

# Annual Report 2019

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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## 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 2019**

- The set-up and operation of a national surveillance system for HAI monitoring in hospitals was commissioned.
- A task force led by Swissnoso has drawn up structural minimum requirements for Swiss acute-care hospitals.
- Study results are available regarding costs and HAI mortality as well as the need to train healthcare personnel, and initial findings on HAI prevalence in nursing homes in St. Gallen.

## 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 2019, two major milestones were reached which will constitute an important advance in the systematic prevention and control of HAIs in Switzerland.

Firstly, the launch of a nationwide monitoring system. Over the coming years, modules for the systematic recording of infections will be set up and offered to acute-care hospitals. The recorded data will allow an actual measurement of the success of prevention and control measures.

Secondly, the minimum requirements for the prevention and control of HAIs in hospitals were available at the end of last year. They were defined by a task force led by Swissnoso. As soon as the Swiss Conference of the Cantonal Ministers of Public Health (CMPH) and the hospital association H+ have concluded consultation on the document, hospitals will be officially informed.

Commitment on the part of hospital management is vital in combating HAIs, especially since resources are lacking everywhere. We present two hospitals which have successfully adopted different approaches, namely innovation and cooperation.

One point that is certain is that the only way the NOSO Strategy can be successful is through the work of numerous experts and the contribution of all the stakeholders involved. I would like to thank them all sincerely for their contributions.

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

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

# NOSO from the hospital management perspective: different ways of reaching an objective

We have already reported widely on what expertise and efforts are needed to keep HAIs in check in the course of daily contact with patients. But how does hospital management deal with the issue? We have interviewed the CEOs of two institutions with very different performance profiles.

## By the numbers (2018)

### Universitäre Altersmedizin FELIX PLATTER

Beds: 307

Employees: 804

Average length of stay in geriatric acute care: 12.9 days

Number of inpatient stays: 4,788

HAI rate in 2017: 3.7 percent (in acute care)

### University Hospital Zurich

Beds: over 900

Employees: 8,480

Average length of stay for inpatient treatment: 6.6 days

Number of inpatient stays: 42,376

HAI rate in 2017: 6.4 percent

For reasons of comparability, HAI rates are given from the last national point prevalence survey in 2017.

## Universitäre Altersmedizin FELIX PLATTER, Basel

The foremost centre for geriatric medicine in north-western Switzerland combines acute geriatrics (medical care of elderly persons), rehabilitation and geriatric psychiatry.

The centre has a service agreement with the University Hospital Basel (USB) in the area of hospital hygiene. With a 20 percent workload, a USB specialist offers support in updating guidelines and their practical application. That person also acts in an advisory capacity in crisis situations, such as outbreaks of multiresistant pathogens.

Doctor Nyfeler, why did you decide to work with the USB?

*The service agreement allows us to benefit from USB expertise. Both sides are very happy with this solution. The collaboration creates synergies, which is cost-effective and at the same time leads to a high quality of hospital hygiene.*

How do you ensure that HAI prevention is given the necessary priority?

*For us, combating infections is a sine qua non for a well-run hospital. We comply with the sanaCERT quality certification and review infection prevention and hospital hygiene annually. Structures include an 11-member hygiene committee with representatives from all relevant services, from medical directors to housekeeping to kitchen staff.*

Do you work with target values, for example in hand hygiene?

*Since guideline compliance in hand hygiene is currently at an above-average 86 percent, we have not set a target value in this case but would simply like to maintain that level. Digitisation allows measurable goals to be set more easily, for example when it comes to the use of catheters. Here we are working on the introduction of an electronic patient record.*

## University Hospital Zurich

In 2013, the University Hospital Zurich (USZ) launched the ambitious goal of reducing the rate of its five most common types of HAI to 5 percent by 2018. This made for a fundamental change in the practice of hospital hygiene at USZ.

The hospital hygiene team brought on board a psychologist and a computer scientist and treaded new paths. They used video analyses of work processes and developed solutions in “design thinking” workshops together with the staff who would later apply them.

This gave rise to improvements which were sometimes quite simple – for example placing alcohol-based hand sanitiser dispensers where they are most obvious and can thus act as a hand hygiene reminder. But elaborate products were also used, such as virtual-reality goggles that simulate situations of daily nursing routine.

USZ has developed a 3D virtual-reality training environment that lets staff experience where and when they transmit bacteria.



Photograph: USZ/Nico Zonvi

Professor Zünd, USZ was able to reduce HAI rates from 8.8 to 5.6 percent within six years, which is between 500 and 1,000 fewer infections per year.

What was the key success factor?

*Measurable goals and clear priorities at the highest levels, all the way to the board of directors, played a decisive role. With the quality controller providing regular updates about infection rates to the hospital executive board, awareness of the issue remains uppermost in people’s minds.*

Do you tackle hospital infections within the context of quality processes?

*Exactly. This requires data which will allow us to monitor our development. I am convinced that transparency and traceability promote quality. By the way, I see the greatest benefit of the NOSO Strategy in its contribution to discussions regarding quality.*

*Even more important for improvements are a certain level of ambition and the corporate culture, both of which have to be set by management. Several of our clinics have already implemented a whole range of steps and can be measured systematically by infection rates.*

USZ is viewed as being highly innovative in the field of hospital hygiene. What are your plans for the future?

*We are currently developing programmes that use patient data to determine the probability of a patient developing an infection. This will allow us to react early. I have high hopes for the benefits of digitisation in this respect. We are also increasingly separating inpatient and outpatient treatment – not only physically but also in terms of processes and staff. And our new building will only have single rooms, which reduces the risk of infection considerably.*

# 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.

## Marie-Christine Eisenring Swissnoso, project manager for SSI Surveillance and validation

Marie-Christine Eisenring was involved right from the start in developing the national programme for monitoring surgical site infections (SSI Surveillance module). Since 2010 she has been responsible for all operational aspects, including methodological advancements, data analysis, training hospital staff, advising on case registration as well as notifying results to the 166 participating institutions.



*“Surgical site infections are a scientifically sound indicator of performance quality. The programme that Swissnoso carries out on behalf of the Swiss National Association for Quality Development in Hospitals and Clinics (ANQ) helped make hospitals aware of the problem. The SSI Surveillance module shows them where the critical points lie, thus providing information on potential improvements.”*



## Delphine Héquet

### Vaud Centre for Hygiene, Prevention and Infection Control (HPCi)

At the Vaud Centre for Hygiene, Prevention and Infection Control (HPCi), Delphine Héquet was responsible for a point prevalence survey on HAIs and the use of antibiotics in nursing homes. With that 2018 pilot study, her team did groundbreaking work throughout Switzerland. And with the recently revised best-practice guide to preventing and treating infections in nursing homes, the HPCi created a model resource which was adopted by several cantons.



*“Thanks to a political initiative from the 1990s, all nursing homes in the canton of Vaud have staff who are specialised in infection prevention and control. That is an advantage, but for effective action against HAIs, guidelines are crucial. The NOSO Strategy provides guidance and justifies making the necessary resources available.”*

## Rami Sommerstein

### Swissnoso, Head of Research & Development

As head of research & development for the National Centre for Infection Prevention Swissnoso, Rami Sommerstein bears project responsibility for two measures that are key to implementing the NOSO Strategy, namely the SSI Intervention module for infection prevention during surgery, and the setting up of a nationwide HAI monitoring system. He is also involved in developing guidelines for infection prevention in Switzerland.



*“I think it is important that we at Swissnoso develop simple and user-friendly tools to help hospitals prevent and control HAIs. Hospital hygiene should be perceived favourably. We are noticing a great appreciation of our expertise from the medical profession – this shows me that we are on the right track.”*

## Lauren Clack

### University Hospital Zurich (USZ), Hospital Hygiene

As a psychologist, Lauren Clack is in what is for Switzerland a unique position. At USZ, she observes what prevents hospital staff in their daily work from fully complying with infection prevention routines. Together with the staff, she then develops measures that promote the desired behaviour. She also adopts this “design thinking” approach as the head of research and innovation at HumanLabZ, a spin-off of the USZ Department of Infectious Diseases and Hospital Hygiene.



*“We observe over and over what a huge impact the human factor has on the quality of infection prevention. But old habits die hard, as we all know. Actively involving those concerned improves our solutions – but not just that: we have also been able to present the subject of infection prevention in a positive light.”*

# 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



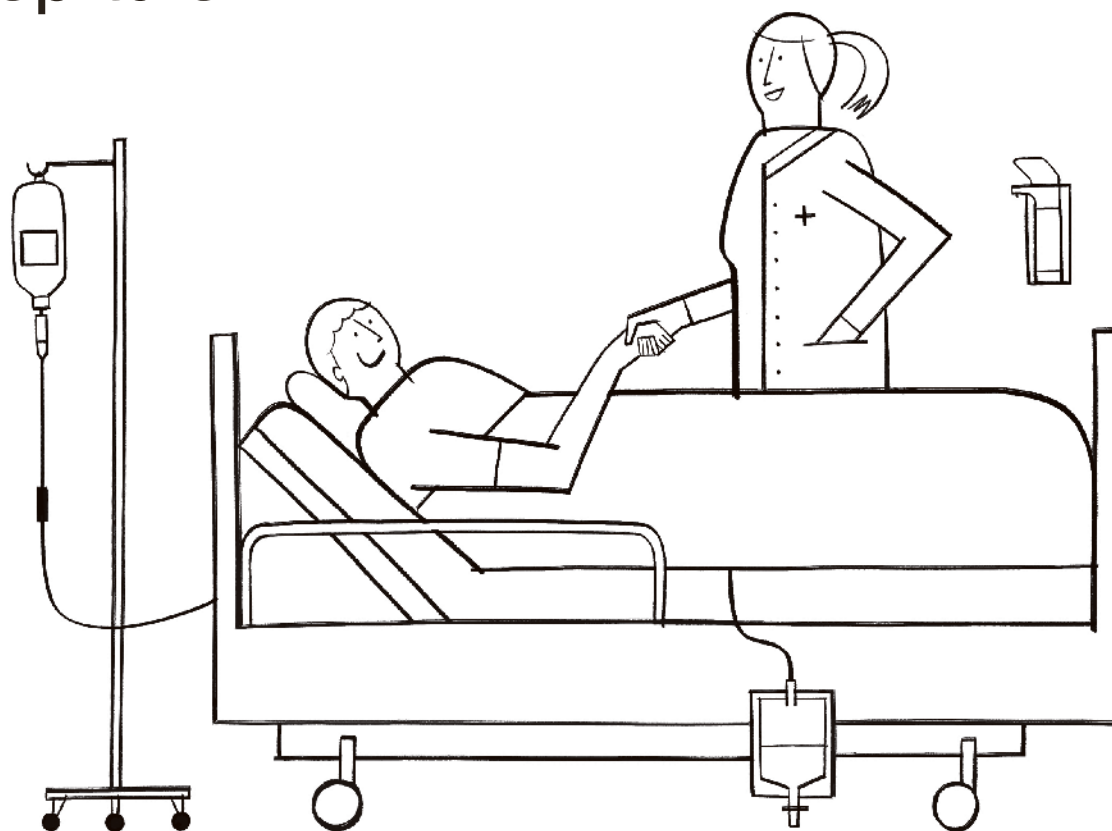
ER-2  
Research promotion



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.

## Swissnoso sets up a national surveillance system

### National monitoring system (M-1)

To ensure the quality of HAI prevention and control in inpatient healthcare and establish efficient measures, nationwide surveillance of infections is necessary. Data must also be collected and analysed according to uniform standards to allow for comparisons between individual hospitals.

Since 2009, Swissnoso has been recording and monitoring the development of surgical site infections throughout Switzerland on behalf of the ANQ. For all other HAIs,

such as central line-associated bloodstream infections (bacteraemia, CLABSI) or catheter-associated urinary tract infections (CAUTI) as well as ventilator-associated pneumonia (VAP), individual studies are available at the hospital level, but there are no nationally comparable data.

In autumn 2019, Swissnoso was awarded the contract to set up and operate a national surveillance system for HAIs in hospitals. A new team is to be formed to develop the basis for systematic monitoring. This will include defining data requirements, survey methods and minimum data quality requirements for the main types of HAI. Furthermore, infection-specific surveillance modules are to be developed in coordination with hospitals and other partners. As is already common practice in the measurement of surgical site infections, participating hospitals will someday receive individual evaluations and reference values from other institutions for their benchmarking.

The first module addresses bloodstream infections and should be available for hospitals from 2021. Other modules will be developed as required for relevant infections based on the results of the point prevalence studies.

## Minimum requirements for hospitals

### Standards and guidelines (G-1)

Hospitals should meet certain requirements in order to effectively prevent and control HAIs. Based on scientific evidence, recommendations of the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (WHO), a task force led by Swissnoso has drawn up structural minimum requirements for Swiss acute-care hospitals.

The catalogue was drawn up in collaboration with various experts and reviewed by key stakeholders (Swiss Society for Hospital Hygiene [SGSH], Swiss Society for Infectious Diseases [SSI]), Specialist Nurses in Infection Prevention [SIPI] and Specialists in Infection Prevention and Hospital Hygiene Counsellors [fibs]). It lists key components of hospital hygiene such as organisation and staffing, material and equipment (e.g. the number and location of hand disinfection dispensers), targeted training of healthcare staff, internal audits to verify achievement of hospital hygiene goals as well as HAI monitoring and control measures.

The minimum requirements will provide the cantons with a generally recognised instrument that defines what hospitals should be implementing on their premises. Consultation of CMPH and H+ is still pending. On conclusion of the procedure (probably in the second half of 2020), the cantons will, together with the FOPH, inform hospitals – because the minimum requirements are mainly aimed at them. A national platform for information and exchange of experience is being developed to support those involved.

Costs for introducing minimum requirements depend on several factors, such as the size of the hospital. At the same time, successful HAI prevention can entail considerable cost-savings. Smaller hospitals which do not have the necessary framework can co-use the structures of the larger hospitals through contractual agreements (see also the interview with Kathrin Huber of CMPH, page 15).



PD Dr Walter Zingg, Infection Prevention and Control Division, University Hospitals Geneva (HUG)

How does a hospital benefit from participating in the annual point prevalence study?

*Firstly, hospitals get a snapshot of HAI-relevant issues across all departments, ranging from the number of patients affected by an infection to information on the deployment of catheters and the use of antibiotics. Particularly in the case of larger hospitals, the analysis provides valuable indicators for improving infection prevention, as it covers the entire operation. Secondly, they can assess where they stand in relation to other hospitals.*

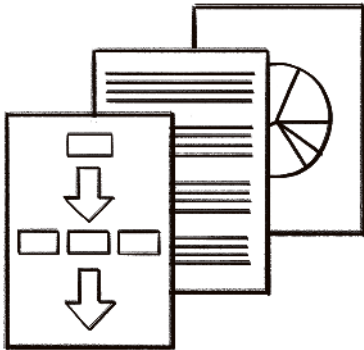
What would be involved in participating?

*For every 50 to 60 beds, two people are needed to collect the data on the specific day. I see the greatest challenge in ensuring that everyone involved collects their data according to uniform criteria. Digitisation opens up major opportunities in that respect: in future we will probably be measuring less and extrapolating more using reference data from electronic patient files.*

## Estimate of costs and mortality due to HAI

### Baseline (E-1)

A study based on the point prevalence survey carried out in hospitals in 2017 produced a new estimate of the costs and mortality due to HAI. These figures had not been reviewed since 2004.



According to this study, 59,091 patients were affected by health-care-associated infections in 2017 and 5,909 must have died as a result of them. The additional time spent in hospital was estimated at 6.4 days. This resulted in costs to the health system estimated at 751 million Swiss francs, which amounts to 12,709 Swiss francs per HAI.

This new study provides a more accurate estimate of the situation in Switzerland and forms an important basis for future evaluation of activities conducted within the NOSO Strategy.

Across all 34 participating hospitals with 5,700 patients, HAI prevalence was 5.4 percent. That figure was slightly lower than in 2018 (5.5 percent). In the 2017 national survey, in which 96 hospitals took part, the figure was 5.8 percent. In large hospitals and university hospitals, the 2019 HAI rate was significantly higher (7.4 percent) than in other types of hospital.

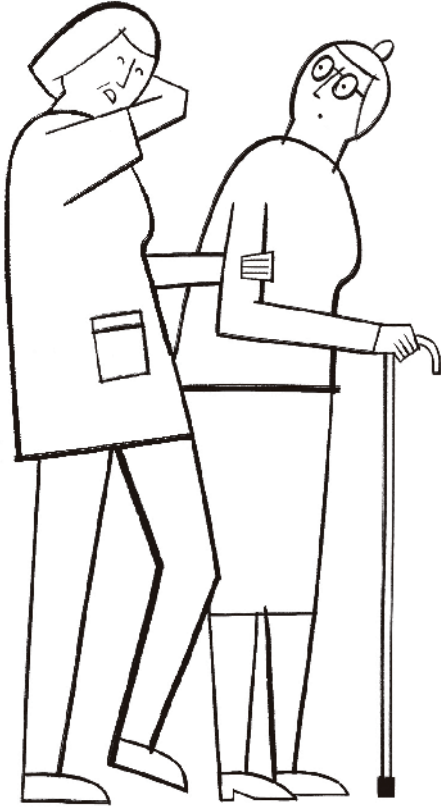
A national point prevalence survey on HAIs and the use of antimicrobial agents will again be conducted in 2020.

## National point prevalence survey 2019

### Baseline (E-1)

As in the previous year, Swiss acute-care hospitals had the opportunity to conduct a point prevalence survey in 2019. With these annual studies, Swissnoso provides hospitals a way to review their HAI rates and compare themselves to similar institutions.

# 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.

## Feasibility study in St. Gallen nursing homes

### Baseline (E-1)

For the first time in German-speaking Switzerland, St. Gallen Cantonal Hospital (KSSG), in collaboration with HPCi Vaud, investigated the spread of HAIs in nursing homes and the amount of antibiotics that are used. In St. Gallen, the HAI rate of 4.0 percent was comparable to that of the canton of Vaud (4.4 percent), whereas antibiotic use was slightly lower (2 percent compared with 3.9 percent in Vaud).



PD Dr med. Philipp Kohler, Consultant Clinic for Infectious Diseases and Hospital Hygiene, St. Gallen Cantonal Hospital

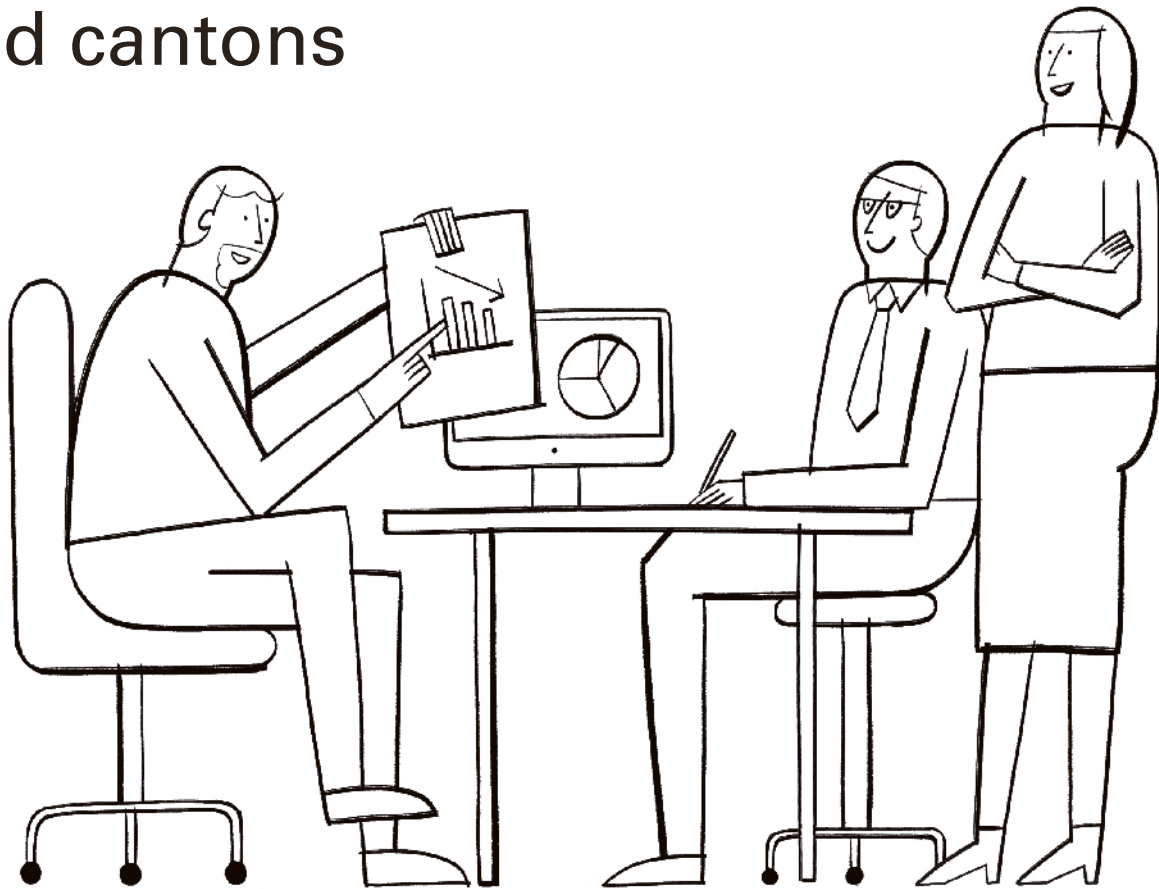
What findings did you consider to be significant?

*Whereas the infection rate is within the European average, we are doing very well in terms of antibiotic use – particularly in German-speaking Switzerland. We must keep in mind, however, that this is only a snapshot from nursing homes.*

How was the collaboration with nursing homes?

*Very positive – interest exceeded our expectations, and we even had to turn down some homes. Staff awareness of the issues of infections and antibiotic use was also very high. All this makes for excellent conditions for a national survey. We are now investigating the possibility of conducting such a survey in the coming years.*

# 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.

## Analysis of training requirements

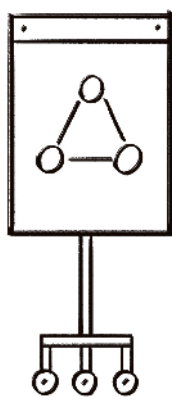
### Infection prevention in education (ER-1)

Whether HAI measures in hospitals and nursing homes are successful largely depends on the problem awareness and knowledge of the entire staff. In a survey of around 100 persons in four healthcare facilities, one study identified shortcomings which affected all professional groups, from health specialists to non-medical staff and management. Particularly in the case of complex processes or when it came to understanding how germs can be transmitted, special-



ist knowledge and competencies were insufficient for everyday practice.

In order to bridge these gaps, the report recommends a number of measures. Thus a national standard should determine which minimum skills are to be acquired in vocational training, and communication of theoretical knowledge is to increasingly give way to practical exercises. The report also suggests addressing HAI topics in human resource development, whereby a differentiation should be made according to the level of hierarchy and the risk profile.



The FOPH and implementing partners are now looking into these recommendations and are expected to decide jointly in the second half of 2020 which of the suggested measures will be implemented and how.

The main results of the study can be found at: [www.noso-strategy.ch](http://www.noso-strategy.ch) > NOSO at the federal and cantonal levels

## Study on incentive systems

### Implementation support (G-3)

What is the best motivator for hospitals and nursing homes to do more to prevent HAIs? One study published by the FOPH in November concluded that two aspects are particularly beneficial, namely qualitative competition and reputation. Hospitals pay close attention to

comparisons with similar establishments. In principle, they also welcome a national HAI surveillance system.

The study recommends that, as a first step, indicators be used for monitoring which allow statements on the quality of in-hospital processes – for example, how well staff adhere to hand hygiene measures.

This is one of the aims of the structural minimum requirements for Swiss acute-care hospitals regarding prevention and control of HAIs, which are being developed as part of the NOSO Strategy. Over time, the FOPH expects them to become established as incentives for hospitals. For that reason, no further measures are currently being launched to promote hospital incentives.

The study and the FOPH's commentary are available at: [www.noso-strategy.ch](http://www.noso-strategy.ch) > NOSO in hospitals

## Implementing the communication concept

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

Since May 2019, a newsletter has been informing the NOSO Strategy's implementation partners and other interested parties about current developments. At this point it has almost 400 subscribers. A video clip in September which referred to Swissnoso's SSI Intervention module on infection prevention during surgery met with a big response. The clip was played almost 7,000 times on social media. It can be viewed here:

[www.noso-strategy.ch](http://www.noso-strategy.ch)



Kathrin Huber, Deputy Secretary General, Conference of the Cantonal Ministers of Public Health (CMPH)

The structural minimum requirements for Swiss acute-care hospitals regarding prevention and control of HAIs are available in draft form. How significant do you consider them to be?

*Two aspects of the minimum requirements seem particularly positive to me. Firstly, that they set a common standard and define for everyone the minimum efforts required to effectively control nosocomial infections. Secondly, they make HAI prevention a topic of discussion between cantons and hospitals, thereby raising awareness of the issue in governing bodies as well.*

What needs to be considered during implementation?

*If the minimum requirements are to become a binding standard that is applied Switzerland-wide, if possible, they must be supported both by the cantons and by the hospitals. We therefore welcome the fact that these stakeholders can express their views during a consultation process.*

## 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	In implementation	Established	
Governance	<b>Standards and guidelines G-1</b>				
	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
	<b>Responsibilities and structures G-2</b>				
	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
	<b>Implementation support G-3</b>				
	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	2020			Hospitals, nursing homes, cantons*, Confederation, GDK, H+, Swissnoso
	<b>Knowledge management G-4</b>				
	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				
<b>National monitoring system M-1</b>				
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
<b>Targeted data utilisation M-2</b>				
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
<b>Early detection M-3</b>				
Enhance early detection				Hospitals, nursing homes, Confederation, Swissnoso*
Extend legal reporting requirement				Hospitals, nursing homes, Confederation*, Swissnoso

Prevention and control

<b>Optimisation and further development PC-1</b>				
Implement standards and guidelines in practice				Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety
<b>Awareness raising and involvement PC-2</b>				
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+
<b>Learning and dialogue culture PC-3</b>				
Establish infection prevention in corporate culture				Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso
<b>Promotion of preventive vaccination PC-4</b>				
Promote preventive vaccination				Hospitals, nursing homes, cantons, Confederation*, GDK

Education and research

<b>Infection prevention in education ER-1</b>				
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+
<b>Research promotion ER-2</b>				
Establish HAI in promotion of research				University hospitals, Confederation, Swissnoso, professional societies*, GDK, research institutions
<b>New technologies, quality assurance ER-3</b>				
Formulate principles for evaluating new technologies	Open			Hospitals, nursing homes, Confederation, Swissnoso, professional societies*, research institutions

Evaluation

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

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## All stakeholders (as at March 2020) 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

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CMPH – Swiss Conference of the Cantonal  
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www.anq.ch

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  
und Berater/-innen für Spitalhygiene  
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# Newsletter and website on the 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:

[www.noso-strategy.ch/newsletter](http://www.noso-strategy.ch/newsletter)

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

[www.noso-strategy.ch](http://www.noso-strategy.ch)

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