

HEALTHCARE – HAND HYGIENE, FINANCES AND IMPLICATIONS Response from IPs, EVS, Finance and Clinicians

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KEY INSIGHTS



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FINANCIAL ENVIRONMENT

Thinking about financials related to the operation of your healthcare facility, compared to the last 2 years, margins are...



Flat / Level compared to last 2 years

Among those in specific financial roles, **84%** say margins are trending up. (n=25, small sample)

A majority of respondents believe the financial margins related to the operation of their healthcare facility are trending up. Given recent supply chain disruption, unexpected and additional expenditures related to COVID, as well as deferred elective procedures, perhaps this signals a period of recovery is beginning.

Even while a majority of facilities are reporting positive margin trends, costs are rising seemingly across the board, with higher costs seen for...

50%	Cleaning/disinfecting supplies
47%	Labor costs/admin staff
47%	Medical/PPE disposables
45%	Labor costs/medical staff
44%	Disposable supplies (towel, tissue, soap, hand sanitizer)
43%	Medical equipment and devices
38%	Prevention of HAIs
38%	Labor costs/building and facility maintenance
37%	Treatment of HAIs



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FINANCIAL ENVIRONMENT

Areas your organization is willing to **INVEST** more than you are currently spending to improve overall patient outcomes...

39%	Medical equipment and devices	
39%	Prevention of HAIs	
37%	Medical/PPE disposables	
34%	I% Treatment of HAIs	
33%	Labor costs / medical staff	
33%	Disposable supplies (towel, tissue, soap, hand sanitizer)	
30%	Additional higher quality cleaning/disinfecting supplies	
27%	Touchless dispensers for towel/soap/hand sanitizer	
26%	Labor costs / building and facility maintenance	
24%	Labor costs / admin staff	

Areas in which your organization is actively seeking ways to **REDUCE** costs...

36%	Cleaning/disinfecting supplies
34%	Labor costs / admin staff
31%	Labor costs / medical staff
31%	Prevention of HAIs
31%	Disposable supplies (towel, tissue, soap, hand sanitizer)
27%	Labor costs / building and facility maintenance
26%	Medical equipment and devices
25%	Medical/PPE disposables
23%	Treatment of HAIs



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FINANCIAL ENVIRONMENT

TOP focus area for the next 12 months...



With one-third or fewer looking to make additional investments in labor, and nearly an equal number actively looking to reduce labor costs, retention could be challenging. **We might see the industry looking for non-monetary initiatives to alleviate staffing pressures and improve retention**.

Broken down by facility type, **this is the top focus area for post-acute (40%)**, followed by staff and labor retention (36%).



Reducing costs/improving margins





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PREVENTING HAIs



HAND HYGIENE



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HC Professionals believe...

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HAND HYGIENE

94%

93%

92%

Tangible, targeted, visible efforts count...

Believe having a targeted hand hygiene program for patients/visitors would **positively impact HAI rates**

Believe having a targeted hand hygiene program for patients/visitors would **positively impact HCAHPS scores**

These healthcare professionals believe patients and visitors perceive risks associated with...

Poor hand hygiene by staff

48%

Use of a shared restroom without touchless dispensers

47%

89% ^{т2в}

Believe having **touchless**, **hygienic dispensers** in public restrooms have an overall **positive impact on patient/visitor satisfaction**



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HCAHPS scores



HAND HYGIENE AND MOTIVATION

Which of the following, if you had to choose one, is **the more effective message** to motivate staff in all departments and at all levels to commit to consistently good hand hygiene?

Consistently good hand hygiene will help keep YOU safe.





Consistently good hand hygiene will help keep PATIENTS safe.





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EVS AND CLEANING IMPACTS ON PATIENT EXPERIENCE AND PERCEPTIONS

Say seeing EVS actively cleaning is important in establishing a **level of comfort for patients/visitors**



92%

T2B

Say patients/visitors seeing EVS actively cleaning could **positively impact HCAHPS scores**





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EVS, INFECTION CONTROL AND CHANGE



Believe collaboration between Infection Preventionists and EVS departments is important in lowering rates of HAIs

What makes establishing and implementing change challenging?

For changes related to Infection Prevention/Control initiatives...

For changes related to Cleaning Protocols to reduce HAIs...

28%	Adoption by EVS/housekeeping/facility m	nanagement		36%
27%	Adoption by clinicians/medical staff	Ū		30%
21%	Cost/investment			12%
12%	Lack of support from leadership			6%
8%	Monitoring compliance			4%
4%	Resources for change management			
		n=75 IPs	1	n=50 EVS

36%	Cost/investment
30%	Adoption by EVS/housekeeping/facility management
12%	Adoption by clinicians/medical staff
6%	Resources for change management
4%	Lack of support from leadership

n=15 IPs

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DETAILED FINDINGS



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A majority of respondents believe the **financial margins related to the operation of their healthcare facility are trending up**. Given recent supply chain disruption, unexpected and additional expenditures related to COVID, as well as deferred elective procedures, perhaps this signals a period of recovery is beginning.



QA: Thinking about financials related to the operation of your healthcare facility, would you say, compared to the last 2 years, your margins are currently... Total n=201; Financial role n=25 (Caution: small sample size) Acute n=176; Post-Acute n=25 (Caution: small sample size)



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Still, in these inflationary and labor challenged times, one-third to one-half of facilities report **costs are increasing seemingly across the board** for cleaning and disposable supplies, labor, equipment and prevention/treatment of HAIs.





QB: In which of the following areas, if any, are you seeing increasing costs? Total n=201; Financial role n=25 (Caution: small sample size)

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A significant majority (84% T2B) say the number of HAIs is somewhat or significantly higher since the onset of COVID.

Changes in Number of HAIs



QC: In general, what changes, if any, have you seen in the number of HAIs since the onset of COVID (March 2020)? Total n=201; Acute n=176; Post-Acute n=25 (Caution: small sample size)

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Overall, as healthcare facilities consider where to make **additional investments** in order to improve patient outcomes, **medical equipment and devices and efforts toward the prevention of HAIs top the list**, followed closely by disposable medical supplies (i.e., PPE). **One-third (33%) said they are willing to invest more** than they currently do in **disposable supplies** such as paper towels, bath tissue, soap and hand sanitizer.

Areas for Additional Investment



Post-Acute appears more willing to invest in areas that directly impact the facility environment, perhaps due to the presence of long-term residents, and due to the number of visitors, post-acute tends to see much of their infection risk coming from the outside. (PRO-23-899600)

QD: Given the current financial environment, in which of the following areas, if any, is your organization willing to INVEST more than you currently are spending in order to improve overall patient outcomes? Total n=201; Acute n=176; Post-Acute n=25 (Caution: small sample size)

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While nearly every industry saw expenditures on cleaning and disinfecting supplies grow in response to COVID, and 30% are willing to invest more here, more than onethird (36%) of these healthcare respondents overall are now actively seeking ways to reduce costs in that area. And while 33% overall said they are willing to make additional investments in disposable supplies such as paper towels, bath tissue, soap and hand sanitizer, a nearly equal proportion (31%) are looking to reduce costs in that area. Post-Acute is the inverse – more willing to invest and less focused on reducing costs when it comes to disposable supplies such as towel, tissue, soap and hand sanitizer.

Areas for Cost Reduction



QE: In which of the following areas, if any, are you/your facility actively seeking ways to REDUCE costs? Total n=201; Acute n=176; Post-Acute n=25 (Caution: small sample size)

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The demands of the healthcare industry and resulting labor challenges as well as rising costs seem to be impacting all areas of labor from the medical staff to EVS and non-medical. With these increased demands, it is interesting to note that labor is not a top area for additional investment and is instead, for about one-fourth to one-third, an area where facilities are actively seeking was to reduce costs.



Impact on Staff Responsibilities

QF: How, if at all, has the current environment of the healthcare industry impacted staff responsibilities compared to pre-COVID times? Total n=201

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Staffing and labor retention is a top focus area over the next 12 months. With again one-third or fewer looking to make additional investments in labor, and nearly an equal number actively looking to reduce labor costs, retention could be challenging. We might see the industry looking for non-monetary initiatives to alleviate staffing pressures and improve retention.



Top Focus Areas for Next 12 Months

QG: Of the following, which, if any, would you say is the top focus area for your facility over the next 12 months? Total n=201; Acute n=176; Post-Acute n=25 (Caution: small sample size)

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Preventing HAIs is an area 39% of respondents deemed worthy of additional investment in order to improve patient outcomes, topping the chart along with investment in medical equipment and devices. Clearly, among infection preventionists, **hand hygiene products are considered a valuable area of investment (94%)**, followed closely by proper PPE supplied and consistently used (92%). Touchless restroom dispensers are considered a valuable investment by 82%. While hand hygiene itself is valued, respondents are split on the value of investing in hand hygiene compliance monitoring systems and processes.

Valuable Investment Areas to Prevent HAIs

 High quality hand-hygiene products (soap/sanitizer)

 Proper PPE supplied and consistently used

 Touchless restroom dispensers (paper towel, soap, sanitizer)

 Easy access/availability of hand hygiene stations for staff

 Easy access/availability of hand hygiene stations for patients/visitors

 Elevated disinfection of the facility/surfaces

 Hand-hygiene compliance monitoring systems/processes for staff

 Ongoing staff education on hand hygiene



■Yes ■No

QG2: Which of the following, if any, are areas of investment your organization considers valuable in terms of preventing HAIs? n=50, those who identified reducing HAIs as the top focus area

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Top opportunity areas for encouraging good hand hygiene include recognition/rewards (53%) and easy accessibility to hand hygiene products (49%). Only one-fourth of respondents (26%) believe negative consequences/reprimands would be effective at encouraging good hand hygiene.

Opportunities for Encouraging Good Hand Hygiene

53%	Recognition and rewards for a job well done
	Easy accessibility to hand hygiene products (soap and water,
42%	Department audits of compliance via observation
39%	Self-evaluation/reporting by staff of their own behaviors
37%	Social influence such as a peer advocate or "champion" for the cause
37%	On-going/cadence hand-hygiene training
36%	Financial incentives/bonuses
30%	Inspirational messaging relative to the "why" hand hygiene matters
30%	A technology system that tracks hand-hygiene practices for individuals
26%	Negative consequences/reprimands

QH: Which of the following, if any, do you believe could be effective ways to encourage staff to fully and consistently engage in good hand hygiene and compliance with protocols? Total n=201

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The majority of facilities offer hand hygiene training as part of a continuing education program. Even though healthcare staff should know the basics, only 3% rely on that intrinsic knowledge. One-fourth (26%) take a reactive stance.



Training Offered for Hand Hygiene

QI: Does your facility offer staff training on hand hygiene - how to wash, how long to wash, when to sanitize, etc.? Total n=201

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Consistently good hand hygiene is seen as key to positively impacting the rates of HAIs (91% T2B).

Impact of Consistently Good Hand Hygiene on Rates of HAIs



QJ: What impact do you believe consistently good hand hygiene by all members of a facility's staff might have on the rates of HAIs? Total n=201

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Most facilities grade themselves an A (46%) or B (44%) for hand hygiene (T2B = 90%). If facilities could achieve an "A" grade for hand hygiene, most respondents (93% T2B) believe it would have a positive impact on reducing the rates of HAIs, reinforcing the importance of this simple practice.



QJ2: If you had to give your facility's staff an overall grade on hand hygiene, where A= Excellent and F=Failing, what grade would you give? Total n=201 QJ3: If your facility's staff could achieve an overall "A" grade for hand hygiene, in your opinion, what sort of impact might that have on the rates of HAIs? n=108, those awarding their facility lower than an "A" grade

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Consistently good hand hygiene among facility patients and visitors is also seen as effective in reducing the rates of HAIs, however, only one-third of respondents (33%) award patients and visitors a grade of "A" and 44% offer a grade of "B".





QK: What impact do you believe consistently good hand hygiene by patients / visitors might have on the rates of HAIs? Total n=201 QK2: If you had to give patients / visitors an overall grade on hand hygiene, where A= Excellent and F=Failing, what grade would you give? Total n=201



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Patient/Visitor Grades for Hand Hygiene at Their Facility



If facility patients/visitors could achieve an overall grade of "A" for hand hygiene, 92% of respondents believe it would have a positive effect in reducing the rates of HAIs.

Impact of "A" Grade for Hand Hygiene Among Patient/Visitors



QK3: If patients / visitors could achieve an overall "A" grade for hand hygiene, in your opinion, what sort of impact might that have on the rates of HAIs? n=135, those awarding their patients/visitors lower than an "A" grade



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Most facilities offer some kind of hand hygiene guidance to patients/visitors. With only one-third of respondents giving patients/visitors an "A" for hand hygiene, there could be room for improving the level of education, engagement and ultimately, compliance.



Availability of Hand Hygiene Instructions for Patient/Visitors

QL: Does your facility offer any instruction or guidance for patients / visitors regarding good hand hygiene? Total n=201

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Having a **targeted hand hygiene program for patients/visitors**, most respondents believe, could have a positive impact on HCAHPS scores and a positive impact in reducing HAIs.



QM: What impact, if any, do you believe having a patient/visitor targeted hand hygiene program (education, reminders, etc.) might have on HCAHPS scores? Total n=201

QN: What impact do you believe having a patient/visitor targeted hand hygiene program (education, reminders, etc.) might have on the rates of HAIs? Total n=201

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Stepping into the minds of patients and visitors, nearly half of these respondents **believe patients and visitors perceive risks associated with poor hand hygiene by staff (48%) and the use of a shared restroom without touchless dispensers (47%).**

Projected Concerns in Patients/Visitors Feeling Safe Relative to Hygiene and HAIs



QO: Relative to hygiene and the risk of HAIs, what concerns, if any, do you believe patients/visitors have in terms of staying safe? Total n=201

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Having staff exhibit good hand hygiene habits is seen as important (91% T2B) in establishing a level of comfort for patients/visitors, and 92% believe showcasing these practices could positively impact HCAHPS scores.





QP: How important for establishing a level of comfort do you believe it is for patients/visitors to see staff engaging in good hand hygiene (wash/sanitize in and out)? Total n=201

QQ: What impact, if any, do you believe having patients see staff engaging in good hand hygiene has on HCAHPS scores? Total n=201

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Impact of Patients Seeing Staff

Engaging in Good Hand Hygiene on HCAHPS Scores



More than half (60%) of respondents believe the most effective message to motivate staff in all departments to commit to good hand hygiene is one that **focuses on keeping themselves (vs. patients) safe**.



QR: In order to motivate staff in all departments and at all levels to commit to consistently good hand hygiene, if you had to choose ONE, which of the following do you believe is the more effective message? Total n=201

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More than three-quarters (83%) of respondents report their facility is participating in some type of accreditation program related to hand hygiene.



QNEW: Is your organization currently participating in or pursuing any voluntary accreditations related to hand hygiene compliance, such as the Leapfrog Hospital Safety Grade? n=85, mixed based of respondents, question was added late to the survey

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Seeing EVS/Housekeeping staff actively cleaning is seen as important in establishing a level of comfort for patients/visitors (92% T2B). Furthering the impact, 89% (T2B) believe patients/visitors witnessing these efforts could positively impact HCAHPS scores.



Impact of Patients/Visitors Seeing EVS/Housekeeping Staff Actively Cleaning on HCACPS Scores



QS: How important for establishing a level of comfort do you believe it is for patients/visitors to see EVS/housekeeping staff actively cleaning on a regular basis? Total n=201

QT: What impact, if any, do you believe having patients/visitors see EVS/housekeeping staff actively cleaning on a regular basis might have on HCAHPS scores? Total n=201





Having **hygienic**, touchless dispensers in public restrooms is, for 89% of respondents (T2B), believed to have an overall positive impact on patient/visitor satisfaction.



QU: What impact, if any, do you feel having hygienic, touchless dispensers (towel, soap/sanitizer) in public restrooms might have on overall satisfaction among patients/visitors? Total n=201

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Nearly all respondents (91%) believe collaboration between Infection Preventionists and EVS departments is important in efforts to lower HAIs.





QV: In efforts to lower HAIs, how important is it for Infection Preventionists and EVS departments to collaborate? Total n=201

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Adoption, by EVS/housekeeping/facility management (28%) and clinicians/medical professionals (27%), is seen as the **highest hurdle** to implementing infection prevention/control initiatives, according to IPs.

Most Difficult Challenges to Establishing and Implementing New/Changing Infection Prevention/Control Initiatives



QW: Of the following, what would you say is the most difficult challenge in terms of establishing and implementing new/changing infection prevention and control initiatives? n=75 Infection Preventionists

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When it comes to **implementing new cleaning protocols** to reduce HAIs, **cost/investment (36%) and adoption by EVS/housekeeping/facility management (30%)** are seen as the **most difficult challenges**, according to EVS professionals.

Most Difficult Challenges to Establishing and Implementing New Cleaning Protocols to Reduce HAIs



QX: Of the following, what would you say is the most difficult challenge in terms of establishing and implementing new cleaning protocols to reduce HAIs? n=50 EVS

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APPENDIX RESPONDENT PROFILE



DEMOGRAPHICS | RESPONDENT PROFILE

Current Role	
Nurse with Infection Prevention / Infection Preventionist (IP) / Infection Control Certification	37%
Owner/Supervisor of Janitorial/Custodial/Housekeeping/Enviro nmental Services (EVS) (supervises work activities of housekeeping/janitorial staff)	25%
Nurse (CRNA, LPN, RN)	15%
Executive Director	5%
Budget director	3%
Physician's Assistant	3%
Staff Nurse (Director of Nursing or other supervisory role)	3%
Nurse Practitioner	2%
Billing/Revenue manager	2%
CFO/CRO/COO	1%

H2: Which of the following best describes your current role? n=201

Generational Breakdown	
Millennial	55%
Gen X	40%
Boomer	5%

S3: Enter your current age?

n=201

Currently Employed	
Yes	100%
No	0%

S4: Are you currently employed? n=201

Type of Healthcare Facility	
Hospital	88%
Nursing Home / Skilled Nursing, Long Term Care or Rehabilitation Facility	12%

H1: Which of the following best describes the type of facility you work in most often? N=201



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DEMOGRAPHICS | RESPONDENT PROFILE (CONT.)

Approximate Number of Beds in Facility	
Fewer than 10 beds	0%
10 – 49 beds	0%
50 – 249 beds	45%
250 – 499 beds	30%
500+ beds	25%

H3: What is the approximate number of beds in the healthcare facility in which you work most often? (If you don't know, please make your best guess.) n=201

Generational Breakdown	
I am directly involved with the financial operations.	17%
I have some financial responsibilities that have an impact on financial operations	26%
I have a general sense of where the facility stands relative to financials (such as "I know we are having a good year" or "I know budgets are constrained.")	43%
I am neither involved nor am I familiar with financial operations of the facility.	14%

H4: What would you say is your level of involvement or knowledge related to the financial operations of your facility? n=201



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