

Annual Report 2018

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

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|-------|---|
| 3 | Preface |
| 4–5 | Implementation in practice |
| 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 nursing homes. The Swiss Federal Council has included HAI protection as a priority measure in its Health2020 global health policy.

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. The strategy supports the development of recommendations, monitoring and prevention programmes.

Some highlights of 2018

- The federal government and its partners have resolved to define operational goals for the implementation of the NOSO Strategy.
- The prevention module SSI Intervention is now available to hospitals.
- The pilot programme progress! has shown that it is possible to reduce the use of unindicated urinary catheters.
- An initial feasibility study on recording HAIs was conducted in eight nursing homes in the Canton of Vaud.

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 (nósos) “disease” and κομῆν (komein) “to take care of”.



In its second year the NOSO Strategy continued to yield fundamental insights into the issue of healthcare-associated infections

(HAIs). Just as importantly, 2018 also saw the implementation of concrete measures to prevent infection in healthcare institutions.

For the first time it was possible to compare the HAI situation in Switzerland with the situation in the EU. All in all, our country is in the European mid-field. Obviously, a lot is being done right when it comes to addressing HAIs. However, there is still room for improvement, especially in terms of monitoring infection.

A national monitoring system is already being planned. This will enable hospitals to evaluate their efforts to prevent HAIs and better define their priorities in the fight against hospital infections accordingly.

Besides strategic instruments, the hospitals also need practical aids to facilitate their hygiene efforts. After a successful pilot phase, a first preventive module is now in widespread use.

All partners are cooperating with engagement and commitment to implement the NOSO Strategy – a pleasing result! Many institutions are leading by example. We'll be presenting some of them on the following pages.

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

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

How selected actors have helped put the NOSO Strategy into practice

As these three examples show, a variety of approaches are needed to implement preventive measures in practice. Established processes often have to be changed. To a large extent the success of these efforts depends on whether there is support from the very top, and whether those affected are involved in shaping the process of change.

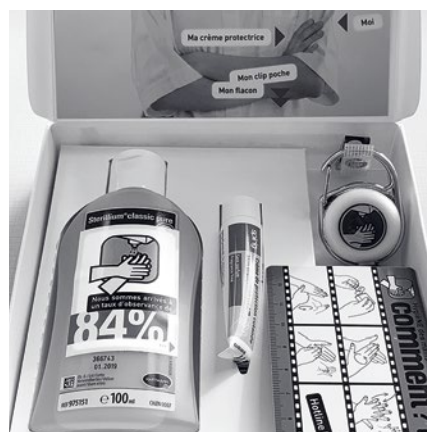
Award-winning hand hygiene

Neuchâtel Cantonal Hospital made impressive progress in terms of compliance with hand hygiene measures: up from 61 to 85 percent within four years. The hospital's "HygiÈNE des mains" project, launched in 2012, received the 2017 European Hand Hygiene Innovation Award.

Alongside trainings, a personal hand hygiene kit for employees and striking communication media, the programme also includes personal audits where a member of the hospital hygiene team or observation team follows a treatment sequence and then gives their expert feedback on hand hygiene.

The results of these observations are evaluated and periodically published in all five hospitals taking part. This comparability was a key factor in efforts to change corporate culture. In conjunction with value-free feedback they led to the establishment of a minimum standard over time.

Crucial to the success of the project were that the impetus came from the hospital management and its unreserved support to the project, as well as senior staff regularly addressing the issue in meetings, and moreover, that the campaign was implemented across the board via a broad range of measures.



The hand hygiene kit for staff at Neuchâtel Cantonal Hospital.

Guide to diagnosis and treatment for nursing homes

Studies show that infections are relatively frequent among elderly people in nursing homes. It's not always easy to diagnose infection in this medical and social setting: often there is no doctor on site, and nurses have to discuss the diagnosis and treatment with a specialist by phone. Added to this, the symptoms are often not clear or easy to recognise. As a result, in cases of doubt antibiotics are prescribed even though they might not be necessary in the circumstances.

Together with physicians, nurses and other professionals, the Canton of Vaud has developed a practical guide to diagnosing and treating common infections. It contains step-by-step diagnosis and instructions for treatment. The guide has been produced in paper form, in a pocket version, and as an interactive website version and mobile app. It has become the standard reference at various institutions, and has also been adopted by the cantons of Fribourg, Valais, Jura and Neuchâtel.



The guide is available in French and German: www.guide.hpcci.ch

SSI Intervention – preventing surgical site infection

Baden Cantonal Hospital took part in the SSI Intervention pilot in a project headed by hospital hygiene consultant Ursula Leuenberger. This module developed by Swissnoso aims at reducing the rate of surgical site infection by at least ten per cent within two years.

Ursula Leuenberger, how did you go about implementing the SSI Intervention module?

We created a project group consisting of the directors of surgery, anaesthesiology, infectious diseases and hospital hygiene, surgical nursing and the head of risk management. The head of perioperative nursing was initially forgotten but subsequently also involved.

First, we adapted our internal directives on skin antiseptics and hair removal in line with the Swissnoso requirements. We also combined two guidelines on perioperative antibiotic prophylaxis from anaesthesiology and infectious diseases. Then everyone affected received training on the new guidelines.

What difficulties did you encounter?

Previously, nurses used to do hair removal in the operating theatre. According to Swissnoso this should be done in pre-op preparation, so the job was reallocated to the perioperative nursing staff. Given that they were already working at full capacity, they initially objected, which led to repeated discussions on who was now responsible for hair removal. As with any change, things need to be discussed and it takes time to change a practice that has been established for years. Now all hair removal is done by staff in perioperative nursing.

What do you see as the key factors in successfully implementing the module?

One thing is clearly having everyone involved in the process represented in the project group. Having the support of management was also crucial, because this committed everyone involved to making a constructive contribution. It meant I could observe the processes in the operating theatre, where I was able to support the staff responsible for preventing infection in making improvements.

NOSO enjoys the support of specialists

Numerous actors are involved in preventing and fighting HAIs. These five organisations we introduce here unite experts in preventing infection and hospital hygiene. They are at the forefront of work in practice, are well networked, and foster regular dialogue and exchange.

Swiss Society for Hospital Hygiene

The SSHH is devoted to specific hospital hygiene problems. What's special about the society is that it brings together different professional groups. Its members are primarily infection prevention specialists and doctors working in the field, but also microbiologists and pharmacists.



Matthias Schlegel, President
“To promote efforts to prevent infection, in the next few years we intend to get involved beyond our specialist circles in the training of medical personnel.”

Swiss Society for Infectious Diseases

The SGIInf is the specialist society that defines the requirements for the medical specialisation in training. In 2019 it introduced a new training focus under the banner of preventing and controlling infection in health-care. The SGIInf works for the prevention of infections by setting research priorities and formulating guidelines, for example governing the correct prescription of antibiotics.



Nicolas Müller, President
“The new training focus on infection control gives hospital hygiene the status it deserves in medical training. We work to ensure that future doctors will have a solid knowledge of infection prevention and that the specialist training in hospital hygiene opens up attractive career opportunities.”

fibs

fibs brings together infection prevention specialists and hospital hygiene consultants in German-speaking Switzerland. As an interest group within the Swiss Professional Association of Nurses (SBK-ASI), fibs promotes continuing education in infection prevention and hospital hygiene.



Marie-Theres Meier, President
“We have just produced checklists for evaluating infection prevention measures. This will help improve the quality of treatment and care, and the safety of patients.”

Spécialistes infirmiers en prévention de l’infection

SIPI brings together specialists in preventing and combating infection in healthcare institutions in French-speaking Switzerland. Its 100 members work in hospitals, nursing homes, nursing services and public administration. SIPI regularly organizes training and fosters international exchange with partner organisations in France, Belgium, Canada and Luxembourg.



Laure Lalive, infection prevention specialist
“When it comes to compliance with the most important infection prevention measures, Switzerland is doing well by international standards. However, there are big differences between the various parts of the country. Guidelines and standards applicable across the country, for example, would help to better coordinate and implement measures preventing HAIs.”

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
“Currently Swiss hospitals are not adopting all the available scientifically based measures in all cases. We see ourselves as the driving force behind efforts to close the gaps. We assure knowledge transfer in practice by means of intensive exchange with medical organisations.”

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



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.

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



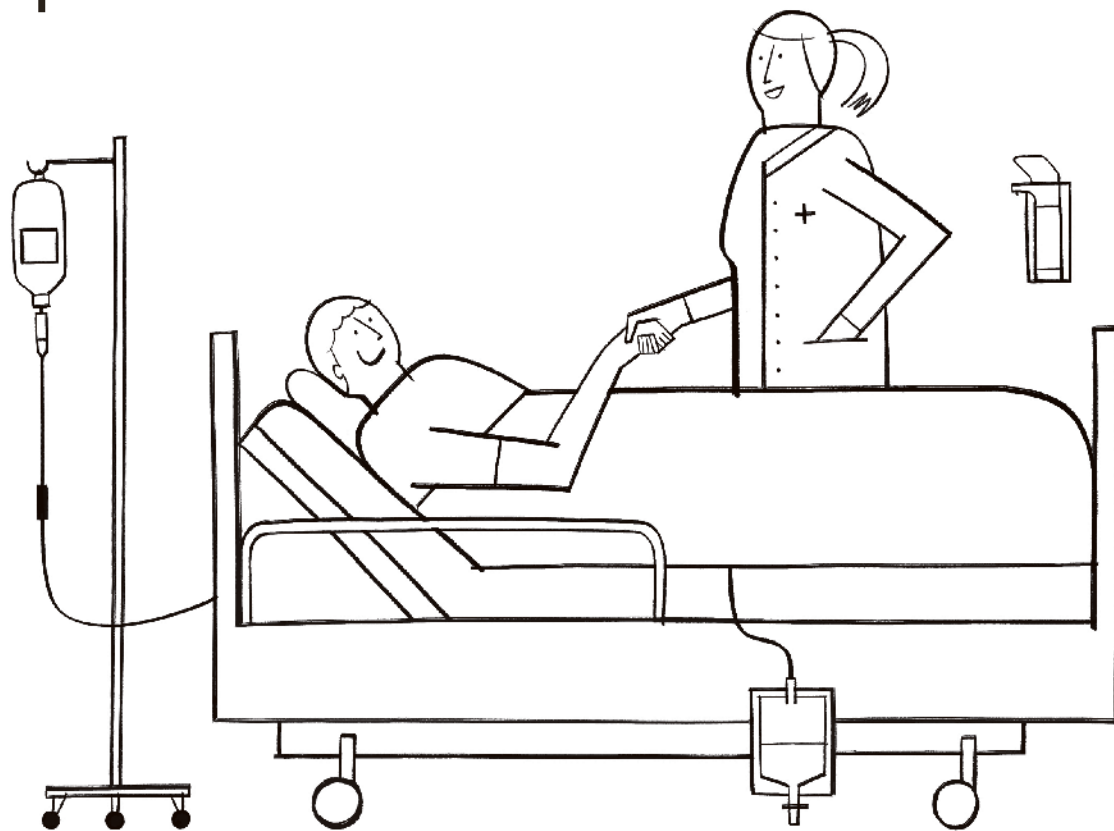
ER-2
Research promotion



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.

Minimum requirements for hospitals

Standards and guidelines (G-1)

Effective prevention of HAIs requires certain standards in hospitals, for example setting down how hospital hygiene should be organised and how people access recommendations and guidelines. Swissnoso is defining the minimum requirements to be met by hospitals on the basis of data from the European Centre for Disease Prevention and Control (ECDC) and the WHO. The standards are being drawn up with the involvement of various key players (medical societies, the GDK, H+ and others) and will be made available to the cantons and hospitals by the end of 2019.

progress! Urinary catheter safety

Optimisation and further development (PC-1)

Urinary catheters are one of the most common sources of HAIs. This prompted the Swiss Patient Safety Foundation and Swissnoso to launch the third national progress! Urinary catheter safety programme in 2015. The programme, part of the national quality strategy in Swiss healthcare, was completed in 2018.

The goal of progress! was to reduce the use of urinary catheters in hospitals and avoid associated urinary tract infections and other complications. The programme revolved around an intervention package and a training campaign for hospital personnel. Interventions were designed with three main parameters in mind: fewer (catheters used only when clearly indicated); shorter (need for the catheter reviewed on a daily basis); and safer (catheters inserted and attended to properly).

Overall the results of the pilot were positive. The clearest improvement was on the personnel side: staff became much more aware of the issue and improved their knowledge of how to handle urinary catheters safely. It was also possible to actually reduce the use of catheters and the incidence of non-infectious complications such as bleeding from the urethra. Since, however, the rate of urinary tract infections was already very low at the participating hospitals during the baseline survey, no change in the frequency of HAIs could be ascertained.

The next step is to look at how hospitals can benefit from these results in the form of, e.g., a prevention module.

Rollout of SSI Intervention

Optimisation and further development (PC-1)

Surgical site infections (SSIs) account for over a quarter of all hospital infections. Simple, practical measures can help prevent a relevant portion of these.

The SSI Intervention module developed by Swissnoso addresses three levels, optimising important procedures in the preparation of patients for surgery (hair removal, preoperative skin disinfection and antibiotic prophylaxis), simplifying the monitoring of these procedures, and automatically evaluating whether personnel have carried out the preventive measures correctly. The Clean Care Monitor app is used to record observations on these processes. Another goal of the SSI Intervention initiative is to improve structural and process quality at the participating hospitals.

The three-year pilot phase was brought to successful completion in 2018. Gratifyingly, compliance with the measures improved from 56 to 66 per cent over this period, although this increase was not yet statistically significant. Further results are expected soon. Swissnoso has made the programme available to Swiss hospitals since October 2018.

Clean Care Monitor

Learning and dialogue culture (PC-3)

To avoid the transmission of bacteria and viruses in hospitals it is of key importance for medical personnel to follow the relevant preventive measures as closely as possible. Feedback can help bring about improvements, provided those affected receive it directly and promptly. The Clean Care Monitor, an app offered to all hospitals by Swissnoso, makes sure this is the case. The app is an extension to the CleanHands tool developed by the hospital hygiene team at St. Gallen Cantonal Hospital.



Professor Jonas Marschall, chief physician in charge of hospital hygiene, University Infectious Diseases Clinic, Inselspital Bern

What concrete changes did progress! bring about in terms of the way urinary catheters are handled?

For the first time we had a list of indications stipulating the cases where a urinary catheter is necessary. The indication was entered in the patient record, meaning it was possible to check from day to day whether the catheter was still indicated or not.

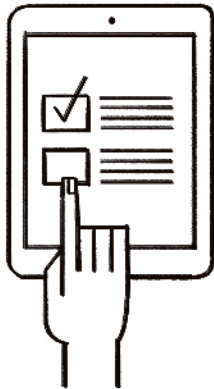
Wards were free to choose who was responsible for this. In orthopaedics it was senior nurses. This created slightly more work for them, but it did speed up the decision-making process.

Did progress! Urinary catheter safety have positive effects beyond the project?

Until that point hardly any notice had been paid to urinary catheters, even though they're one of the four biggest causes of hospital infections. progress! drew people's attention to the issue, including the attention of hospital managements.

Another insight gained from the project is that not only does the beginning of the treatment measure have to be defined more clearly, but also the end – in this case the person responsible for removing the catheter.

The Clean Care Monitor is an easy-to-use tool enabling observations on infection prevention to be entered on a smartphone or tablet during a treatment. The app immediately reports back the extent to which the relevant measures for preventing HAIs were complied with. It also analyses the development at the hospital in question



over a longer period. Automated export to the surgical site infections database (SSI-Surveillance) enables compliance with preventive measures to be set in relation to the rate of infection, giving hospitals valuable information for internal monitoring purposes.

In 2018 the Clean Care Monitor was developed and refined, and in addition to preoperative measures now also covers the handling of protective clothing and the insertion of catheters. After a test phase last year the extended system is scheduled to go into operation in mid-2019.

Non-Ventilator-Associated Hospital-Acquired Pneumonia (NV-HAP)

Research promotion (ER-2)

Pneumonia, one of the frequent cases of HAIs in hospitals, can be fatal. It extends a patient's stay in hospital and gives rise to additional costs. Even patients who are not being ventilated can contract pneumonia, so-called non-ventilator-associated hospital-acquired pneumonia (NV-HAP). To combat the problem, University Hospital Zurich has developed a package of measures to prevent NV-HAP, and has been evaluating its efficacy in practice.

Point prevalence survey in hospitals

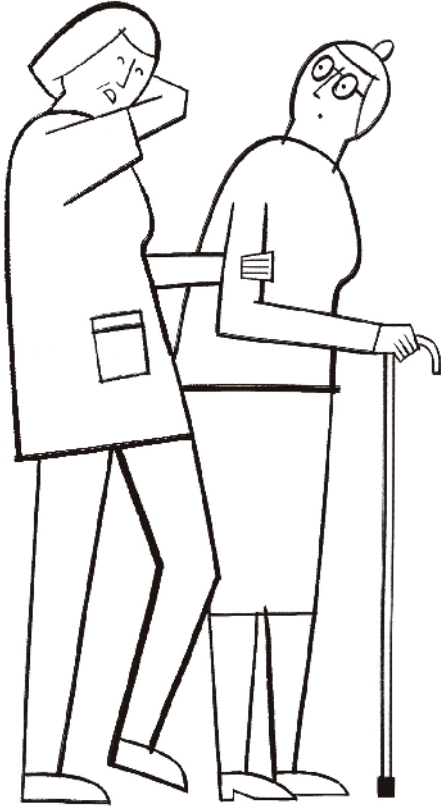
Baseline (E-1)

The first results from the point prevalence survey conducted by Swissnoso in Swiss hospitals in 2017 with the support of the FOPH indicate that 5.9 per cent of patients in Switzerland suffer from a hospital infection. With 5.5 per cent the mean for the EU, this puts Switzerland around the European average.

The data are now being evaluated in more depth to determine the mortality rate and the costs attributable to HAIs. The results of these analyses will be available in the course of 2019.

The next national prevalence survey is planned for 2020. Swissnoso is supplying hospitals that wish to repeat the survey already this year with tools such as access to the database, training documentation and the survey protocol.

NOSO in nursing homes



The situation at nursing homes is very different from that at 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.

First feasibility study on HAIs in nursing homes

Baseline (E-1)

In June, the office of hygiene, infection prevention and control of the Canton of Vaud (HPCi Vaud) completed a feasibility study on gathering data on HAIs in eight nursing homes. One of the positive results: The pilot project shows that even non-specialised nursing staff can gather meaningful data.

For the first time, the study delivers figures on the frequency of HAIs in nursing homes: 4.4 per cent of the 562 home residents surveyed were affected. In 2019, St. Gallen will be the first German-speaking canton to conduct a similar study. The hospital in charge is St. Gallen Cantonal Hospital, in collaboration with HPCi Vaud. The project is supported by Curaviva.

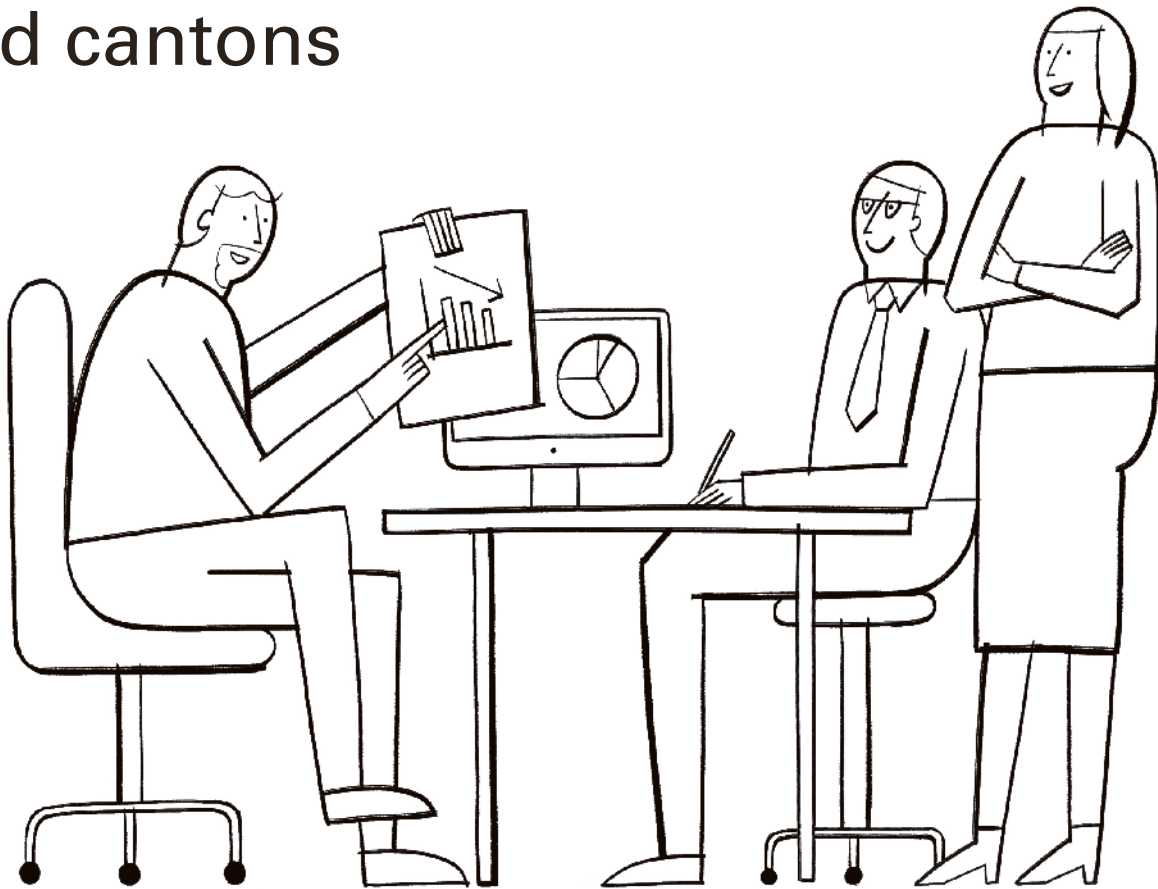
National study on improving the quality of nursing

Baseline (E-1)

How do different organisational and personnel-related factors tie in with the quality of nursing? This is the topic covered by the Swiss Nursing Homes Human Resources Project (SHURP) 2018 study conducted by the Institute of Nursing Science at the University of Basel. The data-gathering process runs until the end of August 2019.

In around 120 Swiss nursing homes, staff, managers and nursing experts are interviewed about the working environment and nursing quality, and resident data is being evaluated with regards to national quality indicators. The survey also includes specific questions addressing the prevention and combating of HAIs, for example on how hand hygiene is monitored. Participating nursing homes will receive information on the quality of their services and support with planning improvements.

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.

Study on incentive systems

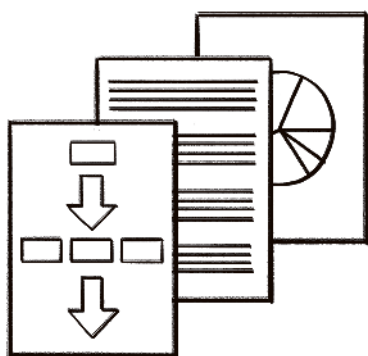
Implementation support (G-3)

The financial and other parameters have a major influence on the efforts made by hospitals and nursing homes to prevent HAIs. As a study shows, two factors are particularly conducive: competition on quality, and reputation. Comparisons with other institutions are the subject of lively discussion, also at hospital management level.

The costs resulting from hospital infections, by contrast, factor in less, even though most hospital managements are aware that HAIs are a drain on financial resources. The reasons for this are that the extent of the costs are not known,

or there is a lack of conviction when it comes to actually bringing about savings by way of preventive efforts.

The results underpin activities, current and planned, under the NOSO Strategy. In the future, standards and guidelines will provide a single framework for comparisons, and monitoring measures will help hospitals steer their own development more effectively.



The study can be downloaded on the NOSO website:
www.noso-strategy.ch.

Analysis of training requirements

Infection prevention in education (ER-1)

To prevent HAIs in medical and nursing routine, staff have to be up to speed with the latest insights and developments. In collaboration with hospital hygiene experts the FOPH is defining what is required in terms of training to effectively prevent HAIs, and who should receive this training. Additional points of reference for defining training goals are provided by interviews with experts in infection prevention and other health specialists, together with research of the literature. The results of this study are expected at the end of 2019.

Operational goals for hospitals

Implementation support (G-3)

One concern of the NOSO Strategy is to contribute to a coherent approach to combating HAIs at a national level. The federal government and its partners have taken an important step in this direction by resolving to set operational goals.

The main idea behind these operational goals is to motivate the partners involved in implementation to systematically address HAIs. Hospitals are encouraged to set their own target reductions, comply more closely with preventive measures, and set up suitable HAI monitoring arrangements. They can set priorities in accordance with their own needs and requirements. Through these operational goals the partners involved in implementation will create a common vision of how the overall rate of HAIs is to be reduced in Switzerland.

Implementing the communication concept

Implementation support (G-3) and knowledge management (G-4)

Efforts to implement a policy for systematically communicating the NOSO Strategy have been under way since 2018. They are addressed at the FOPH's implementation partners and specialists in hospitals, nursing homes and public administration. A newsletter and newly-designed website provide information on progress in the implementation of the NOSO Strategy, drawing attention to good examples, practical tools and research findings. You can subscribe to the newsletter at www.noso-strategy.ch/newsletter.



Dr Linda Nartey, cantonal physician, Canton of Bern, specialist in prevention and healthcare, MSc

What's your role in the implementation of the NOSO strategy?

As the connecting link between the medical profession and the strategic planning bodies I help maintain hospital management awareness of infection prevention. Where necessary my work involves persuading people to make the requisite interventions or earmark additional resources for hospital hygiene.

How can we reduce the risk of HAIs?

This requires a working culture with high standards of hygiene, developed in partnership with medical staff so that the change is permanent. Quality-based approaches create pressure, but in my view they're not sufficient.

Response in the events of HAI outbreaks

In case of an accumulation of unusual infections, a prompt and targeted reaction is necessary. In the case of supracantonal events, investigations should be carried out to define the source of the infection, the type of transmission and factors favouring the outbreak. Swissnoso is setting up a centre of competence for this purpose in the event of HAI outbreaks.

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 | |
| 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 | 2019 | | Hospitals, nursing homes, Confederation, Swissnoso*, ANQ, professional societies, H+ |
| | Draw up recommendations for data processing | 2019 | | 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 | 2019 | | Hospitals, nursing homes, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety, ANQ, professional societies |
| | Incorporate quality management and infection prevention | 2019 | | 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 | 2019 | | Hospitals, nursing homes, cantons*, Confederation, GDK, H+, Swissnoso |
| | Knowledge management G-4 | | | |
| | Set up knowledge platform | 2019 | | 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 |
|----------------|--------|-----------------|
|----------------|--------|-----------------|

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 | 2019 | | | Hospitals, nursing homes, Confederation, Swissnoso*, ANQ |
| Set up mechanism for direct feedback to staff | 2019 | | | Hospitals, nursing homes, Confederation, Swissnoso*, H+ |
| Introduce public reporting and benchmarking | 2019 | | | cantons, Confederation, ANQ*, Swissnoso*, GDK |
| Early detection M-3 | | | | |
| Enhance early detection | 2019 | | | Hospitals, nursing homes, Confederation, Swissnoso* |
| Extend legal reporting requirement | 2019 | | | 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 | Open | | | 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 | Open | | | 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 NOSO Strategy E-2 | | | | |
| Interim evaluation | 2020 | | | Hospitals, nursing homes, cantons, Confederation*, Swissnoso, H+, CURAVIVA/senesuisse, GDK |

All stakeholders (as at March 2019) in alphabetical order:

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Communicable Diseases Division
3003 Bern

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noso@bag.admin.ch
www.bag.admin.ch

Association of Financially Independent Old Age
and Nursing Homes (senesuisse)
CURAVIVA Switzerland
Federal Office of Public Health (FOPH)
H+ the Hospitals of Switzerland
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Swissmedic
Swissnoso
unimedsuisse – 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 working groups! Interested organisations and associations are welcome:

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Newsletter and website on NOSO strategy

In our newsletter you will find information on the implementation of the NOSO strategy, including the latest study findings, practical guidance and examples of good practice. Subscribe now at

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You will find a full range of information on the NOSO strategy at

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