



MATERIALITY MATTERS:

**Evidence-based research is clear;
it is past time for health systems to
re-evaluate the cubicle curtain**

AN ON THE RIGHT TRACK SYSTEMS
WHITE PAPER

On the right track systems, Inc.

(212)-625-6636

moreinfo@ontherighttrack.com

www.ontherighttrack.com

on the right track
systems, inc

This white paper will inform and provide credible evidence that the cubicle curtain, a long-standing necessity for patient privacy is a critical touchpoint for pathogen transference directly to the patient. This interior finish has either not been fully understood or acknowledged by health systems and specifiers for its contribution to healthcare-associated infections (HAIs)



It should be obvious that in the current context, we need to evaluate our ability to design for infection prevention”.

- D. Kirk Hamilton “Is this a good time to rethink everything?” from the HERD Journal

The Hippocratic Oath states, “First do no Harm.” Globally, hospitals and healthcare facilities have long relied on polyester fabric for cubicle curtains as privacy panels in patient care areas.

As a CSI Building Products Division 10: Specialties 10 21 23 – Cubicle Curtain and Track interior finish specification, the cubicle curtain is used in isolation and patient rooms, emergency departments, pre-op, post-anesthesia care, and intensive care units to name a few. Together, a ceiling-mounted track and cubicle curtain system offers visual privacy and safety from distraction as patients undergo treatments and interact with doctors, healthcare staff, and family members.

The term materiality represents the inherent properties of a material; hard or soft. To be evaluated as a component of the interior finish to the efficacy of withstanding maintenance protocols, and the surface’s ability to mitigate cross-contamination.

Based on project design drivers, health systems, architects, and designers need to evaluate the value attribute or lack thereof of the traditional textile cubicle curtain for its impact on; never-events, of which HAIs are considered and are non-reimbursable to the health system, the total cost of ownership (TCO), patient and staff safety, and sustainable initiatives that are often unconsidered in the selection, specification, and procurement of the track and cubicle curtain system solution.

Healthcare Demands our Best Thinking

While the traditional textile cubicle curtain is an almost universal fixture in the healthcare environment, they have several drawbacks when it comes to health, wellness, and safety. Well established in scientific literature as an underappreciated interior finish in the healing environment, specific to cross-contamination and pathogen transference and these implications can result in the spread of infection not only among patients but also to healthcare staff and even visitors.

Materiality matters more now than ever. The entire interior finish and furnishings industry has embraced the need to pivot. Manufacturers recognize they can adapt quickly to foster product innovation specific to supporting TCO for the health system and health, safety, and wellness for its occupants. With a human-centered focus on space, specification, surfaces, and safety, materiality can be a tool to ‘re-envision’ what we place into the healing environment and how it impacts the safety for those who occupy it emotionally, physically, and psychologically.

It may be institutional inertia, as in, “We’ve always done it this way.” Or perhaps just a case of “We did not realize an easier, safer, more cost-effective product solution existed.”

Whatever the reason, polyester fabrics have traditionally been the material of choice for cubicle curtains because of their aesthetics, perceived cost benefits including longevity, shape retention, and resistance to fading, despite frequent washings with the rigor required for maintenance and regulatory compliance.

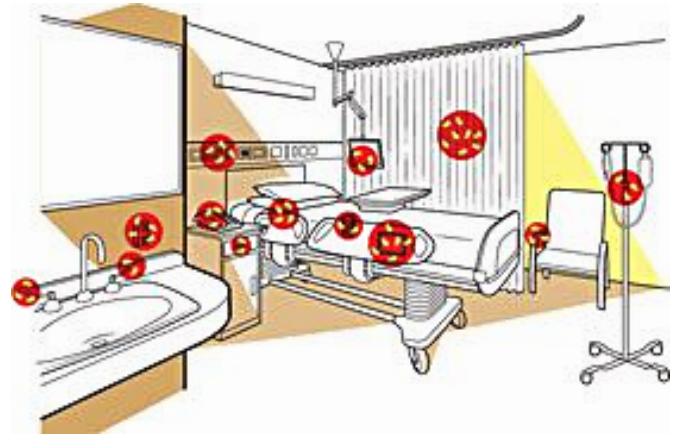
It is Past Time to Rethink the Polyester Cubicle Curtain

There are over 6,000 hospitals in the United States with 36 million annual patient admissions. The Centers for Disease Control (CDC) estimates on any given day, 1 in 31 hospital patients and 1 in 43 nursing home residents develops an HAI while being treated in a medical facility.[1] Given HAIs are considered a 'never-event' and are non-reimbursable to the health system this has a direct impact to the bottom line.

So how can one interior finish, the cubicle curtain system; have an actionable impact on the health systems revenue stream? The evidence is overwhelming. However, the decades of use of traditional textile polyester fabrics raises concern in several areas, including perception of clean, ease of maintenance, patient throughput, pathogen transference, safety, and patient experience HCAHPS scores. When all those additional factors are considered, the presumed cost benefits quickly disappear. This is where an integral cubicle curtain system solution can best support the TCO for the health system and its occupants.

According to Healthcare Purchasing News, privacy curtains occupy more than 500 square feet of hands-on surface area in a typical double-room occupancy.[2] A recent whitepaper, directed at reducing HAIs by Crothall Healthcare cited research from the *Journal of Infection Control and Hospital Epidemiology* stating that cubicle

curtains are the sixth most-touched surface in the non-ICU hospital room, trailing only bed rails, over-bed tables, IV pump, bed surface and tubing.[3] Specific to defining high touch surfaces, this research evidences the cubicle curtain as only high touch 'soft surface' within the non-ICU patient room.



Credit: MCKIBILLO

Image viewed on CDC website

A major article was published in the *American Journal of Infection Control (AJIC)* in July of 2020 titled, *Revisiting the "leading edge" of hospital privacy curtains in the medical intensive care unit*. [4] It highlights four key points: 1) health care workers frequently touch hospital curtains with inconsistent hand hygiene, 2) The edges of curtains were more highly colonized with pathogenic bacteria, 3) All curtains were colonized with opportunistic fungi, and 4) the entire hospital curtain should be considered a potential source of infection. It should be of no surprise that the cubicle curtain's leading edge is touched by nearly everyone who approaches the patient zone – doctors, nurses, support staff, maintenance, and visitors.

To be credible with information and to fully inform the specification or procurement decision making process, we must go beyond what a manufacturer partner tells us about a product, its performance characteristics, and operational outcomes. For that we look to evidence-based research studies published by a third-party in medical journal publications to affirm credibility and fully- inform the decision-making process.

Extensive research has shown, the cubicle curtain is indeed a vector for cross-contamination of pathogen transference: (NOTE: MRSA and C. diff are both non-reimbursable HAIs)

- In the Trillis, et al. (2008) *Journal of Infection Control and Hospital Epidemiology* study, researchers found **42 percent of curtains surrounding patients' beds were contaminated** with vancomycin-resistant enterococcus (VRE), 22 percent with Methicillin-resistant Staphylococcus aureus (MRSA), and 4 percent with Clostridium difficile (C. diff). [5] These pathogens are easily acquired and spread through touch.
- A study, published in the *American Journal of Infection* in March 2012, revealed that **over a three-week period, 95% of curtains studied were contaminated on at least one occasion with MRSA or VRE.** [6] Authors of this study also recommended intervention to reduce contamination.
- Cubicle curtains are a proven source of bacterial cross-contamination, (Rutala, 2013). [7] Pathogens are transferred by touch. Cubicle curtains are proven to be a major source of infection risk, but cleaning, laundering, or disposing of these curtains is often forgotten due to lack of time or understaffing issues (Lybert, 2016). [8] The authors note that disposable curtains can help reduce this problem.
- In 2016, research reported in the *Journal of Hospital Infection* found **privacy curtains in a burns/plastic surgery ward tested 22% positive for MRSA on one occasion, and 31% positive six months later.** [9]

- In September 2018, the *American Journal of Infection Control* released study results indicating that patient privacy curtains (also known as hospital cubicle curtains) often harbor harmful bacteria, including Methicillin-resistant Staphylococcus aureus (MRSA)—a form of bacteria resistant to many antibiotics that can cause health issues such as skin infections and pneumonia. Authors of the study recommend cleaning or replacing curtains frequently to stave off the transmission of harmful bacteria. [10]
- In June of 2020, the results of a study conducted in a 24-bed MICU, where disposable curtains are used and exchanged when visibly soiled was published in the *American Journal of Infection Control*. It confirmed that hospital curtains, most notably the edge but also the middle, are contaminated with pathogens, and that these areas are frequently touched by health care workers in between hand hygiene. This study sought to refine the significance of the leading-edge relative to the rest of the curtain as it pertains to microbial colonization, to better guide future infection prevention efforts toward sections of the curtain with the highest risk of contamination. [11]

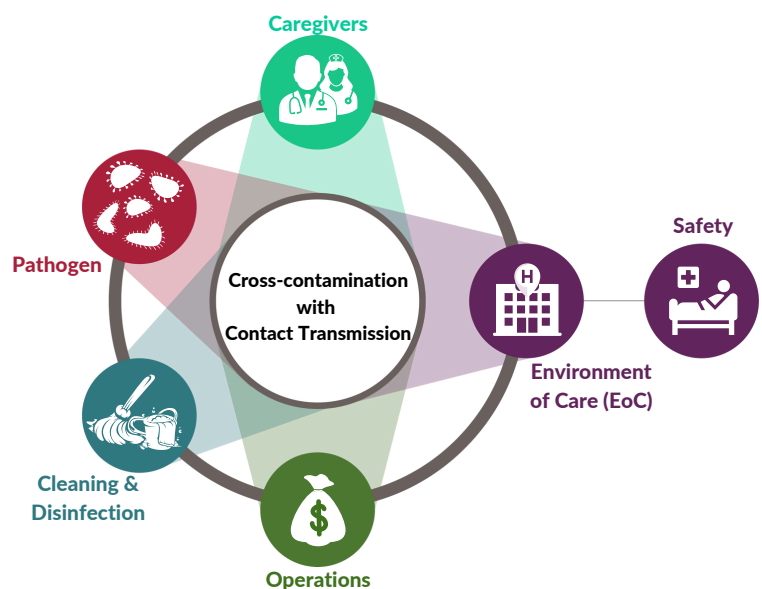


Image adapted from [Contact Transmission](#)

Even more alarming, the reality is cubicle curtains are rarely changed. *The American Journal of Infection Control (AJIC)* reported that cubicle curtains are changed very infrequently. [12]

- Only when visibly soiled (37%)
- Every month (13%)
- Every 3 months (13%)
- Once per year (13%)
- Other (39%)

And, despite the global pandemic, the CDC still only recommends changing out cubicle curtains two to four times a year in patient rooms, every 30 or 90 days in an Emergency Department (ED), and Intensive Care Unit (ICU) and 2 times a year in outpatient clinics. The only space the CDC suggests switching out daily are contact isolation areas. Textile cubicle curtains can serve as a host to a potential reservoir of pathogens. Adherence to CDC cleaning guidelines does not mitigate the concern for cross-contamination from person to curtain to person even when proper decontamination protocols are adhered to.

The Joint Commission (TJC), a regulatory agency that accredits US health care organizations has its own set of challenges. Its role is to mitigate risk of injury to patients and staff. Built Environment standard EC.02.06.01 EP1 states, “facilities are required to be free of clutter and safe for both staff and patients to avoid unwanted injuries.” For most cubicle curtain manufacturers, a ladder is needed to change out cubicle curtains. Standard EC.02.06.01 EP2 requires patient areas to be free of odor. To meet this directive, frequent laundering of textile cubicle curtains is a must. Standard EC.02.06.01 EP26 states, “all hospital equipment and furnishings must be kept in good standing.”



Cubicle curtains are a proven source of bacterial cross-contamination.”

- Dr. William Rutala, Director of Hospital Epidemiology and Occupational Health and Safety, UNC

Change is good – especially when it comes to the bottom line

The pandemic has become an accelerator and or catalyst for change. Infection prevention has inherently been the top of mind in healthcare. Health systems are challenged every day to ensure facility cleanliness and the health of its patients, visitors, and staff. The pandemic has further supported the need to thoroughly clean and even replace soft surfaces, like cubicle curtains, as a crucial step forward in patient safety, experience, and health outcomes.

Given the barriers and financial implications, it is past time to rethink all soft surface finishes and their ability to mitigate HAIs. The Centers for Medicare and Medicaid Services (CMS) define an HAI is a component of the Hospital-Acquired Condition (HAC) Reduction Program in acute care hospitals. A program that encourages hospitals to improve patients’ safety and implement best practices to reduce their rates of infections. Protocol and measures taken to mitigate HAIs have direct cost implications to the acute care hospital as a ‘never-event’ is non-reimbursable.

Annually, approximately 2 million patients suffer with healthcare-associated infections (HAIs) in the USA, and nearly 90,000 are estimated to die. The overall direct cost of HAIs to hospitals ranges from US\$28 billion to 45 billion.[13]

So how do we foster change? First, listen to the customer's pain point and then manufacture a solution. To be a trusted resource as a manufacturer partner, you must fully understand the financial impact to the health system when it comes to product selection, specification, and procurement.

Specific to the cubicle curtain, one manufacturer did just that with a system solution to retrofit to any manufacturers track system with no need to implement ICRA protocol, the ability to fully remove/replace the cubicle curtain without a ladder in less than two minutes, software to record changeout to adhere to regulatory compliance, a silent track to mitigate in-room ambient noise, with a product that is 100% disposable and recyclable and is the only cubicle curtain manufacturer to meet the Healthier Hospitals Initiative (HHI) Healthy Interiors criteria.



A PRACTICE GREENHEALTH PROGRAM

The most immediate implication of the Ohl. Et al. (2012) and other studies showing substantial bacterial contamination of privacy curtains is that healthcare workers should complete hand hygiene after touching the privacy curtains and before touching the patient.[14]

We can all agree, healthcare needs our best thinking, specific to every interior finish placed within the healing environment. Health systems demand sustainable product solutions that evidence an actionable impact on operational outcomes, patients, staff, and caregiver safety. An abundance of third-party research has evidenced that the cubicle curtain is touched frequently

before, during and after patient contact. Oftentimes, the curtain is touched after hand hygiene and before contact with the patient, potentially putting the patient at risk for cross contamination. The problem with recontamination was published in Scientific American and found that 95 percent of curtains in 30 rooms harbored VRE or MRSA. When the curtains were replaced, 92 percent became re-contaminated within a week.[15]

The research is clear. The cubicle curtain (fabric or disposable) serves as a vector for pathogen transference. So given the evidence, is it time to rethink the location of the handwash station for the caregiver in the patient zone in relation to the cubicle curtain as a touchpoint?

Do not let the Laundry be a Problem Anymore

As a result, most experts say without reservation that cubicle curtains are a proven source of bacterial cross contamination.[16] As Mitchell, et al. (2015) note, "while considerable effort is placed on cleaning and disinfection of non-porous or high-touch environmental surfaces, much less effort is placed on the procedures for cleaning and decontaminating porous, soft surfaces or healthcare textiles (e.g., privacy curtains, linen, upholstery, patient furniture or room furnishings). The complex role that these textiles play in acquisition and retention of pathogens is further complicated by varied laundering conditions and requirements. While the CDC and other government agencies around the world provide guidance for laundering contaminated textiles, achieving optimal water temperature, drying time and dedicated process flow can be difficult to achieve in healthcare facilities." [17]

A 2018 article in the *American Journal of Infection Control* explained the mechanics this way:

"Although soft surfaces such as linens and clothing can be laundered. Fomites [objects or materials which are likely to carry infection] can become sources of contamination when ill patients shed large numbers of microbes via body secretions, including blood, feces, urine, saliva, and nasal fluid. Contact with these soft surfaces may lead to direct contact with the bodily secretions and microbes aerosolized via talking, sneezing, coughing, and vomiting. Contact of unwashed hands with soft surface fomites can also lead to pathogen transmission and transfer to other points or other surfaces in the building." [18]

Healthcare Purchasing News put it even more bluntly:

"Logic tells us that textiles in the healthcare setting can easily be a source of cross-contamination, putting patients, their visitors, and staff at risk for acquiring an infection." Adding later, "going through hundreds or thousands of touches over months or years, there is no doubt that the microbes infesting them might play a role in HAI transmission." [19]

A study in *American Infection Control* pins much of the blame on the fabrics themselves.

"S. aureus and Pseudomonas aeruginosa can bind to acrylic, polyester and wool at extremely high ratios. Other studies have shown that staphylococci, enterococci and fungus can survive on fabric for days or weeks and tend to survive longer on polyester than on cotton." [20,21,22]

Infection Control Today reported that a study in the *American Journal of Infection Control* said that C diff spores can survive temperatures and chemical treatment of typical hospital laundering cycles even allowing cross-contamination of C. diff. spores from bed linen during a wash cycle.[23]

And even frequent laundering of textile cubicle curtains is no assurance that they will be pathogen-free. These factors with a possible synergistic effect include:

- Duration of laundering procedure
- Water temperature
- Mechanical action of laundering procedure
- Dosage and type of added detergents and disinfection agents
- Bath ratio
- Type of linen
- Filling ratio, etc.

So, what is the solution to textile cubicle curtains that are a heavy, labor-intensive process for consistent cleaning?

- **Due to the associated labor-hours to maintain properly, improvements can include implementing curtain solutions to make the laundering process less labor intensive or even non-existent.**
- **For textiles, mandate a laundering schedule on a quarterly basis, except in cases of isolation patients where a terminal clean is required with an industrial or in-house laundry.**
- **Remove textiles from the equation by utilizing a viable option of disposable product, allow leading edge to change out that is less labor intensive, and easy to remove/replace without a ladder.**

Anti-Microbials are a Pesticide and Human Health Issue

An antimicrobial is an agent that kills microorganisms or stops their growth. Antimicrobial pesticides are substances or mixtures of substances used to destroy or suppress the growth of harmful microorganisms such as bacteria, viruses, or fungi on inanimate objects and surfaces.

Some hospitals have tried using antimicrobial curtains to halt the spread of infections. Unfortunately, a study reported in *Health Facilities Management* magazine found no statistically significant difference in the amount of time before pathogenic contamination occurred.[24]

In another study of an intensive care unit, researchers found that textile cubicle curtains were contaminated after less than a week.[25]

And, in 2015, Kaiser Permanente, a leader in environmentally preferred purchasing, banned interior building products treated with “germ-fighting” antimicrobial agents, citing concerns about mounting exposure to toxic chemicals.

The fifteen chemicals banned by Kaiser Permanente are:

- Benzisothiazolin 3-one (BIT)
- 4,4-dimethyloxazolidine
- Diiodomethyl p-tolyl sulfone
- Kathon 886 (CIT/MIT mixture)
- Methylchloroisothiazolinone (CIT, CMIT)
- Methylisothiazolinone (MIT)
- N-octadecyldimethyl (3-(trimethoxysilyl) propyl) ammonium chloride

- Quaternary ammonium compounds, benzyl-C8-16-alkyldimethyl, chlorides
- Silver sodium hydrogen zirconium phosphate
- Triclosan
- Zinc pyrithione
- Silver (nano)
- Silver zinc zeolites
- Didecyl dimethyl ammonium chloride (DDAC)
- Hexamethylenetetramine

Health Care Without Harm (noharm.org) and Practice Greenhealth (practicegreenhealth.org) also oppose the use of antimicrobials, including triclosan and triclocarban. They note that these products hold out the promise of reducing infection but create a false sense of confidence and expose health care workers to toxic chemicals.[26]

And others note that antimicrobial are not intended to be products for infection control.

In May of 2020, Perkins & Will, a leading architecture and design firm and the Healthy Building Network noted, “To date, there is no evidence demonstrating that products intended for use in interior spaces that incorporate antimicrobial additives in the product makeup, actually result in healthier populations using those spaces.” [27]

Other scientists note that many antimicrobials are suspected carcinogens or respiratory sensitizers and may also cause microbial resistance.

In addition to antimicrobials, polyester fabric as a product specification for cubicle curtains in patient care areas does not support “First do no harm,” given polyester needs to be treated with chemicals to attain NFPA/California Title Code 19 compliance.

The True Cost of Workplace Safety

Becker's Hospital Review noted that healthcare workers report some of the highest injury rates in the nation, and those injuries come at a price beyond the workers' wellbeing. Data shows, healthcare worker injuries ended up costing the industry an estimated \$13.1 billion and more than two million lost workdays, according to Scott Harris, PhD, director of EHS Advisory Services for UL Workplace Health & Safety. The hospital share of that was an estimated \$6.2 billion and at least 926,000 lost workdays.

Many hospital leaders are laser-focused on patient safety but put employee safety on the back burner. "We would argue that patient safety and worker safety shouldn't be separated," says Dr. Harris. "Safety is safety."

So how can the cubicle curtain support a culture of safety? To do anything about workplace injuries, hospitals first must analyze who is getting hurt and how it is happening. Specific to cubicle curtains it is the use of a ladder to remove/replace, the weight of the textile curtain and the angle and time it takes to remove/replace.

There is legitimate reason for concern. It takes as long as 15 minutes to replace the traditional polyester cubicle curtain. In addition, workers need to use a ladder, raising the risk of falls in lifting a 12-15 lb. curtain. In addition, workers generate dust and debris when they remove and/or switch out the ceiling track. Plus, the facility must shut down the patient room or treatment space while the changeout is occurring which impacts throughput and revenue.

This is yet another reason to strongly evaluate the use of a disposable/100% recyclable cubicle curtain system solution. That is removed/replaced in under two minutes, with no ladder at a weight of 3-4 lbs. That is a ninety percent reduction in change time supporting worker safety and patient throughput, both with a direct impact to the bottom line.

First-cost vs. Total Cost of Ownership?

To fully support this as the 'pain-point' that it is for the health system and those who heal and work there we must look at the following:

Why a disposable/recyclable cubicle curtain solution?

- Improve efficiency in room turnover, secure employee safety, provide for aesthetic and visual consistency.
- Create up to a 90% reduction in labor, replacement, and laundry costs.
- Avoid loss management for existing textile cubicle curtains at @ 3-5% with traditional laundry services (in-house or off-site)
- To thoroughly clean cubicle curtains is expensive and requires many additional labor hours to ensure the right curtain (pattern, height, and width) in the proper location. A change from textile curtains mitigates cubicle curtain cleaning costs.
- Initial cost of traditional cubicle curtain averages \$400-\$800 per bed whereas disposable/recyclable averages \$40 per bed.
- Health systems create success with one pattern in one size for their entire facility.
- Ease of change-out with lower labor hours and mitigate workers compensation claims.
- Hookless® ring technology allows for change (remove and replace) in under two minutes without the use of a ladder.
- Improve patient throughput and HCAHPS scores.
- Changeout® software for tracking and regulatory compliance.
- Create measured capital cost and operating cost reductions.

Patient perception & HCAHPS scores

Consumers today form impressions quickly. Sometimes as quickly as thirty seconds. Transfer this to the healing environment and we decide can we heal here? Is it clean? Quiet? Safe? Comfortable? Patient perception is important and directly tied to reimbursement with the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey, a standardized survey that has been in use since 2006 to measure patients' perspectives of hospital care. The results can have a positive or negative impact on the attainable CMS revenue for the health system.[28]

We have never seen such a profound change in such a short expanse of time. Healthcare leaders intentionally design the experiences they create for their patients, caregivers, staff, and families. They look beyond function to impact on safety, behavior, emotion, and outcomes. Architects and designers have embraced the opportunity to propel the built-environment forward with physical space and manufacturers have the responsibility to rethink product, and adapt for health, safety and wellness with product selection that supports the people in the built environment physically and psychologically – and the owner operationally and effectively in support of outcomes.

Have you ever walked into a hospital and seen cubicle curtains in different patterns and hanging at different heights? They may not have even been worn or dirty. But the accompanying disorder could well give that impression. Visual consistency is key to fostering patient perception of clean and safe.

And then there is the problem of noise. The metal-on-metal screech that accompanies the opening and closing of a metal-tracked cubicle curtain can be grating and impact HCAHPS scores for perception of quiet.

Specific to noise, for the patient it can cause sleep disruption that affects wound healing, can increase the need for medication, and has the potential to increase length of stay. For the caregiver, a noisy environment increases stress, annoyance, fatigue, emotional exhaustion, and burnout. It may even lead to communication problems that could result in medication errors.

And while cleanliness and noise may seem unrelated to the hospital's core mission of delivering high-quality healthcare, they could well impact a facility's bottom line when it comes to patient experience and HCAHPS scores. Something as simple as the cubicle curtain can have an impact on patient experience.

HCAHPS survey question #8 asks:

During this hospital stay, how often was your room and bathroom kept clean?

HCAHPS survey question #9 asks:

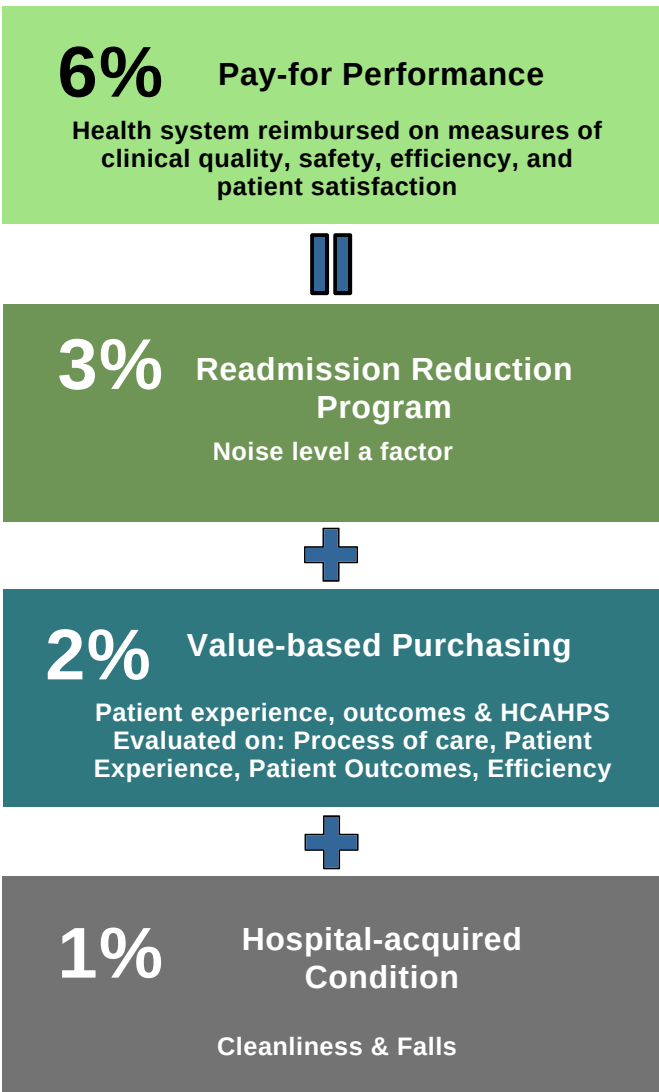
During this hospital stay, how often was the area around your room quiet at night?

Cost Impact to the Health System

Using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, the Centers for Medicare & Medicaid Services' (CMS) Value-Based Purchasing program links patient care experience rating to hospital revenue reimbursement, thereby establishing a key relationship between revenue cycle management and the patient experience.

CMS funding is tied to:

- Patient experience
- Safety
- Outcomes
- Falls
- Infection
- Noise



Focus groups of patients (Sofaer et al., 2005) found that 34% of participants considered hospital room and bathroom cleanliness in their top two HCAHPS measures. Similarly, hospital executives acknowledge the importance of cleanliness and consistently place it among their top three priorities (Beryl Institute, 2010). [29]

Beyond the patient satisfaction scores, the problems presented by textile cubicle curtains have many other financial impacts, including:

- First cost can average **\$500-\$800** per bed
- Labor costs include the time to install and to ensure the right curtain (pattern, height, and width) get hung in the right place
- Properly laundering and handling can be expensive
- Loss management noted at **3-5%** of total/year with laundry services
- Useful life of **35-40 washings**
- Major replacement costs every **7-10 years** with product, labor, and space disruption

As a life-cycle cost analysis, when hospital administrators take all the costs and associated labor-hours into account, they find the traditional textile cubicle curtains have numerous costs and potential risks.

So why are we continuing to specify the same textile cubicle curtains?

This brings us full circle in textile vs. disposable. The textile cubicle curtain with its construction of 100% Polyester or a disposable/100% recyclable solution given the inherent pain points that research-based evidence has shown over the last 15+ years with this product. Do we expect different results when we continue to specify the same thing? It is past time to rethink the Division 10 specification.



Let us hope that the current disruption stimulates new thinking and innovation.”

- D. Kirk Hamilton “Is this a good time to rethink everything?” HERD Journal

Conclusion: Materiality Does Matter

How will materiality evolve in the healing environment of a post-pandemic world? A virus or bacteria is spread though some form of human touch or physical interaction within a space. Every vertical is now treated as if it were healthcare. COVID has been that equalizer. The bar has been raised in the built-environment to provide materials that mitigate cross-contamination without the use of antimicrobials. It is essential that EVS has a voice in the maintenance of specified products. Nan Schramm, E4H shared, “Materiality has never been more important, and to our vendors, this is a call to arms.”

The fundamentals of design for optimized maintainability have not changed. If there is a bright side, as optimists we like to think that COVID has provided an opportunity to reflect, retool and transition to a more meaningful impact of ‘why this product’ and ‘how does it solve a pain point’. We believe that manufacturer partners in the healthcare industry have been provided with a chance to reimagine and reinvent.

Health and wellness for people, place and product has never been more meaningful and supported by evidence. Material selection for touchable surfaces will be vetted for bacterial and microbial-resistant qualities.

Whatever the cubicle curtain solution for your health system, textile, or disposable will be, it is now imperative for the infection prevention, maintenance, nursing, and patient experience teams and the architect and designer all be educated on the pros and cons of traditional textile vs. a fully disposable/100% recyclable polypropylene cubicle curtain to assure optimal operational outcome and mitigate ‘never-events.’

Traditional polyester cubicle curtains have several drawbacks. Clearly, they often harbor pathogens and are a source of cross-contamination. They are not changed out as often as they should be because they are difficult to remove and replace, they create new hazards for infection and employee safety. For the patient the textile curtain is all too often mismatched in size and pattern and create a less-than-professional appearance and a negative impact on the health system’s brand.

And while many hospital systems continue to use curtains made of polyester and other fabrics out of habit or a perception of lower cost, over fifty percent of healthcare professionals are now seeking alternatives as evidenced by product specification shifts to a disposable/100% recyclable cubicle curtain system solution.

And the change is startling. Research shows that when healthcare facilities take specific steps to prevent HAIs, they can decrease incidence by more than 70% percent. [30]

About the Author

Sandra Soraci, EDAC, LEED AP, NCIDQ, IIDA is the Principal of Person-centered Environments (P-cE). A marketing strategy firm specializing in evidence-based insights to interior finish manufacturers, specifiers, and health systems to foster informed product decisions in the healing environment.

Conflicts of Interest Disclosure

The author declares they have no conflicts of interest

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On the right track systems, Inc.

174 Hudson Street, 4th fl, New York, NY 10013
(212)-625-6636

moreinfo@ontherighttrack.com

www.ontherighttrack.com

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- **Installation.** OTRT can be installed in as little as two minutes, a 90% reduction in labor, replacement, and laundry costs. OTRT has developed a patented Hookless® ring technology that allows you to take off a dirty curtain and hang a fresh, clean one in less than two minutes. Simply use our unique accessory, the Grabber®, to remove a curtain without the use of a ladder.
- **Environmentally conscious products:** OTRT meets the chemical-free standards listed on the Healthy Interiors criteria for textiles.
- **Disposable.** OTRT products are the only disposable cubicle curtains that are Class 5 polypropylene and provides a cloud managed program for recycling.
- **100% Recyclable.** You can recycle OTRT curtains with surgical draping and other Class 5 materials such as blue wrap, containers, and wash basins currently in use at a facility.
- **Easy to retrofit:** You can retrofit OTRT to any other manufacturer's existing track with little more than a screwdriver.
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