Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Département fédéral de l'intérieur DFI
Office fédéral de la santé publique OFSP

Stratégie NOSO

Atelier des parties prenantes 2024 Stratégie NOSO

8 novembre 2024

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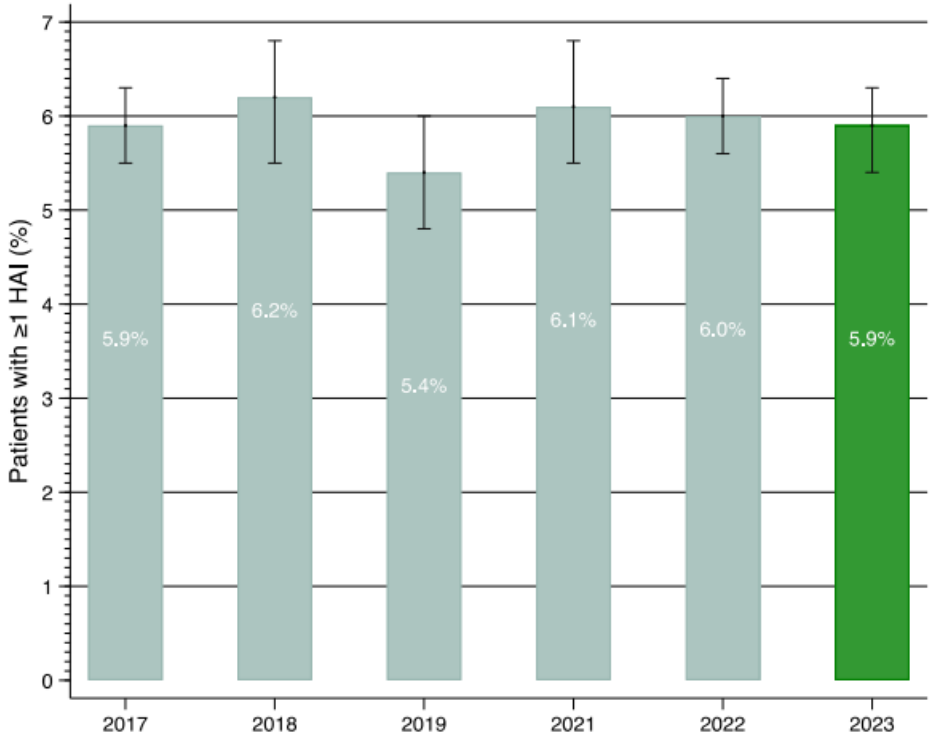
Stratégie NOSO

Stratégie NOSO

État de la mise en œuvre

Les infections associées aux soins sont trop fréquentes – encore aujourd'hui

- Dans les hôpitaux suisses, la fréquence des IAS est de 6%
- Jusqu'à la moitié de celles-ci est évitable



HAI-prevalence since 2017 in all participating hospitals.

Extrait de: "Point prevalence survey 2023 of healthcare-associated infections and antimicrobial use in Swiss acute care hospitals", Feb. 2024, Swissnoso.

Pour la réduction de ces infections

- **Objectifs globaux de** la Stratégie NOSO:
  1. Réduire les IAS dans les hôpitaux et les établissments médico-sociaux
  2. Augmenter la sécurité des patients
  3. Éviter les coûts inutiles

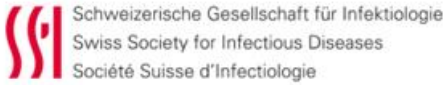
- La Stratégie NOSO permet und **mise en oeuvre de mesures nationale et coordonnée**

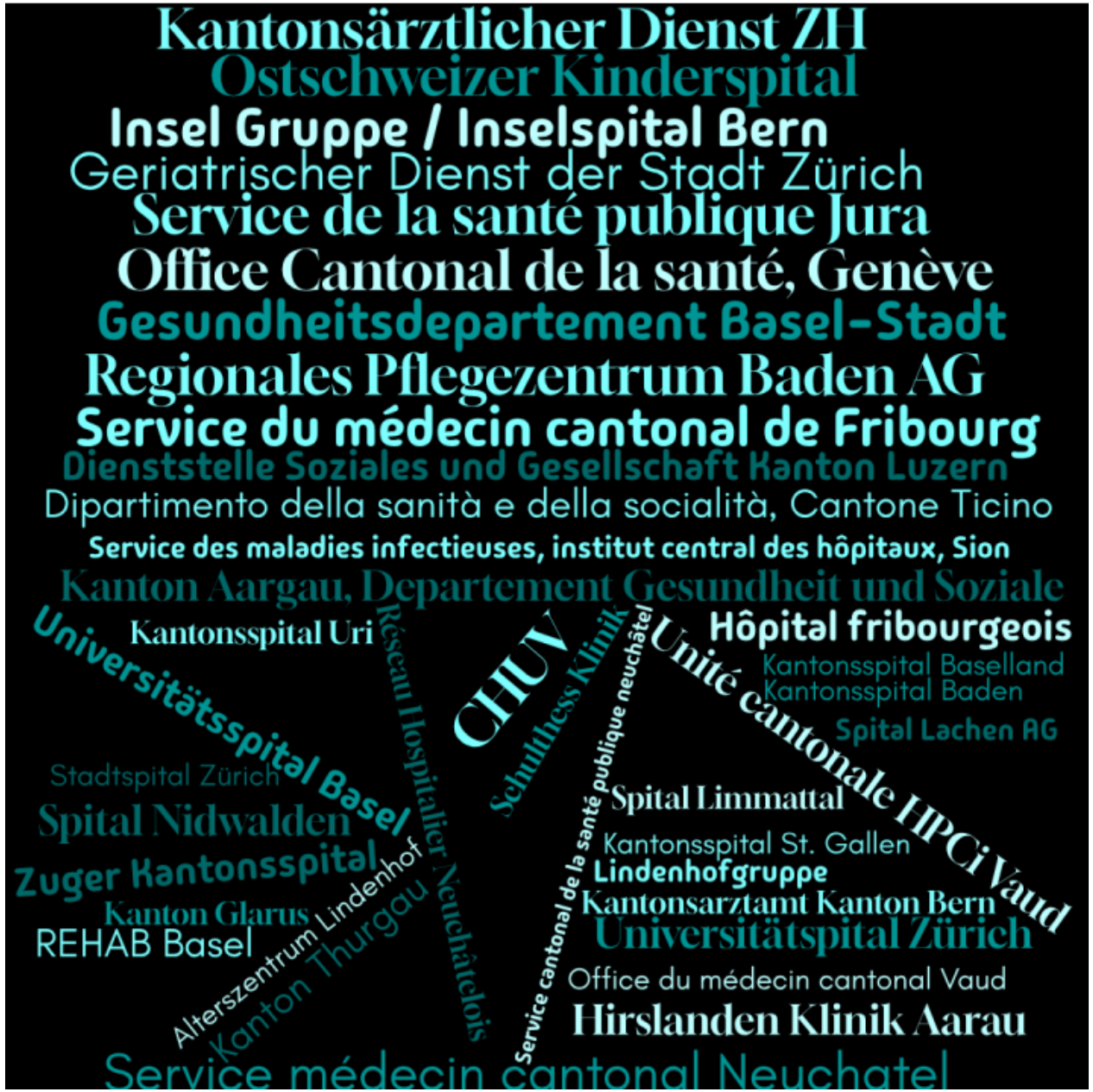
- Basée sur la **Loi sur les épidémies**

- Tous les **acteurs** sont responsables à leur niveau

La mise en œuvre est un projet collectif

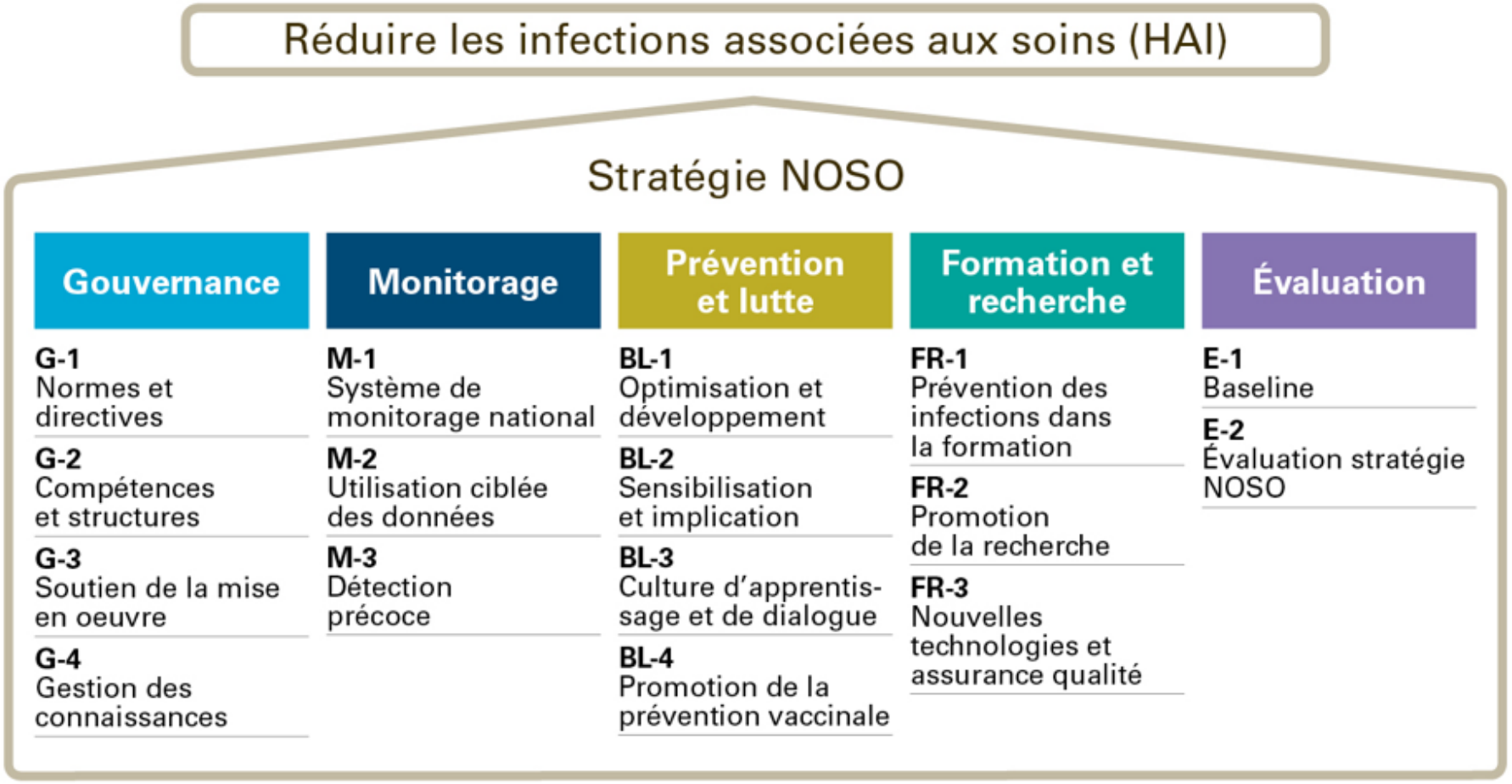
Stratégie NOSO



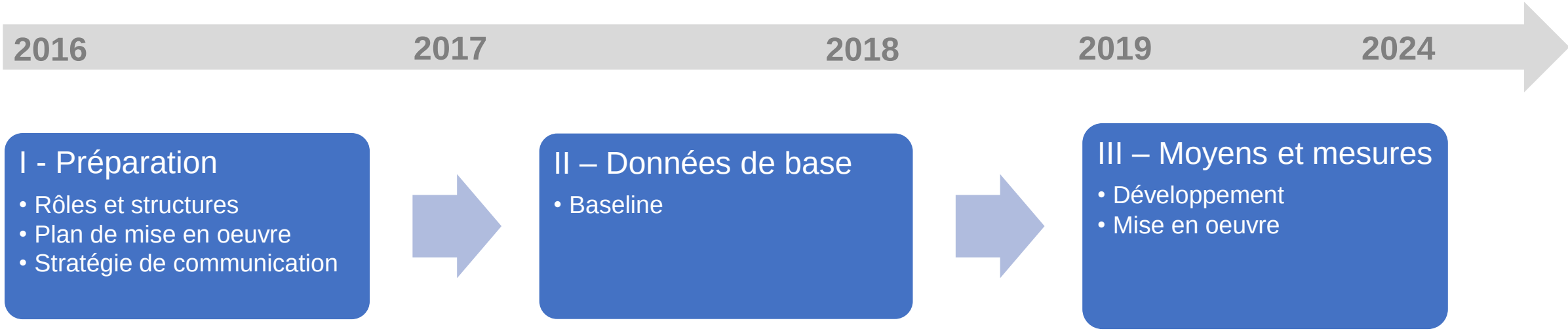

Kantonsärztlicher Dienst ZH
Ostschweizer Kinderspital
Insel Gruppe / Inselspital Bern
Geriatrischer Dienst der Stadt Zürich
Service de la santé publique Jura
Office Cantonal de la santé, Genève
Gesundheitsdepartement Basel-Stadt
Regionales Pflegezentrum Baden AG
Service du médecin cantonal de Fribourg
Dienststelle Soziales und Gesellschaft Kanton Luzern
Dipartimento della sanità e della socialità, Cantone Ticino
Service des maladies infectieuses, institut central des hôpitaux, Sion
Kanton Aargau, Departement Gesundheit und Soziale
Kantonsspital Uri
Universitätsspital Basel
Réseau Hospitalier Neuchâtelois
CHUV
Schulthess Klinik
Service cantonal de la santé publique neuchâtel
Unité cantonale HPCi Vaud
Hôpital fribourgeois
Kantonsspital Baselland
Kantonsspital Baden
Spital Lachen AG
Stadtspital Zürich
Spital Nidwalden
Zuger Kantonsspital
Kanton Glarus
REHAB Basel
Alterszentrum Lindenhof
Kanton Thurgau
Spital Limmattal
Kantonsspital St. Gallen
Lindenhofgruppe
Kantonsarztamt Kanton Bern
Universitätspital Zürich
Office du médecin cantonal Vaud
Hirslanden Klinik Aarau
Service médecin cantonal Neuchatel

Les principes de la mise en œuvre

- **Participation**
- Construire sur **l'existant** et **combler les lacunes**
- Prise en compte des **besoins et des spécificités** des établissements de santé
- **Coordination** avec d'autres stratégies et programmes nationaux


Réduire les infections associées aux soins (HAI)
Stratégie NOSO
Gouvernance
G-1 Normes et directives
G-2 Compétences et structures
G-3 Soutien de la mise en oeuvre
G-4 Gestion des connaissances
Monitorage
M-1 Système de monitorage national
M-2 Utilisation ciblée des données
M-3 Détection précoce
Prévention et lutte
BL-1 Optimisation et développement
BL-2 Sensibilisation et implication
BL-3 Culture d'apprentissage et de dialogue
BL-4 Promotion de la prévention vaccinale
Formation et recherche
FR-1 Prévention des infections dans la formation
FR-2 Promotion de la recherche
FR-3 Nouvelles technologies et assurance qualité
Évaluation
E-1 Baseline
E-2 Évaluation stratégie NOSO

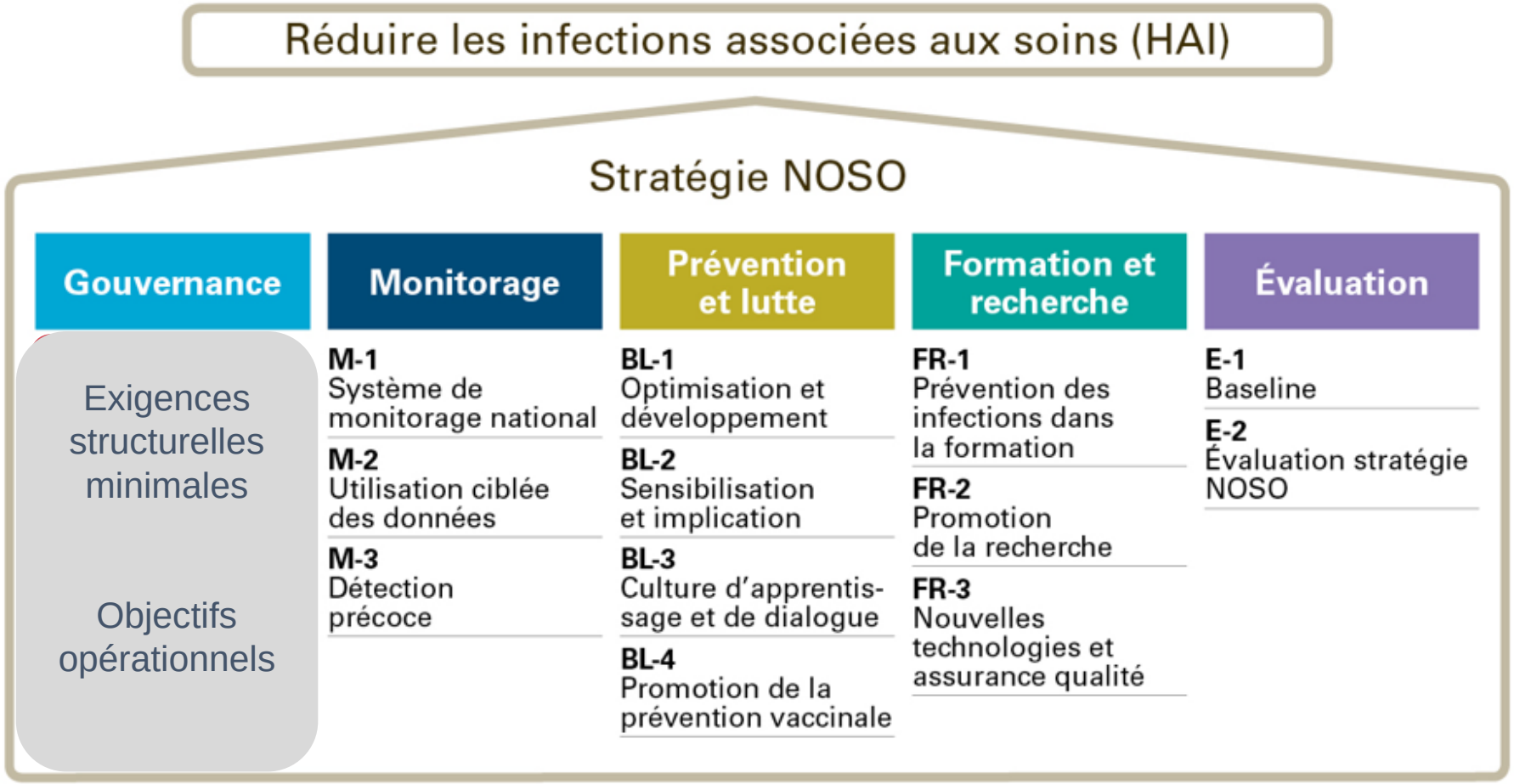
Phases de la mise en oeuvre



Nous sommes sur la bonne voie

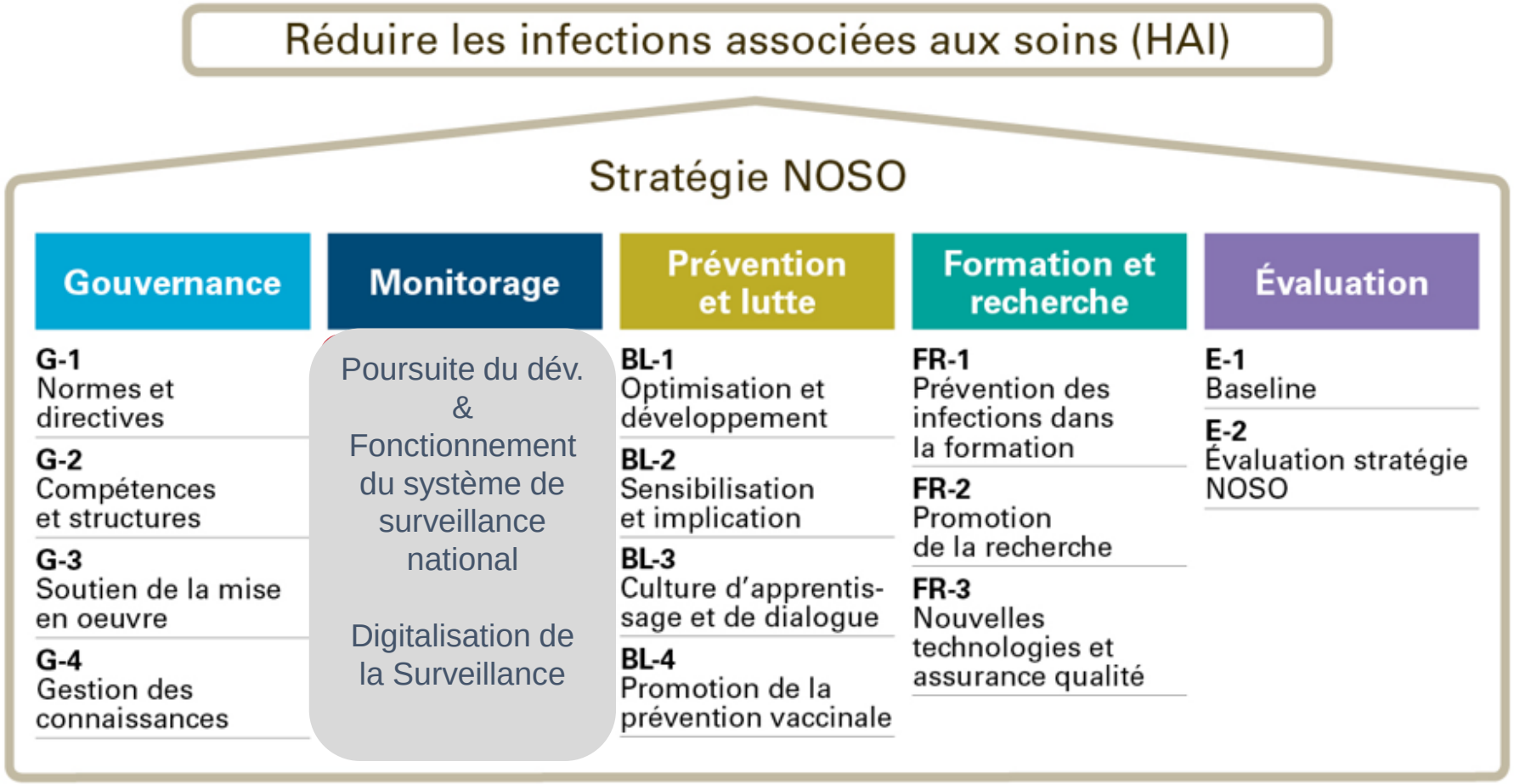
- De façon globale, des mesures ont été introduites dans tous les champs d'action.
- Les mesures mises en œuvre se sont principalement concentrées sur les hôpitaux.
- Des mesures pour les établissements médico-sociaux sont en cours de développement.
- La collaboration avec les partenaires est centrale et fonctionne bien.

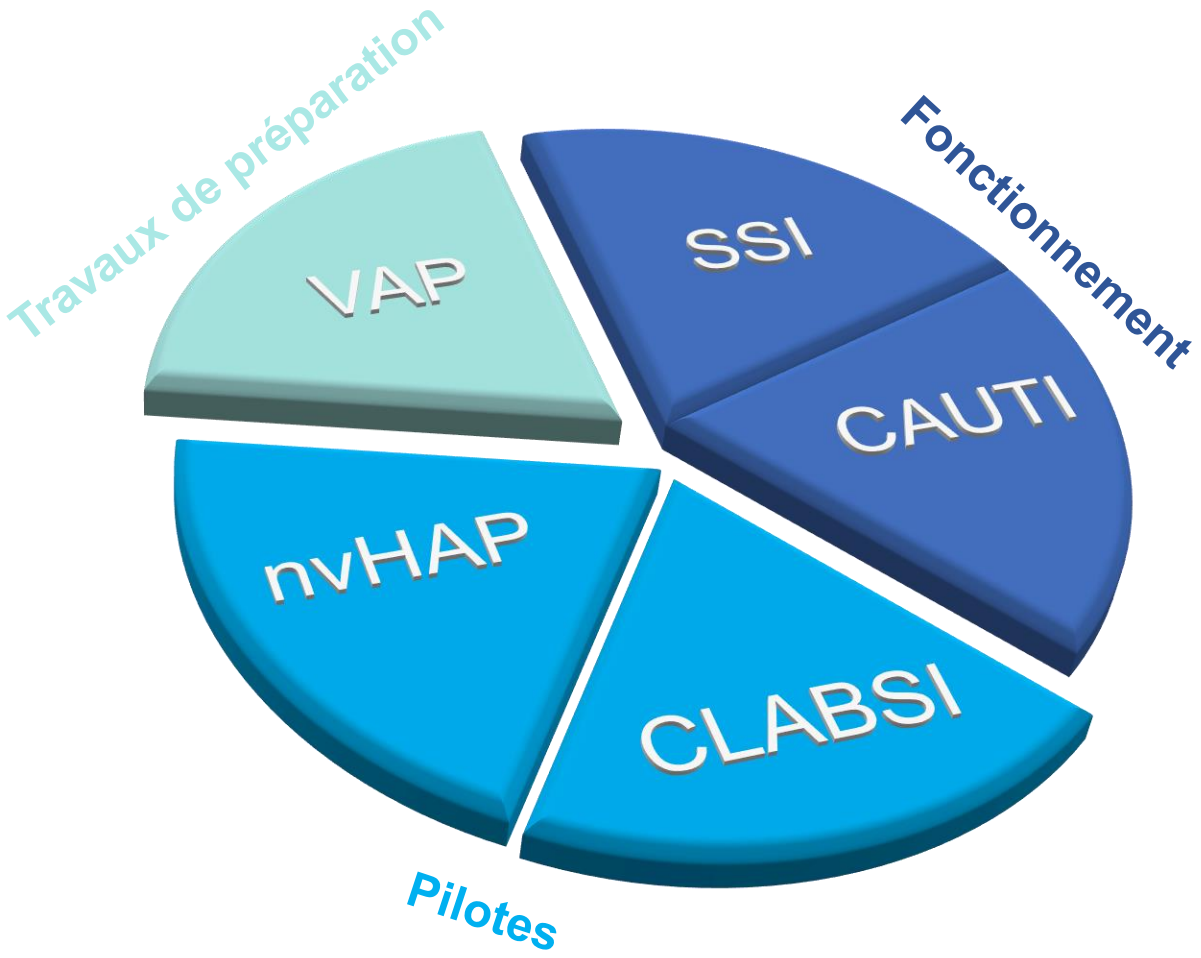
Mesures dans les hôpitaux en 2023-2024



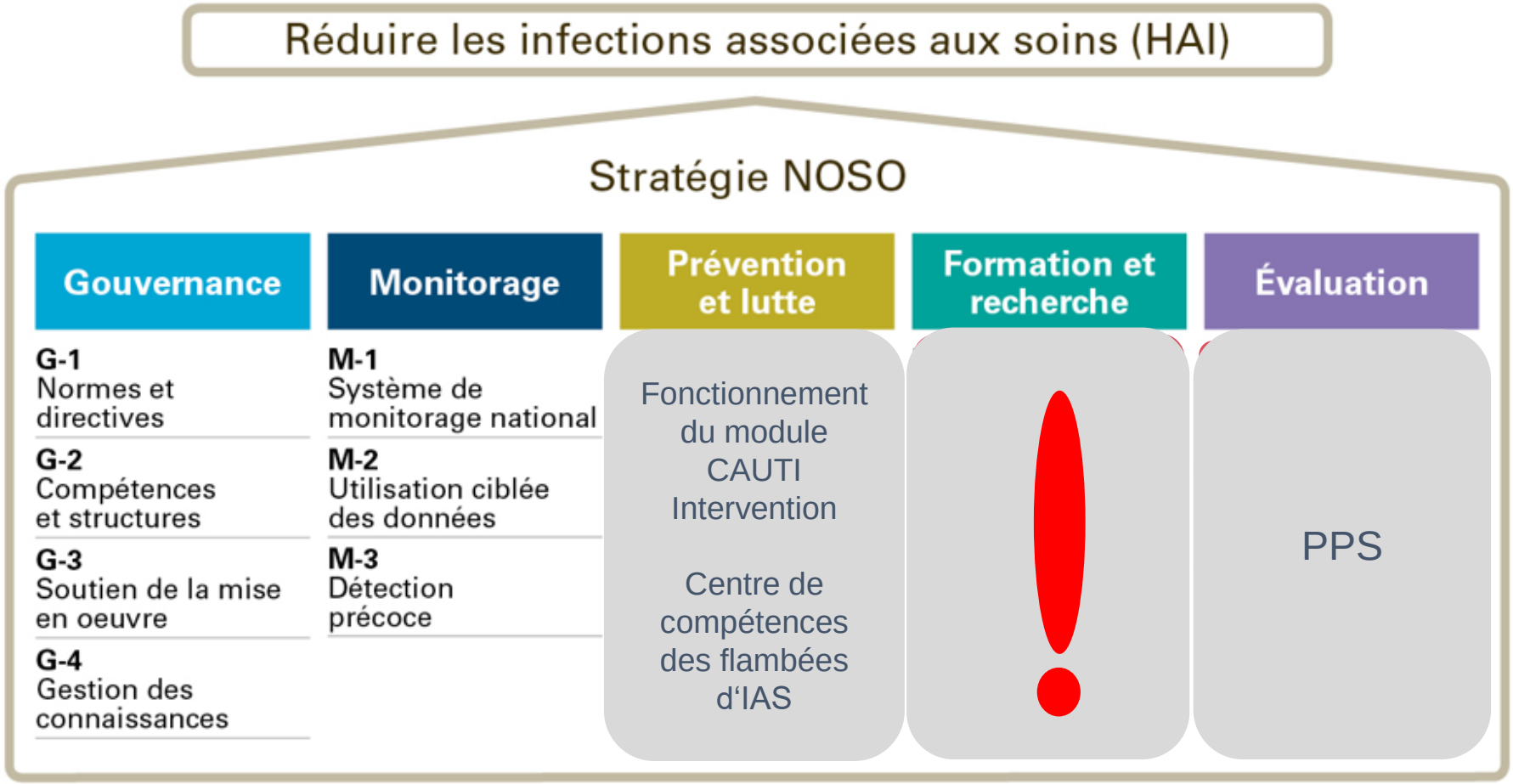
Recommandations pour les hôpitaux

Mesures dans les hôpitaux en 2023-2024

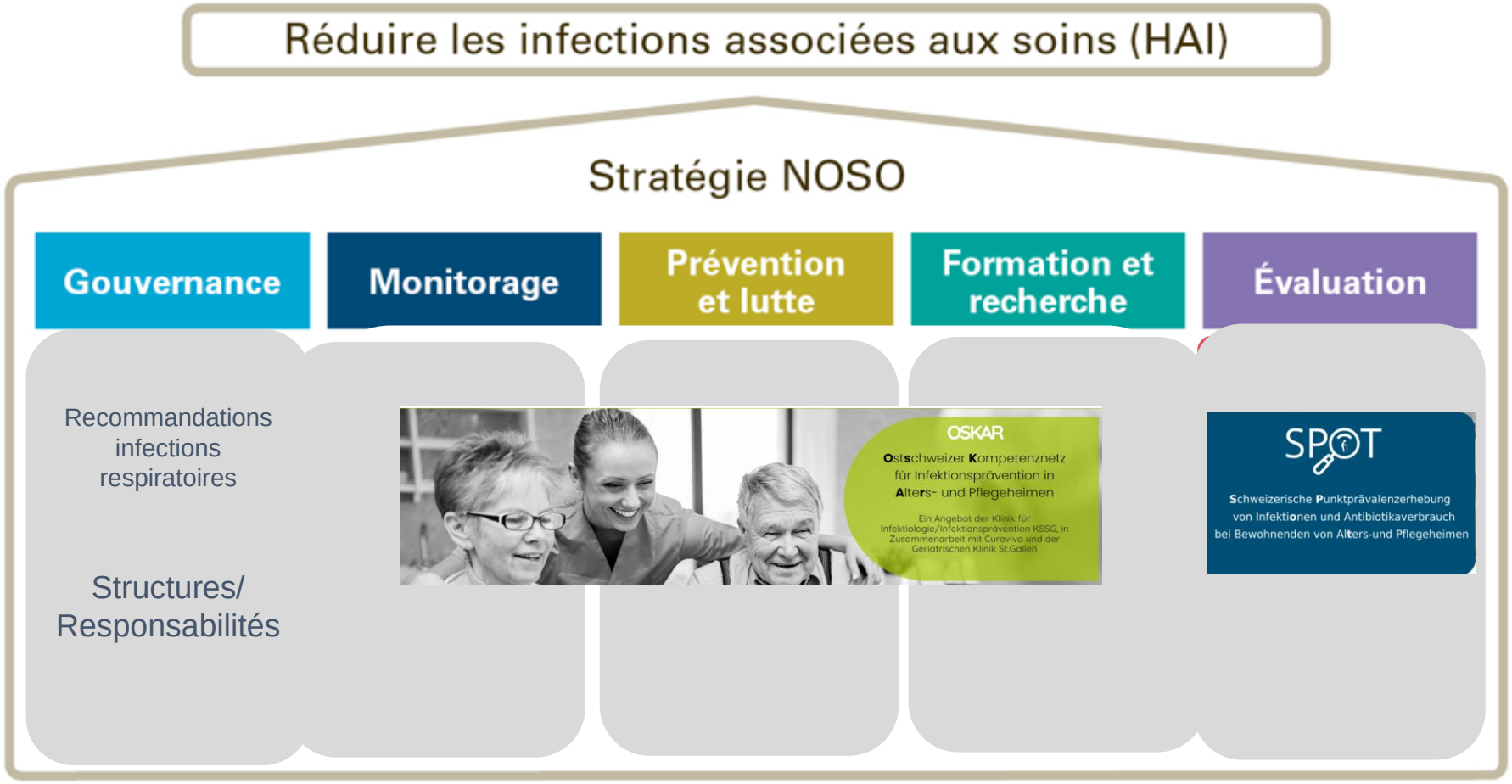



Travaux de préparation
VAP
Fonctionnement
SSI
CAUTI
nvHAP
CLABSI
Pilotes

Mesures dans les hôpitaux en 2023-2024

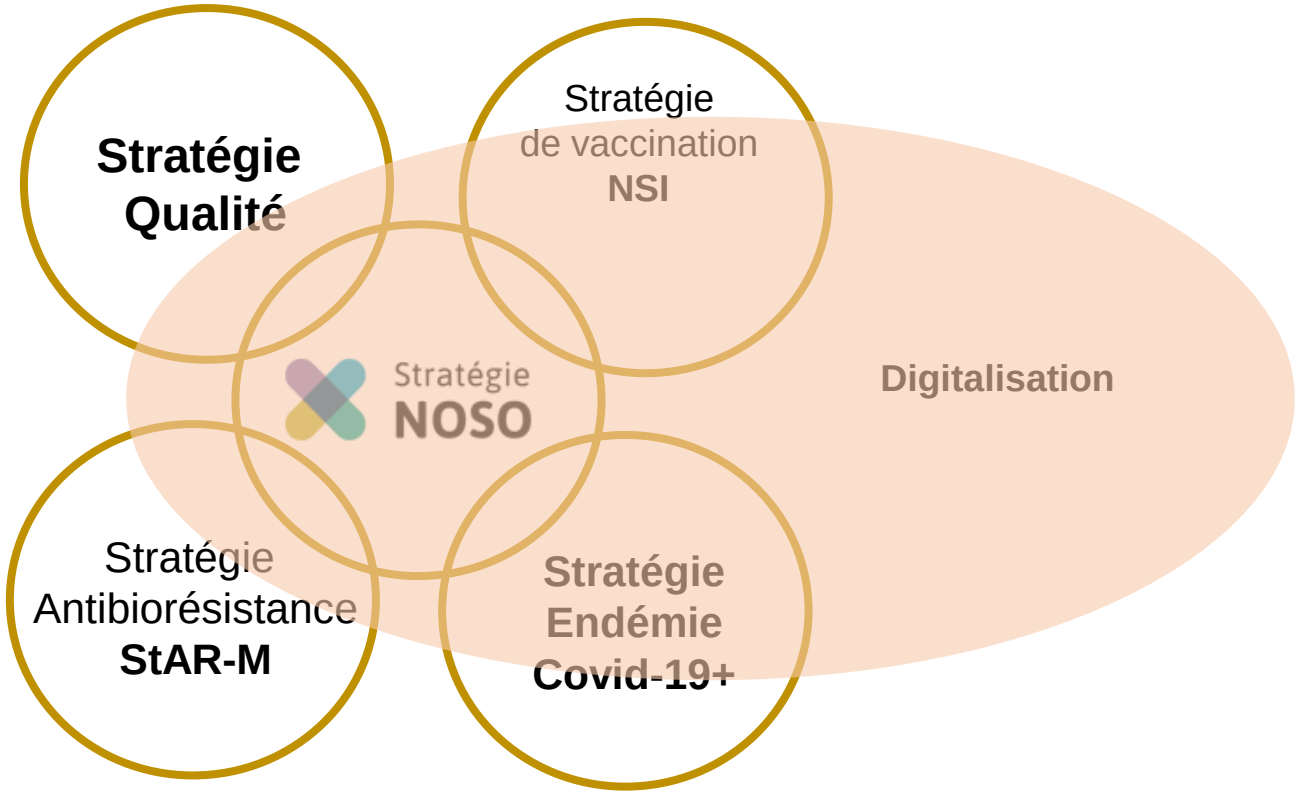


Mesures dans les EMS en 2023-2024



Élaboration du Plan d'action pour les EMS

Stratégies nationales et programmes



- Coordination et collaboration
- Interfaces: avant tout standards, utilisation des données, monitoring

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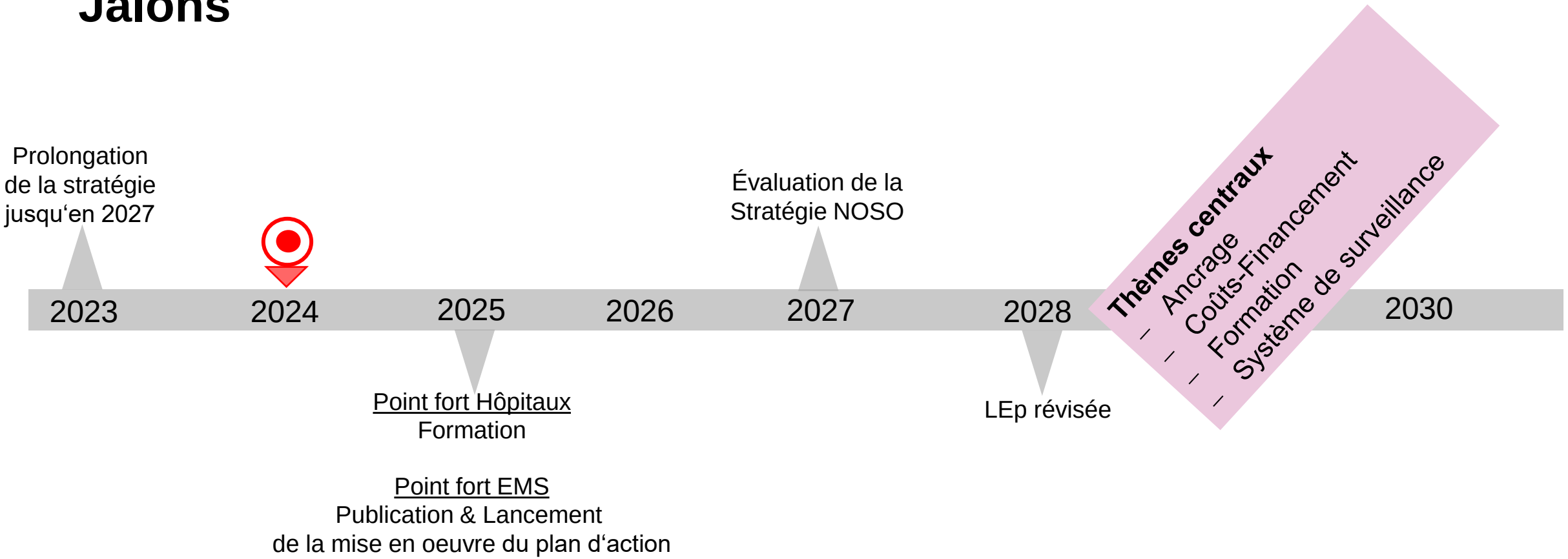
Stratégie
NOSO

Merci pour votre attention

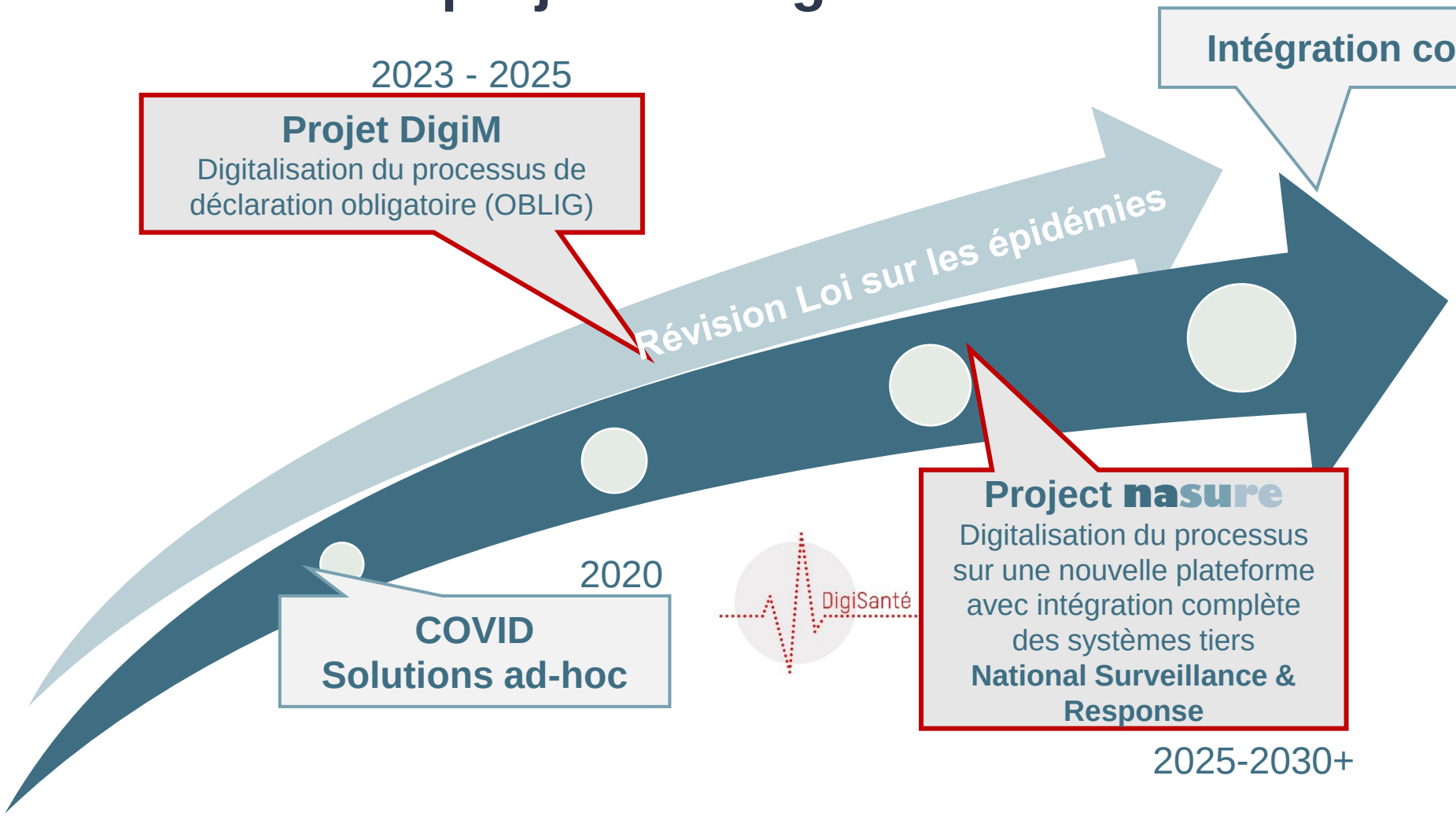
Stratégie NOSO

Les années à venir

Jalons

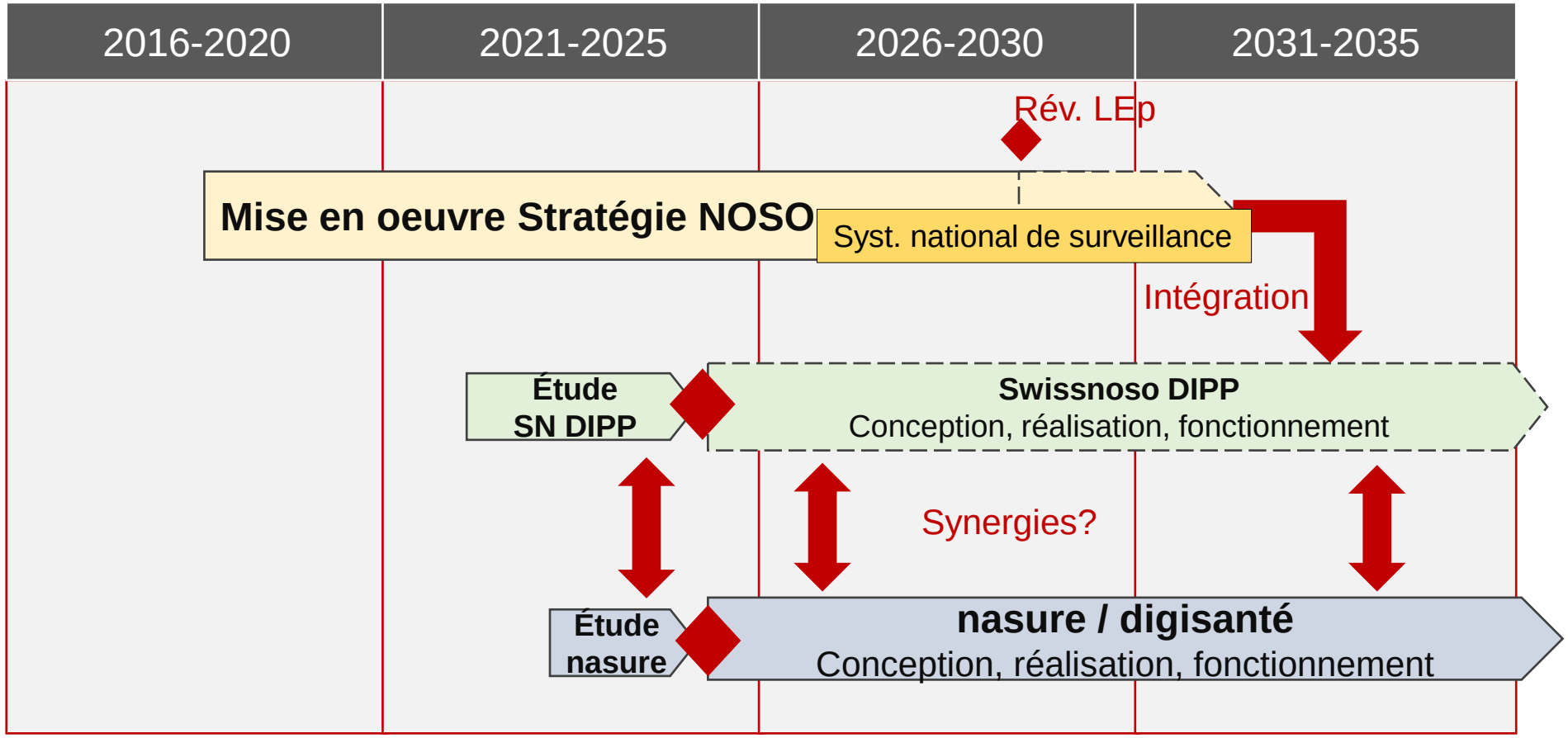

Prolongation de la stratégie jusqu'en 2027
Évaluation de la Stratégie NOSO
2023
2024
2025
2026
2027
2028
2030
Point fort Hôpitaux
Formation
Point fort EMS
Publication & Lancement
de la mise en oeuvre du plan d'action
LEp révisée
Thèmes centraux
– Ancrage
– Coûts-Financement
– Formation
– Système de surveillance

Feuille de route des projets de digitalisation OFSP



Vision

Systèmes de surveillance – Interactions



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Confederaziun svizra

Département fédéral de l'intérieur DFI
Office fédéral de la santé publique OFSP

Stratégie
NOSO

Merci de votre attention

Infections, prévention et contrôle : perspectives internationales

Dr Benedetta Allegranzi
Unit head & technical lead, IPC Unit and Hub, WHO HQ

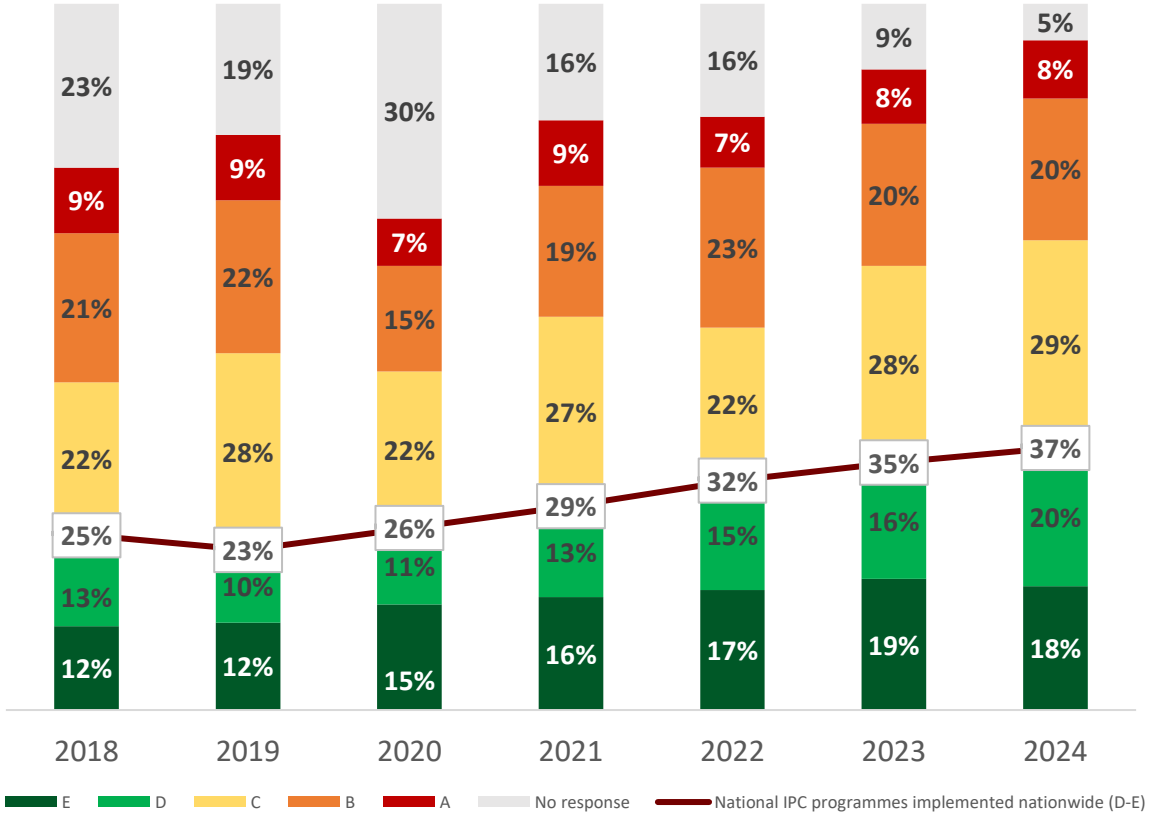
World Health Organization

National implementation of IPC programmes

World Health Organization

Tripartite AMR Country Self-Assessment Survey 2024

7-year trend: National IPC programmes (% of N=194)



Country progress with developing national IPC programmes and implementing them (level D-E) has been slow but steadily growing

https://amrcountryprogress.org/

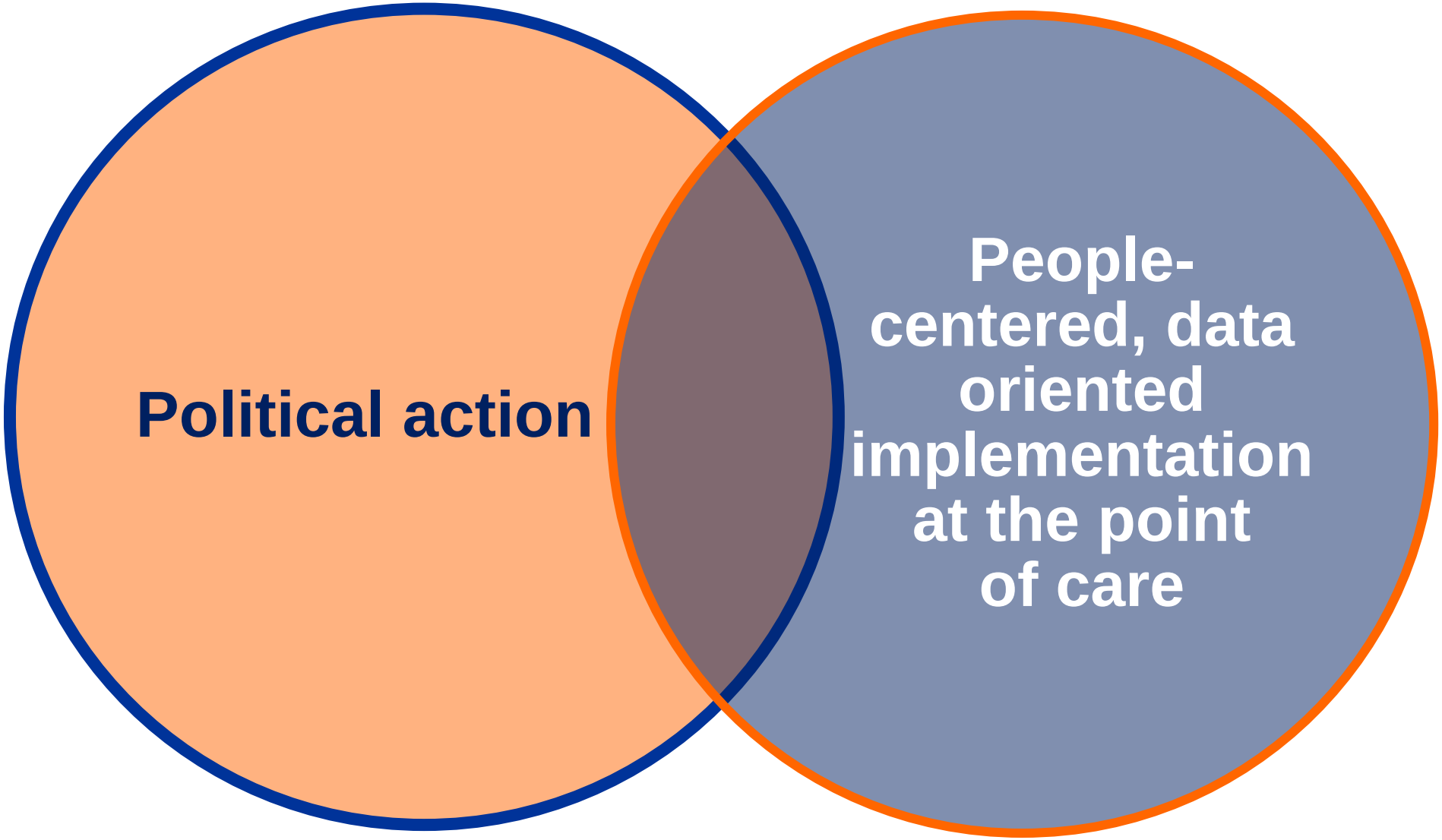
- **93%:** countries reporting to have **IPC programme/plan**
- **44%:** have a dedicated **budget**
- **38%:** are **implementing** the IPC programme **nationwide**

- **3.8% and 6%** of countries met all WHO min requirements for IPC at the national level in 2021-22 and 2023-24
- **15.2% and 15.8%** of health care facilities met all WHO min requirements for IPC in 2019 and 2023-24

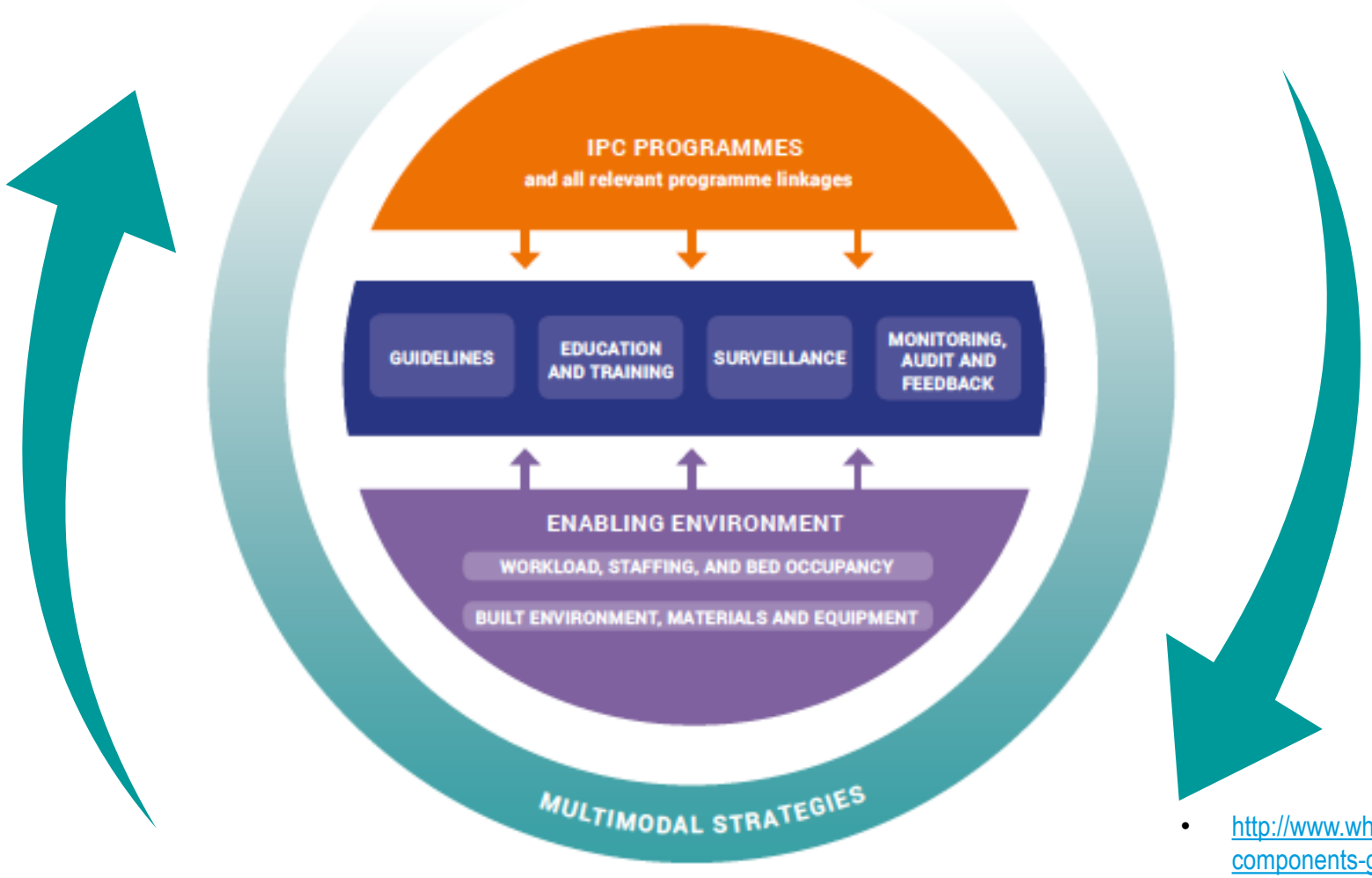
Note: A - No national IPC programme/operational plan is available. B - A national IPC programme/operational plan is available with national IPC and WASH and environmental health standards but are not fully implemented. C - A national IPC programme/operational plan and national guidelines for health care IPC are available and disseminated, but selected health facilities are implementing the guidelines, with monitoring. D - National IPC programme available according to the WHO IPC core components guidelines* and IPC plans and guidelines implemented nationwide. E - IPC programmes are in place and functioning at national and health facility levels according to the WHO IPC core components guidelines; compliance and effectiveness are regularly evaluated and published, plans and guidance are updated in response to monitoring.

Two main directions for IPC improvement

World Health Organization

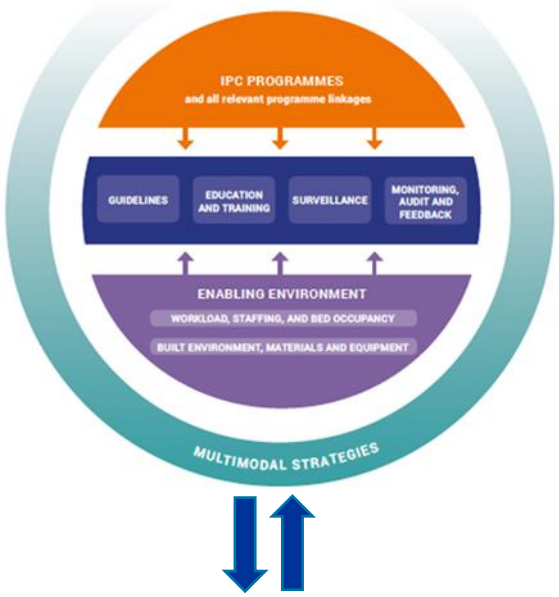


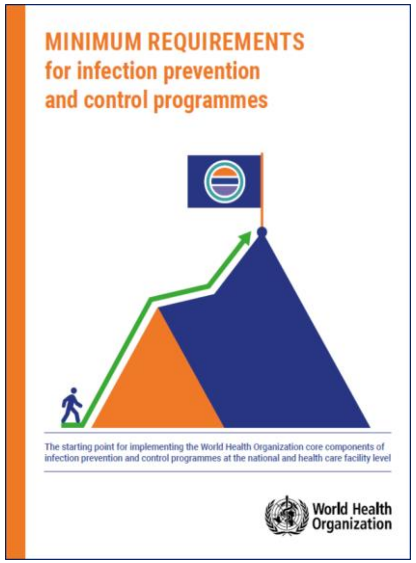
Core Components of effective IPC programmes

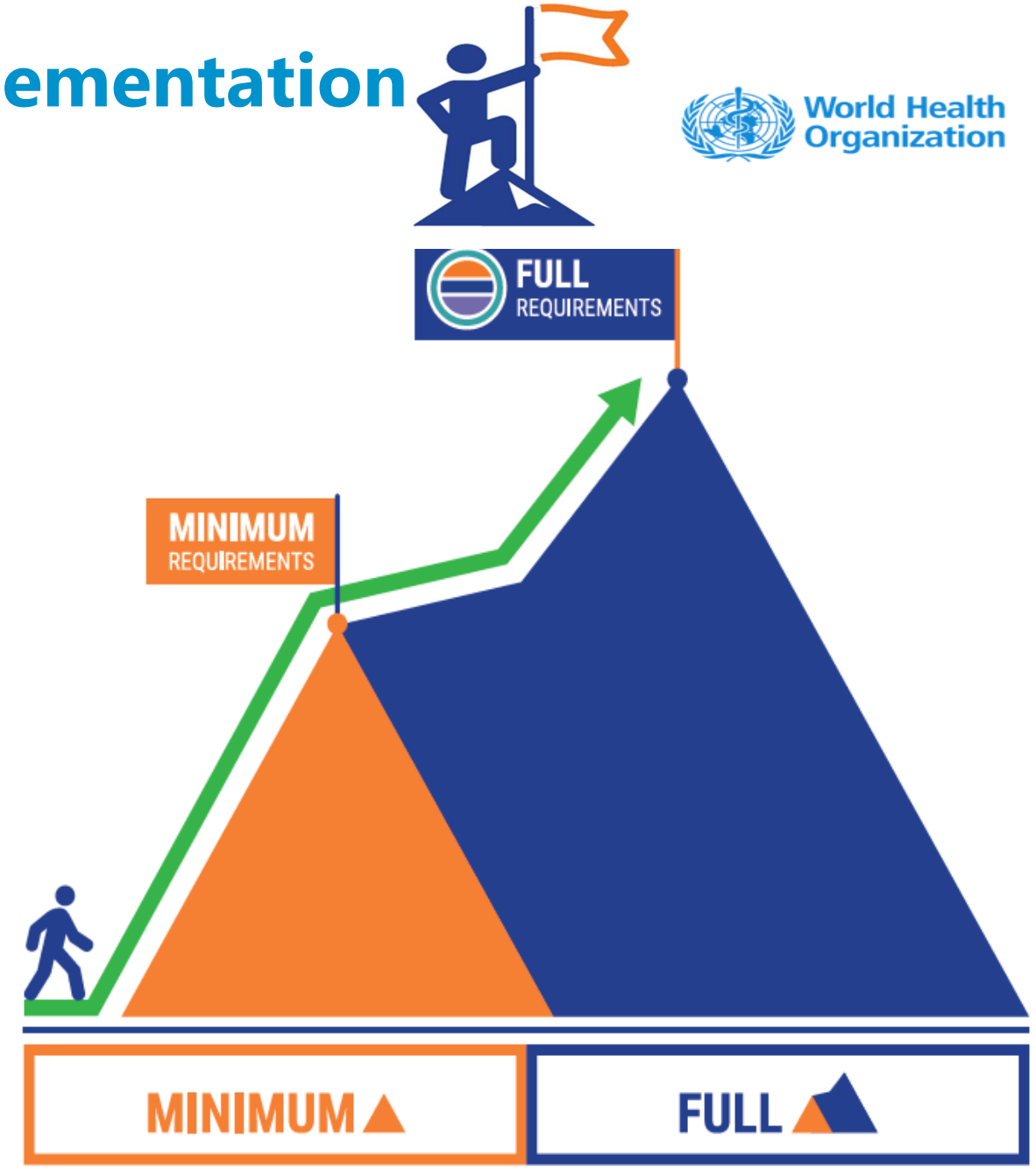


- http://www.who.int/infection-prevention/publications/ipc-components-guidelines/en/
- Zingg W et al. *TLID* 2015
- Storr J et al. *ARIC 2017*
- Price L et al. *TLID 2017*

A stepwise approach for implementation







https://www.who.int/publications/i/item/9789241516945

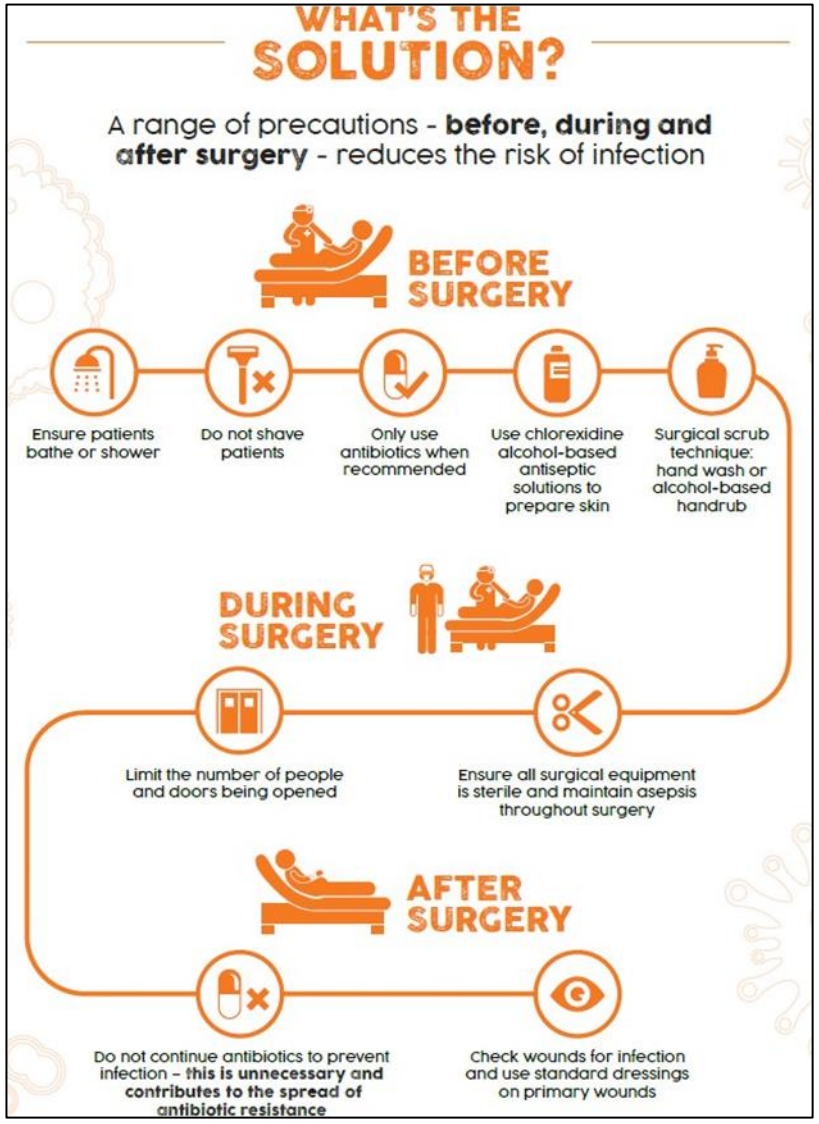
IPC & quality of care, patient safety and primary care

https://www.who.int/teams/integrated-health-services/quality-health-services
https://www.who.int/teams/integrated-health-services/patient-safety
https://www.who.int/teams/integrated-health-services/infection-prevention-control

https://doi.org/10.1016/j.ajic.2023.10.011

Integration of surgical site and other infection prevention in the surgical patient journey

World Health Organization

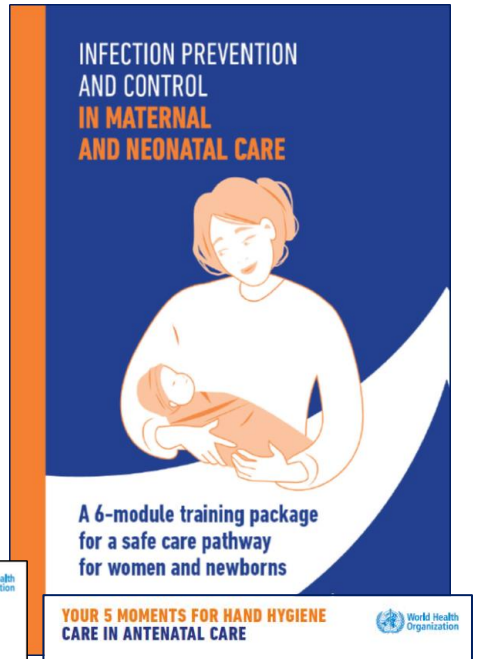


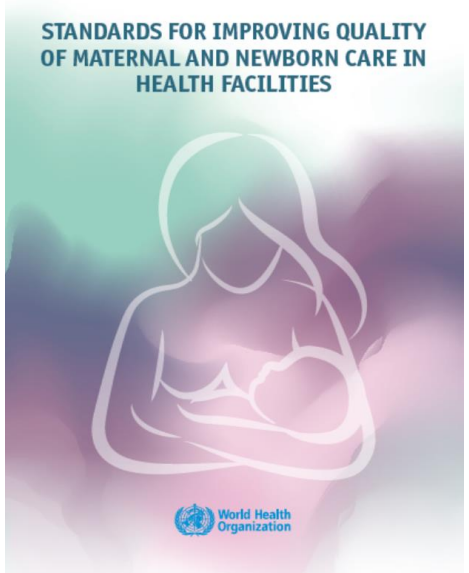
https://www.who.int/teams/integrated-health-services/infection-prevention-control/surgical-site-infection

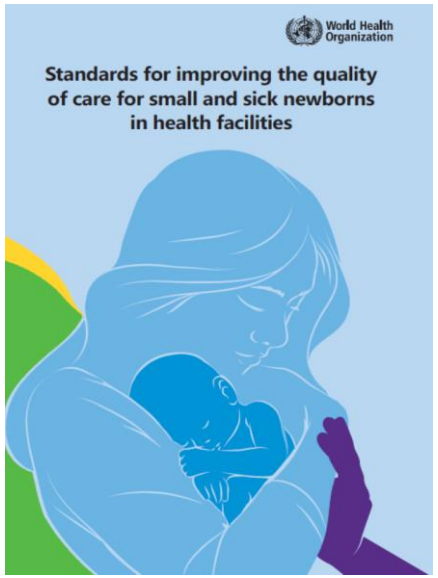
IPC & maternal, newborn, child adolescent health and ageing care

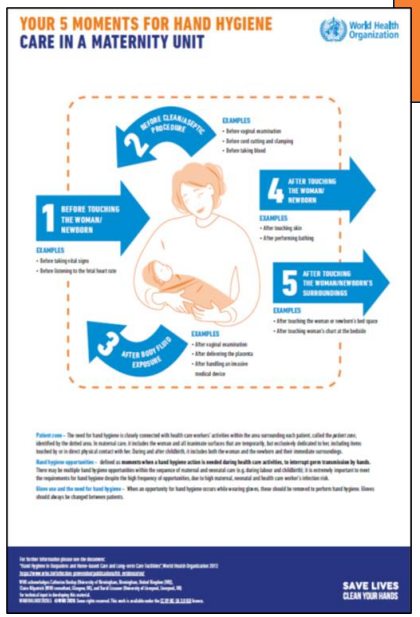
World Health Organization

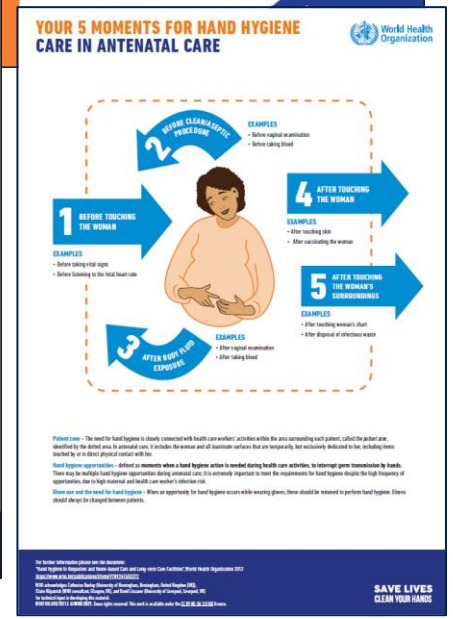
- **IPC training package for maternal & neonatal care**
- **Interprofessional Midwifery Education Toolkit**
- WHO IPC recommendations for **small and sick newborns**
- **IPC guidance for long term care facilities in the context of COVID-19**







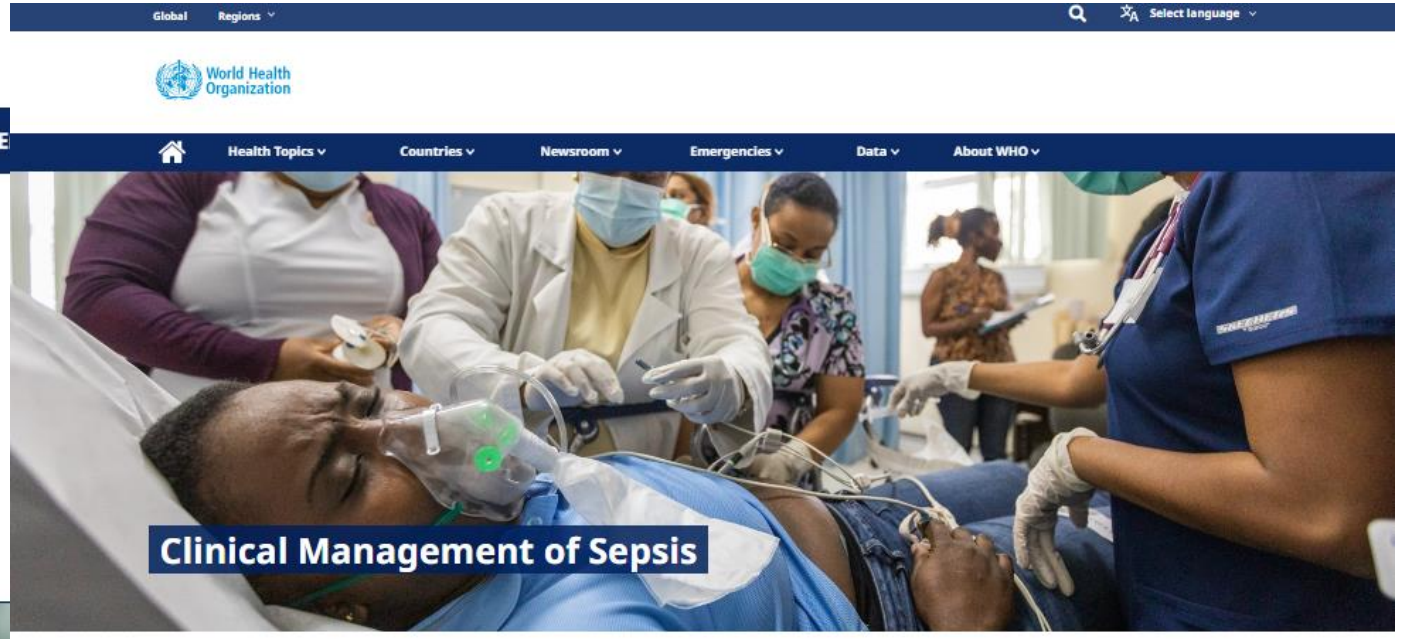




- https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/covid-19
- https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/overview

HAI/AMR and sepsis prevention among critically-ill and vulnerable patients

World Health Organization



Each year, sepsis affects up to 50 million people and causes 11 million deaths globally. Patients who are critically ill with sepsis present at all levels of the health system and need to receive timely, quality care wherever they are.

https://www.who.int/news-room/fact-sheets/detail/sepsis

IPC 2022-2030: Elevating IPC in the global health and political agenda

World Health Organization

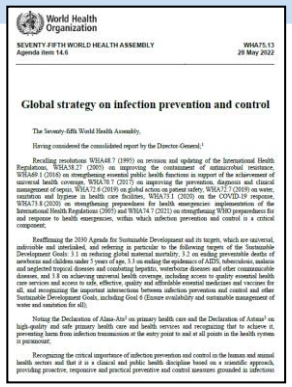
3 global consultations
6 regional consultations
3 international expert consultations
Global Delphi survey for MF

IPC resolution adoption at 75th WHA

IPC global strategy adoption by EB and WHA 2023

IPC ACTION PLAN BY WHA 2024

MONITORING FRAMEWORK BY WHA 2024


World Health Organization
SEVENTY-FIFTH WORLD HEALTH ASSEMBLY
Agenda item 14.6
WHA75.13
26 May 2022

Global strategy on infection prevention and control

The Seventy-fifth World Health Assembly,

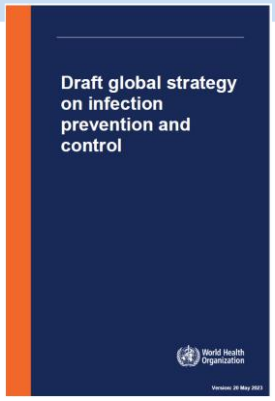
Having considered the consolidated report by the Director-General;[1]

Recalling resolutions WHA48.7 (1995) on revision and updating of the International Health Regulations, WHA58.27 (2005) on improving the containment of antimicrobial resistance, WHA60.1 (2014) on strengthening essential public health functions in support of the achievement of universal health coverage, WHA70.7 (2017) on improving the prevention, diagnosis and clinical management of sepsis, WHA72.6 (2019) on global action on patient safety, WHA72.7 (2019) on water, sanitation and hygiene in health care facilities, WHA73.1 (2020) on the COVID-19 response, WHA73.8 (2020) on strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) and WHA74.7 (2021) on strengthening WHO preparedness for and response to health emergencies, within which infection prevention and control is a critical component;

Reaffirming the 2030 Agenda for Sustainable Development and its targets, which are universal, indivisible and interlinked, and referring in particular to the following targets of the Sustainable Development Goals: 3.1 on reducing global maternal mortality, 3.2 on ending preventable deaths of newborns and children under 5 years of age, 3.3 on ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combating hepatitis, waterborne diseases and other communicable diseases, and 3.8 on achieving universal health coverage, including access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all, and recognizing the important interactions between infection prevention and control and other Sustainable Development Goals, including Goal 6 (Ensure availability and sustainable management of water and sanitation for all);

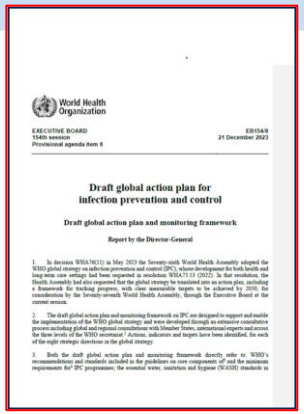
Noting the Declaration of Alma-Ata[2] on primary health care and the Declaration of Astana[3] on high-quality and safe primary health care and health services and recognizing that to achieve it, preventing harm from infection transmission at the entry point to and at all points in the health system is paramount;

Recognizing the critical importance of infection prevention and control in the human and animal health sectors and that it is a clinical and public health discipline based on a scientific approach, providing proactive, responsive and practical preventive and control measures grounded in infection


Draft global strategy on infection prevention and control

World Health Organization

Version: 20 May 2022


World Health Organization
EXECUTIVE BOARD
154th session
Provisional agenda item 8
EB154/9
21 December 2023

Draft global action plan for infection prevention and control

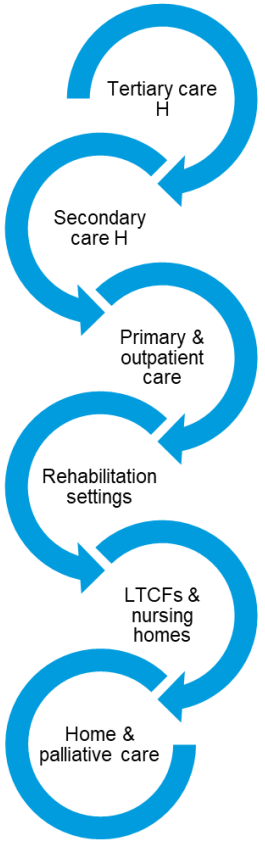
Draft global action plan and monitoring framework

Report by the Director-General

1. In decision WHA76(11) in May 2023 the Seventy-sixth World Health Assembly adopted the WHO global strategy on infection prevention and control (IPC), whose development for both health and long-term care settings had been requested in resolution WHA73.13 (2022). In that resolution, the Health Assembly had also requested that the global strategy be translated into an action plan, including a framework for tracking progress, with clear measurable targets to be achieved by 2030, for consideration by the Seventy-seventh World Health Assembly, through the Executive Board at the current session.

2. The draft global action plan and monitoring framework on IPC are designed to support and enable the implementation of the WHO global strategy and were developed through an extensive consultative process including global and regional consultations with Member States, international experts and across the three levels of the WHO secretariat.[1] Actions, indicators and targets have been identified, for each of the eight strategic directions in the global strategy.

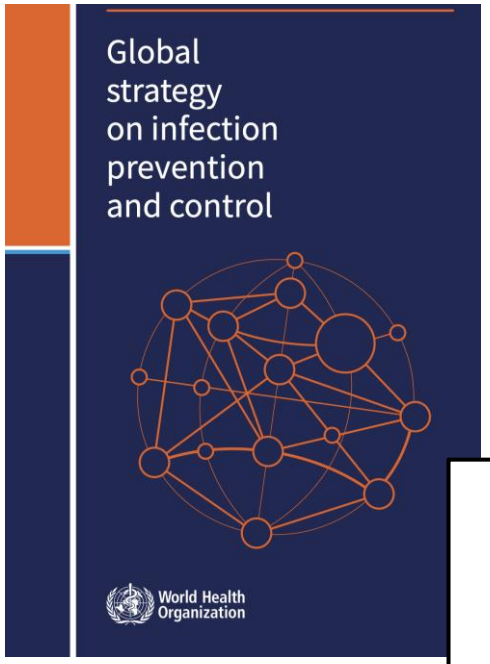
3. Both the draft global action plan and monitoring framework directly refer to WHO's recommendations and standards included in the guidelines on core components of and the minimum requirements for IPC programmes; the essential water, sanitation and hygiene (WASH) standards in

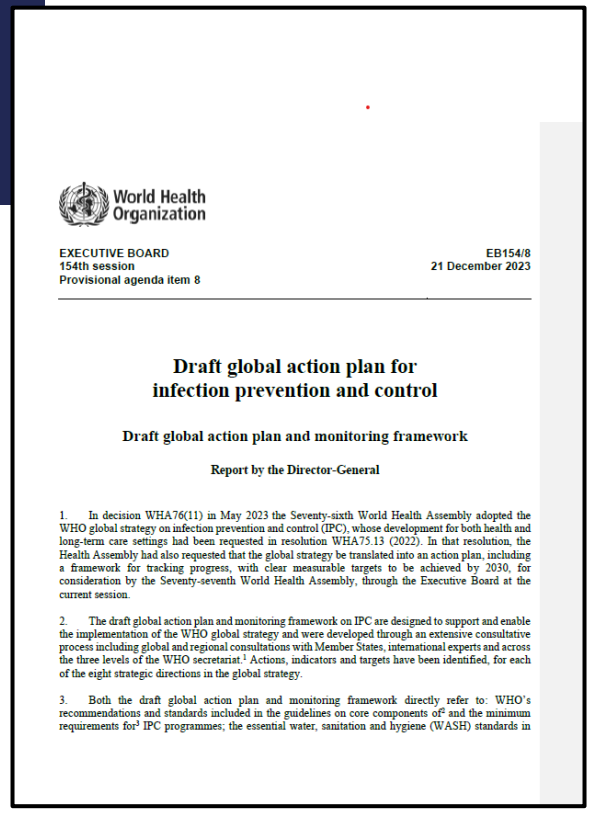


HEALTH CARE WITHOUT AVOIDABLE INFECTIONS

By 2030, everyone accessing or providing health care is safe from associated infections

REPORTING ON PROGRESS 2025-2030





World Health Organization

EXECUTIVE BOARD
154th session
Provisional agenda item 8

EB154/8
21 December 2023

Draft global action plan for infection prevention and control

Draft global action plan and monitoring framework

Report by the Director-General

1. In decision WHA76(11) in May 2023 the Seventy-sixth World Health Assembly adopted the WHO global strategy on infection prevention and control (IPC), whose development for both health and long-term care settings had been requested in resolution WHA75.13 (2022). In that resolution, the Health Assembly had also requested that the global strategy be translated into an action plan, including a framework for tracking progress, with clear measurable targets to be achieved by 2030, for consideration by the Seventy-seventh World Health Assembly, through the Executive Board at the current session.

2. The draft global action plan and monitoring framework on IPC are designed to support and enable the implementation of the WHO global strategy and were developed through an extensive consultative process including global and regional consultations with Member States, international experts and across the three levels of the WHO secretariat.[1] Actions, indicators and targets have been identified, for each of the eight strategic directions in the global strategy.

3. Both the draft global action plan and monitoring framework directly refer to: WHO's recommendations and standards included in the guidelines on core components of[2] and the minimum requirements for[3] IPC programmes; the essential water, sanitation and hygiene (WASH) standards in

https://www.who.int/publications/m/item/global-strategy-on-infection-prevention-and-control

Eight strategic directions provide the overall guiding framework for country actions to implement the GSIPC

1. Political commitment and policies
2. Active IPC programmes
3. IPC integration and coordination
4. IPC knowledge of health and care workers and career pathways for IPC professionals
5. Data for action
6. Advocacy and communications
7. Research and development
8. Collaboration and stakeholders' support

From the global strategy to the GAP&MF

World Health Organization

Global Strategy on IPC – 8 Strategic Directions

Global Action Plan & Monitoring Framework

Actions

Indicators

Targets

Global

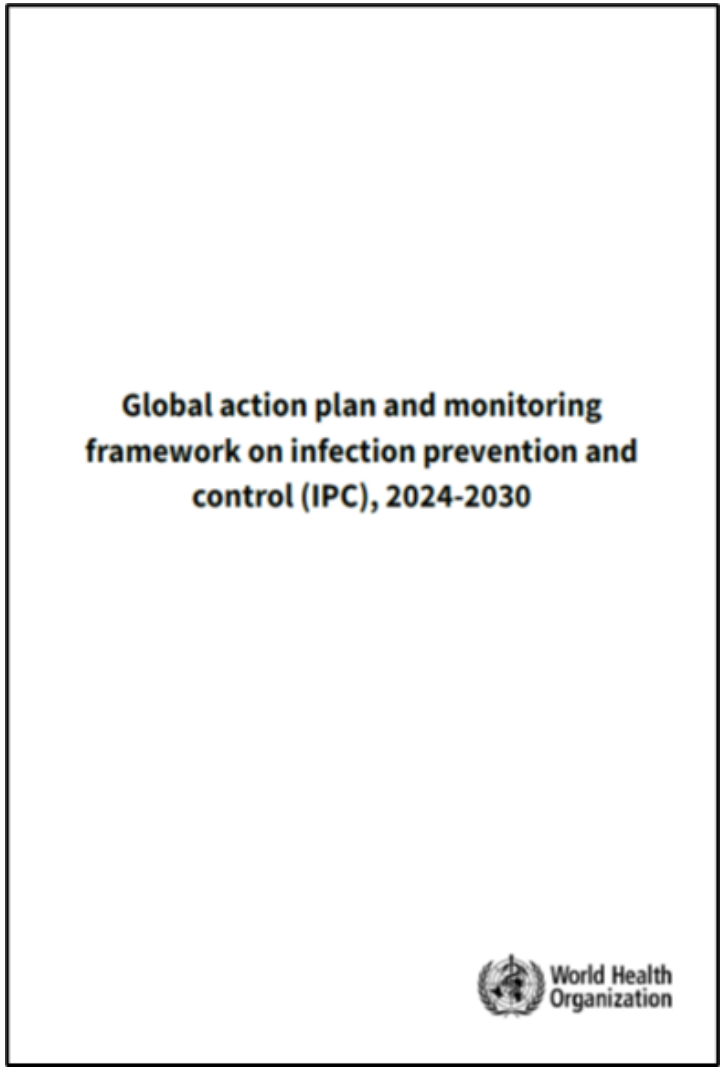
National

Facility

Theory of Change

3. IPC integration and collaborations

World Health Organization



WHO IPC GAP/MF: SD3 National – IPC INTEGRATION AND COORDINATION

World Health Organization

Key action 1 Ensure inclusion of IPC principles, standards and indicators within strategies and documents of other complementary national programmes
Key action 2 Ensure the IPC programme is aligned with and contributes to other complementary national programmes' strategies and documents
Key action 3 Ensure IPC clinical practices and appropriate prescribing of antimicrobial agents (that is, antimicrobial stewardship) are embedded in policies related to patient care pathways/programmes at the national, subnational and facility levels for tertiary, secondary and primary health care

WHO IPC GAP/MF: SD3 Facility – IPC INTEGRATION AND COORDINATION

World Health Organization

Key action 1 **Establish an IPC committee ensuring representation of and collaborative activities with other complementary programmes (for tertiary/secondary care facilities)**	1. IPC committee established with representation of and collaborative activities with other complementary programmes (by 2026)
Key action 2 **Ensure both IPC clinical practices and appropriate antimicrobial prescribing are embedded in all patient care pathways/wards**	1. Standard operating procedures available integrating IPC and appropriate antimicrobial prescribing within clinical care (for example, surgery, maternal and neonatal care) (by 2028) 2. Increased compliance with IPC practices in specific wards and among specialized professionals (for example, injection safety, hand hygiene and waste management in surgical wards, operating theatres and critical care units) demonstrated (by 2030) 3. Increased compliance with appropriate antimicrobial prescribing (for example, at least one annual audit) demonstrated

IPC monitoring framework: global priority targets*, 2024-2030

World Health Organization

Increase** of proportion of countries:

1. with a costed and approved national action plan and monitoring framework on IPC
2. with an identified dedicated budget allocated to fund the national IPC programme and action plan
3. with legislation /regulation to address IPC
4. meeting all WHO IPC Minimum Requirements for IPC programmes at national level
5. with national IPC programmes at Level 4 or 5 in SPAR 9.1 and Level D or E in TrACSS 3.5 (highest levels)
6. with basic water (1), sanitation (2), hygiene (3), and waste services (4) in all health care facilities

*Monitoring framework identified through a Delphi survey including 142 experts & MS IPC national focal points; **up to 80-100%

IPC monitoring framework: global priority targets*, 2024-2030

World Health Organization

Increase** of proportion of countries:

7. with a national HAI and related AMR surveillance system

8.a that have a national target on reducing HAIs (PS GAP indicator)

8.b that have achieved their national targets on reducing HAIs

*Monitoring framework identified through a Delphi survey including 142 experts & MS IPC national focal points; **up to 80-100%

IPC monitoring framework: national priority targets*, 2024-2030

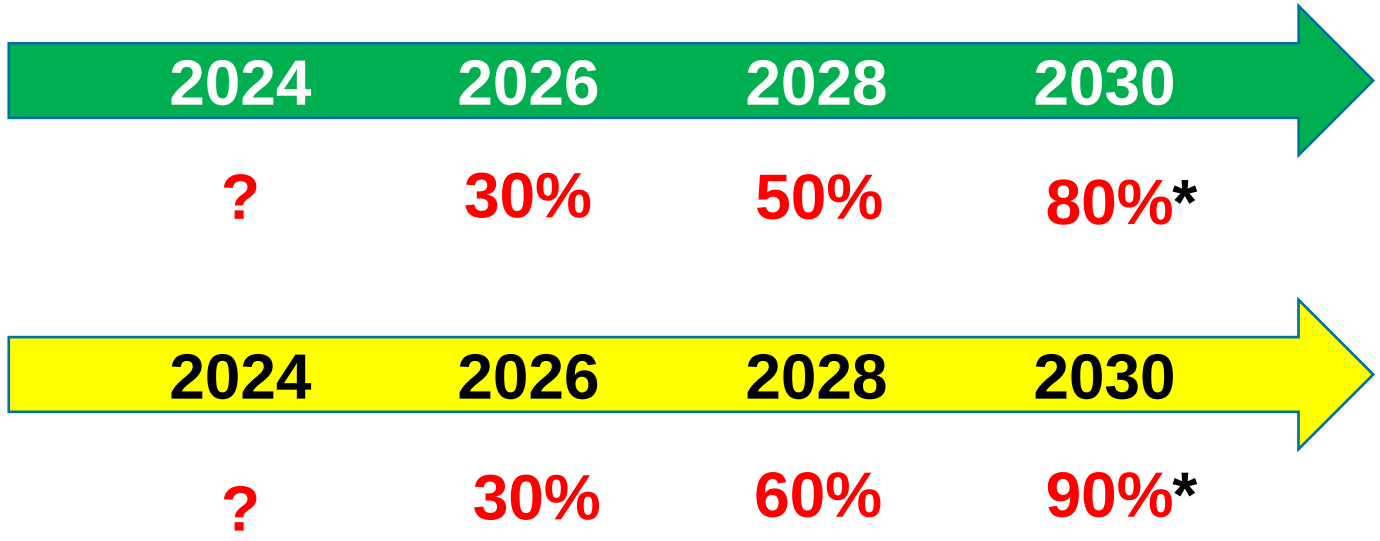
World Health Organization

Increase** of proportion of health care facilities:

1. meeting **all WHO IPC Minimum Requirements** for IPC programmes
2. **with a dedicated and sufficient funding for WASH services and activities**
3. **providing and/or requiring IPC training to all frontline clinical and cleaning staff** and **managers**
4. having an **HAI and related AMR surveillance system**

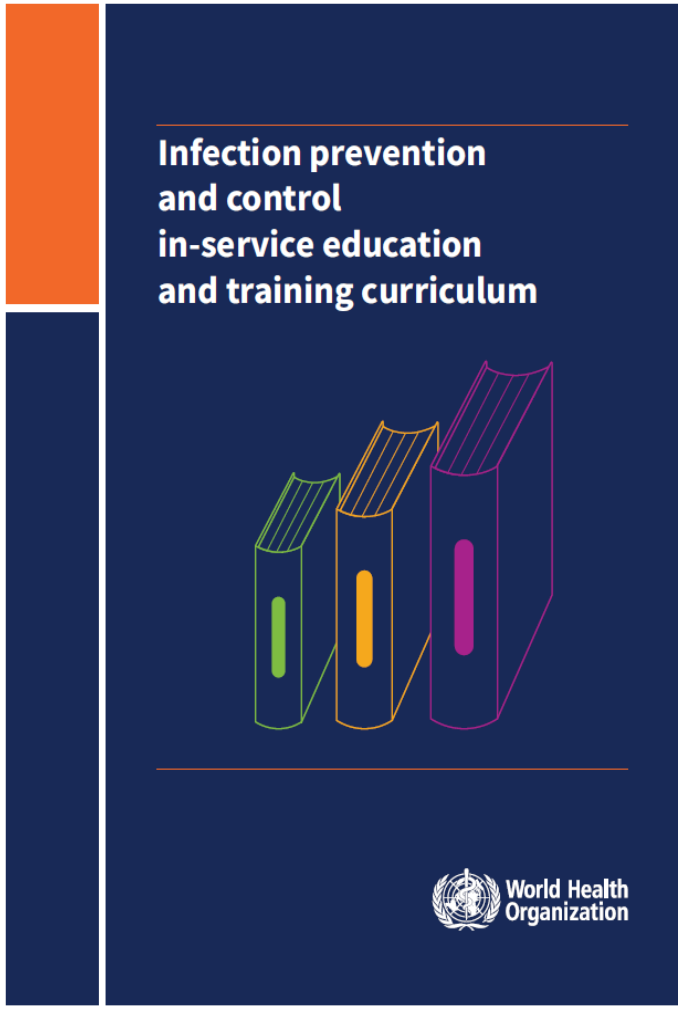
*Monitoring framework identified through a Delphi survey including 142 experts & MS IPC national focal points; **up to 80-100%

Measuring targets over time

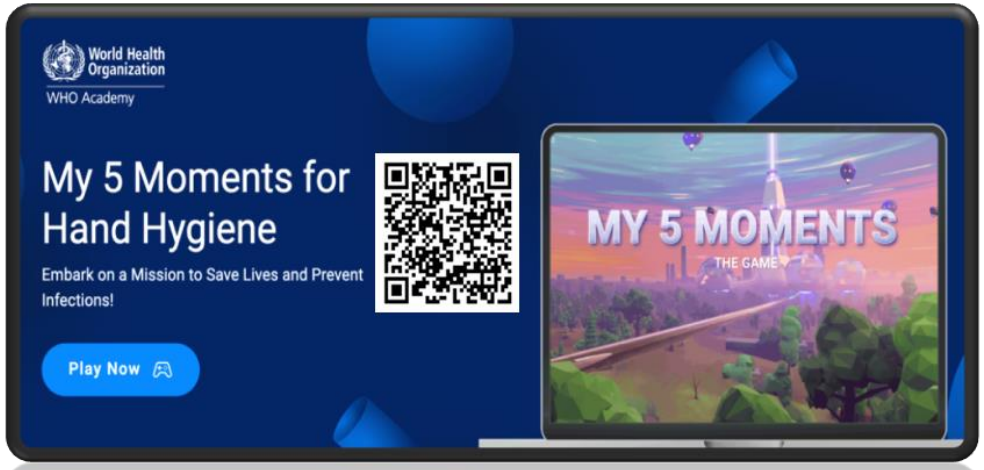


*with a view of evaluating status in 2030, and setting new target (likely to be 100%) for 2035

IPC training and curricula



NEW!



Next steps:

- Update of OpenWHO courses incl on microbiology & AMR (by Aug 2024)
- Pre-graduate curriculum on IPC (by 1st Q 2025)
- IPC international curriculum & certificate concept (by 2025)

New!

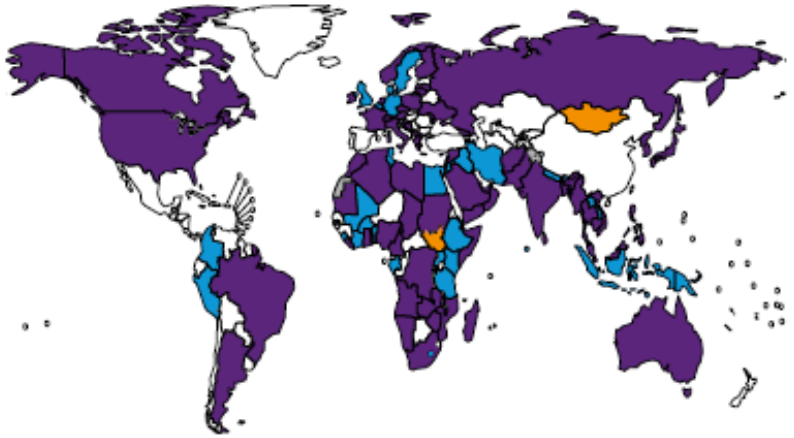
https://iris.who.int/bitstream/handle/10665/379248/9789240101456-eng.pdf

- Comprehensive overview of the objectives, key concepts, principles, methodologies, elements, and best practices of HAI surveillance to help establish robust national and facility-level HAI surveillance systems
- New WHO HAI case definitions for low-resource settings
- Guidance on how to design and implement effective surveillance strategies to improve health outcomes
- Target audience: national IPC leads, focal points, policy makers, IPC stakeholders

PPS Protocol to implement HAI surveillance

Detailed description and technical advice on best practices on how to conduct HAI surveillance using the new WHO HAI case definitions in a framework of a point prevalence survey

Existing monitoring systems used to draw the IPC MF indicators



WHO Global Antimicrobial Resistance and Use Surveillance System (GLASS)

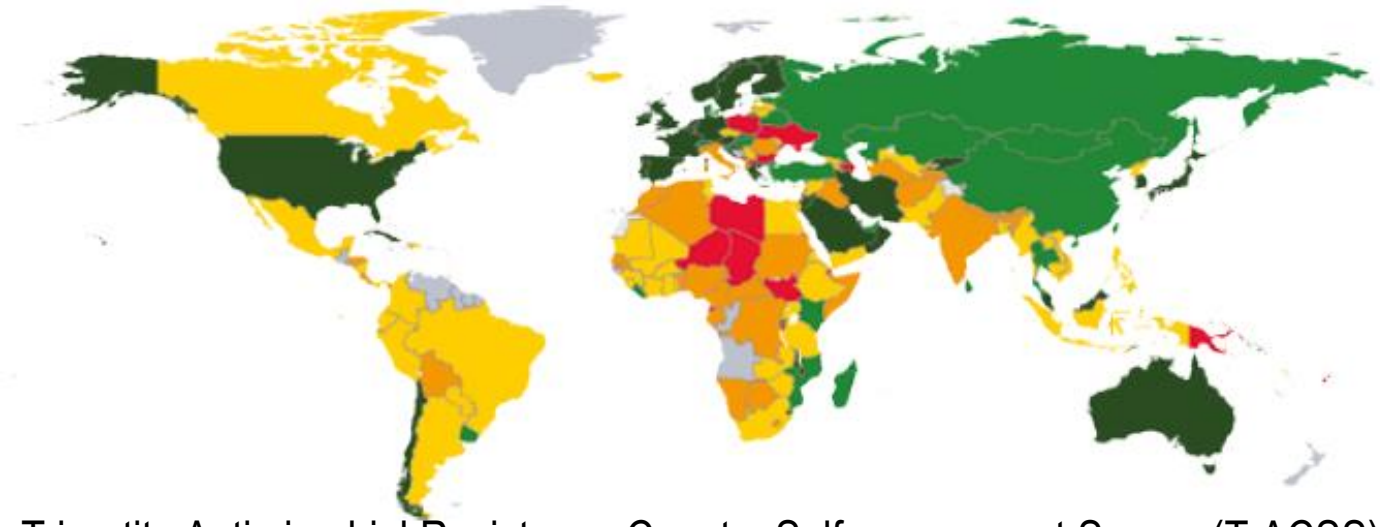
JMP service ladders for WASH in health care facilities

SERVICE LEVEL	WATER	SANITATION	HYGIENE	WASTE MANAGEMENT	ENVIRONMENTAL CLEANING
BASIC SERVICE	Water is available from an improved source* on the premises.	Improved sanitation facilities* are usable, with at least one toilet dedicated for staff, at least one sex-separated toilet with menstrual hygiene facilities, and at least one toilet accessible for people with limited mobility.	Functional hand hygiene facilities (with water and soap and/or alcohol-based hand rub) are available at points of care, and within five metres of toilets.	Waste is safely segregated into at least three bins, and sharps and infectious waste are treated and disposed of safely.	Protocols for cleaning are available, and staff with cleaning responsibilities have all received training.
LIMITED SERVICE	An improved water source is available within 500 metres of the premises, but not all requirements for a basic service are met.	At least one improved sanitation facility is available, but not all requirements for a basic service are met.	Functional hand hygiene facilities are available either at points of care or toilets but not both.	There is limited separation and/or treatment and disposal of sharps and infectious waste, but not all requirements for a basic service are met.	There are cleaning protocols and/or at least some staff have received training on cleaning.
NO SERVICE	Water is taken from unprotected dug wells or springs, or surface water sources; or an improved source that is more than 500 metres from the premises; or there is no water source.	Toilet facilities are unimproved (e.g. pit latrines without a slab or platform, hanging latrines, bucket latrines) or there are no toilets.	No functional hand hygiene facilities are available either at points of care or toilets.	There are no separate bins for sharps or infectious waste, and sharps and/or infectious waste are not treated/disposed of.	No cleaning protocols are available and no staff have received training on cleaning.

* Improved water sources are those that by nature of their design and construction have the potential to deliver safe water. These include piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. Improved sanitation facilities are those designed to hygienically separate human excreta from human contact. These include wet sanitation technologies – such as flush and pour-flush toilets connecting to sewers, septic tanks or pit latrines – and dry sanitation technologies – such as dry pit latrines with slabs, and composting toilets.

FIGURE 1 JMP service ladders for global monitoring of WASH in health care facilities

WHO/UNICEF Joint Monitoring Programme for WASH in HCFs



Tripartite Antimicrobial Resistance Country Self-assessment Survey (TrACSS)

World Health Organization e-SPAR STATE PARTY ANNUAL REPORT

2022

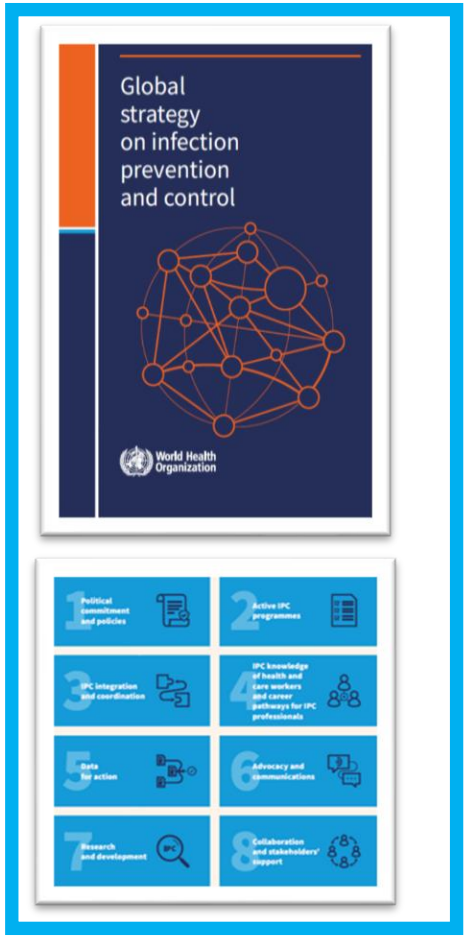
Capacity 9

Infection prevention and control (IPC)

	Score per indicator			Total
	9.1	C.9.2	C.9.3	C.9
AVG Global Capacity	64	59	62	**62**
AFRO	53	40	44	**46**
AMRO	61	63	58	**61**
EMRO	67	57	65	**63**
EURO	71	72	77	**74**
SEARO	62	56	60	**59**
WPRO	75	65	72	**71**

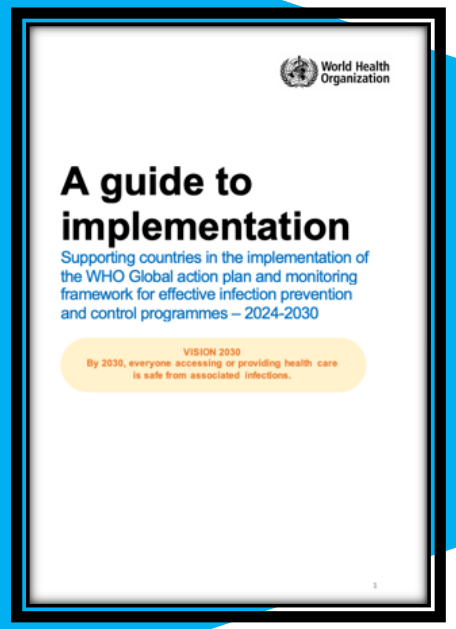
GAP&MF implementation

World Health Organization

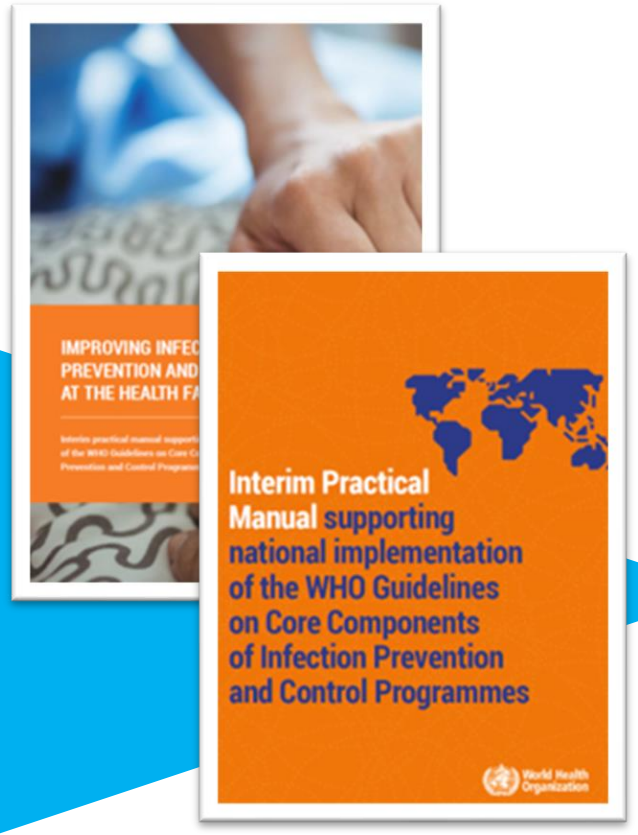


GSIPC 8 Strategic Directions

Implementation



A new Guide to Implementation to support development of national action plan on IPC



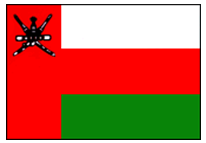
Aligned with and signposting to existing implementation manuals (IPC & related programmes)

By 2030, everyone accessing or providing health care is safe from associated infections.

IPC National action plans developed and implemented.

Many countries are champions in strategies & plans development and implementation of IPC

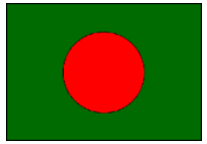
African Region
Ghana – Streamlining IPC and WASH through national quality efforts and a costed national strategy



Eastern Mediterranean Region
Oman – National action on antimicrobial resistance as the entry point for strengthening IPC

European Region
Kazakhstan – National level IPC: turning challenges into opportunity

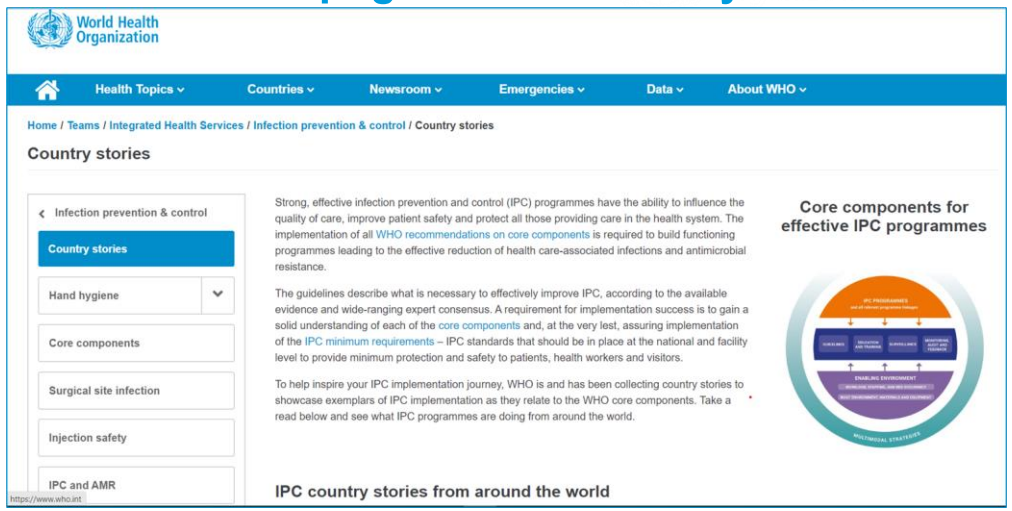
Region of the Americas
Chile – The critical role of leadership and political commitment in advancing IPC



South-East Asia Region
Bangladesh – COVID-19 as an opportunity for stronger national and health care facility preparedness in IPC

Western Pacific Region
Vietnam – IPC at the point of care to prevent healthcare-associated neonatal sepsis

WHO web page on IPC country stories



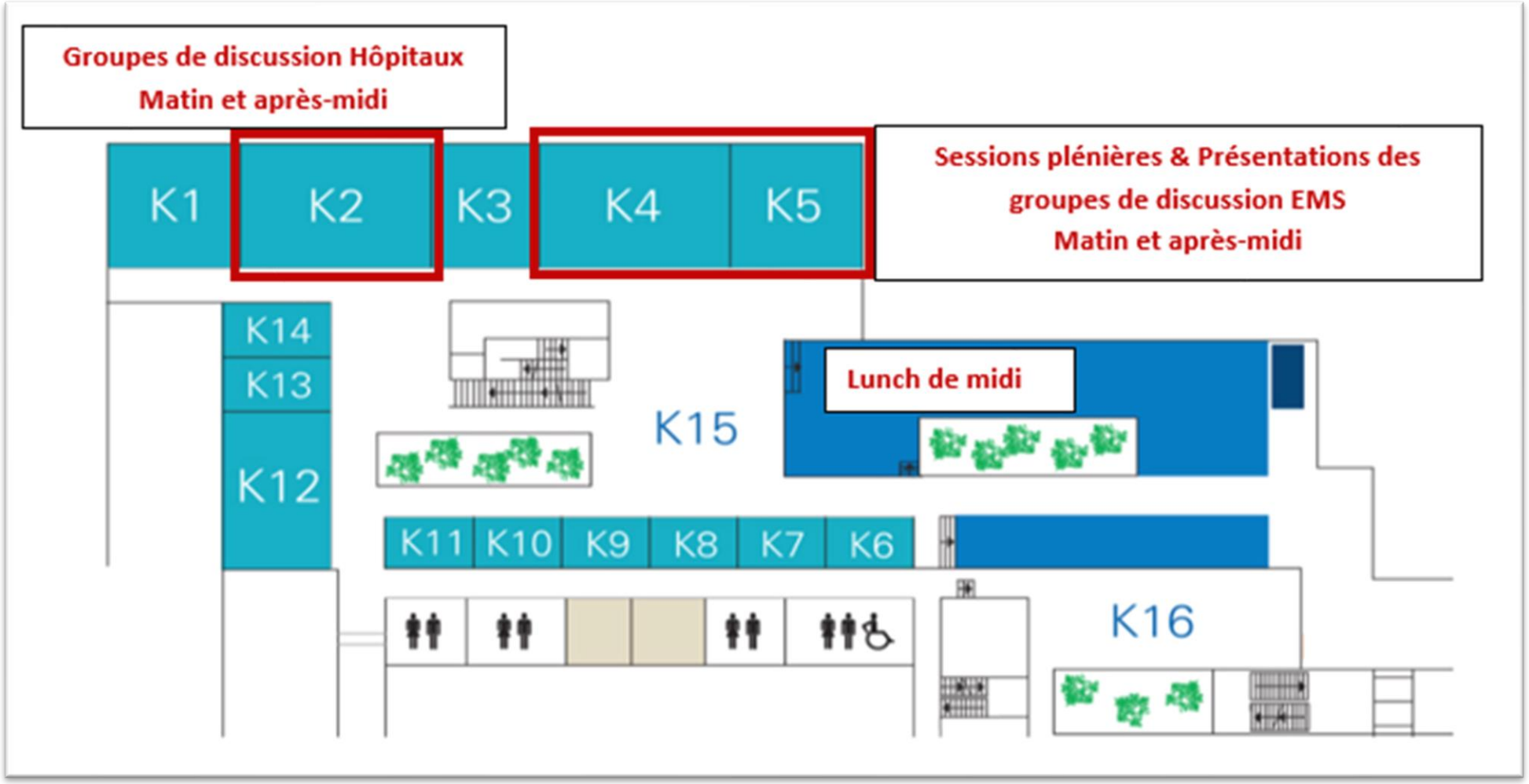
https://www.who.int/teams/integrated-health-services/infection-prevention-control/country-stories

World Health Organization. (2022). Global report on infection prevention and control. World Health Organization. https://apps.who.int/iris/handle/10665/354489
and World Health Organization (2019). Minimum requirements for infection prevention and control programmes. Geneva, World Health Organization. https://apps.who.int/iris/handle/10665/330080.

Thank you very much for your attention & thanks to the WHO IPC Unit team

HEALTH CARE WITHOUT AVOIDABLE INFECTIONS

https://www.who.int/teams/integrated-health-services/infection-prevention-control


Groupes de discussion Hôpitaux
Matin et après-midi
K1
K2
K3
K4
K5
Sessions plénières & Présentations des groupes de discussion EMS
Matin et après-midi
K14
K13
K12
K15
Lunch de midi
K11
K10
K9
K8
K7
K6
K16

santésuisse

Conventions nationales de qualité: mise en œuvre pratique dans les hôpitaux et les cliniques ainsi que perspectives pour le domaine ambulatoire

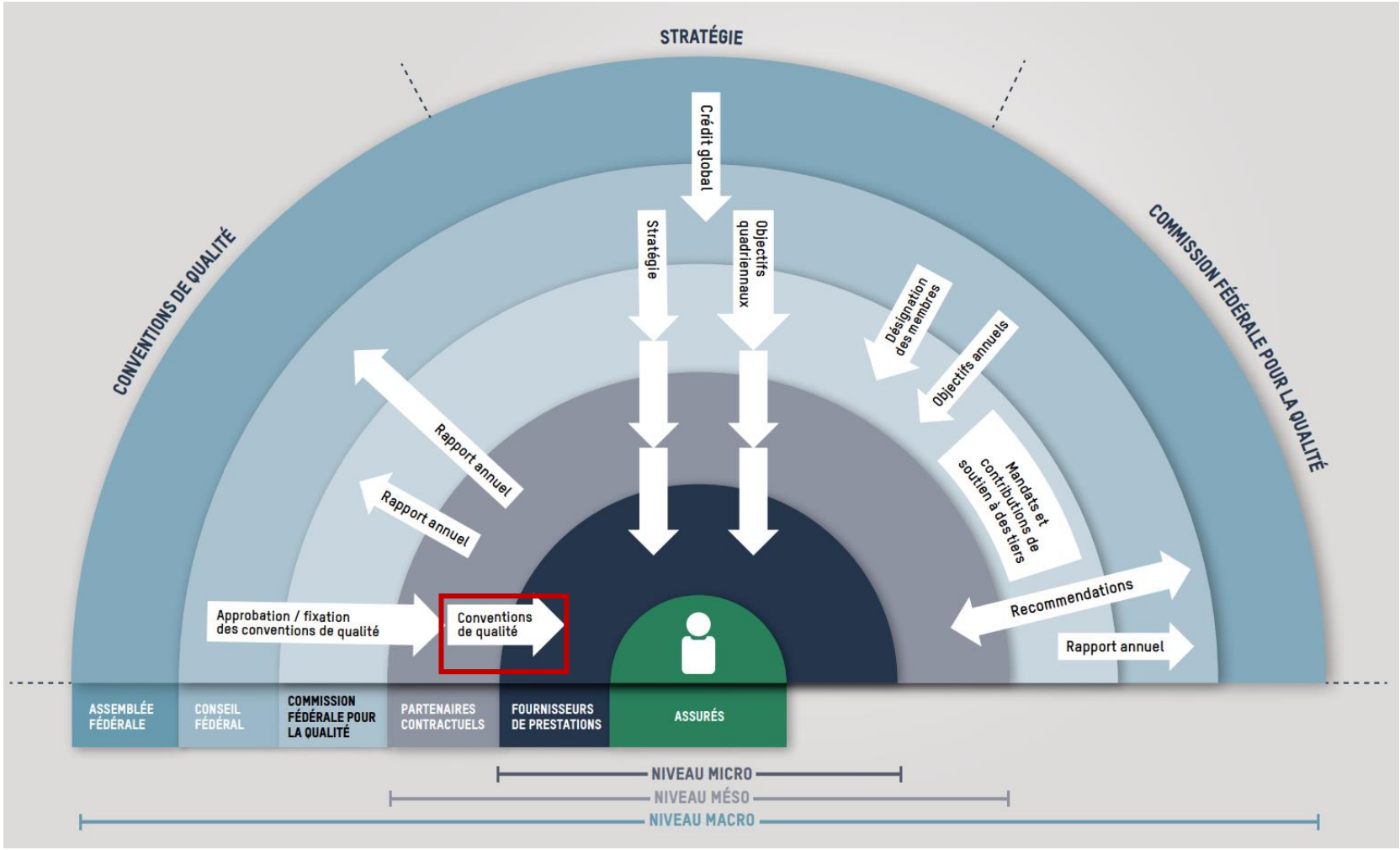
Matthias Schindler, PhD

8 novembre 2024

Sommaire

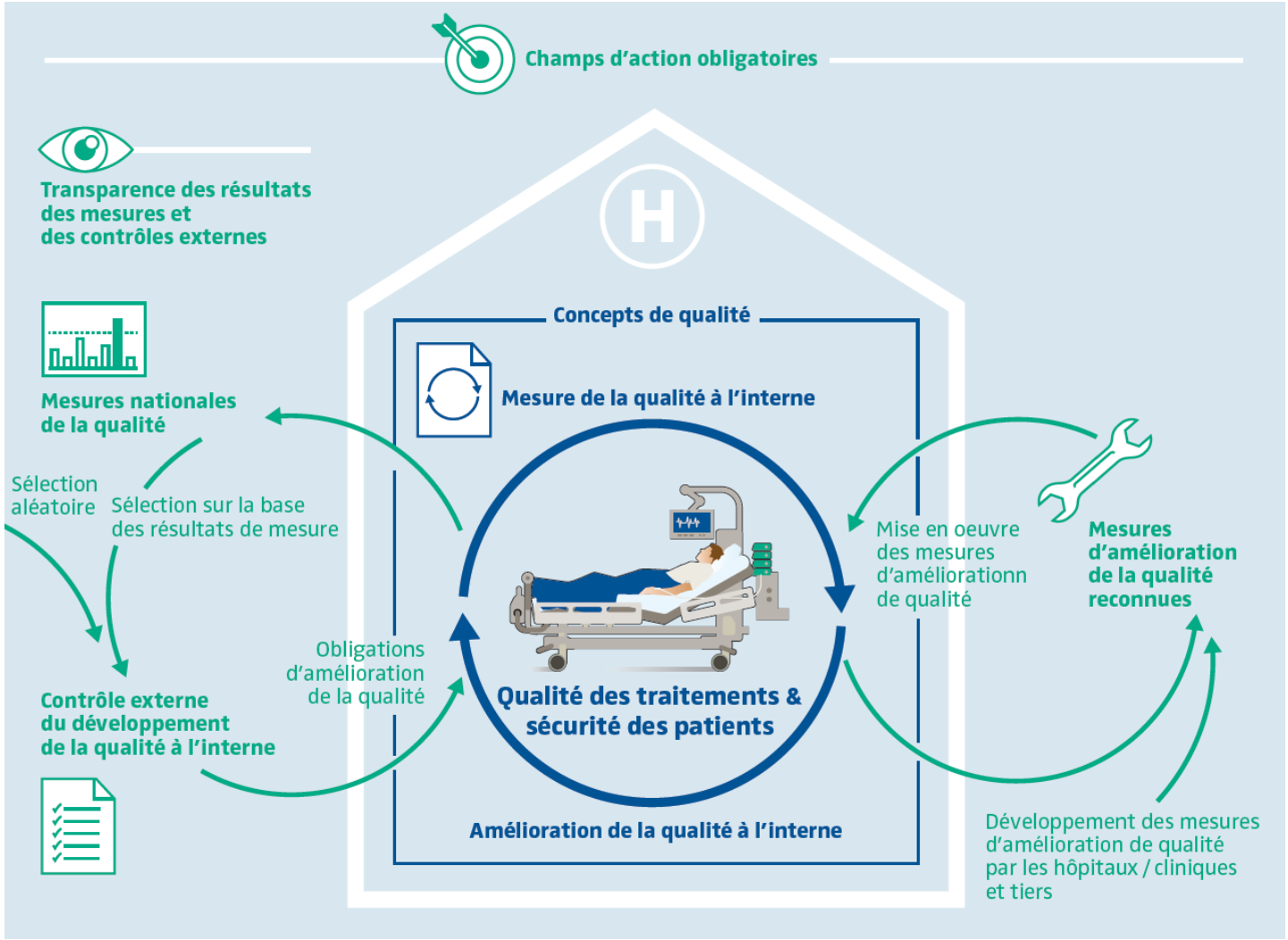
1) Le cadre des conventions de qualité
2) Convention de qualité avec H+: vue d’ensemble et structure
3) Mesures d’amélioration de la qualité et champs d’action
4) Exemples de mesures d’amélioration de la qualité
5) Négociations conventionnelles

Stratégie du Conseil fédéral en matière de qualité: le cadre des conventions de qualité



Source: Stratégie qualité, OFSP 2022

Convention de qualité avec H+: vue d'ensemble et structure



Champs d'action

- Domaines du développement de la qualité pertinents, uniformes au niveau national et obligatoires
- En harmonisation avec la stratégie et les objectifs de la Confédération en matière de qualité

Concepts de qualité internes

- Mesure et amélioration internes continues de la qualité des traitements et de la sécurité des patients dans les champs d'action
- Mise en oeuvre individuelle des mesures d'amélioration de qualité

Mesures d'amélioration de la qualité

- Mesures systématiques d'amélioration de la qualité des traitements et de la sécurité des patients
- Développés par les hôpitaux, les cliniques et tiers
- Reconnus au niveau national selon des critères uniformes

Mesures de la qualité au niveau national

- Participation obligatoire aus mesures de qualité par les hôpitaux et cliniques
- Mesure et présentation comparative d'indicateurs de qualité
- Base de sélection pour le contrôle externe du développement de la qualité (à côté de la sélection aléatoire)

Contrôle externe du développement de la qualité (contrôle)

- Évaluation externe du développement de la qualité à l'interne selon des critères uniformes
- Éventuelles obligations pour l'amélioration de la qualité

Publication transparente

- Publication des résultats des contrôles externes et de l'autodéclaration

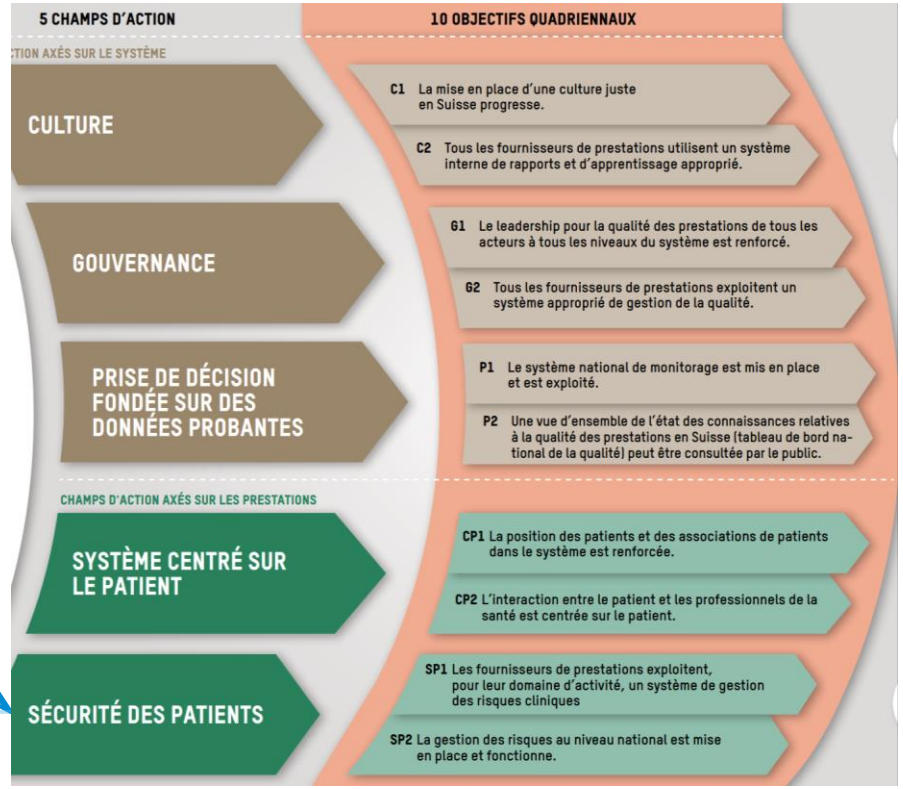
Les mesures d'amélioration (MA) sont mises en œuvre dans les champs d'action définis

Antimicrobial Stewardship Programm (ASP)
[Swissnoso]

Module «Surgial Site Intervention (SSI)»
[Swissnoso]

Exigences structurelles minimales pour la prévention des IAS [Swissnoso]

Module CAUTI Intervention
[Swissnoso et Sécurité des patients Suisse]



https://www.hplus.ch/de/qualitaet/qualitaetsprogrammeundpatientensicherheit

MA dans la pratique: Antimicrobial Stewardship Programm

Objectifs

I. Hausse des taux de guérison et diminution des erreurs de traitement, des infections à C. difficile et des effets indésirables.

II. Sensibilisation des médecins prescripteurs.

III. Contribution à la réduction de la pression de la sélection des germes résistants et à la stabilisation, voire à une baisse des taux actuels de résistance.

IV. Réduction des transmissions nosocomiales et des flambées de bactéries résistantes.

V. Économies sur les coûts d'antibiotiques à large spectre et de réserve et

VI. Amélioration de la rentabilité de l'institution concernée.

Méthodologie

1. Mise en place d'une équipe AS interinstitutionnelle et interdisciplinaire pour le développement d'un ASP et pour le pilotage de la mise en œuvre.
2. Monitorage de l'utilisation des antibiotiques avec feedback périodique aux unités examinées.
3. Monitorage des résistances et des cas de C. difficile avec feedback aux unités examinées.
4. Publication de guidelines d'antibiothérapie, y compris leur mise à jour systématique.
5. Formation et sensibilisation.
6. Contrôles systématiques de la prescription.
7. Mise à disposition des outils IT.
8. Rapport annuel sur la mise en œuvre de l'ASP.

https://www.hplus.ch/de/qualitaet/qualitaetsprogrammeundpatientensicherheit

MA dans la pratique: exigences structurelles minimales pour la prévention des IAS

Objectifs

I. Des cadres structurels adéquats et une collaboration étroite entre chaque équipe spécialisée dans l'hygiène d'hospitalière et les différents domaines et services.

II. Les exigences structurelles minimales doivent être considérées comme des normes minimales pour la surveillance, la prévention et la lutte contre les IAS.

Méthodologie

Les exigences minimales comportent sept éléments clés qui sont à mettre en œuvre en conséquence:

1. Directives et instructions
2. Matériel et équipement
3. Organisation de l'hygiène hospitalière et dotation du personnel
4. Formation
5. Audits et monitorage
6. Surveillance et épidémies
7. Interventions

https://www.hplus.ch/de/qualitaet/qualitaetsprogrammeundpatientensicherheit

MA dans la pratique: module d'intervention Surgical Site Infections (SSI)

Objectifs

I. Observance d'au moins 90% pour trois mesures élémentaires de prévention des infections, à savoir l'élimination des poils, la désinfection cutanée préopératoire et la prophylaxie antibiotique.

II. Réduction de 50% du taux d'infection par Staphylococcus aureus lors de la chirurgie avec implant (genou / hanche).

III. Réduction de 25% des infections incisionnelles profondes et d'organe ou d'espace après une chirurgie intestinale.

Méthodologie

1. Optimisation de l'élimination/raccourcissement préopératoire des poils.
2. Désinfection adéquate préopératoire de la peau
3. Optimisation de la prophylaxie antibiotique.
4. Décolonisation préopératoire de Staphylococcus aureus lors d'interventions avec implant.
5. Décolonisation intestinale préopératoire avant les interventions colorectales.
6. Contrôle périopératoire de la glycémie.

https://www.hplus.ch/de/qualitaet/qualitaetsprogrammeundpatientensicherheit

Négociations conventionnelles: état des lieux et perspectives

Art. 35 Types de fournisseurs de prestations[98]

1 …[99]

2 Les fournisseurs de prestations sont:[100]

a. les médecins;
b. les pharmaciens;
c. les chiropraticiens;
d. les sages-femmes;
d^bis.[101] les infirmiers ainsi que les organisations qui les emploient;
e. les personnes prodiguant des soins sur prescription ou sur mandat médical ainsi que les organisations qui les emploient;
f. les laboratoires;
g. les centres de remise de moyens et d'appareils diagnostiques ou thérapeutiques;
h. les hôpitaux;
i.[102] les maisons de naissance;
k. les établissements médico-sociaux;
l. les établissements de cure balnéaire;
m.[103] les entreprises de transport et de sauvetage;
n.[104] les institutions de soins ambulatoires dispensés par des médecins.

Art. 35 al. 2 LAMal

1 convention de qualité approuvée en mai 2024 par le Conseil fédéral.

18 conventions de qualité sont en cours de négociation.

Négociations conventionnelles: notre approche

- Négociations partenariales
- Collaboration entre partenaires contractuels axée sur la recherche de solutions
- Développement à partir de l’existant
- Prise en compte des circonstances individuelles des fournisseurs de prestations
- Culture d’apprentissage

Besten Dank

Merci!

santésuisse

Die Schweizer Krankenversicherer
Les assureurs-maladie suisses
Gli assicuratori malattia svizzeri

santesuisse.ch

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