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Federal Department of Home Affairs FDHA  
Federal Office of Public Health FOPH



**NOSO**  
Strategy

Together against  
healthcare-associated infections

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

# Annual Report 2023



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## Key points in brief

### NOSO Strategy

The overall objective of the national NOSO Strategy is to reduce healthcare associated infections (HAIs) in Swiss hospitals and nursing homes. The Swiss Federal Council has defined HAI control as a priority, as it is essential to the quality of healthcare and patient safety.

### Broad-based implementation

The Federal Office of Public Health (FOPH), in collaboration with the cantons and other partners, developed the NOSO Strategy in a broad based participatory process. It is being implemented on the basis of existing structures and measures. As part of this strategy, recommendations are being developed, as well as monitoring and prevention programmes.

### Highlights of 2023

- Infection prevention and control recommendations were developed and published for acute respiratory infections at socio-medical institutions.
- Preparations began for the conduct of a point prevalence survey in nursing and care homes.
- A module for prevention of catheter-associated urinary tract infections is now available for hospitals.

## Definitions

### 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 result from a stay 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 facility. The term is derived from the Greek “nosos” (disease) and “komein” (to take care of).

# Preface



In 2023, after a lengthy pause due to the Covid-19 pandemic, another national Stakeholder Workshop was held on the NOSO Strategy. Around 100 participants – representing cantonal authorities, hospitals, and nursing and care homes – took this opportunity to help drive forward the implementation of the strategy.

The cantons shared their experiences of implementing the minimum structural requirements and identified remaining gaps. Here, it was apparent that the Swissnoso implementation aids are a great help, especially for smaller cantons. At the same time, a care sector working group defined the framework and priorities for a future action plan on implementation of the NOSO Strategy in nursing and care homes. The hospital group, meanwhile, used the Stakeholder Workshop for practical exercises concerning the integration of infection prevention into hospital structures and processes, testing various approaches.

Another important development in 2023 was the initiation of planning for the first national point prevalence study of healthcare-associated infections and antibiotic consumption in nursing and care homes. This will provide a basis for identifying additional measures and assessing their effectiveness.

Looking back over the year under review, it is clear that efforts to further reduce healthcare-associated infections remain essential. The stakeholders concerned can thus help to improve the quality of care at Swiss health facilities and to enhance patient safety.

Many thanks for your commitment!

A handwritten signature in black ink, appearing to read 'A. Lévy', written in a cursive style.

Anne Lévy  
Director-General, Federal Office of Public Health FOPH

# Stakeholder Workshop September 2023

The third NOSO Strategy Workshop brought together 97 delegates from hospitals and nursing/care homes, as well as cantonal public health departments. Participants were updated on the implementation status of the Strategy launched in 2016, and current NOSO-related topics were discussed in three groups.

## General review

After a lengthy pandemic pause, the third *NOSO Strategy Stakeholder Workshop* was held in 2023. This important event brings together all the actors and partners involved in the implementation of the NOSO Strategy. A total of 97 delegates from hospitals, nursing/care homes and cantonal public health departments met at the FOPH in Bern on 8 September. The large number of participants testified to the high level of interest in the Strategy.

After an introductory presentation on how implementation of the NOSO Strategy has progressed since 2016, the participants broke out into three discussion groups.

The cantonal representatives shared their experiences of implementing the minimum structural requirements and discussed additional needs.



The hospital group, with the aid of practical exercises, familiarised itself with the *Human Factors and Ergonomics* approach, which concerns the integration of infection prevention knowledge into hospital structures and processes.

Around 30 representatives from the nursing/care home sector worked on an action plan for facilities of this type, discussing the priorities to be set for the coming years.

In the closing discussion, the participants highlighted all the requirements relevant for the continuing implementation of HAI prevention and control measures in the various facilities. The whole-day event was rated by the majority of participants as “excellent” and “useful”.



At the Stakeholder Workshop, nine participants were invited to comment on various aspects of the NOSO Strategy. Video clips of these interviews are available on the FOPH YouTube channel.

## Cantonal discussion group

The cantonal group comprised 29 workshop participants from 13 cantons.

Using questionnaires, the cantons of Vaud and Basel-Stadt had assessed the implementation of minimum structural requirements for acute care hospitals. Here, gaps were identified in education (training), prevention (intervention) and in audits. These findings were confirmed by a survey involving around 100 hospitals, based on the *WHO IPCAF tool (Infection Prevention and Control Assessment Framework)*, which was published at the beginning of 2023.

On the basis of the WHO questionnaire, a national tool has been developed by Swissnoso for *Self-evaluation of implementation of the minimum structural requirements*. As well as this questionnaire, the *Swissnoso Handbook for self-evaluation* and the *FOPH/GDK/H+ Operational targets and implementation aids* for reduction of HAIs in Swiss acute care hospitals – both published in February 2024 – will be welcomed particularly by smaller cantons as aids for implementation of the minimum structural requirements.

Minimum structural requirements are essentially desired by the cantons for all sectors (rehabilitation

facilities, psychiatry, nursing/care homes). However, the need for action is greatest in nursing and care homes, since an expert organisation similar to Swissnoso in the hospital sector is lacking for long-term care services, where numerous questions also arise concerning infection prevention and control.

The new quality agreements to be concluded under Art. 58a of the Federal Health Insurance Act (SR 832.10) must specify binding quality development measures. These also include measures in the area of infection prevention and control.



## Hospital discussion group

This group comprised 31 infectious disease specialists, nursing staff, quality management experts and representatives of various organisations such as Swissnoso, H+, ANQ and Swissmedic. The topic for discussion was “Integration of infection prevention knowledge into hospital structures and processes”. The workshop participants used the patient journey method to consider the entire process of the treatment and points of contact between patients and caregivers. Also taken into consideration was the SEIPS model (*System Engineering Initiative for Patient Safety*), which concerns the design of work systems in healthcare. This model – used to understand and improve processes and outcomes – describes how work systems can affect health related outcomes, such as patient safety.

In five groups, the participants explored this approach via two practical exercises on the prevention of catheter-associated urinary tract infections (CAUTIs) or central line-associated bloodstream infections (CLABSIs).

The conclusions of the final discussion were as follows:

- The *Human Factors and Ergonomics* approach is promising for infection prevention. However, there is (still) a lack of knowledge and personnel resources for implementation.
- There is a need to integrate practice-related skills into basic training for all health professions – for example, in the area of asepsis.

- There is a need for support methods and instruments.
- Teaching documents are desirable for introductory training of new staff.

## Nursing/care home discussion group

Participating in the nursing/care home discussion group were 30 people, including representatives of homes and cantonal or federal authorities, experts in infection prevention, researchers, nursing staff, and members of organisations such as CURAVIVA, Spitex, Public Health Switzerland, fibs, the Swiss Seniors Council (SSR) and the Swiss Nursing Association (SBK).

The group’s discussion focused on establishing a framework for the development of an action plan. To define the current situation in nursing/care homes, the participants gave their own assessment, which coincides with the findings of a survey of the cantons conducted by the FOPH. To identify the most important and pressing areas to be included in the action plan, as well as the planned point prevalence survey, a vote was held. Here, priority was accorded by the participants to the following three key measures:

- Development of evidence-based and best practice-oriented standards and guidelines.
- Increased emphasis on infection prevention in education and training.
- Clarification of roles and responsibilities, optimisation of structures.

The action plan is to be developed by the NOSO Strategy team, with stakeholders continuing to be involved in this collaboration.

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## Next Workshop: 2024



The next NOSO Strategy Stakeholder Workshop will be held at the FOPH campus in Bern-Liebefeld on Friday, 8 November 2024.

# Action area Governance:

## Main activities in 2023

### Strategic goal

There are national standards and guidelines on HAI monitoring, prevention and control in hospitals and nursing/care homes. The stakeholders know their responsibilities and coordinate their activities. Hospitals and nursing/care 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.

### Stakeholder groups

### Key measures

### Examples of implementation in 2023

#### Hospitals



**Emmanouil Glampedakis**  
Coordinating physician,  
HPCi Vaud  
Unité d'Hygiène,  
Prévention et Contrôle  
de l'Infection Vaud (HPCi  
Vaud

*"The survey on the implementation status of minimum structural requirements for infection control among hospitals in the canton of Vaud indicated which areas will pose challenges for implementation of the strategy. Certain hospitals have difficulties in sending staff to ICP training events. So we need to think about training which is accessible for all healthcare staff and is effective and compact. Other challenges relate to multimodal strategies and interventions. Here, Swissnoso will need to help smaller hospitals, in particular, to implement these key elements."*

#### G-1 Standards and guidelines G-3 Implementation support

#### Minimum structural requirements for acute care hospitals: continuation of implementation

Implementation of the minimum structural requirements for effective prevention and control of healthcare-associated infections (HAIs) in Swiss acute care hospitals is ongoing. Many cantons have already included these requirements in the service agreements between cantons and hospitals, or are planning to do so. To support this process, Swissnoso has developed two important tools, which have been available since February 2024: a questionnaire for "Self-evaluation of implementation of the minimum structural requirements" (based on the WHO IPCAF checklist, adapted for Switzerland) and a "Handbook for self-evaluation". The questionnaire can be used by local IPC officers to evaluate the implementation status of minimum structural requirements themselves. The handbook offers guidance on interpreting the questions and deciding whether or not a requirement is met. The results provide management and the IPC committee with a basis for decision-making. These tools will offer hospitals valuable assistance in achieving the operational targets for sustained reduction of HAIs.

#### Operational goals: finalisation and validation

In June 2023, the document "Operational targets and implementation aids for reduction of HAIs in Swiss acute care hospitals" was submitted for consultation to all cantonal health departments (including Cantonal Medical Officers) and to acute care hospitals. Responses were received from 19 of the 26 cantons plus Liechtenstein; they were essentially in agreement or requested only minor amendments. In its comments, the Swiss Hospitals Association H+ indicated its agreement, but expressed concerns regarding a lack of financial and personnel resources and about the need for differing targets for different hospital sizes. Following finalisation and validation in autumn 2023, the document was published in February 2024.

#### Nursing and care homes

#### G-2 Responsibilities and structures



**Franziska Zúñiga**  
Assistant Professor  
Institute of Nursing  
Science  
University of Basel

*"There are two important ways in which the NOSO Strategy can support homes. The first involves strengthening expertise and making it accessible. There is a need for professionals with experience in long-term care and expertise in creating a balance between promoting quality of life and protecting residents. The other point concerns support for homes in implementation. For example, this could take the form of on-site inspections to assess the current status of hygiene, prevention and infection control. The direct feedback should show those responsible what practical measures they can take."*

#### Establishment of specialised structures and expertise for nursing and care homes

#### Examples of implementation in 2023

At the Stakeholder Workshop held in September 2023, the framework was established for the development of an action plan for the NOSO Strategy in nursing and care homes. Prioritisation was undertaken by an ad hoc steering group, comprising representatives of the various stakeholders concerned. The measures considered most relevant for nursing and care homes concern the establishment of responsibilities and structures, the development of guidelines and minimum requirements, the promotion of education and training, and the conduct of a point prevalence survey. Activities began in 2023 with the establishment of an expert group under the aegis of Public Health Switzerland. In parallel, preparatory work was carried out for the conduct of the first national point prevalence survey in nursing and care homes from 2024 (see page 14, E-1 Baseline).

# Action area Monitoring: Main activities in 2023

## Strategic goal

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 presentation is tailored to needs and specific target groups.

### Stakeholder groups

#### Hospitals



**Melanie Wicki**  
Project manager, quality measurements  
ANQ: National Association for Quality Development in Hospitals

*“Since 2009, on behalf of the ANQ, Swissnoso has been monitoring the development of surgical site infections (SSI) in Swiss acute care hospitals. A national comparative report with results from the monitoring period 2021–2022, based on a new approach, was published in November 2023. Overall, the long-term analysis indicates a positive trend for the SSIs monitored, which can be seen as a success story. This trend suggests that hospitals have implemented the measures designed to improve the situation.”*

### Key measures

#### M-1 National monitoring system

#### Further development of the national monitoring system: experience with implementation of modules

### Examples of implementation in 2023

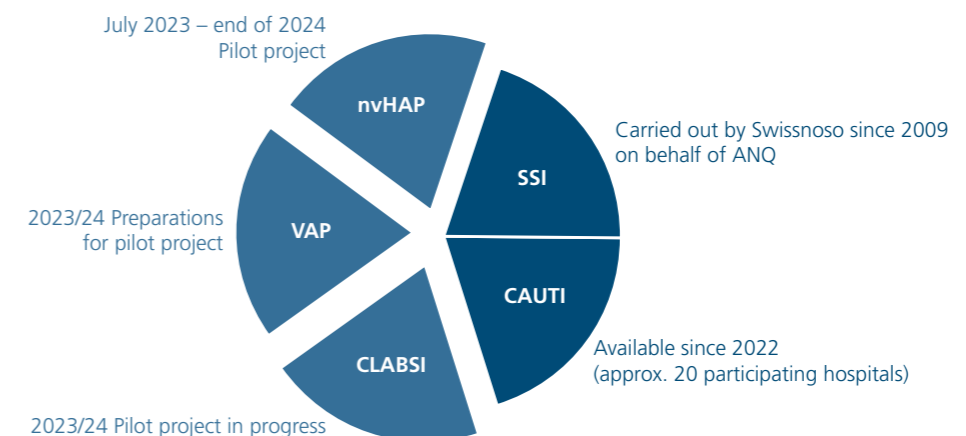
At the Swissnoso Symposium held in May 2023, experiences with the SSI (surgical site infection) surveillance module were presented, and the need for implementation was explained. Currently, high SSI rates are seen with colon and rectal surgery, a high rate of *Staphylococcus aureus* SSIs with hip and knee replacements, and increasing patient comorbidity. The following goals are being pursued:

- 50% reduction in *Staphylococcus aureus* infections with implant surgery
- 25% reduction in deep incisional or organ/space infections following colon surgery
- further 10% reduction in hospital-wide SSI rates for Swissnoso index procedures in diabetic patients.

Since 2022, the CAUTI module has been available to all interested hospitals for the surveillance of catheter-associated urinary tract infections. The results for 2022, based on data from 156,072 in-patients with 29,198 urinary catheters, were published in 2023.

In 2022, a total of 176 symptomatic CAUTIs were diagnosed, representing 0.02 infections per 100 patient-days. This low rate is in line with experiences from the pilot programme. The catheterisation rate was lower than in the pilot programme. Overall, the proportion of indicated catheters (85.85%) was fairly high. The current data generally suggest good compliance with measures for the prevention of CAUTIs and other urinary catheter-associated complications.



Three further modules are being developed so as to expand the national monitoring system in the coming years. The surveillance modules in question are for central line-associated bloodstream infections (CLABSI) and non-ventilator-associated hospital-acquired pneumonia (nvHAP). In addition, a pilot project is to assess the need for and feasibility of integrating surveillance of ventilator-associated pneumonia (VAP) into the national monitoring system.



# Action area Prevention and control: Main activities in 2023

## Strategic goal

Staff, patients, residents and visitors to hospitals and nursing/care 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/care homes promote vaccination of staff.

Stakeholder groups	Key measures	Examples of implementation in 2023
<p><b>Hospitals</b></p>  <p><b>Judith Maag</b> Operational Head of CAUTI intervention module Swissnoso</p> <p><i>"2023 was the first year of implementation for the CAUTI intervention module. From April, the participating hospitals implemented the three-part intervention package in various departments and, with the aid of indicators, assessed the outcome of implementation on a quarterly basis. They took advantage of the materials and tools produced for this purpose. The results observed at the end of the year were gratifying. After initial challenges, which varied from one hospital to another and were discussed at two group coaching events, the participants managed to implement the intervention measures successfully in most cases."</i></p>	<p><b>PC-1 Optimisation and further development</b></p> <p>CAUTI prevention module available for hospitals</p>	<p>The CAUTI intervention module – developed by Swissnoso in collaboration with Patient Safety Switzerland and financially supported by the FOPH – has been available since the beginning of 2023. In conjunction with the CAUTI surveillance module, this provides hospitals with a complete package for the monitoring and prevention of catheter-associated urinary tract infections (CAUTIs).</p> <p>The overarching aim of this module is to reduce unnecessary use of urinary catheters through the application of appropriate preventive measures, and to make the use of indicated urinary catheters safer. As a result, the rate of CAUTIs and of non-infectious catheter-related complications should be reduced. An additional benefit will be the financial savings arising from the avoidance of urinary catheter use and the associated efforts.</p>
<p><b>Nursing and care homes</b></p>  <p><b>Franziska Adam</b> Scientific Associate Foundations and Development Spitex Switzerland</p> <p><i>"In the outpatient Spitex sector, infection control poses major challenges. The care organisations differ widely. There are larger and smaller organisations, each with its own processes. Many have their own hygiene guidelines, which are implemented accordingly. In some cases, this is difficult for smaller organisations. Some have received excellent cantonal support, others less so, especially in terms of materials, masks, gloves and so on."</i></p>	<p><b>PC-1 Optimisation and further development</b></p> <p>Recommendations for infection prevention in nursing and care homes</p>	<p>At the request of nursing and care homes, the Expert Group for Infection Prevention in Socio-Medical Networks produced infection prevention and control recommendations for acute respiratory infections at socio-medical institutions, which were published by Public Health Switzerland in October 2023.</p> <p>The recommendations focus on nursing/care homes and on domiciliary care services (e.g. Spitex). They are addressed to persons responsible for infection prevention and control, the management of institutions, attending medical specialists, cantonal agencies and sectoral associations. Summarising a variety of recommendations, they aim to protect residents, staff and visitors from acute infections caused by respiratory viruses – in particular, influenza, Covid-19 and respiratory syncytial virus (RSV).</p>



# Action area Education and research: Main activities in 2023

## Strategic goal

Staff have appropriate basic and continuing training in infection prevention. They have the necessary skills to help reduce HAIs. Research and development are promoted, and the use of new technologies is systematically evaluated.

### Stakeholder groups

### Key measures

### Examples of implementation in 2023

#### Hospitals



**Laetitia Qalla-Widmer**  
Lecturer  
Institut et Haute Ecole de  
la santé La Source

*"Repetition and recontextualisation are the two indispensable elements for promoting the establishment of knowledge and practices. This requires processes to be repeatedly practised in various forms of active learning, through simulation and practice in real-life or non-real situations. Knowledge on infection prevention must also be internalised from the outset in basic training for the Bachelor programme, especially in nursing, and as part of continuing education through regular refreshers and situational training."*

#### ER-1 Infection prevention in education

#### Continuing education in hospitals

Following the NOSO Stakeholder Workshop held in September 2023, it was decided to further investigate the findings from the hospitals focus group (cf. Stakeholder Workshop September 2023, pp. 4/5). This will take the form of a study financed by the FOPH. The aim of the project is to strengthen infection prevention and control at Swiss healthcare facilities by adopting the *Human Factors and Ergonomics* approach in the area of infection prevention, so as to provide healthcare professionals with the requisite knowledge. Given the complexity of the health system, this knowledge must be not only theoretically sound but also applicable in practice, readily accessible and transparent in daily working processes. This study will provide information on the infection prevention knowledge required in various healthcare settings, existing gaps, and the need for content to be adapted so as to satisfy theoretical, practical and implicit knowledge requirements. Results and recommendations for the implementation of measures will be available from early 2024.



# Action area Evaluation: Main activities in 2023

## Strategic goal

Point prevalence surveys and literature research are used to establish a data foundation. HAI occurrence in acute care hospitals and nursing homes is assessed, and the avoidable proportion is determined. Point prevalence surveys are repeated in order to track HAI development over time and allow institutions to self-evaluate.

### Stakeholder groups

### Key measures

### Examples of implementation in 2023

#### Hospitals



**Walter Zingg**  
Senior Attending Physician  
Department of Infectious  
Diseases and Hospital  
Epidemiology  
University Hospital Zurich

*“With 76 acute care hospitals participating, it was gratifying to see such a high level of interest in the annual point prevalence survey on healthcare associated infections. The percentage of patients with a healthcare-associated infection on the day of the 2023 survey was precisely the same as in 2017 and 2022. This consistency indicates the robustness of the method at the national level. At the same time, one would have hoped to see an improvement after several years of data collection. This shows that little energy is currently being devoted to targeted prevention efforts. Hospitals are facing structural and financial challenges which do not leave much time for the planning and implementation of institutional prevention projects. But such efforts are essential if improvements in patient safety are to be achieved.”*

#### E-1 Baseline

#### Point prevalence survey PPS 2023

For the PPS 2023, 76 hospitals provided data from 10,236 patients. Of the participating hospitals, 57 were small, 13 medium-sized and 6 large. All Swiss university hospitals participated.

Overall, HAI prevalence in Swiss acute care hospitals was 5.9% (95% CI: 5.4–6.4), with 5.1% (4.7–5.5) being attributable to the reporting hospital and 4.0% (3.6–4.4) contracted during the current hospital stay.

HAI prevalence depends on intrinsic (patient-related) risk factors. Higher risk factors are observed for men, patients with a relatively poor prognosis and elderly patients.

HAI prevalence also depends on hospital size and type, ownership and whether a hospital is university-affiliated. The risks vary mainly as a result of differences in the case mix and the services provided: larger tertiary-care hospitals have a higher case mix, offer more intensive care capacity and perform more complex procedures. HAI prevalence is highest in intensive care and lowest in gynaecology/obstetrics.

The results of point prevalence surveys are important for assessing the reduction in HAIs, also with regard to achievement of the operational targets.

#### Nursing and care homes



**Domenica Flury**  
Senior Physician  
Department of Infectious  
Diseases, Infection Control  
and Travel Medicine  
Cantonal Hospital of  
St Gallen (KSSG)

*“The establishment of a network comprising all the partners involved required considerable effort, but was crucial for the first key milestone of the project – the participation of nursing and care homes in the national point prevalence survey. Additional obstacles concern – in the preparatory phase – the obtaining of consent from ethics committees and – at the implementation stage – the need for a trilingual database, etc. In comparison with the hospital PPS, the question arises whether HAI prevention is the primary goal in nursing and care homes, or whether other goals such as quality of life, resource-efficient work or staff safety are equally important.”*

#### E-1 Baseline

#### Preparations for a national point prevalence survey

At the end of 2023, preparations began for the first Swiss point prevalence survey of infections and antibiotic consumption in nursing/care home residents (“SPOT” project). The KSSG Department of Infectious Diseases/Infection Control was engaged to carry out the project, which is being supported by CURAVIVA, senesuisse, the cantons and the FOPH.

Healthcare-associated infections (HAIs) and antimicrobial resistance (AMR) also pose increasing challenges in long-term care institutions. At the national level, no comprehensive data is currently available on HAI prevalence and risk factors, AMR or the use of antibiotics.

The survey involving approx. 60 institutions from autumn 2024 should provide data on the basis of which the measures required to prevent infections and reduce antibiotic consumption in Swiss nursing/care homes can be discussed, defined and implemented. The survey will also cover existing structures and process indicators in the area of infection control and antibiotic use at these institutions. This should also raise awareness of the topic of infection control in long-term care institutions at the regional, cantonal and national level, and permit comparisons of individual institutions at the national and international level.

# Updates on other FOPH strategies

In its national health strategies, the FOPH defines goals, procedures and measures in various areas of health policy. In the implementation of measures under the NOSO Strategy, active interfaces arise with four other FOPH strategies.

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## Strategy on Antibiotic Resistance

### StAR

Human medicine

Implementation of the Swiss Strategy on Antibiotic Resistance (StAR) has been under way since 2015, with numerous measures adopted in the areas of human medicine, veterinary medicine, agriculture and the environment. The aim is to raise awareness – among professionals, patients and the public – of the issue of resistance and to increase appropriate use of antibiotics. In particular, antibiotic stewardship programmes (ASP) are also to be strengthened in hospitals, as well as programmes for prevention



and control of multidrug-resistant pathogens.

An overview of guidelines and tools developed under StAR is available [here](#).



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## National Vaccination Strategy NVS

Within the framework of the National Vaccination Strategy (NVS), experience with the Covid-19 pandemic was taken as an opportunity to revise the



action plan in the light of the latest findings. In March 2023, around 60 implementation partners met for the fifth NVS Stakeholder Workshop.

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## Covid-19 + Endemic Strategy

In autumn 2023, the Covid-19 + Endemic Strategy was adopted by the FDHA. This defines objectives and key measures for dealing with SARS CoV-2 and other respiratory viruses in the longer term. The strategy is intended to help reduce the burden of disease in the population and prevent the healthcare system from being overwhelmed. It specifies key



measures in three complementary action areas – monitoring, prevention and infection control – with some of the measures being implemented as part of the NOSO Strategy.

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## Strategy for Quality Development in Health Insurance

The Federal Council sets its quality development objectives on the basis of the quality strategy. The objectives relate to the action areas defined in the strategy and are operationalised by the Federal Quality Commission (FQC). In 2022, the new quality strategy was adopted by the Federal Council. In 2023, the stakeholders, together with the FOPH, developed the objectives for the period from 2025 to 2028. The aim is to improve the quality of



healthcare and to promote patient safety. To this end, quality agreements are to be concluded between associations of healthcare providers and insurers.



# Overview of NOSO Strategy measures

The Table provides an overview of the status of measures in the five action areas and the various actors involved. For each measure, one actor (generally the Confederation or cantons) is responsible for coordination. Depending on the type of measure, technical/scientific responsibility lies with one or more actors. For nursing and care homes, the measures labelled as “forthcoming” are part of the action plan to be submitted for approval in 2024.

## Governance

Measure/area	Hospitals	Nursing and care homes	Other actors involved
<b>G-1 Standards and guidelines</b>			
Determine minimum requirements for hospitals and nursing/care homes	■		Cantons, Conf., Swissnoso, prof. societies, H+
Define data requirements, methods and standards	■	■	Conf., Swissnoso, ANQ, prof. societies, H+
Draw up recommendations for data processing	■	■	Cantons, Conf., Swissnoso, ANQ, CURAVIVA / senesuisse, GDK, H+
Define competencies and learning objectives	■	□	Cantons, Conf., SGI, institution responsible for the relevant educational level
<b>G-2 Responsibilities and structures</b>			
Clarify tasks and division of responsibilities	■	■	Conf., ANQ, CURAVIVA / senesuisse, GDK, H+, Swissnoso, Patient Safety, prof. societies
Coordinate monitoring	■	□	Conf., CURAVIVA / senesuisse, GDK, H+, Swissnoso, Patient Safety, ANQ, prof. societies
Incorporate quality management and infection prevention	■		Cantons, Conf., H+, CURAVIVA / senesuisse, Swissnoso
<b>G-3 Implementation support</b>			
Provide guidance, evaluate implementation	■		Cantons, Conf., Swissnoso, CURAVIVA / senesuisse, H+, Patient Safety, GDK, prof. societies
Support pioneering projects	■	■	Conf., Patient Safety, H+, Swissnoso
Improve incentives	■		Cantons, Conf., CURAVIVA / senesuisse, H+, Swissnoso, santésuisse
Include HAI reduction measures as a criterion in supervision, planning and licensing processes	■		Cantons, Conf., GDK, H+, Swissnoso
<b>G-4 Knowledge management</b>			
Set up knowledge platform	■		Conf., Swissnoso, CURAVIVA / senesuisse, prof. societies, H+
Assure knowledge transfer	■	■	Conf., Swissnoso, prof. societies
International cooperation	■	□	Conf.

□ forthcoming    ||||| planned    ■ being implemented

## Monitoring

Measure/area	Hospitals	Nursing and care homes	Other actors involved
<b>M-1 National monitoring system</b>			
Strengthen stakeholders	■	■	Cantons, Conf., Swissnoso, CURAVIVA / senesuisse, H+, GDK, ANQ
Assure monitoring quality	■	□	Cantons, Conf., Swissnoso, GDK, ANQ
<b>M-2 Targeted data analysis</b>			
Evaluate data as required	■	□	Conf., Swissnoso, ANQ
Set up mechanism for direct feedback to staff	■	□	Conf., Swissnoso, H+
Introduce public reporting and benchmarking	□		Cantons, Conf., ANQ, Swissnoso, GDK
<b>M-3 Early detection</b>			
Enhance early detection systems	■	□	Conf., Swissnoso
Extend legal reporting requirements	■	□	Conf., Swissnoso

## Prevention and control

Measure/area	Hospitals	Nursing and care homes	Other actors involved
<b>PC-1 Optimisation and further development</b>			
Implement standards and guidelines in practice	■	■	Cantons, Conf., CURAVIVA / senesuisse, GDK, H+, Swissnoso, Patient Safety
<b>PC-2 Awareness-raising and involvement</b>			
Implement communication concept	■	■	Conf., CURAVIVA / senesuisse, GDK, H+, Swissnoso, Patient Safety
Involve people affected	■	■	Cantons, Conf., CURAVIVA / senesuisse, FMH, GDK, H+, Swissnoso, Patient Safety
Make formal, public commitment	■	■	Cantons, Conf., CURAVIVA / senesuisse, GDK, H+
<b>PC-3 Learning and dialogue culture</b>			
Establish infection prevention in corporate culture	■		Cantons, Conf., CURAVIVA / senesuisse, GDK, H+, Swissnoso
<b>PC-4 Promotion of preventive vaccination</b>			
Promote preventive vaccination of staff and others	■		Cantons, Conf., GDK

□ forthcoming    ||||| planned    ■ being implemented

## Education and research

Measure/area	Hospitals	Nursing and care homes	Other actors involved
<b>ER-1 Infection prevention in education</b>			
Build expertise among healthcare staff	■	■	Cantons, Conf., institution responsible for the relevant educational level
Increase the role of infection prevention in training	■		Cantons, Conf.
Institutionalise training in infection prevention	■		Conf., GDK, H+
<b>ER-2 Research promotion</b>			
Establish HAIs in promotion of research	■	■	University hospitals, Conf., Swissnoso, prof. societies, GDK, research institutions
<b>ER-3 New technologies, quality assurance</b>			
Formulate principles for evaluating new technologies	□	□	Conf., Swissnoso, prof. societies, research institutions

## Evaluation

Measure/area	Hospitals	Nursing and care homes	Other actors involved
<b>E-1 Baseline</b>			
Conduct point prevalence studies and literature research	■	■	Cantons, Conf., Swissnoso, H+, CURAVIVA / senesuisse
<b>E-2 Evaluation of NOSO Strategy</b>			
Interim evaluation (2022)	✓	✓	Cantons, Conf., Swissnoso, H+, CURAVIVA / senesuisse, GDK
Final evaluation (2027)			Cantons, Conf., Swissnoso, H+, CURAVIVA / senesuisse, GDK

□ forthcoming    ||||| planned    ■ being implemented    ✓ established

## NOSO Strategy newsletter and website

In our newsletter, you will find information on the implementation of the NOSO Strategy, including the latest study findings and practical guidance (available only in French, German or Italian).

Subscribe now at:

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

You will find comprehensive information on the NOSO Strategy at: [www.noso-strategy.ch](http://www.noso-strategy.ch)

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## Get involved with NOSO

The commitment of as many stakeholders as possible is required to make the NOSO Strategy a success. Get involved in implementation through expert workshops and working groups! Any interested organisations or associations are welcome.

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## Alphabetical list of stakeholders (as of June 2024)

ANQ – National Association for Quality  
Development in Hospitals

Association of Financially Independent Old Age  
and Nursing Homes (senesuisse)

CURAVIVA Switzerland

fibs – Infection prevention experts & hospital  
hygiene consultants

FMH – Swiss Medical Association

FOPH – Federal Office of Public Health

GDK – Swiss Conference of Cantonal Ministers of  
Public Health

H+ Swiss Hospitals Association

Institute of Nursing Science at the University of  
Basel

Patient Safety Switzerland

SBK – Swiss Nursing Association

SGGG – Swiss Society of Gynaecology and  
Obstetrics

SIG – Swiss Society of Intensive Care Medicine

SGSH – Swiss Society for Hospital Hygiene

SIPI – Infection Control Nurses

SSAPM – Swiss Society for Anaesthesiology and  
Perioperative Medicine

SSI – Swiss Society for Infectious Diseases

SSM – Swiss Society for Microbiology

SSP – Swiss Society of Paediatrics

SVBG – Swiss Association of Professional  
Healthcare Organisations

SVS – Swiss Federation of Hospital Directors

Swiss Foundation for Patient Protection (SPO)

Swissmedic – Swiss Agency for Therapeutic  
Products

Swissnoso

VFP – Swiss Association for Nursing Science