

Annual Report 2020/21

What was implemented in Swiss hospitals
and nursing homes, the Confederation
and cantons.



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

Federal Department of Home Affairs FDHA
Federal Office of Public Health FOPH

3	Preface
4–5	Implementation in practice: structural minimum requirements for acute care hospitals
6–7	Implementation partners
8–9	Objectives, action areas and key measures
10–15	Illustrative examples of implementation
16–17	Overview of measures
18–19	Contact information

Key points in brief

NOSO Strategy

The global objective of the national NOSO Strategy is to reduce health-care-associated infections (HAIs) in Swiss hospitals and care homes. The Swiss Federal Council has defined HAI protection as a priority as it is essential to the quality of healthcare and patient safety.

Broad-based implementation

The Federal Office of Public Health FOPH, in collaboration with the cantons and other partners, drew up the NOSO Strategy in a broad-based participatory process. It is being implemented on the basis of existing structures and measures.

Some highlights from 2020 and 2021

- The structural minimum requirements for Switzerland's acute care hospitals were announced in 2021 and a symposium was held to mark their launch.
- Swissnoso developed the first module of the national monitoring system 'CAUTI surveillance' to monitor urinary tract infections.
- Swissnoso launched the development of a competence centre for investigating HAI outbreaks by drafting a concept.
- The work on the interim evaluation of implementation of the NOSO Strategy got under way.

Glossary

Healthcare-associated infections (HAIs): Infections acquired in connection with a diagnostic, therapeutic or nursing measure. Examples of such measures include invasive surgical procedures, placement of a urinary or intravascular catheter or artificial ventilation. HAIs can also simply result from a stay in a healthcare facility, for example as a result of pathogens in the air or on surfaces.

Nosocomial infections: Healthcare-associated infections (HAIs) occurring in a healthcare establishment. The term is derived from the Greek: νόσος (nósos) "disease" and κομῆν (komein) "to take care of".



I am delighted that we can once again present a report on the implementation of the NOSO Strategy after a two-year hiatus.

This report demonstrates that activities are picking up pace again after the delay caused by the COVID-19 crisis.

At the same time, the COVID-19 pandemic highlighted the pivotal importance of nationwide coordination and standards to keep infections under control. The structural minimum requirements for acute care hospitals are a perfect example of such a national standard. Their announcement in early 2021 marked an important milestone in the NOSO Strategy and the fact that the first national symposium on the introduction of the minimum requirements was attended by 180 professionals was encouraging and underscored the importance of the topic.

Another important implementation step was the launch of a module to monitor catheter-associated urinary tract infections. Additional modules are also being developed. The national monitoring system is therefore taking shape.

The fact that these steps were taken and that all the other progress was possible despite the turbulence of the last couple of years is quite an achievement. I would like to extend my warmest thanks to all involved for their hard work and commitment.

A handwritten signature in black ink, appearing to read 'Anne Lévy'.

Anne Lévy
Director, Federal Office of Public Health FOPH

Structural minimum requirements for acute care hospitals: a key milestone is reached

2021 was an important year for the implementation of the NOSO Strategy. The announcement and implementation of structural minimum requirements means that for the first time, Switzerland has a uniform set of minimum standards to efficiently prevent and control healthcare-associated infections in acute care hospitals throughout the country.

Hospitals should meet certain requirements to be able to effectively prevent and control healthcare-associated infections (HAIs). The catalogue of structural minimum requirements defines the minimum efforts needed to successfully tackle HAIs. While hospitals already employ a range of measures, they are not consistently implemented. It is also difficult to gauge the success of the efforts and systematically set about making improvements.

Broad-based requirements catalogue

These minimum requirements are based on scientific evidence and draw on the recommendations of the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (WHO). The requirements catalogue was drawn up under the direction of Swissnoso, and with the involvement of the leading medical societies and experts on infection prevention.

The FOPH, the Swiss Conference of Cantonal Ministers of Public Health and H+ support these minimum requirements and advise cantonal authorities and hospitals to implement them. The catalogue takes account of the fact that large hospitals have different requirements than smaller ones. The cost of implementing the minimum requirements depends on a number of factors, including the size of the hospital. At the same time, the successful prevention of HAIs can lead to considerable cost savings.

The catalogue of minimum requirements comprises seven key components:

- Guidelines and directives
- Material and equipment
- Organisation of hospital hygiene and staffing
- Task-oriented training
- Audits and monitoring
- Surveillance and outbreaks
- Interventions



Prof. Pietro Giovanoli, Chief Medical
Co-director, Zurich University Hospital (USZ)

National symposium to launch the minimum requirements

The first national symposium on structural minimum requirements was held – online due to the pandemic – on 27 August 2021 and marked the Switzerland-wide launch. More than 180 people attended the event organised by Swissnoso, representing cantonal health authorities, hospital management teams and experts on infection prevention and control.

Participants welcomed the opportunity to share insights and experience with people from other disciplines and occupations. They agreed that prevention and control of HAIs requires a great deal of commitment, and they unanimously supported the introduction of national minimum requirements.

In the group discussions, collaboration and coordination emerged as key to the effective implementation of minimum requirements – between the federal government, cantons and hospitals when it comes to creating a supportive environment, and between the relevant hospital departments where day-to-day applications are concerned. Within the institutions, hospital hygiene should become an ongoing theme, for example through the incorporation in internal processes.

In everyday hospital operations, participants found support from bodies such as Swissnoso and dialogue with experts particularly valuable. Some of the useful resources mentioned included checklists for self-evaluating the status of implementation of measures or IT support for data collection. Special allowances should be made for smaller hospitals as the effort required from them is likely to be greater. And finally, close coordination with the national quality strategy was considered important.

The presentations and video recordings from the symposium are available on the Swissnoso website: www.swissnoso.ch/forschung-entwicklung/strukturelle-mindestanforderungen-hai/symposium

How significant is the introduction of the minimum requirements for you from the perspective of hospital management?

The minimum requirements provide a uniform orientation framework for all hospitals in Switzerland, so for that reason they are very important. But for the USZ they don't change much. It has been our stated strategic objective for several years now to constantly reduce HAIs and thus improve quality of care.

What concrete measures have you put in place to achieve this?

Leadership and safety culture are the keywords. The regular 'morbidity & mortality' conferences, which the most senior managers also attend, play an important role. It's about understanding why patients stay longer on the wards than necessary. In terms of staff, team training sessions are key. For these, we worked with experts from the aviation sector and took inspiration from pilot training.

So hospitals can learn from aviation?

Yes. It's about training highly reliable organisational units. Team training sessions are based on the idea that processes and communication are crucial to the group's performance. This is why all occupational groups are involved on an equal footing.

Experts support NOSO

A variety of measures are necessary to prevent and control HAIs. Through their practical work, many experts are making a tangible contribution to implementing the NOSO Strategy. Allow us to introduce four of them.

Annette Egger Head of Quality Monitoring, Association of Hospitals of Northwestern Switzerland

Annette Egger's office supervises around 30 hospitals and clinics in the cantons of Basel-Stadt, Basel-Landschaft and Solothurn. Since 2021, all in-patient healthcare facilities in these cantons have been required to implement the minimum requirements according to the performance mandate. This also applies with some restrictions to psychiatric and rehabilitation clinics. Alongside her role in healthcare provision for Basel-Stadt, Annette Egger is also cantonal representative on the Federal Quality Commission.



“For the public, nosocomial infections are an obvious quality criterion. High rates have a corresponding impact on the reputation of a hospital or clinic. While the COVID-19 pandemic raised the profile of the topic of hygiene, we also had to postpone projects, such as implementation of the minimum requirements due to a lack of capacity. We were able to resume this in the spring of 2022.”

Tanja Kaspar

Co-head of the hospital hygiene specialist team, Inselspital Bern

Tanja Kaspar has been part of the hospital hygiene team at Bern's Inselspital for 17 years. She has a master's in public health and has headed up the hospital hygiene team since 2014. She and her team are responsible for helping staff employ infection prevention measures at all six Insel Group locations – through advice, regular training courses, audits and the updating of hygiene guidance.



“Hospital hygiene must be tackled as a team. In audits in particular, the different approaches of doctors and nurses are a major asset. The catalogue of minimum requirements is the first ever benchmark that is valid throughout Switzerland which we can use to gauge what we still need to do, but also what we have already achieved.”

Pierre Vanderavero

Head nurse, Infection Prevention, Neuchâtel Hospitals Network (RHNe)

Pierre Vanderavero has held his current position since 2007. In cooperation with his colleagues and with the support of hospital management, he set up an ambitious programme to encourage compliance with hand hygiene practices, which kicked off in 2011. Today, 85 percent of staff conform to the five hand hygiene standards. Thanks to the use of many marketing and communication activities during the course of the project, the RHNe was winner of the *Hand Hygiene Excellence Innovation Award* in 2017.



“I’m fascinated by infection prevention. It enables me to work closely with people in many different roles and occupations in order to reduce the risk of infection in professional practice – and therefore indirectly in patients. This is a lengthy and not always simple task, but in the words of Bill Gates: ‘Patience is a key element of success’.”

Anna De Benedetti

Head of Monitoring and Quality, Office of the cantonal medical officer for Ticino

Anna De Benedetti is responsible for health monitoring in the canton of Ticino. Together with her team, she monitors the implementation of the NOSO Strategy in the canton's twelve acute care facilities. Every hospital and every clinic has its own hygiene committee, whose responsibilities include implementation of the national and international standards and guidelines on the prevention and control of HAIs.



“The structural minimum requirements developed as part of the NOSO Strategy have been incorporated in the performance agreement. They are binding for somatic acute care facilities in particular. As part of a survey conducted in autumn 2021, we established that the requirements regarding the prevention and control of HAIs are being well met by all institutions.”

Action areas and objectives of the NOSO Strategy

For each action area, a strategic objective and key measures are defined. The objective is sometimes listed in condensed form.

Prevention and control

Monitoring

A national monitoring system keeps track of the development of HAIs and the factors influencing them (structures and processes). Data and analyses are promptly available and presented according to needs and target group.

Key measures

M-1
National monitoring system



M-2
Targeted data utilisation



M-3
Early detection



Evaluation

E-1
Baseline



E-2
Evaluation of the NOSO Strategy



Point prevalence surveys and literature research are used to establish a data foundation. HAI occurrence in acute care hospitals and nursing homes is assessed and the avoidable share is determined. The point prevalence surveys are repeated in order to track HAI development over time and allow institutions to self-evaluate.

Governance

There are national standards and guidelines on HAI monitoring, prevention and control in hospitals and nursing homes. The stakeholders know their responsibilities and coordinate their activities. Hospitals and nursing homes have structures and processes in place for reducing HAIs. Strategy implementation is supported with positive incentives. Knowledge is shared at regional, national and international levels.

Staff, patients, residents and visitors to hospitals and nursing homes are familiar with the problem of HAIs and their consequences for personal and public health. They understand the measures and help implement them. Hospitals and nursing homes promote immunisation of staff.

PC-1
Optimisation and further development



PC-2
Awareness-raising and involvement



PC-3
Learning and dialogue culture



PC-4
Promotion of preventive vaccination



G-1
Standards and guidelines



G-2
Responsibilities and structures



G-3
Implementation support



G-4
Knowledge management



Status of implementation

- Measures planned
- Measures planned, implementation to start within next six months
- Implementation started
- Implementation well advanced, first measures established
- Measures fully established

Education and research

Staff have appropriate basic and continuing training in infection prevention. They have the necessary competence to help reduce HAIs. Research and development are promoted and the use of new technologies is systematically evaluated.

ER-1
Infection prevention in education



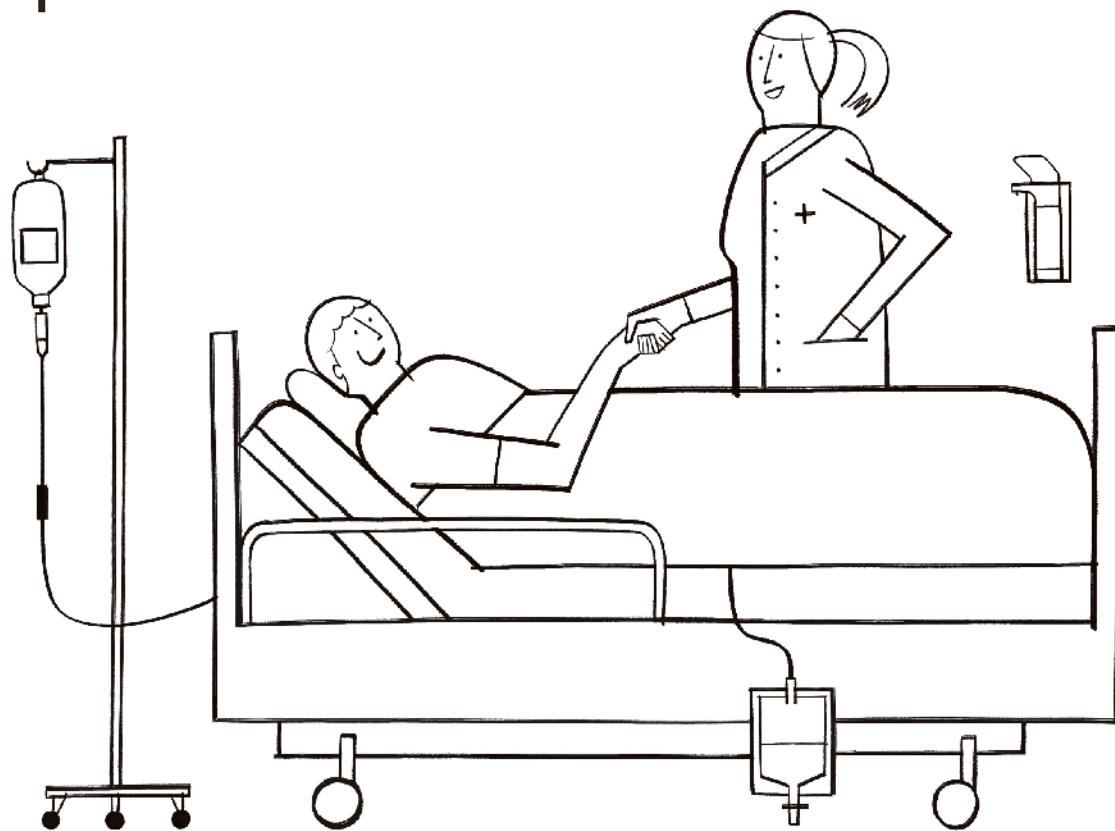
ER-2
Research promotion



ER-3
New technologies, quality assurance



NOSO in hospitals



Many measures under the NOSO Strategy are geared to improving the situation in hospitals – which are hardest hit by HAIs. The spectrum ranges from national databases on norms and guidelines to concrete interventions to prevent infection.

The national surveillance system takes shape

National monitoring system (M-1)

On behalf of the FOPH, Swissnoso has been developing a national system to monitor HAIs in hospitals since 2019. Since 2009, Swissnoso has monitored surgical site infections on behalf of the ANQ: Monitoring of these infections is mandatory for all hospitals that have signed the ANQ National Quality Agreement. For transparency, the results are published annually at the hospital level.

For other types of HAIs, up to now there have only been isolated measurements at hospital level, but no nationwide data collection.

In an online survey of 94 acute care hospitals conducted by Swissnoso in 2020, 26 (28 percent) said they monitored catheter-associated bacteraemia (bloodstream infections, CLABSIs). 16 (15 percent) surveyed urinary tract infections (CAUTIs) and 16 monitored ventilator-associated pneumonia (VAP).

The monitoring system consists of surveillance modules. The first module, 'SSI Surveillance', existed before the launch of the NOSO Strategy. Swissnoso has now developed another module: 'CAUTI Surveillance'. It is based on the results of the national progress! programme 'Urinary catheter safety' and has been available to all Swiss acute care hospitals since January 2022. Participation is free during the launch phase until the end of 2023. By late 2021, 24 hospitals had signed up.

For the 'CLABSI Surveillance' module, Swissnoso has set in motion a pilot project for 2022 to get a better idea of the situation in Swiss hospitals. And finally, all the necessary information is to be compiled by the end of 2022 to decide whether an additional module for ventilator-associated pneumonia (VAP) and for other pneumonia (non-ventilator associated hospital-acquired pneumonia (nvHAP)) should be developed.

First epidemiological report on HAIs in Switzerland

National monitoring system (M-1)

The report, which was compiled by Swissnoso, covers the period from 2017 to August 2020, and provides a valuable overview of the state of knowledge on the spread of HAIs in Switzerland's healthcare facilities for the first time. It covers a wide range of topics, including HAI prevalence in Switzerland's acute care hospitals, process parameters for measuring the success of HAI prevention measures, and the situation with

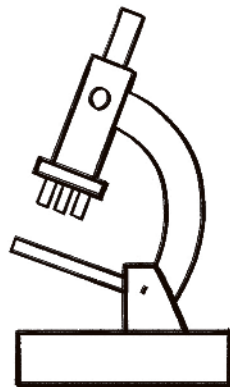
regard to multidrug resistant organisms (MDRO). The report also features an overview of the modules that Swissnoso has developed and made available to hospitals for the control and prevention of HAIs.

The report will in future be compiled annually. The current report is available for download on the Swissnoso website.

Competence centre for investigating HAI outbreaks

Optimisation and development (VB-1)

Swissnoso was commissioned in 2019 to set up a national competence centre for the epidemiological investigation of HAI outbreaks. This was triggered by an outbreak of vancomycin-resistant enterococci (VRE) in 2018.



The aim of this competence centre is to facilitate collaboration between the various experts for the rapid and professional response to outbreaks. It will also develop recommendations to define the source of infection and transmission mode and the measures that can be used to bring the outbreak under control (see interview with Danielle Vuichard Gysin).

The concept for the competence centre is complete and was submitted to the cantonal medical officers for consultation in late 2021.



Dr Danielle Vuichard Gysin,
Head of Research and Development,
Swissnoso

You are responsible for developing the competence centre for HAI outbreaks. Where do you think the biggest challenge lies?

Early recognition of an outbreak is absolutely critical. We are currently setting up an early warning system in collaboration with the cantonal medical officers and the FOPH. Three things are key: reliable contact people who also have the necessary capacity in an emergency, efficient channels of communication and a direct link to hospitals. In the event of an outbreak, the Swissnoso core team activates 10 to 20 specialists from university clinics and laboratories from across Switzerland, so we are well equipped.

What lessons should be learned from COVID-19?

The competence centre played a pivotal role in drawing up the guidelines on managing COVID-19 in hospitals, so in that sense we successfully made it through our baptism of fire. The pandemic increased public awareness of the importance of preventing infections in hospital settings, and that will certainly benefit our work going forward.

Package of measures to combat nvHAPs

Research promotion (BF-2)

Pneumonia is one of the common HAIs in hospitals and it can be fatal. As part of a study, the University Hospital Zurich (USZ) developed a package of measures to prevent nvHAPs (non-ventilator associated hospital acquired pneumonia) and tested them in practice. The measures and the selected approaches to implement them proved very successful. They reduced cases of nvHAP by 40 percent – this is in line with estimates that suggest that 35 to 55 percent of HAIs are avoidable.

The study revealed the following success factors:

- Measures should be implemented by local teams with support from a central project team.
- Introductory training should be organised for those involved to improve their knowledge of nvHAPs and familiarise them with the measures.
- The measures should be standardised and adapted to the infrastructure to make them easier to deploy.

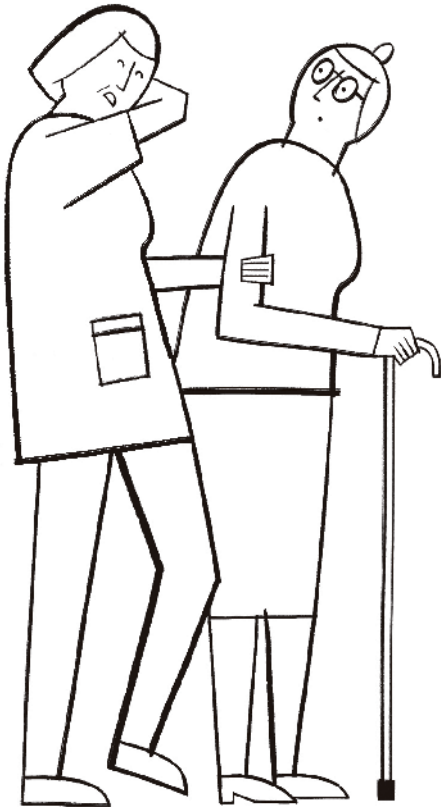
The USZ considers deployment of the package of measures feasible in other Swiss hospitals and recommends projects be co-managed by a specialist in infection prevention with a nursing background and a medical professional. Information and training materials are available from the USZ. The study provides a good basis for the development of a prevention module.

Point prevalence survey

Evaluation of the NOSO Strategy (E-2)

As acute care hospitals were lacking capacity in 2021 due to the COVID-19 pandemic, Swissnoso conducted a simplified national point prevalence survey (PPS) on HAIs and the use of antimicrobials. Thirty hospitals participated in the data collection from April to July. HAI prevalence was at 6.1 percent; in 2019 it was 5.4 percent and in 2018 6.2 percent, although it should be noted that the survey did not cover the same hospitals. Swissnoso will carry out a regular national point prevalence survey again in 2022.

NOSO in nursing homes



The situation in nursing homes is very different from that in hospitals. The way the NOSO Strategy is implemented has to take account of this. Homes have to formulate their own recommendations for dealing with HAIs, as well as gathering data to build a basic knowledge of the situation.

Pilot for point prevalence survey in care homes

Baseline (E-1)

A catalogue of minimum requirements for the prevention and control of HAIs is also planned for care homes in future. A national point prevalence survey is intended to provide an overview of the HAI situation in care homes. The first steps in this direction were taken in 2021 with the preparation of a pilot study.



Michael Kirschner, research assistant, CURAVIVA

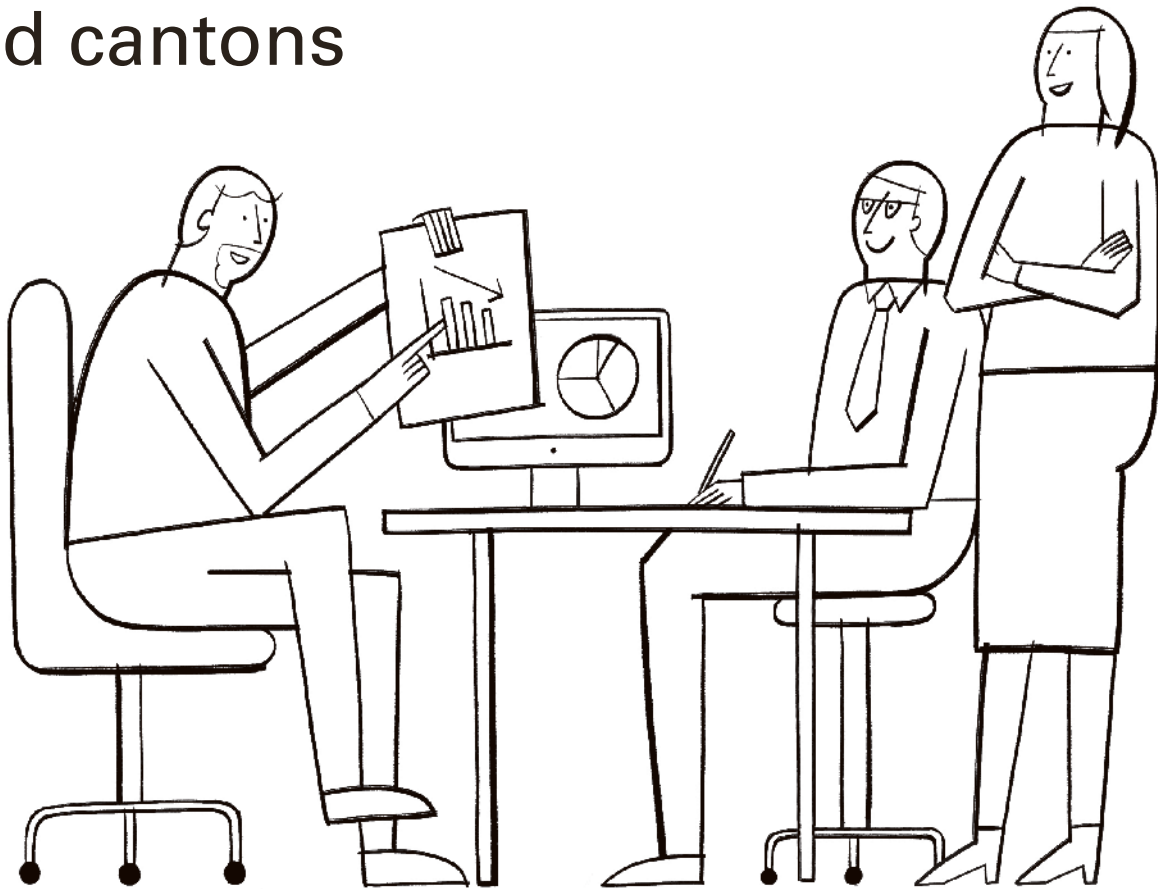
What do you expect to come out of the pilot survey?

Until now, data on the situation in care homes have been lacking. The pilot study will show where the challenges lie in care homes and how a nationwide survey could work.

What role will CURAVIVA play?

This has not yet been defined in detail, but we can certainly provide practical support in selecting and recruiting care homes. And we would be happy to offer our expertise to analyse and interpret the results. You have to remember that Switzerland's care home landscape with over 1,500 institutions is highly heterogenous.

NOSO in the Confederation and cantons



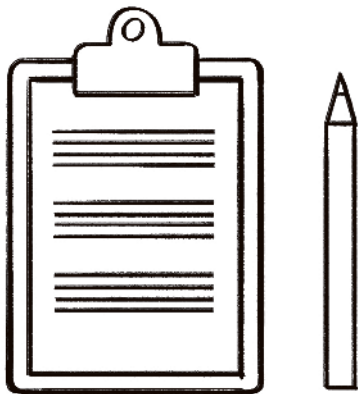
The cantons define the strategic and financial framework for hospitals and nursing homes. They thus play a crucial role in the implementation of the NOSO Strategy. Wherever necessary in efforts to combat HAIs, the federal government takes charge of coordination and drives a nationwide approach.

Interim evaluation of the Strategy

[NOSO Strategy evaluation \(E-2\)](#)

Article 81 of the Epidemics Act states that “the Federal Council shall periodically review the effectiveness, appropriateness and financial viability of the measures under this Act.” Based on this, work got under way on 1 September 2021 to evaluate implementation of the NOSO Strategy for the first time. Büro Vatter, which has been commissioned to carry out the study, will draw on documents and on interviews with some 80 FOPH employees and implementation partners.

This evaluation will allow us to take a step back for the first time and look at the bigger picture to gauge what progress has been made so far and whether any changes need to be made to the future orientation of the strategy. The evaluation will also look at the lessons learned from COVID-19. The final report is due in October 2022 and will be presented to the Federal Council.



Operational targets for acute care hospitals

Implementation support (G-3)

In order to reduce the overall rate of HAIs in Switzerland in the next few years, the federal government and its partners decided in 2018 to define operational targets for implementation of the NOSO Strategy. This will encourage hospitals to set their own reduction targets, implement prevention measures and establish appropriate HAI monitoring. They will then decide what to prioritise based on their needs.

The original plan was for the operational targets to be announced at the same time as the structural minimum requirements for acute care hospitals as they are an important tool to achieve the HAI reduction targets. However, due to the COVID-19 pandemic, work on the operational targets was suspended and only resumed in September 2021. The announcement of the op-

erational targets is now scheduled for autumn 2022, although the results of the national point prevalence survey, also in 2022, will provide a good basis on which to set quantitative targets.

Analysis of training needs

Infection prevention in training (BF-1)

A study conducted in 2019 identified a lack of specialist knowledge of HAIs among all occupational groups in hospitals and care homes. The level of knowledge was insufficient for day-to-day work, particularly in terms of complex processes and in the understanding of infection pathways. Extensive room for improvement was identified in undergraduate and post-graduate training and in continuing education.

To close these gaps, the report makes a number of proposals, including the introduction of a national minimum standard for vocational training, a focus on practical exercises instead of theoretical knowledge, and incorporating HAI topics in staff appraisals. Here, too, implementation of the initial measures had to be postponed due to COVID-19. The first measures are due to be developed in 2022, such as raising awareness among hospital management teams and reforming continuing education and training. The latter overlaps with the minimum requirements for acute care hospitals, which list staff training as a key element.



Virginie Masserey, Head of the Infection Control and Vaccination Programmes section, FOPH

Looking back, how is implementation of the NOSO Strategy progressing?

One of the objectives of the strategy was to set up structures and clarify roles so that every organisation can make a contribution where they can bring the greatest benefit. That has been achieved. And communication channels have also been established. On the other hand, some very concrete key measures have been implemented – for example the introduction of structural minimum requirements, and modules for hospitals to prevent and monitor HAIs.

And where do you see growth potential?

The NOSO Strategy is related to the StAR antibiotic resistance strategy and the quality strategy, which are also both at the implementation stage. All of these projects aim to improve quality of care and patient safety. Close coordination between the strategies is crucial, particularly now as they are in the concrete implementation stage. Because often we are addressing the same partners, for example with guidelines. If we simplify the way they are implemented in practice, this also contributes to the success of the strategies.

Overview of measures of the NOSO Strategy

The table provides an overview of measures that are planned and the stakeholders involved. The status of implementation is shown for each measure. The stakeholder that holds the technical responsibility is identified with an asterisk (*). The coordinating stakeholder is listed in black font.

Action area	Measure design	Status	Actors involved
		Planned from In implementation Established	
Governance	Standards and guidelines G-1		
	Determine minimum requirements for hospitals and nursing homes		Hospitals, nursing homes, cantons, Confederation, Swissnoso*, professional societies, H+
	Define data requirements, methods and standards		Hospitals, nursing homes, Confederation, Swissnoso*, ANQ, professional societies, H+
	Draw up recommendations for data processing		Hospitals, nursing homes, cantons, Confederation, Swissnoso*, ANQ, CURAVIVA/senesuisse, GDK, H+
	Define competences and learning objectives		Hospitals, nursing homes, cantons, Confederation*, SGI, institution in charge of the respective level of education
	Responsibilities and structures G-2		
	Clarify tasks and division of responsibilities		Confederation*, ANQ, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety, professional societies
	Coordinate monitoring		Hospitals, nursing homes, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety, ANQ, professional societies
	Incorporate quality management and infection prevention		Hospitals, nursing homes, cantons, Confederation, H+*, CURAVIVA/senesuisse, Swissnoso
	Implementation support G-3		
	Provide guidance, evaluate implementation		Hospitals, nursing homes, cantons, Confederation, Swissnoso*, CURAVIVA/senesuisse, H+, Patient Safety, GDK, professional societies
	Support pioneering projects		Hospitals, nursing homes, Confederation*, Patient Safety, H+, Swissnoso
	Improve incentives		Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, H+, Swissnoso, santésuisse
	Include HAI measures in planning, supervision and licensing		Hospitals, nursing homes, cantons*, Confederation, GDK, H+, Swissnoso
	Knowledge management G-4		
	Set up knowledge platform	Open	Hospitals, nursing homes, Confederation*, Swissnoso, CURAVIVA/senesuisse, professional societies, H+
	Assure knowledge transfer		Hospitals, nursing homes, Confederation, Swissnoso*, professional societies
	International cooperation		Confederation*

Action area

Measure design	Status	Actors involved
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Monitoring

Planned from In implementation Established				
National monitoring system M-1				
Strengthen stakeholders				Hospitals, nursing homes, cantons, Confederation, Swissnoso*, CURAVIVA/senesuisse, H+, GDK, ANQ
Assure quality of monitoring				Hospitals, nursing homes, cantons, Confederation, Swissnoso, GDK, ANQ
Targeted data utilisation M-2				
Evaluate data in line with requirements				Hospitals, nursing homes, Confederation, Swissnoso*, ANQ
Set up mechanism for direct feedback to staff				Hospitals, nursing homes, Confederation, Swissnoso*, H+
Introduce public reporting and benchmarking				Cantons, Confederation, ANQ*, Swissnoso*, GDK
Early detection M-3				
Enhance early detection				Hospitals, nursing homes, Confederation, Swissnoso*
Extend legal reporting requirement				Hospitals, nursing homes, Confederation*, Swissnoso

Prevention and control

Optimisation and further development PC-1				
Implement standards and guidelines in practice				Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety
Awareness-raising and involvement PC-2				
Implement communication concept	Open			Hospitals, nursing homes, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety
Involve people affected	Open			Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, FMH, GDK, H+, Swissnoso, Patient Safety
Make formal, public commitment				Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+
Learning and dialogue culture PC-3				
Establish infection prevention in corporate culture				Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso
Promotion of preventive vaccination PC-4				
Promote preventive vaccination				Hospitals, nursing homes, cantons, Confederation*, GDK

Education and research

Infection prevention in education ER-1				
Build expertise among healthcare staff	Open			Hospitals, nursing homes, cantons, Confederation, institution in charge of the respective level of education*
Increase the role of infection prevention in training	2020			Hospitals*, nursing homes, cantons, Confederation
Institutionalise training in infection prevention	Open			Hospitals*, nursing homes*, Confederation, GDK, H+
Research promotion ER-2				
Establish HAI in promotion of research				University hospitals, Confederation, Swissnoso, professional societies*, GDK, research institutions
New technologies, quality assurance ER-3				
Formulate principles for evaluating new technologies	Open			Hospitals, nursing homes, Confederation, Swissnoso, professional societies*, research institutions

Evaluation

Baseline E-1				
Conduct point prevalence studies and literature research				Hospitals, nursing homes, cantons, Confederation, Swissnoso*, H+, CURAVIVA/senesuisse
Evaluation of the NOSO Strategy E-2				
Interim evaluation				Hospitals, nursing homes, cantons, Confederation*, Swissnoso, H+, CURAVIVA/senesuisse, GDK

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All stakeholders (as at March 2022) in alphabetical order

Association of Financially Independent Old Age
and Nursing Homes (senesuisse)
CURAVIVA Switzerland
Fachexperten/-innen für Infektionsprävention
und Berater/-innen für Spitalhygiene (fibs)
Federal Office of Public Health (FOPH)
H+ the Hospitals of Switzerland
Patient Safety Switzerland
Spécialistes infirmiers en prévention de l'infection
(SIPI)
Swiss Association for Nursing Science (ANS)
Swiss Association of Professional Healthcare
Organisations (SVBG)
Swiss Conference of the Cantonal Ministers
of Public Health (CMPH)
Swiss Federation of Hospital Directors (SVS)
Swiss Foundation for Patient Protection (SPO)
Swiss Medical Association (FMH)
Swiss National Association for Quality Development
in Hospitals and Clinics (ANQ)
Swiss Nursing Association (SBK-ASI)
Swiss Society for Anaesthesiology
and Reanimation (SGAR)
Swiss Society for Hospital Hygiene (SGSH)
Swiss Society for Infectious Diseases (SSI)
Swiss Society for Intensive Care Medicine (SGI)
Swiss Society for Microbiology (SSM)
Swiss Society for Physicians Specialising
in Prevention and Public Health (SGPG)
Swiss Society of General Internal Medicine (SSGIM)
Swiss Society of Gynaecology and Obstetrics (SGGG)
Swiss Society of Paediatrics (SSP)
Swiss Surgical Society (SGC)
Swissmedic
Swissnoso
unimedsuisse – Swiss Association of University
Medicine
University of Basel – Institute of Nursing Science

Get involved with NOSO

For the NOSO Strategy to be a success, as many stakeholders as possible have to commit. Get involved in its implementation through expert workshops and working groups! Interested organisations and associations are welcome:
noso@bag.admin.ch

Partners

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ANQ – Swiss National Association for
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SGSH – Schweizerische Gesellschaft
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SSI – Swiss Society for Infectious Diseases
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SIPI – Spécialistes infirmiers en prévention de l'infection
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fibs – Fachexperten/-innen für Infektionsprävention
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