

# NOSO Strategy

National Strategy for the Monitoring,  
Prevention and Control of  
Healthcare-Associated Infections

## What was implemented in **2017** 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**



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## 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 be due to the circumstances of staying 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 “disease” and κομείν “to take care of”.



Switzerland has reason to be proud of its healthcare system. Even in this country, however, there is a risk of becoming

infected with pathogens while in hospital or in a nursing home. This can result in severe or even life-threatening infections, conditions which drastically restrict the quality of life of those affected. Since infections prolong recovery time and delay any resumption of work, considerable economic costs are also incurred.

We must therefore provide people with better protection against healthcare-associated infections. Switzerland is already on the right track: in many places, there are successful initiatives and measures for monitoring and preventing infections. In individual areas, national testing and pilot programmes are running.

The national point prevalence survey, for example, confirms the extent of healthcare-associated infections in our country. Fortunately, however, the specialist literature reveals that up to 50% of these infections can be prevented at reasonable cost.

As from the end of 2016, the National Strategy for the Monitoring, Prevention and Control of Healthcare-Associated Infections (NOSO Strategy) is being implemented by all partners. We want to work with passion and conviction to ensure that everyone involved acts in an engaged, coordinated and concerted fashion. This report gives those interested a compact overview of the status of this work.

A handwritten signature in black ink, appearing to read 'P. Strupler'.

Pascal Strupler  
Director of the Federal Office of Public Health (FOPH)

# Cooperation to improve patient safety

The NOSO Strategy is the result of a broad-based participatory process and is part of the Federal Council's global health policy strategy. It is also closely linked to other federal strategies aimed at containing the transmission of infectious diseases.

## The Strategy is broad-based

In collaboration with the cantons and other partners, the Federal Office of Public Health (FOPH) has, in a broad-based participatory process, prepared a national strategy for monitoring, prevention and control of healthcare-associated infections (HAIs). Since healthcare-associated infections are also referred to as nosocomial infections, it is called the NOSO Strategy. The Federal Council has tasked the FOPH with implementing the strategy in collaboration with the cantons and suitable partners. And it has included HAI protection as a priority measure in its global health policy strategy "Health2020".

## Strategic objectives and key measures

The global objective of the Strategy is to reduce HAIs in Swiss hospitals and nursing homes. The Strategy creates the right conditions to further expand existing structures and previously acquired knowledge, combining the forces of all stakeholders and aligning them to the common goal. Measures are targeted in areas where HAIs can be avoided and people protected.

## The Strategy in 2017

The NOSO Strategy forms the basis for the Confederation, the cantons and various stakeholders to proceed nationwide in a targeted and coordinated manner. Existing measures have been followed up, consolidated and expanded. New measures are being developed and implemented step by step throughout Switzerland, according to priority. The current status of HAIs in Switzerland is being clarified in a point prevalence survey in acute-care hospitals. The demarcation of roles and responsibilities between the Confederation, cantons, the most important actors and healthcare institutions is clarified. The available incentives have been evaluated and are being optimised.

## Coordination with other strategies

The Federal Council takes the transmission of infectious diseases in hospitals and nursing homes seriously and tackles the complex problem at various levels.

- Together with three other federal offices, the FOPH has developed the **Antibiotic Resistance Strategy (StAR)**. To take account of the issue's complexity, StAR follows the "One Health" approach and, besides human health, also includes animal health, agriculture and the environment. The two strategies (StAR and NOSO) interface and have several synergetic objectives: for one, HAIs are partly caused by antibiotic-resistant pathogens; and fewer HAIs also mean fewer antibiotics being administered.
- As part of the **Confederation's Quality Strategy for the Swiss healthcare system** and based on the Federal Health Insurance Act (HInSA), the FOPH is initiating and financing national pilot programmes which test the implementation of concrete solutions. One pilot programme aimed at reducing the use of urinary catheters was launched in 2015. There are also interfaces in this area.
- Vaccination plays an essential role in preventing HAIs. The **National Vaccination Strategy (NVI)** developed with the cantons and other relevant stakeholders has been in implementation since the middle of 2017. It is designed to further reduce the number of complications and deaths resulting from HAIs and eliminate individual pathogens. And, finally, one of the aims of the **National Strategy for the Prevention of Seasonal Influenza (GRIPS)** is to reduce the transmission of influenza viruses within healthcare institutions. GRIPS is thus closely linked to the NOSO Strategy.

## Key points in brief

### Facts

- At 6%, healthcare-associated infections in Switzerland are about average for Europe (2017 survey).
- Surgical site infections are the most common (29% of all hospital infections), followed by lower respiratory tract infections (18%), urinary tract infections (15%) and bloodstream infections (13%).
- Between 35% and 55% of HAIs can be prevented by means of multimodal measures.

### Preparation

- A 2015 study analysed the status quo.
- In late summer of 2015, the draft NOSO Strategy was submitted to stakeholders for their comments.
- On 23 May 2016 the Federal Council approved the revised Strategy.

### Implementation of the NOSO Strategy

- builds on existing structures and measures;
- ensures a uniform approach on the path to nationally recognised guidelines;
- clarifies stakeholder responsibilities and tasks;
- coordinates prevention and control objectives and helps achieve them.

# NOSO is broadly based

Many professional associations, authorities and organisations are involved in the implementation of the NOSO Strategy. Together with the healthcare-related professional associations, these actors are key to coherent, broad-based implementation.

## H+ the Hospitals of Switzerland

As the umbrella organisation for public and private hospitals, clinics and care facilities, H+ backs the advanced PET diploma “Infection prevention in healthcare”. The association also promotes peer review, which allows hospitals to compare themselves with each other and gain knowledge from experienced professionals at other hospitals.



Dr. Bernhard Wegmüller,  
Director

*We provide hospitals and clinics with national peer reviews, quality measurements and training programmes. These instruments assist them in continually improving their implementation of the NOSO Strategy.*

## CURAVIVA Switzerland

As the national umbrella association for nursing homes and institutions, CURAVIVA Switzerland assists in recording data as part of a study into the occurrence of infections in nursing homes. This provides an important foundation for the success of the NOSO Strategy and for stakeholder involvement. In 2018, the association will hold two momentum days on the subject of hygiene in nursing homes.



Daniel Höchli, Director

*Based on the study of nursing home infections, NOSO Strategy measures can be reviewed and prioritised. But proportionality must be preserved to ensure that nursing homes designed as open houses and comfortable living spaces do not turn into hospitals.*



## Swissnoso

As the national centre for infection prevention, Swissnoso contributes the medical expertise of leading specialists that is needed to implement the NOSO Strategy. The association carries out projects and develops recommendations and guidelines. Its internationally networked members provide Swissnoso with a direct link to the research community.



Andreas Widmer, President  
*With the NOSO Strategy, we want to make Switzerland a global leader in this field. Achieving this goal will require high scientific quality and a coordination of resources. And certain tasks must be tackled and financed centrally – despite Switzerland's federalist model.*

## Conference of the Cantonal Ministers of Public Health

The Swiss Conference of the Cantonal Ministers of Public Health (CMPH) represents the interests of the cantons. It ensures that cantons have the tools to oversee implementation of the NOSO Strategy in the field. The CMPH has a coordinating role and is represented in the NOSO Strategy project committee and project team.



Kathrin Huber,  
deputy general secretary  
*We are committed to ensuring that the NOSO Strategy defines realistic measures which the cantons can implement using the available resources.*

## Patient Safety Switzerland

As a kind of think tank for questions of patient safety, the foundation takes up relevant issues in Swiss healthcare and analyses the situation. In cooperation with professional associations and other stakeholders, the foundation seeks solutions to improve the situation. The foundation is, e.g., involved with Swissnoso in a pilot project of the "progress!" programme aimed at reducing urinary catheter use.



Prof. Dr. med. Dieter Conen,  
President  
*By helping to implement the NOSO Strategy, we want to protect patients from unnecessary infections. At the same time, we are ensuring that they are given fewer antibiotics.*

**All stakeholders** (as at January 2018) **in alphabetical order:** Association of Financially Independent Old Age and Nursing Institutions (Senesuisse) • CURAVIVA Switzerland • Federal Office of Public Health (FOPH) • H+ the Hospitals of Switzerland • National Association for the Development of Quality in Hospitals and Clinics (ANQ) • Patient Safety Switzerland • Specialist Nurses in Infection Prevention (SIPi) • Specialists in Infection Prevention and Hospital Hygiene Counsellors (fibs) • 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 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 Gynaecology and Obstetrics (SGGG) • Swiss Society of Paediatrics (SSP) • Swiss Surgical Society (SGC) • Swissmedic • Swissnoso • unimeduisse – Swiss Association of University Medicine • University of Basel – Institute of Nursing Science

## Get involved with NOSO

For NOSO to be a success, as many stakeholders as possible have to commit. Get involved in its implementation through expert workshops and task forces! Interested organisations and associations are welcome:  
[noso@bag.admin.ch](mailto:noso@bag.admin.ch)

# Action areas 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

\* \*

A point prevalence survey and research of the literature 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.

<p>PC-1 Optimisation and further development</p> <p>***</p>	<p>PC-2 Awareness-raising and involvement</p> <p>*</p>
<p>PC-3 Learning and dialogue culture</p> <p>***</p>	<p>PC-4 Promotion of preventive vaccination</p> <p>**</p>

<p>G-1 Standards and guidelines</p> <p>**</p>	<p>G-2 Responsibilities and structures</p> <p>***</p>
<p>G-3 Implementation support</p> <p>***</p>	<p>G-4 Knowledge management</p> <p>**</p>

**Status of implementation**

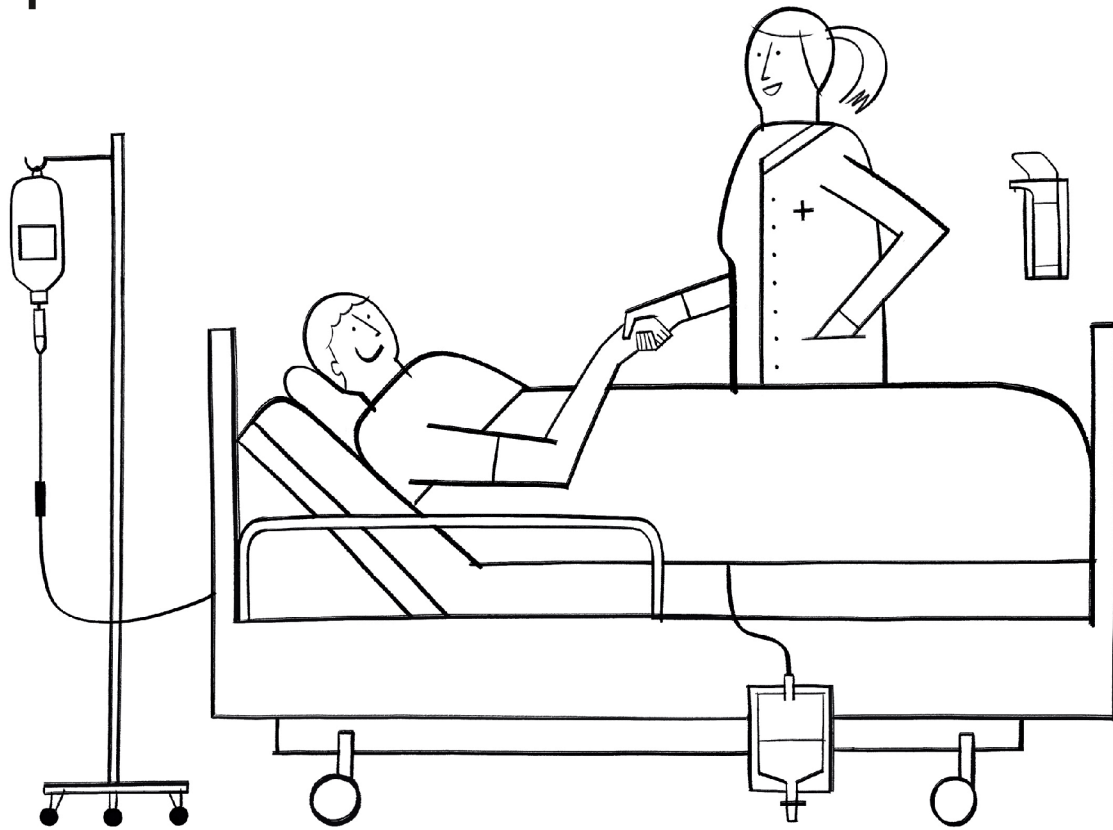
- \* Measures planned
- \*\* Measures planned, implementation to start within next six months
- \*\*\* Implementation started
- \*\*\*\* Implementation well advanced, first measures complete
- \*\*\*\*\* Implementation complete

**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.

<p>ER-1 Infection prevention in education</p> <p>**</p>
<p>ER-2 Research promotion</p> <p>***</p>
<p>ER-3 New technologies, quality assurance</p> <p>*</p>

# NOSO in hospitals



A large majority of HAIs occur in hospitals. Departments or institutions treating patients with compromised immune systems are at particular risk. Hospitals have already done significant work. Measures already taken are now being optimised or expanded, with new ones being added.

## Point prevalence survey in hospitals

### Baseline (E-1)

Prevalence surveys have a long tradition in hospital hygiene and HAI prevention. With FOPH support, Swissnoso first conducted a national point prevalence survey in 2017. The study has three objectives: assessing the scale of HAIs and the use of antibiotics in Swiss acute-care hospitals; characterising patients, infections and antibiotics used; describing the procedures for preventing HAIs and antibiotic resistance.

Ninety-six Swiss hospitals participated in the national survey, each recording data on healthcare-

associated infections on one day between April and June 2017, resulting in approximately 13,000 patient records. As in other investigations, surgical site infections were the most common (29% of all hospital infections), followed by lower respiratory tract infections (18%), urinary tract infections (15%) and bloodstream infections (13%). Older patients in intensive care are particularly susceptible to infections. The point prevalence survey is to be repeated in the coming years, thereby documenting the development of the fight against preventable infections in Swiss hospitals.

## Surgical Site Infections: Surveillance and Intervention

National monitoring system (M-1) and **optimisation and further development (PC-1)**

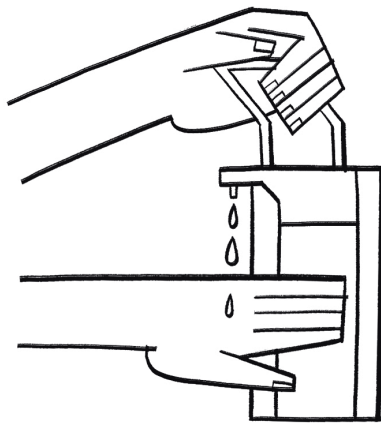
Surgical site infections (SSIs) result in longer periods of hospitalisation, higher costs and even deaths. On behalf of the National Association for the Development of Quality in Hospitals and Clinics (ANQ), Swissnoso has been using the surveillance module since 2009 in order to record and monitor the development of surgical site infections. The quality comparison is available to the public. This allows hospitals to compare themselves with each other, determine possible needs for intervention and optimise their processes.

In addition, the module "Intervention to prevent surgical site infections" was launched in October 2015 as a pilot project. It includes three effective measures: hair removal, pre-operative disinfection of the skin and antibiotic prophylaxis. The module is currently used in nine hospitals and, as of 2018, will be offered to all Swiss hospitals with an own surgery department.

## CleanHands

**Learning and dialogue culture (PC-3)**

Many HAIs are caused by germs being transmitted via the hands of hospital staff. Proper hand hygiene for staff is therefore vital for preventing transmission of (sometimes multiresistant) bacteria and viruses. Swissnoso's CleanHands



measuring tool allows simple electronic recording of hand hygiene in the field. Observations are automatically analysed and diagrammed. The prompt availability of results allows for direct feedback to the specialists being monitored. The tool is based on the "My 5 moments" concept, which the World Health Organization (WHO) has developed in its Guidelines on Hand Hygiene in Health Care. The app has been available since 2015 and is currently being used by 110 healthcare institutions.

## progress! Urinary catheter safety

**Optimisation and further development (PC-1)** as well as a **national monitoring system (M-1)**

One out of every four persons being treated in a Swiss hospital will receive a urinary catheter. Bacteria can get into the urine through this point of entry, which increases the risk of a urinary tract infection.



Regula Heller, deputy managing director of the National Association for the Development of Quality in Hospitals and Clinics (ANQ)

Why does the ANQ compare nationwide test results and publish them openly?

*Hospitals with poor results are called upon to act on the basis of the transparent publication alone. And it allows us to comply with public demand.*

How does the ANQ ensure fairness in the process?

*We deliberately do not compile a hospital or clinic ranking. The significance of the results is restricted depending on department, number of cases, measurement tool or measurement method – which is why we indicate the opportunities and limitations with each measurement.*

How does the ANQ obtain commitments to participate in the measurements?

*All hospitals and clinics, all insurers, all cantons of Switzerland plus the Principality of Liechtenstein are party to the national quality agreement. This means that hospitals have committed to participate in the measurements and the funding thereof.*

This in turn extends the period of hospitalisation and requires additional treatment.

Since 2016, the FOPH Quality Strategy has been supporting Patient Safety Switzerland's pilot programme "progress! Urinary catheter safety". The programme aims to lower the frequency and duration of urinary catheter use, because roughly 50% of the 350,000 urinary catheters placed annually in Switzerland do not have any clear medical indication.

The results of this project will become available in 2018. The module will then be tweaked before being made available to all Swiss hospitals.

## Clean Care Monitor

Learning and dialogue culture (PC-3)

The Clean Care monitor allows Swissnoso to extend the CleanHands tool to hygiene in the operating theatre. Development of this app is financially supported by the FOPH. It monitors whether medical staff are implementing the three preventive measures of hair removal, skin disinfection and antibiotic prophylaxis correctly. As with CleanHands, analysis is automated, with feedback being provided immediately after the procedure in order to maximise the learning effect. The Clean Care monitor compares institutions with each other and assesses whether there is any correlation between hygiene and incidence of infections. The app will be used in the module "Intervention to prevent surgical site infections".

## Central Line-Associated Bloodstream Infection (CLABSI) (planned as from 2018)

National monitoring system (M-1) and optimisation and further development (PC-1)

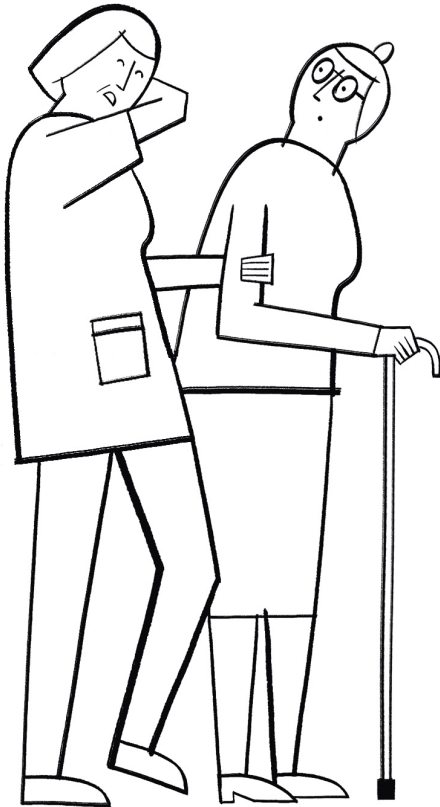
Bloodstream infections in connection with catheter use are among the four most common types of HAI. They have the highest mortality rate of all HAIs and are responsible for significantly longer periods of hospitalisation as well as higher costs. Scientifically substantiated prevention measures and monitoring of these infections are important components of the NOSO Strategy. This, combined with concise definitions, allows data comparison over time and between healthcare institutions. The Swissnoso expert panel is currently developing a module that will be implemented as a pilot project between 2018 and 2019.

## Minimum requirements for hospitals

Standards and guidelines (G-1)

Led by Swissnoso, a task force is drawing up a catalogue of key elements that contribute towards HAI reduction. The elements must be based on scientific evidence (where available) and must be viable. In a second step, the group will develop a tool for hospitals, with the aim of enabling institutions to evaluate the implementation of key criteria themselves. Minimum requirements are being determined, among other things, in terms of personnel resources.

# NOSO in nursing homes



The Swiss nursing home landscape is very diverse, and there are major differences from one canton to the other. While the importance of hygiene is recognised everywhere, the necessary foundation needs to be established before the NOSO Strategy can be implemented in nursing homes.

## Point prevalence study

### Baseline (E-1)

Point prevalence surveys demonstrate the benefits of programmes for infection prevention and monitoring. There is no such study relating to Swiss nursing homes. Two pilot projects in French- and German-speaking Switzerland, respectively, are looking into the viability and the necessary personnel resources for this.

## Minimum requirements for nursing homes (planned as from 2018)

### Standards and guidelines (G-1)

The plan is for a task force led by Swissnoso to prepare a catalogue of key elements, as was done for the hospitals, to help reduce HAIs. A self-evaluation tool will again allow comparison between nursing homes.



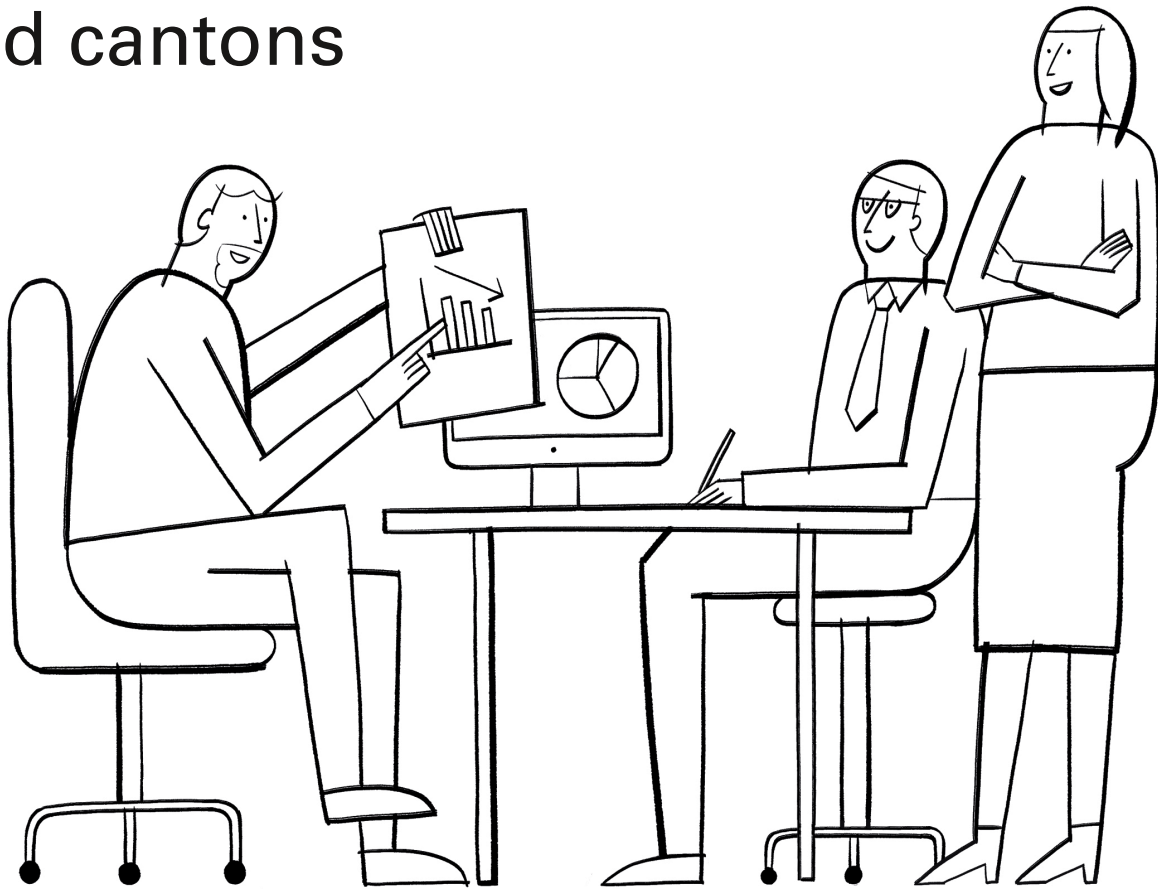
Monica Attinger, head nurse in charge of hygiene, prevention and infection control (HPCI), Vaud

How can the NOSO Strategy be best implemented from the point of view of nursing home care?

*Administrative and medical management must be made aware of the added value of an infection hygiene office – with appropriate powers, time budget and job description. This office needs to have a cross-disciplinary function and should not be subordinate to nursing management.*



# NOSO in the Confederation and cantons



Cantons have a central role in the NOSO Strategy. They know local and regional needs and are close to service providers. And they provide financial support. The Confederation ensures that implementation is structured and coordinated.

## Cantonal control structures and responsibilities

### Responsibilities and structures (G-2)

A core element of the NOSO Strategy is clarification of roles and responsibilities of the cantons when it comes to implementation. At the end of 2017, a meeting was held between the FOPH, the Swiss Conference of the Cantonal Ministers of Public Health (CMPH) and the cantons. The way the cantons function varies widely, and they have different structures in place. Some cantons, such as Vaud, have been involved in HAI prevention for some time; other cantons can ben-



efit from that experience. Since the cantons are responsible for implementing certain measures, in particular the application of future recommendations, it is important that a dialogue with the FOPH is initiated. Thus, contacts were appointed in every canton.



## Preventable proportion meta study

Baseline (E-1)

The question that always arises in connection with HAIs is what percentage of infections can be prevented using suitable measures. A meta study led by Swissnoso analysed numerous international “before and after” studies. Over 16 studies on the success of prevention measures for the use of urinary catheters were analysed. The result: regardless of the nature of the preventive measure, 35%–68% of infections are preventable. These data allow even more targeted HAI prevention measures and an evaluation of their actual efficacy.

## Incentive systems study

Implementation support (G-3)

There is little incentive for hospitals and nursing homes to deploy resources for reducing HAIs. The effect of prevention measures is often delayed, and their economic added value is unclear. One study is investigating whether incentives are provided on a political, legal and financial level so as to motivate hospitals and nursing homes to prevent HAIs.

The results are used to develop recommendations on improving existing or developing additional incentives. The analysis also examines whether the current funding mechanisms support prevention and control of HAIs or not. The results of this study are expected in the course of 2018. Based on those results, concrete proposals will be discussed for improving the current system.

## Awareness-raising (planned from 2018)

Awareness-raising and involvement (PC-2)

In the course of implementing the NOSO Strategy, the FOPH is considering whether to raise HAI awareness of certain target groups with a campaign. Corresponding decisions are scheduled for 2018.



Dr. Christiane Petignat, physician in charge of hygiene, prevention and infection control (HPCI), Vaud, Lausanne University Hospital (CHUV)

How can cantons benefit from each other in implementing the NOSO Strategy?

*Other cantons should benefit from the experience that we in the canton of Vaud have gained with our infection hygiene programme. Triggers for continual adaptations should be analysed and incorporated into other cantons' planning.*

What is the key to success of the infection prevention programme in the canton of Vaud?

*Implementing such a programme in all healthcare institutions requires political will and infection hygiene awareness on the part of the institutions' administrative management. Cantonal health laws must prescribe the appointment and training of specialised staff.*

## Overview of measures

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	
Governance	Planned from In implementation Completed			
	<b>Standards and guidelines G-1</b>			
	Minimum requirements for hospitals and nursing homes			Hospitals, Nursing homes, Cantons, Confederation, Swissnoso+*, Professional societies, H+
	Data requirements, methods and standards	2018		Hospitals, Nursing homes, Confederation, Swissnoso+*, ANQ, Professional societies, H+
	Recommendations for data processing	2018		Hospitals, Nursing homes, Cantons, Confederation, Swissnoso+*, ANQ, CURAVIVA/senesuisse, GDK, H+
	Competences and learning objectives	2018		Hospitals, Nursing homes, Cantons, Confederation, SGI, Institution in charge of the respective level of education*
	<b>Responsibilities and structures G-2</b>			
	Tasks and division of responsibilities			Confederation*, ANQ, CURAVIVA/senesuisse, GDK, H+, Swissnoso+, Patient Safety, Professional societies
	Optimise structures			Hospitals, Nursing homes, Cantons, Confederation*, ANQ, CURAVIVA/senesuisse, H+, Swissnoso+, Patient Safety, Professional societies
	Coordination structures for monitoring	2019		Hospitals, Nursing homes, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso+, Patient Safety, ANQ, Professional societies
	Quality management and infection prevention	2019		Hospitals, Nursing homes, Cantons, Confederation, H+*, CURAVIVA/senesuisse, Swissnoso+
	<b>Implementation support G-3</b>			
	Implementation guidance and evaluations	2018		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
	Infection prevention as a criterion for planning, supervision and licensing	2019		Hospitals, Nursing homes, Cantons*, Confederation, GDK, H+, Swissnoso+
	<b>Knowledge management G-4</b>			
	Knowledge platform	2018		Hospitals, Nursing homes, Confederation, Swissnoso+*, CURAVIVA/senesuisse, Professional societies, H+
	Knowledge transfer	2018		Hospitals, Nursing homes, Confederation, Swissnoso+*, Professional societies
	International cooperation			Confederation*


Action area

Measure design	Status	Actors involved
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Planned from  
In implementation  
Completed

Monitoring

**National monitoring system M-1**

Strengthen stakeholders	2018		Hospitals, Nursing homes, Cantons, Confederation, Swissnoso+*, CURAVIVA/senesuisse, H+, GDK, ANQ
High-quality monitoring			Hospitals, Nursing homes, Cantons, Confederation, Swissnoso+, GDK, ANQ

**Targeted data utilisation M-2**

Evaluation of data	2019		Hospitals, Nursing homes, Confederation, Swissnoso+*, ANQ
Internal feedback on adherence	2019		Hospitals, Nursing homes, Confederation, Swissnoso+*, H+
Public reporting and benchmarking	2019		Cantons, Confederation, ANQ*, Swissnoso+*, GDK

**Early detection M-3**

Enhance early detection	2019		Hospitals, Nursing homes, Confederation, Swissnoso+*
Complete ordinances	2019		Hospitals, Nursing homes, Confederation*, Swissnoso+

Prevention and control


**Optimisation and further development PC-1**

Optimisation and further development			Hospitals, Nursing homes, Cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso+, Patient Safety
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**Awareness-raising and involvement PC-2**

Communication concept	2018		Hospitals, Nursing homes, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso+, Patient Safety
Involve persons affected	2018		Hospitals, Nursing homes, Cantons, Confederation*, CURAVIVA/senesuisse, FMH, GDK, H+, Swissnoso+, Patient Safety
Formal commitment	2018		Hospitals, Nursing homes, Cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+

**Learning and dialogue culture PC-3**

Learning and dialogue culture			Hospitals, Nursing homes, Cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso+
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**Promotion of preventive vaccination PC-4**

Promotion of preventive vaccination	2018		Hospitals, Nursing homes, Cantons, Confederation*, GDK
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Education and research

**Infection prevention in education ER-1**

Basic and continued training of facilitators	2018		Hospitals, Nursing homes, Cantons, Confederation, Institution in charge of the respective level of education*
Infection prevention for staff in healthcare institutions	2019		Hospitals*, Nursing homes, Cantons, Confederation
Institutionalise education in infection prevention	2019		Hospitals*, Nursing homes*, Confederation, GDK, H+

**Research promotion ER-2**

Research promotion			university hospitals, Confederation, Swissnoso+, Professional societies*, GDK, Research institutions
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**New technologies, quality assurance ER-3**

New technologies, quality assurance	2019		Hospitals, Nursing homes, Confederation, Swissnoso+, Professional societies*, Research institutions
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Evaluation

**Baseline E-1**

Baseline evaluation			Hospitals, Nursing homes, Cantons, Confederation, Swissnoso*, H+, CURAVIVA/senesuisse
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**Evaluation of NOSO Strategy E-2**

Interim evaluation	2020		Hospitals, Nursing homes, Cantons, Confederation*, Swissnoso, H+, CURAVIVA/senesuisse, GDK
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Communicable Diseases Division  
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www.bag.admin.ch

## Further information on implementation examples

**Surgical Site Infections:  
Surveillance and Intervention**  
[www.swissnoso.ch/module/  
ssi-surveillance](http://www.swissnoso.ch/module/ssi-surveillance)  
[www.swissnoso.ch/module/  
ssi-intervention](http://www.swissnoso.ch/module/ssi-intervention)

**progress!  
Urinary catheter safety**  
[www.patientensicherheit.ch/de/  
themen/Pilotprogramme-  
progress--/progress---  
Blasenkathetern-neu.html](http://www.patientensicherheit.ch/de/themen/Pilotprogramme-progress--/progress---Blasenkathetern-neu.html)

**CleanHands**  
[www.swissnoso.ch/module/  
cleanhands](http://www.swissnoso.ch/module/cleanhands)

**Point prevalence survey in hospitals**  
[www.swissnoso.ch/forschung-  
entwicklung/punktpraevalenz-  
erhebung-2017](http://www.swissnoso.ch/forschung-entwicklung/punktpraevalenz-erhebung-2017)

## Partner

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### CURAVIVA Switzerland

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### Patient Safety Switzerland

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www.patientensicherheit.ch

### Swissnoso

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### Swiss Conference of the Cantonal Ministers of Public Health

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office@gdk-cds.ch  
www.gdk-cds.ch

### ANQ – National Association for the Development of Quality in Hospitals and Clinics

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3015 Bern

031 511 38 40  
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www.anq.ch

### SGSH – Schweizerische Gesellschaft für Spitalhygiene

Kantonsspital St. Gallen, Haus 22  
Rorschacher Strasse 95  
9007 St. Gallen

071 494 60 70  
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### SSI – Swiss Society for Infectious Diseases

Klinik für Infektionskrankheiten & Spitalhygiene  
Universitätsspital Zürich  
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8091 Zurich

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### SIPI – Le groupe romand d'intérêt commun

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### fibs – Fachexperten/-Innen für Infektionsprävention und Berater/-Innen für Spitalhygiene

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# Further information on the NOSO Strategy

[www.bag.admin.ch/noso-en](http://www.bag.admin.ch/noso-en)



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