

Annual Report 2022

What was implemented in Swiss hospitals
and nursing homes, the Confederation
and cantons.



Schweizerische Eidgenossenschaft
Confédération suisse
Confederazione Svizzera
Confederaziun svizra

Swiss Confederation

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

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Key points in brief

NOSO Strategy

The global objective of the national NOSO Strategy is to reduce health-care-associated infections (HAIs) in Swiss hospitals and nursing homes. The Swiss Federal Council has 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.

Some highlights of 2022

- Structural minimum requirements for acute care hospitals: two workshops were held with experts in infection prevention and control (IPC), and specific needs for implementation tools were defined.
- The second national point prevalence survey was carried out on HAIs and antimicrobial use in Swiss acute care hospitals.
- The interim evaluation formulates recommendations for the future implementation of the NOSO Strategy.

Glossary

Healthcare-associated infections (HAIs): Infections acquired in connection with a diagnostic, therapeutic or nursing measure. Examples of such measures include invasive surgical procedures, placement of a urinary or intravascular catheter or artificial ventilation. HAIs can also simply 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 establishment. The term is derived from the Greek νόσος (nósos) “disease” and κομῆν (komein) “to take care of”.



2022 marked a return to a degree of normality for the NOSO Strategy. The second national point prevalence survey represented

another important assessment of the situation concerning healthcare-associated infections (HAIs) in acute care hospitals. It is pleasing to note that the number of hospitals participating increased compared to the first study. The overall prevalence of HAIs was unchanged from 2017 at 5.9%, with Switzerland thus occupying a middle-ranking position among European countries.

The fact that the NOSO Strategy is on track overall is confirmed by the interim evaluation, which notes that the minimum structural requirements for acute care hospitals have a major potential for effectiveness. A lack of resources and limited digitalisation of data are, however, repeatedly cited as obstacles to implementation. Here, the FOPH seeks solutions in collaboration with its partners.

The evaluation also confirms that there is a considerable need for action in nursing and care homes. To this end, two important projects were launched in 2022: firstly, recommendations tailored to nursing homes are being developed for the prevention of respiratory infections; secondly, an expert group is being established to provide support for homes on the management of HAIs.

None of this would have been possible without the dedicated efforts of the numerous people involved. My sincere thanks to you all!

A handwritten signature in black ink, appearing to read 'Anne Lévy'.

Anne Lévy
Director, Federal Office of Public Health FOPH

Implementing minimum structural requirements: opportunities and obstacles from a cantonal perspective

From a medical viewpoint, the NOSO Strategy's minimum structural requirements are uncontroversial, but the cantons still see various obstacles to implementation – such as the lack of qualified professionals, inadequate funding, or cumbersome data collection methods. How are the cantons of Zurich and Vaud approaching the topic of infection prevention?

The Conference of Cantonal Directors of Public Health (GDK) recommends that the minimum structural requirements for the prevention and control of health-care-associated infections (HAIs) should be incorporated in the cantons' performance agreements with acute care hospitals. According to Seraina Grünig – GDK Communicable Diseases Project Manager and Head of the GDK Hospital Quality Assurance Support Group – the GDK's strong commitment to a national strategy demonstrates the importance it attaches to the topic of infection prevention.

Of course, it is only a recommendation. "The response from individual cantons shows that the NOSO minimum requirements are widely accepted and will continue to be incorporated in the cantons' hospital agreements or mandates," says Grünig.

A pioneering role in implementation is played by larger cantons which have more resources available – what they implement and their experiences often serve as a guide for other cantons. For this reason, we focus here on the cantons of Zurich and Vaud.

Example 1: Canton of Zurich

The 22 acute care hospitals in the canton of Zurich have long been required to conduct a surveillance programme on nosocomial infections and antimicrobial resistance. Since 1 January 2023, they must now also meet the minimum structural requirements. According to Alice Giese, Zurich Cantonal Health Directorate's Quality Manager, the introduction of this requirement in 2023 was convenient in terms of timing, since hospital planning is routinely revised every ten years.

She welcomes the fact that, with the definition of minimum structural requirements, a national standard has been established. Now, she believes, it must be ensured that the monitoring of implementation is not left up to the hospitals themselves. In her view, it would be helpful if suitable tools were made available by a central body for Switzerland as a whole.

“For reasons of efficiency, I could imagine restricting detailed audits to hospitals noticeable for an increased rate of complications.”

Dr Alice Giese, Quality Manager,
Zurich Cantonal Health Directorate

Alice Giese is critical of the procedure adopted for certain HAI assessments: in her view, the efforts required are no longer appropriate: “Rather than collecting data manually in a labour-intensive way, I’d prefer it if we could use routinely collected data.” This would be more efficient and would alleviate the burden on scarce personnel resources in hospitals.

In addition, for reasons of efficiency, Alice Giese suggests that detailed audits could be restricted to hospitals noticeable for an increased rate of complications. “From inpatient treatment charges, it can be determined which areas in a hospital are most likely to be problematic.” She believes that complications are a useful indicator of how well minimum structural requirements are implemented by a hospital. Analysis of this data would offer the advantage of highlighting other issues apart from wound infections – e.g. repeat surgery – which are of equal importance in improving patient safety.

Example 2: Canton of Vaud

For many years, the question of infection prevention has also been accorded great importance by the canton of Vaud. With its Unité d’Hygiène, Prévention et Contrôle d’Infection (HPCi), the canton has a structure unique of its kind in Switzerland. This unit, attached to the Cantonal Medical Officer, provides practical support for the canton’s healthcare institutions. Accordingly, the HPCi staff see themselves more as partners of hospitals than as a supervisory authority. The data reported by the hospitals themselves is trusted, as Dr Emmanouil Glampedakis of the HPCi underlines.

In practice, this canton’s hospitals have long met most of the minimum requirements for HAI prevention and control. The high standard of implementation was confirmed by the first HPCi survey on implementation of the minimum structural requirements, carried out at the end of 2022. Each hospital has its own team – comprising a physician and an IPC specialist

from nursing – responsible for the implementation of measures under the NOSO Strategy. Meetings of the HPCi with these teams take place every three months and the topic of minimum requirements is discussed every time.

The canton has begun to integrate certain elements of the minimum requirements into the service contracts. This leads not least to the hospital managements attaching more weight to these minimum requirements. The financing of their implementation is of course the subject of negotiations between the hospitals and the canton, which is keen to ensure effective consolidation.

Overcoming obstacles to implementation

From a medical viewpoint, the minimum structural requirements are uncontroversial. What impedes their implementation in practice is a lack of financial and human resources, as also noted in the evaluation report on the implementation of the NOSO Strategy. In addition, the digital infrastructure is often not sufficiently developed to enable processes to be simplified.

Ways must now be found to support and facilitate implementation of the minimum structural requirements for hospitals. For only then will they also become fully effective in practice, helping to reduce infections and improve patient safety.

“Our strong commitment to a national strategy demonstrates the importance we attach to infection prevention.”

Seraina Grünig, Head of the GDK Hospital
Quality Assurance Support Group

Providing expert support for the NOSO Strategy

A variety of measures are necessary to prevent and control HAIs. Through their practical work, many experts are making a tangible contribution to implementing the NOSO Strategy. Allow us to introduce four of them.

Jonas Marschall Swissnoso, CAUTI module Co-Lead

As a urinary tract infection specialist, Jonas Marschall was responsible for developing the modules for surveillance and prevention of catheter-associated urinary tract infections (CAUTI). At the end of 2021, having spent eight years as Head of Hospital Hygiene at the Inselspital Bern, he became Director of Infectious Disease Epidemiology Research at Washington University School of Medicine in St Louis (USA), where he is also responsible for hospital hygiene. From this remote location, he is continuing to exercise his Swissnoso functions.



“Automatic surveillance of nosocomial infections – that’s the future! This will require an increase in hospital digitalisation, with electronic patient records and suitable algorithms. Here, the US is about ten years ahead of us. At the same time, with its minimum structural requirements applicable nationwide, Switzerland is a pioneer at the international level.”

Mihaela-Beatrice Gligor-Calous Swissnoso, SSI Intervention Project Manager

The primary contact for hospitals in relation to the module for the reduction of surgical site infections (SSI) is Mihaela-Beatrice Gligor-Calous. Having started her career as a theatre nurse at the District Hospital of Braşov (Romania), she held various positions at Zurich University Hospital and in canton of Aargau. Since 2018, she has worked as an infectious diseases and infection prevention expert at Hirslanden (Central Switzerland). She joined Swissnoso in 2021.



“If a hospital wishes to reduce the rate of wound infections, the infection prevention and infectious diseases units need to be involved. It’s also essential that this topic is accorded the necessary priority by hospital management. This is promoted by the minimum structural requirements. Most importantly, however, prevention is teamwork, not the responsibility of individuals.”

Béatrice Schwark Hirslanden Group, Head of Quality Management

Béatrice Schwark, Head of Quality Management at the Hirslanden Group, with responsibility for 17 hospitals, has 25 years’ experience in the healthcare sector. For some years now, Swissnoso infection surveillance modules have been employed at Hirslanden. As part of a pilot project, Béatrice Schwark was involved in the further development of “SSI surveillance”. The aim is to automate patient surveys following inpatient wound infections.



“A major benefit of the minimum structural requirements and the surveillance modules is consistent data quality. There’s still a need for improvements in the modules and also in our IT infrastructure so that data can be collected by our hospitals without additional efforts. Quality improvement should alleviate, not increase the burden.”

Elia Lo Priore Ente Ospedaliero Cantonale (EOC), Senior Physician, Department of Infectious Diseases and Hospital Epidemiology

Elia Lo Priore is one of two physicians in the infection prevention team at the Ticino Cantonal Hospitals (EOC). Also including 14 nurses, it is responsible for four acute care hospitals, with around 1,000 beds. In addition, Elia Lo Priore has a 50% position in the Department of Infectious Diseases at the Ospedale Regionale di Lugano. At the EOC, he is joint leader of a working group developing the CAUTI surveillance module.



“If we want to automate data collection for the CAUTI module, this places certain demands on development: we need to standardise clinical processes such as the correct recording of symptoms, which requires constant support from our IT. It would be ideal if our working group had its own IT expert.”

Action areas and objectives of the NOSO Strategy

For each action area, a strategic objective and key measures are defined. The objective is sometimes listed in condensed form.

Prevention and control

Monitoring

A national monitoring system keeps track of the development of HAIs and the factors influencing them (structures and processes). Data and analyses are promptly available and presented according to needs and target group.

Key measures

M-1
National monitoring system



M-2
Targeted data analysis



M-3
Early detection



Evaluation

E-1
Baseline



E-2
Evaluation of the NOSO Strategy



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 share is determined. The point prevalence surveys are repeated in order to track HAI development over time and allow institutions to self-evaluate.

Governance

There are national standards and guidelines on HAI monitoring, prevention and control in hospitals and nursing homes. The stakeholders know their responsibilities and coordinate their activities. Hospitals and nursing homes have structures and processes in place for reducing HAIs. Strategy implementation is supported with positive incentives. Knowledge is shared at regional, national and international levels.

Staff, patients, residents and visitors to hospitals and nursing homes are familiar with the problem of HAIs and their consequences for personal and public health. They understand the measures and help implement them. Hospitals and nursing homes promote immunisation of staff.

PC-1
Optimisation and further development



PC-2
Awareness-raising and involvement



PC-3
Learning and dialogue culture



PC-4
Promotion of preventive vaccination



G-1
Standards and guidelines



G-2
Responsibilities and structures



G-3
Implementation support



G-4
Knowledge management



Status of implementation

- Measures planned
- Measures planned, implementation to start within next six months
- Implementation started
- Implementation well advanced, first measures established
- Measures fully established

Education and research

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

ER-1
Infection prevention in education



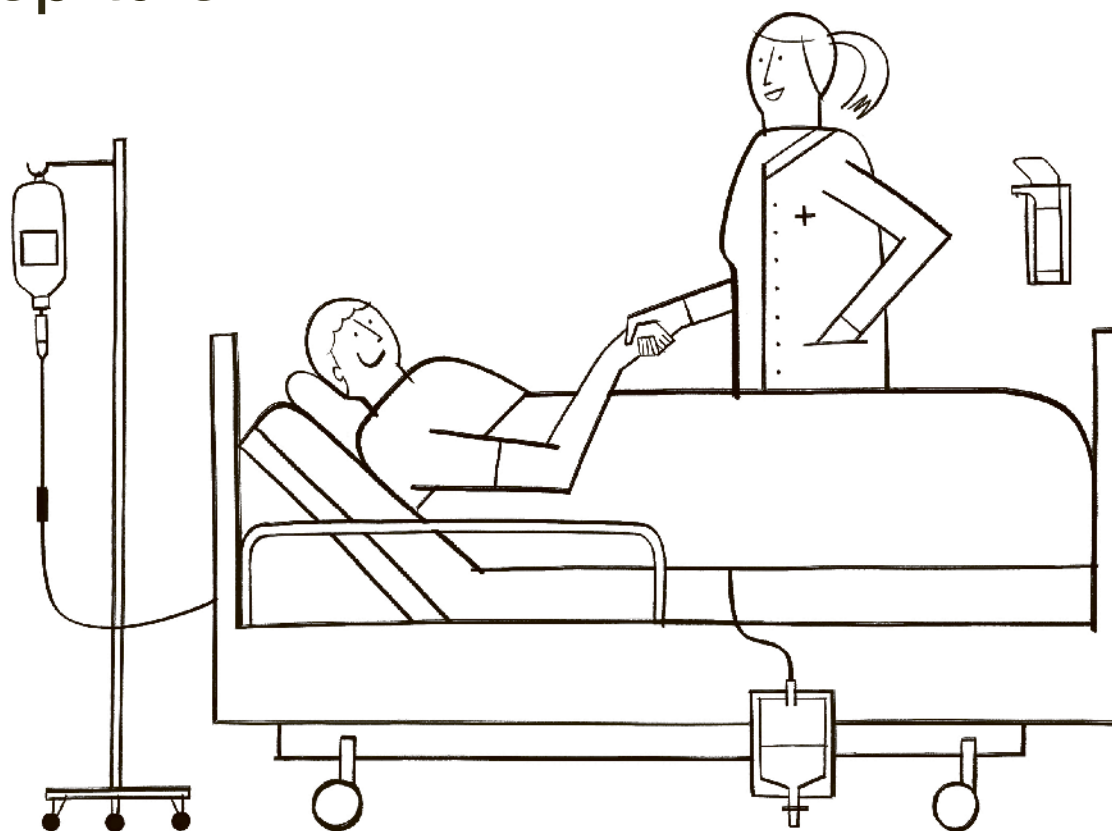
ER-2
Research promotion



ER-3
New technologies, quality assurance



NOSO in hospitals



Many measures under the NOSO Strategy are geared to improving the situation in hospitals – which are hardest hit by HAIs. The spectrum ranges from national databases on norms and guidelines to concrete interventions to prevent infection.

Minimum structural requirements for acute care hospitals

Standards and guidelines (G-1)

In January and August 2022, online workshops were held by Swissnoso and FOPH experts in infection prevention and control (IPC). The first of these events focused on the sharing of experience relating to the introduction of minimum structural requirements in Swiss acute care hospitals, and tools for successful implementation in practice.

Contributions at the second workshop examined the current policy and regulatory framework, discussed examples of implementation, and presented current tools

for implementation, such as the SSI intervention or CAUTI surveillance modules.

Swissnoso also announced the introduction of a self-audit tool, which enabled hospitals to assess the current position and periodically review their progress in implementing the minimum structural requirements. Also planned is the development of an implementation guide for hospitals.

In the workshops, reports from various hospitals made it clear that appropriate importance is attached to infection prevention and control at the vast majority of facilities. Often, however, adequate implementation of HAI prevention and control standards is impeded by a lack of human and financial resources. Another success factor is the embedding of this topic within the institution's organisation, for example in the form of an infection prevention committee with real decision-making powers.

The workshop presentations and video recordings are available online (in German) at: www.swissnoso.ch/forschung-entwicklung/strukturelle-mindestanforderungen-hai

Swissnoso plans to hold further workshops in the future so as to facilitate regular exchanges among IPC experts and between hospitals, and to promote awareness of their needs.

National surveillance system

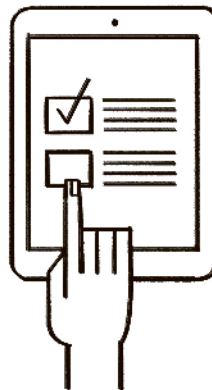
National monitoring system (M-1)

In the year under review, Swissnoso reported further progress with the development of modules for various HAI categories:

- Catheter-associated urinary tract infections (CAUTI): Swissnoso and Patient Safety Switzerland completed the development of the CAUTI intervention module. Thus, in combination with the existing CAUTI surveillance module, hos-

pitals now have available a complete package for the surveillance and prevention of catheter-associated urinary tract infections. As of November 2022, 20 hospitals were participating in the CAUTI surveillance programme.

- Central line-associated bloodstream infections (CLABSI): in 2022, efforts were focused on algorithm development and a feasibility study, based on data from the Hôpitaux universitaires de Genève (HUG). The aim of the CLABSI surveillance module is to automate the surveillance of central line-associated bloodstream infections. In 2023, a pilot project in a number of hospitals should show how suitable the module is for implementation in practice. If the results are favourable, the CLABSI surveillance module will be made available nationwide from 2024.



- Ventilator-associated/non-ventilator-associated hospital-acquired pneumonia (VAP/nvHAP): these conditions – among the most common types of HAI in hospitals – prolong hospital stays and may be fatal in some cases. At present, no national surveillance programmes exist for these types of infection, but Swissnoso is seeking to develop appropriate surveillance systems. For nvHAP, a pilot study is planned to assess the feasibility of semi-automated surveillance. A challenge for the VAP surveillance module lies in the fact that the diagnostic criteria for ventilator-associated pneumonia are not always clearly defined.



Dr Alessandro Cassini
Deputy Cantonal Medical Officer,
canton of Vaud

You worked for many years at the European Centre for Disease Prevention and Control (ECDC) and the WHO. How do you rate the Swiss point prevalence survey (PPS) by international standards?

Switzerland stands out in particular for its data quality. The PPS covers all the cantonal hospitals and 80% of patients. That's a very high proportion and provides an excellent source of information. Since the first PPS in 2017, Switzerland has made the annual collection of HAI data an integral part of the systematic prevention and control of infections. This is a model approach for Europe to follow.

What can Switzerland learn from Europe?

At the national and European levels, our experts should continue to support better use of the data in knowledge translation, i.e. the translation of results from studies into recommendations for action. In order to identify opportunities for improvement, one could start with the systematic collection of indicators on the minimum requirements. A good example of this is the study published in 2022 on the economic impact of HAIs in Switzerland.

Some cases go undetected, while others are mistakenly classified as pneumonia. In 2022, Swissnoso and the Swiss Society of Intensive Care Medicine took the first steps towards specifying the requirements for surveillance of this type of infection.

For further information on the modules (in German):
www.swissnoso.ch/module/uebersicht-module

Second report on epidemiology of HAIs in Switzerland

National monitoring system (M-1)

The report produced by Swissnoso provides an overview of the epidemiological situation in Swiss hospitals. It also includes information on all the activities carried out by Swissnoso in connection with the NOSO Strategy between October 2020 and October 2021 – for example, the further development of the national monitoring system, the 2020 point prevalence survey, or the implementation of the minimum structural requirements for acute care hospitals. For the first time, data on the transmission of Covid-19 in hospitals and long-term care facilities is also included.

The report is available on the Swissnoso website (in German) at: [Guidelines & Publikationen > Jährliche epidemiologische Berichte](#)

Competence centre for investigation of HAI outbreaks

Optimisation and further development (PC-1)

In the future, the competence centre will be activated by the FOPH in the event of regional or national HAI outbreaks so as to ensure a

rapid and expert response. In 2022, the operating plan was approved and a guidance document was developed, with recommendations from Swissnoso for the management of HAI outbreaks. This guidance, to be published in 2023, will help hospitals to detect imminent or acute outbreaks and to take appropriate measures.

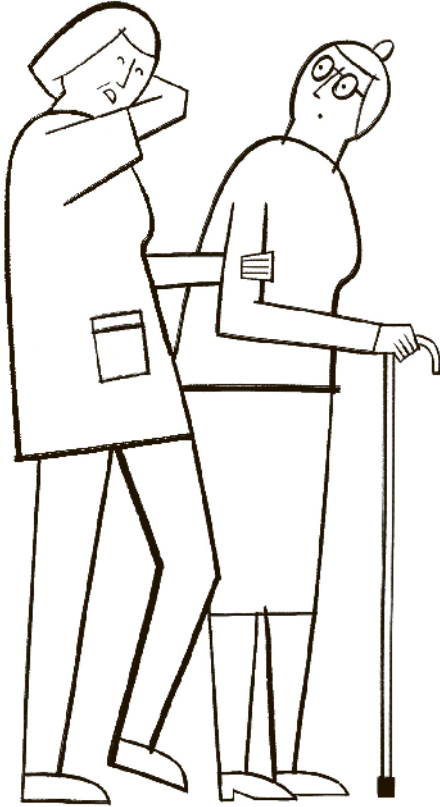
Second national point prevalence survey

Baseline (E-1)

Following smaller interim surveys in the previous three years, Swissnoso conducted the second national point prevalence survey (PPS) between April and June 2022. This involved the collection of data on healthcare-associated infections and antimicrobial use in Swiss acute care hospitals. 108 hospitals, including almost 14,000 patients, participated. As indicated by preliminary analyses, HAIs affected 5.9% of patients, with antibiotics being administered in a third of all cases – these figures were unchanged from the previous national PPS in 2017. Surgical site infections were most common, accounting for 29% of all HAIs.

According to a survey based on a WHO checklist, Swiss hospitals show high standards of infection prevention and control, with no differences observed between small, medium-sized and large hospitals. Room for improvement exists with regard to staff training and audits of day-to-day prevention processes. There is also a need for more targeted infection prevention projects.

NOSO in nursing homes



The situation in nursing homes is very different from that in hospitals. The way the NOSO Strategy is implemented has to take account of this. Homes have to formulate their own recommendations for dealing with HAIs, as well as gathering data to build a basic knowledge of the situation.

OSKAR project

Optimisation and further development (PC-1)

Nursing and care home residents are among the persons at increased risk for HAIs. In the OSKAR project (Eastern Switzerland competence network for infection prevention in nursing and care homes), the St. Gallen Cantonal Hospital has been developing, since summer 2022, a set of measures for appropriate prevention of respiratory infections in long-term care facilities. Other goals of the project are the monitoring of such infections, the development of standard guidelines and a training programme, and the establishment of a network of individuals responsible for HAI prevention and control in nursing and care homes.

The FOPH is providing financial support for this project, which involves interdisciplinary cooperation between various stakeholders. Six homes are participating. The knowledge obtained will be fed into a manual for systematic HAI prevention in nursing and care homes. In addition, the project could serve as a basis for the development of minimum structural requirements for long-term care facilities and provide valuable guidance for the conduct of a national point prevalence survey in nursing and care homes.

Expert group for infection prevention in nursing and care homes

Optimisation and further development (PC-1)

November 2022 saw the launching of a national expert group which, on a transdisciplinary basis, is to develop recommendations for infection prevention and control in nursing and care homes. The group brings together experts in infection prevention, home physicians and

infectious disease specialists, as well as representatives of home management, nursing and care staff, sectoral associations, and federal and cantonal authorities. A first step has thus been taken towards the development of comprehensive infection management in homes.

Responsibility for coordination of the expert group lies with Public Health Switzerland. The group's first recommendations will be concerned with respiratory viruses (see the interview with Verena Hoberg on the right).

responsible for infection prevention are only found in a small number of nursing and care homes; there is thus a lack of "natural" contacts for this topic.

As nursing homes represent a residential setting, it needs to be determined what infection prevention measures can be derived from the results of a PPS. For, as became apparent during the Covid-19 pandemic, strict protective measures in nursing homes can lead to considerable impairments in quality of life. Discussions with partner organisations will continue in order to determine the modalities for a national survey.

Point prevalence survey in nursing homes



Baseline (E-1)

For some years, discussions have been held between the FOPH and various institutions and cantons with a view to launching a national, representative point prevalence survey (PPS) on HAIs in nursing and care homes. Key stakeholders such as Curaviva have expressed an interest, and pilot projects have been successfully carried out in the cantons of Vaud and St Gallen. However, the heterogeneous nursing and care home landscape represents a challenge for the comparability of results, which has yet to be overcome. In addition, individuals



Verena Hoberg
Scientific associate, Public Health
Switzerland

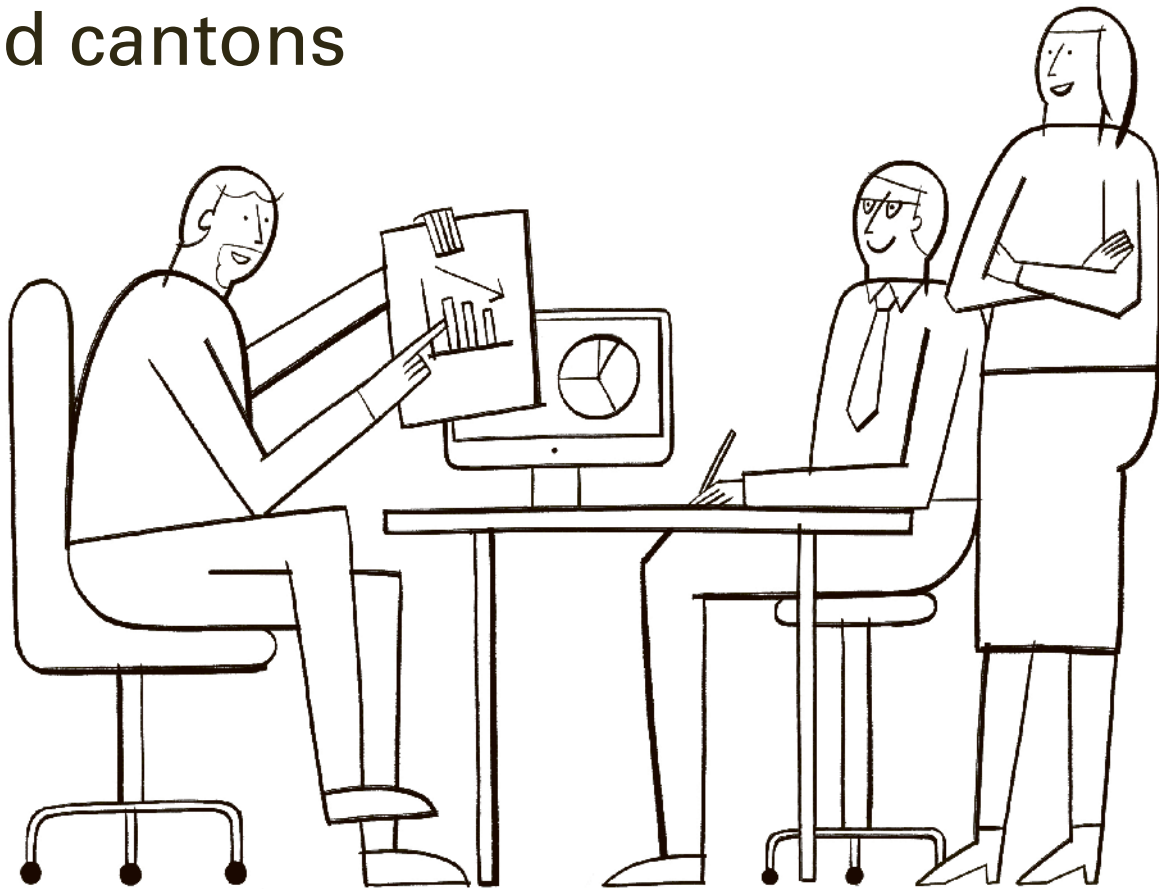
How did Public Health Switzerland come to be responsible for coordinating the expert group?

Since 2018, we've been running the influenza prevention platform, with the involvement of numerous experts from the care home sector and infectious disease specialists. During the pandemic, we extended the platform's activities to include Covid-19, and since then we've also been offering videoconferences, where home staff can ask experts questions directly about everyday infection-related topics. In this context, the need was often expressed for an expert group permanently dedicated to these issues. So we started the development process, and we're delighted to have been able to secure the participation of our contacts from the platform.

What are the next steps in this project?

In 2023, the mandate for members of the expert group is to be defined and the question of financing is to be settled. We'd like to elaborate initial recommendations and also to find out from homes what questions they are particularly concerned about in practice.

NOSO in the Confederation and cantons



The cantons define the strategic and financial framework for hospitals and nursing homes. They thus play a crucial role in the implementation of the NOSO Strategy. Wherever necessary in efforts to combat HAIs, the federal government takes charge of coordination and drives a nationwide approach.

Interim evaluation of the NOSO Strategy

Evaluation of NOSO Strategy (E-2)

According to the first evaluation report, the NOSO Strategy has made it possible for existing HAI monitoring, prevention and control activities to be continued and expanded. From a scientific viewpoint, the measures adopted are appropriate. The NOSO Strategy is considered by experts to have improved the quality of monitoring and the availability of data.

With the minimum structural requirements for acute care hospitals, an important basic reference has been established for HAI-related activities, covering 12 of the 16 key measures of the NOSO

Strategy and thus contributing significantly to its implementation. Some cantons have already integrated these minimum requirements into the management and supervision of hospital services, while others are preparing to do so. Here, the impact of the NOSO Strategy is clearly apparent.

With regard to other developments, this is less clear. Thus, while in many cases there has been an increase in support by hospital management for guidelines and directives on HAI prevention or for internal infection prevention audits, the Covid-19 pandemic could also have made a significant contribution by increasing awareness of infection prevention and control among healthcare institutions and cantonal agencies. Developments in quality assessment of hospital performance are also likely to promote implementation of the NOSO Strategy, as they strengthen incentives for hospitals to adopt measures in line with this strategy.

The evaluation identifies a clear gap in relation to nursing and care homes, where the NOSO Strategy has scarcely had any appreciable impact to date – particularly because a lack of human and organisational resources has so far prevented the development of concrete measures and guidance.

The evaluation report is available (in German) on the FOPH website at: [Das BAG > Publikationen > Evaluationsberichte > Übertragbare Krankheiten](#)

Operational goals for acute care hospitals

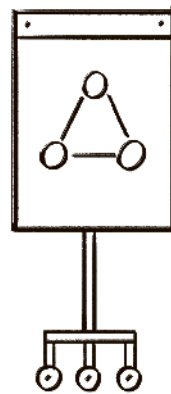
Implementation support (G-3)

GDK, Swissnoso, H+ and the FOPH have continued work on the operational goals for implementation of the NOSO Strategy. These should provide support for hospitals in setting reduction targets, taking appropriate prevention measures and establishing HAI monitoring.

In consultation with the hospitals and cantons, it remains to be determined how these goals are to be integrated into various ongoing processes – for example, the performance agreements and quality contracts with hospitals or the implementation of the minimum structural requirements. Publication of the goals is scheduled for autumn 2023.

Analysis of training needs

Infection prevention in education (ER-1)



The fact that there is a major need for continuous training on infection prevention has long been known and was again repeatedly highlighted in discussions between experts throughout 2022. However, because of the Covid-19 pandemic, this question had to be postponed for resource-related reasons. It will be taken up again in 2023.



Dr Rudolf Hauri
Cantonal Medical Officer, Zug; President of the Swiss Association of Cantonal Medical Officers (VKS)

What role do the cantonal medical officers play in the implementation of the minimum structural requirements?

When such guidelines are applied in practice, there is of course always some room for interpretation. We act as “interpreters” between the cantonal health directorates and the hospitals. With the administration, we determine what a reasonable formalisation of the requirements could look like – for example, how implementation of the guidelines is to be monitored by the relevant authorities.

What does it take to fulfil this role?

As well as these minimum requirements, there are a lot of other, equally important topics. So a healthy sense of proportion – based on objective expertise – is crucial. As is an error culture that is primarily concerned with improvement, rather than blame. As cantonal medical officer I must, however, also sometimes “sound my horn” in the event of deficiencies or irregularities. It’s essential to have good, direct contacts with hospital management and medical professionals. That’s more effective than desk-based monitoring and correspondence.

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All stakeholders (as at March 2023) in alphabetical order

Association of Financially Independent Old Age
and Nursing Homes (senesuisse)
CURAVIVA Switzerland
Fachexperten/-innen für Infektionsprävention
und Berater/-innen für Spitalhygiene (fibs)
Federal Office of Public Health FOPH
H+ the Hospitals of Switzerland
Patient Safety Switzerland
Spécialistes infirmiers en prévention de l'infection
(SIPI)
Swiss Association for Nursing Science (ANS)
Swiss Association of Professional Healthcare
Organisations (SVBG)
Swiss Conference of the Cantonal Ministers
of Public Health (CMPH)
Swiss Federation of Hospital Directors (SVS)
Swiss Foundation for Patient Protection (SPO)
Swiss Medical Association (FMH)
Swiss National Association for Quality Development
in Hospitals and Clinics (ANQ)
Swiss Nursing Association (SBK-ASI)
Swiss Society for Anaesthesiology and Perioperative
Medicine (SSAPM)
Swiss Society for Hospital Hygiene (SGSH)
Swiss Society for Infectious Diseases (SSI)
Swiss Society for Microbiology (SSM)
Swiss Society for Physicians Specialising
in Prevention and Public Health (SGPG)
Swiss Society of General Internal Medicine (SSGIM)
Swiss Society of Gynaecology and Obstetrics (SGGG)
Swiss Society of Intensive Care Medicine (SGI)
Swiss Society of Paediatrics (SSP)
Swiss Surgical Society (SGC)
Swissmedic
Swissnoso
unimedsuisse – Swiss Association of University
Medicine
University of Basel – Institute of Nursing Science

Get involved with NOSO

For the NOSO Strategy to be a success, as many stakeholders as possible have to commit. Get involved in its implementation through expert workshops and working groups! Interested organisations and associations are welcome:
noso@bag.admin.ch

Overview of measures of the NOSO Strategy

The table provides an overview of measures that are planned and the stakeholders involved. The status of implementation is shown for each measure. The stakeholder that holds the technical responsibility is identified with an asterisk (*). The coordinating stakeholder is listed in black font.

Action area	Measure design	Status	Actors involved	
Governance	Planned from In implementation Established			
	Standards and guidelines G-1			
	Determine minimum requirements for hospitals and nursing homes			Hospitals, nursing homes, cantons, Confederation, Swissnoso*, professional societies, H+
	Define data requirements, methods and standards			Hospitals, nursing homes, Confederation, Swissnoso*, ANQ, professional societies, H+
	Draw up recommendations for data processing			Hospitals, nursing homes, cantons, Confederation, Swissnoso*, ANQ, CURAVIVA/senesuisse, GDK, H+
	Define competences and learning objectives			Hospitals, nursing homes, cantons, Confederation*, SGI, institution in charge of the respective level of education
	Responsibilities and structures G-2			
	Clarify tasks and division of responsibilities			Confederation*, ANQ, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety, professional societies
	Coordinate monitoring			Hospitals, nursing homes, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety, ANQ, professional societies
	Incorporate quality management and infection prevention			Hospitals, nursing homes, cantons, Confederation, H+*, CURAVIVA/senesuisse, Swissnoso
	Implementation support G-3			
	Provide guidance, evaluate implementation			Hospitals, nursing homes, cantons, Confederation, Swissnoso*, CURAVIVA/senesuisse, H+, Patient Safety, GDK, professional societies
	Support pioneering projects			Hospitals, nursing homes, Confederation*, Patient Safety, H+, Swissnoso
	Improve incentives			Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, H+, Swissnoso, santésuisse
	Include HAI measures in planning, supervision and licensing			Hospitals, nursing homes, cantons*, Confederation, GDK, H+, Swissnoso
	Knowledge management G-4			
	Set up knowledge platform	Open		Hospitals, nursing homes, Confederation*, Swissnoso, CURAVIVA/senesuisse, professional societies, H+
	Assure knowledge transfer			Hospitals, nursing homes, Confederation, Swissnoso*, professional societies
	International cooperation			Confederation*

Action area

Measure design	Status	Actors involved
Planned from In implementation Established		
National monitoring system M-1		
Strengthen stakeholders		Hospitals, nursing homes, cantons, Confederation, Swissnoso*, CURAVIVA/senesuisse, H+, GDK, ANQ
Assure quality of monitoring		Hospitals, nursing homes, cantons, Confederation, Swissnoso, GDK, ANQ
Targeted data analysis M-2		
Evaluate data in line with requirements		Hospitals, nursing homes, Confederation, Swissnoso*, ANQ
Set up mechanism for direct feedback to staff		Hospitals, nursing homes, Confederation, Swissnoso*, H+
Introduce public reporting and benchmarking		Cantons, Confederation, ANQ*, Swissnoso*, GDK
Early detection M-3		
Enhance early detection		Hospitals, nursing homes, Confederation, Swissnoso*
Extend legal reporting requirement		Hospitals, nursing homes, Confederation*, Swissnoso
Optimisation and further development PC-1		
Implement standards and guidelines in practice		Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety
Awareness-raising and involvement PC-2		
Implement communication concept	Open	Hospitals, nursing homes, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso, Patient Safety
Involve people affected	Open	Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, FMH, GDK, H+, Swissnoso, Patient Safety
Make formal, public commitment		Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+
Learning and dialogue culture PC-3		
Establish infection prevention in corporate culture		Hospitals, nursing homes, cantons, Confederation*, CURAVIVA/senesuisse, GDK, H+, Swissnoso
Promotion of preventive vaccination PC-4		
Promote preventive vaccination of staff and others		Hospitals, nursing homes, cantons, Confederation*, GDK
Infection prevention in education ER-1		
Build expertise among healthcare staff	Open	Hospitals, nursing homes, cantons, Confederation, institution in charge of the respective level of education*
Increase the role of infection prevention in training	2024	Hospitals*, nursing homes, cantons, Confederation
Institutionalise training in infection prevention	Open	Hospitals*, nursing homes*, Confederation, GDK, H+
Research promotion ER-2		
Establish HALs in promotion of research		University hospitals, Confederation, Swissnoso, professional societies*, GDK, research institutions
New technologies, quality assurance ER-3		
Formulate principles for evaluating new technologies	Open	Hospitals, nursing homes, Confederation, Swissnoso, professional societies*, research institutions
Baseline E-1		
Conduct point prevalence surveys and literature research		Hospitals, nursing homes, cantons, Confederation, Swissnoso*, H+, CURAVIVA/senesuisse
Evaluation of the NOSO Strategy E-2		
Interim evaluation		✓ Hospitals, nursing homes, cantons, Confederation*, Swissnoso, H+, CURAVIVA/senesuisse, GDK

Monitoring

Prevention and control

Education and research

Evaluation

Newsletter and website on the NOSO Strategy

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

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