming years?

The biggest challenge in the coming years is demographic change. We can expect demand for eye care to rise in the future as the population ages. At the same time, we expect that our workforce will decline as people retire and leave the labor market. That's a big challenge for us and for all of society. The big opportunity is technology. Think about the time before OCT. I mean, nobody really remembers that time—it was certainly a different era. And now we are seeing new opportunities opened up by artificial intelligence. But I think we actually have something that is just as important and that is PI: patient intelligence. New technologies will increasingly transform patients into active partners. Nowadays, things that were once only done by highly trained professionals in hospitals, such as monitoring of eye pressure, can be done by patients in their own home. Engaging our patients as partners in our work in this way has huge potential.



“I think we actually have something that is just as important [as AI] and that is PI: patient intelligence.”

Get to know Sten Kjellström:

I was born in Australia, Manly Hospital, 1969, and grew up on Dangar Island just outside Sydney until first grade. I then moved with my mother and three brothers to Kalmar, Sweden, where I later studied engineering. After enlisting in the Navy as an engineer for 15 months, I worked as a medical engineer at the hospital in Kalmar for a few years. I then studied medicine at Lund University, Sweden, before returning for an internship to the hospital in Kalmar. After medical school and internship, I got my first glimpse into the wonderful world of ophthalmology in Kalmar and later continued with my residency in Lund. Through my research, I got the chance to work at National Institutes of Health (NIH), 5 years on-site in Bethesda, Maryland, as a visiting fellow, and 4 years commuting back and forth as a Consultant Research Fellow. My dissertation research was conducted both at the NIH and Lund University on the topic of ocular gene therapy.

St. Erik Eye Hospital

- A leading eye hospital in Europe with a concentration of specialized eye care
- The most comprehensive ophthalmic and vision research institution in Sweden in close collaboration with Karolinska Institutet
- Owned by Region Stockholm
- Founded in 1990



Photo: St. Erik Eye Hospital

What do you consider most important when you are building a team?

Being open-minded and able to see the bigger picture are important characteristics. I try to understand how applicants see the world. I look for people who put patients first and ask, "how can I make the whole system better for the patient?" and not "what's in it for me?" It's important that they believe that we can work together toward a better future. Collectively, contributing to a positive work culture is the responsibility of every employee. I look for people who support their colleagues and patients to build community. Communication, collaboration, and self-reflection are keys to creating a good team.

Key figures for St. Erik Eye Hospital (2021)

- 8,500 operations (6,300 ambulatory operations)
- 150,000 outpatient visits
- 1,300 inpatient visits
- 24,000 emergency visits
- 16 inpatient care beds
- 15 day surgery beds
- 12 operating theaters



Photo: Jens Sølvberg

Human resources at St. Erik Eye Hospital (2021)

440 employees

- 73 specialists
- 33 residents, fellows
- 115 nurses
- 9 orthoptists
- 29 master opticians
- 71 assistant nurses
- 59 secretary and technical support
- 53 administration and others

Research at St. Erik Eye Hospital

- 35 employees are active in clinical research, of which two are professors at Karolinska Institutet
- 35-40 scientific publications yearly
- 6 research groups
- High degree of external funding
- Part of northern Europe's largest Life science cluster
- Strong collaboration between healthcare, academy and industry



Photo: Jens Sølvberg

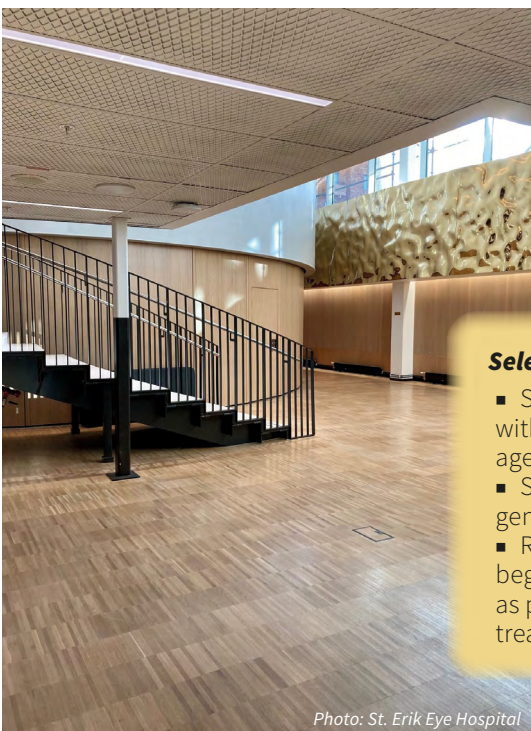


Photo: St. Erik Eye Hospital

Selection of clinical trials at St. Erik Eye Hospital

- St. Erik Eye Hospital is a sponsor of a phase 1 study being conducted together with NovoNordisk and Karolinska Institutet regarding a potential treatment of age-related changes in the macula. The study is funded by NovoNordisk.
- St. Erik Eye Hospital is conducting a phase 1 study on behalf of Novartis for a gene therapy for a variant of retinitis pigmentosa.
- Researchers at Umeå University, Karolinska Institutet and St. Erik Eye Hospital began a larger clinical study in the spring of 2022 on vitamin B3 (nicotinamide) as protection for the optic nerve. In the long run, the trials may result in a new treatment method for glaucoma