

Fact sheet

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Swiss National Report on Quality and Safety in Healthcare – Enhancing the Quality and Safety in Swiss Healthcare

1. Initial Situation

With the quality strategy (2009) and the report on its realisation (2011) the Federal Council established an important basis for its activities in regard to the quality and revision of the Federal Act of 18 March 1994 on Health Insurance (HIA) so as to optimise quality and efficiency.

2. The Report

In mid-2018 the Federal Office of Public Health (FOPH) commissioned a Swiss National Report on quality and safety in healthcare. The report, based on two literature reviews and 26 short reports, was written by Charles Vincent and Anthony Staines.

It contains the following key points:

Transparency

The national report mentions the existence of national indicators (FOPH, ANQ, Swissnoso) but considers that there are not very many of them in comparison to other European countries. Accordingly, there are too few monitoring systems to assess the quality of care in Switzerland. A national effort is needed to improve the availability of useable data. A comprehensive set of quality and safety indicators of the Swiss healthcare system is required.

Quality level in Switzerland

From the information available, the overall standard of care is generally equivalent to other advanced healthcare systems, albeit considerably more expensive. A study revealed that 10% of hospital patients are victims of an adverse event, half of which being avoidable. The greatest need for action is in the medication and NOSO sectors, where too many adverse events occur. However, there is a lack of national data on adverse events throughout the Swiss healthcare system.

Quality improvement activities

Most studies and improvement activities across the country, are small in scale, limited in scope and uncertain in terms of measuring the clinical impact of most interventions. The long-term

sustainability of any improvements is hardly ever addressed. The national programs are important initiatives but they are also quite small scale, with a limited number of participating institutions.

The guidelines regarding the treatment of medical errors are evaluated as very heterogeneous and implementation is patchy. A national policy is essential, as well as providing support to patients, relatives and professionals involved in adverse events.

Increased coordination of the agencies and of quality assurance at the national level would greatly facilitate national and regional improvement programs. Integrating and coordinating care are challenges in all health systems that have to take care of an increasing number of complex patients.

Capability for the implementation

The framework conditions and skills for the implementation of the quality improvement (leader-ship, safety culture, training, resources, data, communication, etc.) are developed very differently in Switzerland. The knowledge and skills associated with quality improvements should be integrated into the basic professional standards. The adoption of the role of quality leader by managers would sustain the safety culture and its development in healthcare organisations.

Governance

The complex nature of the network of responsibilities of the Swiss Confederation, its cantons, its health providers and its insurers makes it difficult to set up large-scale interventions aimed at improving the quality and safety in the field of public health. A common and integrated approach must be adopted by all stakeholders. Systematic and binding control systems are needed at the levels of service providers, social partners, cantons and the federal government in order to improve the quality.

3. Further action

The report contains numerous important recommendations that the FOPH supports.

As of 2021 the social partners will have to formulate binding improvement measures for service providers in their quality agreements and publish them. The strategic framework is set by the Federal Council. The Swiss Confederation Quality Commission will ensure that the quality improvement measures are sufficient, systematic and sustainable.

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