

**P2597 2017 Swiss point prevalence survey on healthcare-associated infections and antimicrobial use: results of hospital indicators**

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**Background:** Structure and process indicators as part of a successful infection prevention and control (IPC) programme are considered key for improving patient safety. In 2017, a national point prevalence survey (PPS) on healthcare-associated infections (HAIs) and antimicrobial use (AU) was performed in Switzerland.

**Material/methods:** The survey used the ECDC-PPS protocol. Structure and process indicators were based on the ECDC 10 key components for effective IPC, and provided on a hospital level.

**Results:** Ninety-six acute care hospitals accepted voluntary participation in the PPS, which was conducted between April and May 2017, and collected data from 12'931 patients. Sixty-eight participating hospitals (70.8%) were public, 14 (14.6%) private-not-for-profit, and 14 (14.6%) private-for-profit. The mean number of beds per hospital room was found at 2.1 (1.6-2.6) and 35.5% of all rooms were single rooms. Regular nurse staffing was 102.5 (92.2-112.8) full-time equivalent (FTE) per 100 patients in the entire hospital, and 3.5 (3.1-3.8) FTE per bay in intensive care. Approximately half of the hospitals (53.1%) have an annual IPC plan and two-thirds (64.2%) produce an annual IPC report. Mean numbers of IPC nurses and doctors were 1.5 FTE per 250 beds and 2.5 FTE per 1000 beds, respectively. The average consumption of alcohol-based hand rub (ABHR) was estimated at 52.6 (45.3-59.8) Litres per 1000 patient-days. Most hospitals (94.8%) had surgical site infection-surveillance (SSI) in place, and 44.2% established a multifaceted SSI-prevention strategy. Multifaceted surveillance and prevention strategies other than for SSI were less common. Only 6 hospitals had formal positions for antimicrobial stewardship. Guidelines on antimicrobial use were available in 70.5% of the hospitals. Surveillance of antimicrobial resistance and antimicrobial use was reported by 59.4% and 44.8% hospitals, respectively. The average HAI and AU prevalence were found at 5.9% and 33% respectively.

**Conclusions:** This survey allowed a national-wide assessment of IPC process- and outcome indicators and benchmarking to Europe. Compared to the findings of the ECDC-PPS, structure and IPC parameters were above-average, antibiotic stewardship indicators were average, and parameters on multifaceted surveillance- and prevention strategies were below average.