





Provide the best patient care

No patient should leave a healthcare facility sicker than when they entered and nothing should interfere with healthcare professionals caring for patients, including the environment.



Surgical site infections (SSIs) represent approximately **30%** of all infections among hospitalized patients.1



An SSI costs hospitals, on average, **\$20,785**, but can increase to \$42,000 for infections caused by antibiotic resistant bacteria, such as MRSA.2



SSIs increase average hospital stays from 7 to 11 days.3



How can you achieve this goal?

Eliminate the environment as a source of HAIs

Studies estimate that up to 60% of SSIs are preventable.^{4,5}

SSI and other infection-causing pathogens can be introduced into the OR via staff, mobile equipment, surgical instruments, and even the patient himself.

Comprehensive OR cleaning and disinfection has been clinically proven to significantly reduce SSI-causing pathogen transmission.

In doing so, you not only improve patient outcomes, but also:

- Enrich the patient experience, leading to better HCAHPS Cleanliness Scores.
- Enhance the profile of your OR staff and broader reputation of your healthcare facility in the community.
- Reduce direct medical costs associated with SSIs, HAIs and related ACA penalties.

"Our CEO is very focused on environmental services, and he's all about patient safety."

What challenges do you face in pursuing this goal?

Heightened risk of infection due to SSIs

The OR is a primary revenue driver for most healthcare facilities, and a hospital's reputation can be built on its surgical expertise. Patient care in the OR encompasses more than procedural excellence. Incisions offer a pathway for infection-causing pathogens to enter the body, making infection prevention practices from hand hygiene to environmental cleaning & disinfection of paramount importance.

Pressure for fast turnover to maximize utilization

Every minute of turnover time is a lost revenue opportunity, which conflicts with the need for thorough cleaning & disinfection.

Large areas and breadth of equipment increase the likelihood that surfaces will be missed, leaving patients vulnerable to infection.

Blood stains can be difficult and timeconsuming to remove with common cleaners like quats or quat-alcohols.



Solution:

Optimize the efficiency of your turnover process with fast-acting, 1-step disinfectants that have superior cleaning power

Terminal cleaning inadequacy

Time, staffing, training, and overall human error limitations can result in vital OR surfaces being inadequately disinfected, leaving patients vulnerable to infection.

Only 50% of surfaces in hospital operating rooms are effectively disinfected.⁶

Supervisors are often unable to monitor staff, leading to poor compliance.

Only 54% of EVS workers receive useful feedback about their work and only 53% are clear on their cleaning responsibilities.⁷



Solution:

Go above and beyond during terminal cleaning with enhanced disinfection technology that provides assurance of thorough disinfection



Open incisions augment infection risks

Environmental pathogens exist throughout the facility, but are often harmless unless introduced via an opening in the skin.

Infections due to *S. aureus*, including antibiotic-resistant *MRSA*, are the most prevalent SSIs⁸ and can cost up to \$60,000 per patient.⁹

Increase in antibiotic-resistant organisms, like *CRE* and *VRE* put patients at even greater risk if infections occur.



Solution:

Establish disinfection protocols to reduce *S. aureus* and other MDROs

High cost associated with replacing damaged equipment

ORs typically have a wide variety of surfaces including tables, medical equipment, mattress pads, overhead lighting, each with materials that may respond differently to disinfectant chemistries.

Equipment cleaning and care guides may recommend disinfectants that your facility either does not have access to or do not have the required efficacy against key pathogens of concern for your facility.



Solution:

Gain
confidence
that your
surface
disinfectants
are
compatible
with a
variety of
surfaces for
widespread
use

How Clorox[®] can help

Clorox Healthcare can partner with you to solve your most pressing disinfection challenges

Comprehensive portfolio of ready-to-use, 1-step cleaning and disinfection products from a trusted leader in infection prevention with over a century of expertise.

Commitment to help your facility implement clinically effective protocols, provide ongoing training and support, and free up time so you can focus on patient care.

Challenges	Product Solutions	Why Clorox?
Preventing spread of infection-causing pathogens — like MRSA, E. coli and P. aeruginosa — via surfaces	Clorox Healthcare® Hydrogen Peroxide Cleaner Disinfectants	 30-60 second contact time for over 40 bacteria and viruses — the fastest non-bleach disinfection available Excellent surface compatibility on a wide range of OR surfaces
	Clorox Healthcare® Optimum-UV Enlight® System	 Kills more than 30 infection-causing pathogens in 5 minutes at 8 feet, providing an additional layer of assurance to manual disinfection User-friendly design, safety features, and competitive pricing enable OR adoption
Pathogen transmission via floors	Clorox® Pro Quaternary Disinfectant Concentrate	 Kills high-concern viruses and bacteria such as Hepatitis B virus (HBV), Avian Influenza A, HIV-1 and HIV-2, SARS-associated coronavirus and rotavirus Ideal for use on a variety of surfaces, including floors

Thank You

For more information contact your Clorox Healthcare sales representative or call 800-234-7700

email: healthcare@clorox.com visit us: www.cloroxhealthcare.com



- 1. Magill, S.S., et al., "Prevalence of healthcare-associated infections in acute care hospitals in Jacksonville, Florida". Infection Control Hospital Epidemiology, 33(3): (2012): 283-91.
- 2. "Healthcare Associated Infections: A Meta-Analysis of Costs and Financial Impact on the US Health Care System". JAMA Internal Med. 2013 Dec 9-23; 173(22):2039-46).
- 3. Anderson DJ et al. Strategies to prevent surgical site infections in acute care hospitals: 2014 update. Infect Control Hosp Epidemiol. 2014 Jun;35(6):605-27.).
- 4. Meeks DW, Lally KP, Carrick MM, et al. Compliance with guidelines to prevent surgical site infections: as simple as 1-2-3? Am J Surg. 2011;201(1):76-83.
- 5. Umscheid CA, Mitchell MD, Doshi JA, Agarwal R, Williams K, Brennan PJ. Estimating the proportion of healthcare-associated infections that are reasonably preventable and the related mortality and costs. Infect Control Hosp Epidemiol. 2011;32(2):101–114.
- 6. Bhalla A, Pultz NJ, Gries DM, et al. "Acquisition of Nosocomial Pathogens on Hands After Contact With Environmental Surfaces Near Hospitalized Patients." Infection Control Hospital Epidemiology. 2004 Feb;25(2):164–7.).
- 7. Bernstein DA, et al. "Understanding Barriers to Optimal Cleaning and Disinfection in Hospitals: A Knowledge, Attitudes, and Practices Survey of Environmental Services Workers". Infection Control Hospital Epidemiology. 2016; 37(12): 1492-1495.
- 8. Sievert DM et al, National Healthcare Safety Network (NHSN) Team and Participating NHSN Facilities, "Antimicrobial-Resistant Pathogens Associated with Healthcare-Associated Infections: Summary of Data Reported to the National Healthcare Safety Network at the Centers for Disease Control and Prevention, 2009–2010," Infection Control & Hospital Epidemiology. 2013 Jan;34(1):1-14.
- 9. Anderson DJ et al, "Clinical and Financial Outcomes Due to Methicillin Resistant Staphylococcus aureus Surgical Site Infection: A Multi-Center Matched Outcomes Study," PLOS ONE 2009 Dec 15;4(12).