



FAQs

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National Strategy for the Monitoring, Prevention and Control of Healthcare-Associated Infections (NOSO strategy)

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1. What are healthcare-associated infections (HAIs)?

The NOSO strategy defines any infections as HAIs if they occur while staying in a hospital or care home in connection with a diagnostic, therapeutic or nursing procedure, or simply from being in contact with a healthcare setting, for example as a result of pathogens in the air or on surfaces. According to a national point prevalence survey conducted in 2017, surgical site infections are the most common, followed by respiratory tract infections (pneumonia), catheter-associated bacteraemia (sepsis) and urinary tract infections.

2. How dangerous are these infections?

Some 70,000 people get a healthcare-associated infection in Switzerland every year. The infections lead to prolonged or additional treatments, can cause long-term damage and are responsible for around 2,000 deaths a year. These figures were estimated by the Swissnoso panel of experts (www.swissnoso.ch) on the basis of previous studies. The figures are to be updated soon in line with the results of the national point prevalence survey and published again during the course of 2019.

3. Why was a national strategy developed for HAIs?

In the Federal Council's health policy strategy (Health2020), the reduction of HAIs was set out as a priority measure to improve the protection of public health. The revised Epidemics Act, which came into force on 1 January 2016, mandates the federal government – with the involvement of the cantons – to define objectives and strategies to identify, monitor, prevent and control communicable diseases, and to develop a national HAI programme. Through this National Strategy for the Monitoring, Prevention and Control of Healthcare-Associated Infections (NOSO strategy), the federal government, cantons and actors involved in strategy development lay the necessary foundations for a targeted and nationally-coordinated approach.

4. Who is responsible for implementing the NOSO strategy?

The federal government is responsible for implementing the strategy, more specifically the Federal Office of Public Health (FOPH). The cantons and all other stakeholder groups were involved in developing the strategy, including hospitals, care homes, and representatives of physicians and nurses. The objective set out in the strategy, namely to achieve a significant and lasting reduction in HAIs, can only be achieved with the involvement of all stakeholders.

5. What are the objectives?

The NOSO strategy aims to reduce the number of HAI cases and prevent the spread of potentially dangerous pathogens in hospitals and care homes, in order to

- (1) increase the safety of patients, residents and staff,
- (2) improve the protection of public health,
- (3) help prevent and control antibacterial resistance in Switzerland, and
- (4) reduce follow-up costs.

The NOSO strategy aims to lay the foundations for a coordinated, efficient and uniform approach throughout Switzerland to monitor, prevent and control HAIs. It builds on exist-

ing structures and measures, sets out responsibilities and helps align the various efforts with the prevention and control objectives.

6. How are these objectives to be achieved?

The NOSO strategy comprises five thematic priorities, each with different objectives and key measures:

- 1) Governance
- 2) Monitoring
- 3) Prevention and control
- 4) Education and research
- 5) Evaluation

Various measures are to be implemented on a staggered basis at national level over the next few years. In the *Governance* action area, evidence-based standards and guidelines; clearly-defined responsibilities; optimised structures, processes and incentives; and an efficient knowledge management system will help achieve the overarching objective. In the *Monitoring* action area, the surveillance of HAIs and their pathogens will be expanded where necessary on the basis of existing structures, ongoing programmes and legal bases, and taking due account of responsibilities. In the *Prevention and control* action area, efforts will be made to ensure that the various stakeholders are aware of the HAI issue and take it seriously, and that they play their part in implementing the NOSO strategy. The focus of the *Education and research* action area is to reinforce infection prevention in education, particularly in the training of hospital and care home staff. It also aims to promote research. Finally, the *Evaluation* action area comprises studies that evaluate the current epidemiological situation in Switzerland and the impact of measures implemented as part of the NOSO strategy.

7. When will the strategy be implemented?

Implementation of the strategy was started in 2016 after it was approved by the Federal Council. The implementation plan was drawn up by the FOPH with the involvement of stakeholders, and some measures are already being implemented. The Federal Council has scheduled an initial interim evaluation of implementation work for the end of 2020.

8. Can HAIs ever be entirely prevented?

No. Patient-specific factors also play a role in the occurrence of such infections (e.g. the patient's immune system, accompanying illnesses), as do the ever more complicated medical interventions and therapies, e.g. in intensive care units. That said, targeted surveillance, prevention and control could reduce the number of cases by 35 to 55 per cent, depending on the infection type.

9. Does the NOSO strategy also contain financial objectives?

It is estimated that HAIs generate costs of around CHF 230 million a year in Switzerland. Cost reduction is therefore also one of the strategy's objectives. However, the potential saving cannot be quantified at the current time.

10. What has the federal government done so far to prevent HAIs?

The expert panel Swissnoso was set up in 1994 at the instigation of the FOPH. It publishes recommendations on prevention and control of HAIs and antibiotic resistance. The Swiss hand hygiene campaign which was coordinated by Swissnoso in 2005/2006 is the largest quality promotion campaign ever conducted in the Swiss healthcare system. Surgical site infections have also been monitored through the Association for Quality Development in Hospitals and Clinics (ANQ) since 2009. The results are published every year in the Swissnoso bulletin.

11. The FOPH worked with other federal offices to develop a national antibiotic resistance strategy (StAR). Is it connected in any way to the NOSO strategy?

Yes. HAIs with resistant pathogens are the hardest to treat and cause the most deaths. If the number of such infections is reduced, this has an impact on the use of antibiotics as less prophylactic antibiotics are needed to reduce the risk of infection during surgical procedures and to fight the infection once a patient is sick. This also reduces the risk of resistant pathogens developing and spreading. This connection requires the two project teams to work together closely.

12. The FOPH's quality strategy also makes reference to hospital-acquired infections. What is the link?

The federal government's quality strategy aims to ensure high-quality medical care in hospitals. Improvements in quality of medical care increase patient safety and reduce the risk of HAIs. As part of the quality strategy, a pilot programme is currently being conducted on urinary catheters. The findings from the pilot programme will be incorporated in the NOSO strategy.

13. Are there any international provisions related to HAI that also apply to Switzerland?

No. But as a member of the World Health Organization (WHO), Switzerland supports the Global Action Plan on Antimicrobial Resistance and the Quality of care: patient safety resolution (WHA55.18) in which the WHO member states call for increased efforts in the field of patient safety. The NOSO strategy is intended to make a contribution in this area.