Beyond the Surface:

Uncover the Deeper Influence of Cleanliness on Patient Experience

Sodexo Healthcare

August 2026

Learning objectives

Exploring patient experience beyond HCAHPS – other factors shaping the patient perception.

How standardized cleaning processes and products create a critical foundation for a positive patient experience.

How EVS staff daily interactions with patients, clinicians, visitors, and families can go beyond cleaning to improving the overall healthcare experience.

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There’s more than meets the eye for cleanliness.

The HCAHPS Cleanliness survey question is about frequency and visibility.
Patient experience encompasses much more:

Communication & Engagement

Quietness of rooms and hallways

Visual condition of floors & surfaces

Standardized processes / products seen being used daily

HAIs

Single-use, disposable items used instead of dirty microfiber cloths used to clean surfaces

Visual indicators for EVS staff (uniforms, linen)

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Support Services have an important role in the patient experience

Patient comfort & confidence

Courteous, well-trained support staff with the right tools help reassure patients and family of the safety of their environment and provide another point of communication of patient needs.

Positive financial relationships

Hospitals with “excellent” patient ratings outperformed low rated hospitals on net margin by nearly 3 ppts

Reputational impacts

Low satisfaction, publicly reported, can deter physician referrals or drive patients to competitors, impacting volumes.

https://www.deloitte.com/us/en/Industries/life-sciences-health-care/articles/hospitals-patient-experience.html
https://www.ashe.org/sites/default/files/ashe/HPOE-Guide-on-the-Patient-Experience.pdf

The first impression says it all

The lobby, registration center, or waiting room may be the first place a patient sees.

If these areas are not clean, what does the rest of the hospital look like?

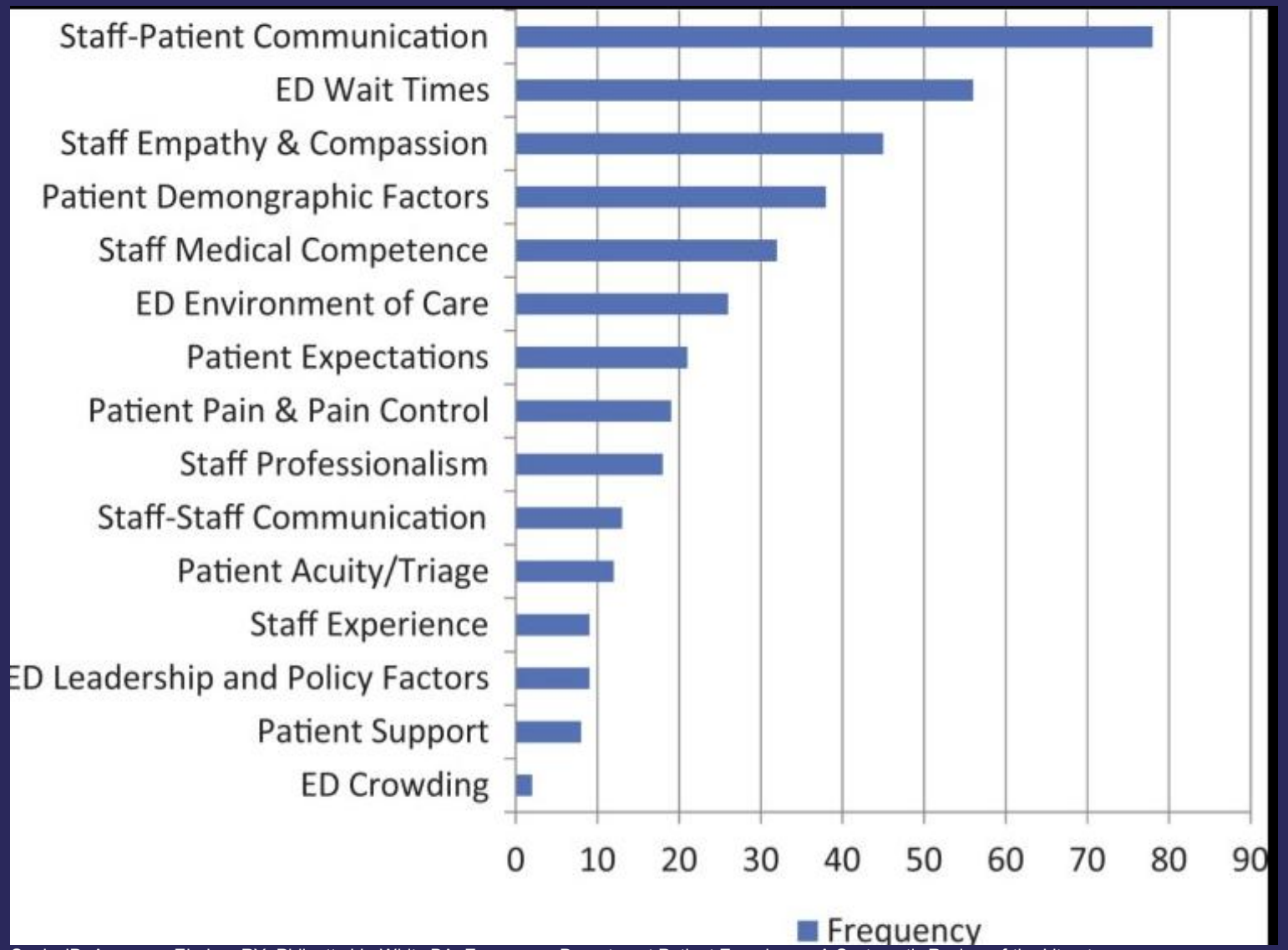
ED Experience often sets the tone for overall patient experience

While ED CAHPS do not directly ask about cleanliness, the **environment of care can be a dissatisfier**.

Cleanliness of surfaces and floors, conditions of curtains and linens are all **critical**.

Patients in hallway beds report fewer positive experiences, due to the noise and rushed communications.

Frequency of identified patient experience themes



Sonis JD, Aaronson EL, Lee RY, Philpotts LL, White BA. Emergency Department Patient Experience: A Systematic Review of the Literature. J Patient Exp. 2018 Jun;5(2):101-106. doi: 10.1177/2374373517731359. Epub 2017 Sep 29. PMID: 29978025; PMCID: PMC6022944.

Don’t forget floors and other surfaces

Cleanliness perceptions are affected by **floor condition**

Often an afterthought, **shiny floors reflect a clean environment**

The condition and visual wear of other surfaces are out of the control of EVS but **weigh on scores**

25%

Attributed increase in HCAHPS cleanliness score*

*Source: Sodexo internal case study, SSM Stormont Vail Hospital

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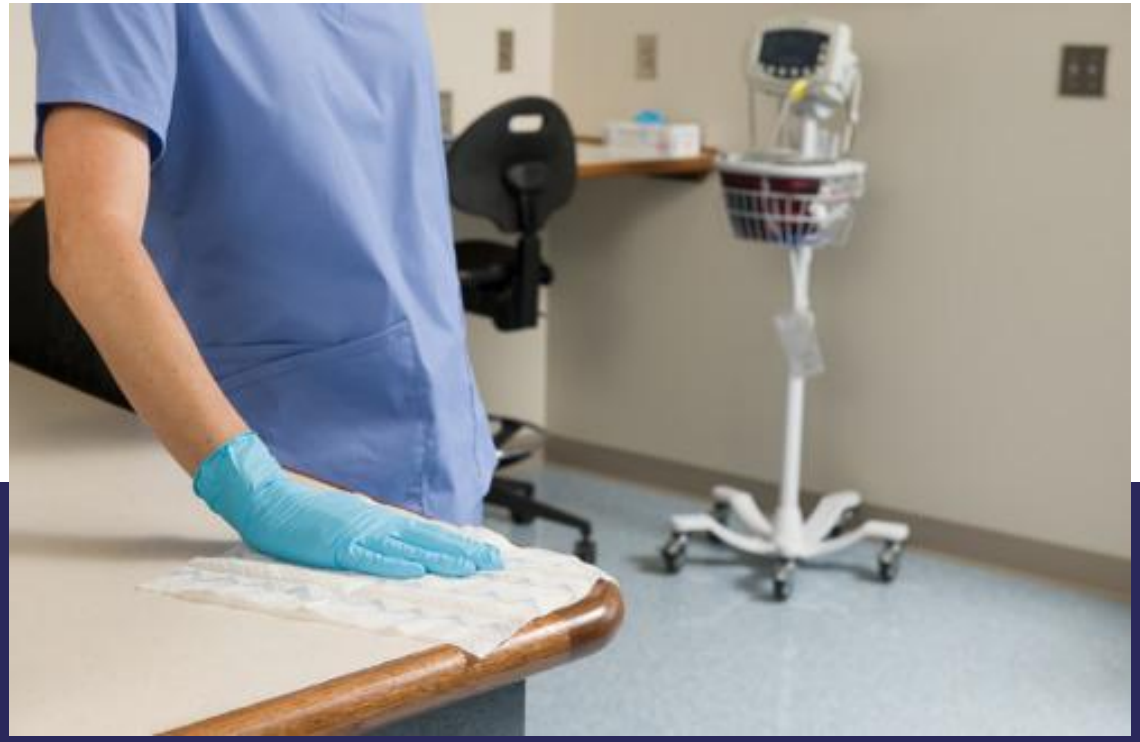
Actual cleanliness requires a focus on both visual cleanliness and microbiological cleanliness



Reliance on one aspect versus another **introduces risk**

Using HAIs as predictors of HCAHPS

Regression Coefficients		Independent Variable (Separate Models)					
		CLABSI	**CAUTI**	**SSI Colon**	**SSI Hysterectomy**	**MRSA**	***C.diff***
Dependent Variable	Nurse Communication	-0.45***	-0.02	0.06	-0.05	-0.69***	0.41**
	Doctor Communication	-0.07	0.05	0.14	0.08	-0.50***	0.18
	Staff Responsiveness	-0.72***	-0.17	-0.19	-0.22	-0.63***	0.90***
	Medicine Communication	-0.13	-0.11	-0.13	-0.14	-0.63***	0.38*
	Discharge Information	-0.40***	0.14	0.22**	-0.15	-0.92***	0.56***
	Care Transition	-0.47**	0.09	0.29*	-0.04	-1.00***	0.16
	Cleanliness	**-0.52****	-0.28	-0.27	**-0.54****	**-0.86*****	**0.62****
	Quiet	0.45	-1.02***	-0.38	-0.07	0.25	-0.49
	Overall Hospital Rating	-0.68**	0.19	0.25	-0.33	**-1.57*****	0.39
	Likely to Recommend	-0.87***	0.53	0.52*	-039	**-1.77*****	-0.04

p<0.1, ** p<0.05, *** p<0.01
Models are univariate only, without controlling for additional factors

Using HCAHPS as predictors of HAIs

Regression Coefficients		Independent Variable (Separate Models)									
		Nurse Communication	Doctor Communication	Staff Responsiveness	Medicine Communication	Discharge Information	Care Transition	Cleanliness	Quiet	Overall Hospital Rating	Likely to Recommend
Dependent Variable	CLABSI	-0.01***	-0.00	-0.01***	-0.00	-0.01***	-0.01**	-0.01**	0.03	-0.00**	-0.00***
	CAUTI	-0.00	0.00	-0.00	-0.00	0.00	0.00	-0.00	-0.01***	0.00	0.00
	SSI Colon	0.00	0.00	-0.00	-0.00	0.01**	0.01*	-0.00	-0.00	0.00	0.00*
	SSI Hysterectomy	-0.00	0.00	-0.01	-0.01	-0.02	-0.00	-0.01**	-0.00	-0.01	-0.01
	MRSA	-0.02***	-0.02***	-0.01***	-0.02***	-0.04***	-0.02***	-0.01***	0.00	-0.01***	-0.01***
	C.diff	**0.00****	0.00	**0.00*****	**0.00***	**0.01*****	0.00	**0.00****	-0.00	0.00	-0.00

p<0.1, ** p<0.05, *** p<0.01
Models are univariate only, without controlling for additional factors

Correlations between HCAHPS & HAIs

Pearson Correlation Coefficients	CLABSI	CAUTI	SSI Colon	SSI Hysterectomy	MRSA	*C.diff*
Nurse Communication	-0.07***	-0.00	0.01	-0.01	**-0.11*** **	**0.04** **
Doctor Communication	-0.01	0.01	0.03	0.02	**-0.09*** **	0.02
Staff Responsiveness	-0.08***	-0.02	-0.02	-0.04	**-0.07*** **	**0.06*** **
Medicine Communication	-0.02	-0.01	-0.02	-0.03	**-0.10*** **	0.03*
Discharge Information	-0.08***	0.03	0.05**	-0.05	**-0.19*** **	**0.07*** **
Care Transition	-0.05**	0.01	0.04*	-0.01	**-0.13*** **	0.01
Cleanliness	-0.06**	-0.03	-0.03	-0.09**	**-0.10*** **	**0.04** **
Quiet	0.04	-0.07***	-0.03	-0.01	0.02	-0.03
Overall Hospital Rating	-0.06**	0.01	0.02	-0.05	**-0.14*** **	0.02
Likely to Recommend	-0.06***	0.03	0.04*	-0.05	**-0.14*** **	-0.00

p<0.1, ** p<0.05, *** p<0.01

When correlation coefficients are negative, that indicates an increase in SIR (suggesting poorer performance) and is associated with a decrease in respective HCAHPS categories (also suggesting poorer performance).

However, when correlation coefficients are positive, it suggests that an increase in SIRs is correlated with an increase in respective HCAHPS categories.

The Zero Link Possibility

Despite numerous studies by Deloitte, AHRQ, CMS, and others, **there has been no direct link found between HAIs and HCAHPS**.

The findings **highlight the need for strong EVS programs** built on standardized practices that continue to focus on HAI reduction and perceived cleanliness.

Hospitals may be better suited by shifting towards a **comprehensive patient experience strategy in which EVS teams can play a role**.

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Relationship between MRSA HAC and HCAHPS question

Response to HCAHPS Question 8: "During this hospital stay, how often were your room and bathroom kept clean?:	N	Mean	SD	Skewness statistic	Spearman rho correlation	p-value
Always	1725	67.47	6.19	-0.316	-0.141	**<0.001***
Usually	1725	20.66	2.88	-0.037	0.066	**0.006***
Never	1725	11.87	4.18	0.830	0.175	**<0.001***

Relationship between CDI HAC and HCAHPS question

Response to HCAHPS Question 8: "During this hospital stay, how often were your room and bathroom kept clean?:	N	Mean	SD	Skewness statistic	Spearman rho correlation	p-value
Always	2707	69.05	6.72	-0.203	-0.023	0.237
Usually	2707	19.85	3.38	-0.203	0.061	**0.001***
Never	2707	11.11	4.39	.803	-0.012	0.527

Crews-Stowe C. Does Patient Perception of Cleanliness Still Matter? The Relationship between HCAHPS and HAC During the COVID-19 Pandemic. Antimicrob Steward Healthc Epidemiol. 2024 Sep 16;4(Suppl 1):s133–4. doi: 10.1017/ash.2024.301. PMCID: PMC11504564.

Cleanliness is the lens through which every patient sees their care. Sharpen it, and the entire experience comes into focus.

EVS’s role in patient experience

On a typical day, a patient may see between **35-70 healthcare personnel.**

The average amount of time clinical staff is in a patient’s room **is 3 minutes.**

EVS staff may be the **only person a patient sees daily.**

Having an EVS person to talk to for more than a few minutes every day is a **patient satisfier**.

Embracing EVS staff engagement as a patient satisfaction strategy

EVS STAFF PERCEIVE THEMSELVES AS AN IMPORTANT PART OF A PATIENT'S CARE

Participants spoke about **interacting and forming connections with patients**.

Many saw their role as a way to **protect their patients from disease**

Some described being a **unique caregiver** that can communicate and advocate for patients

Others reported feeling like an important part of the team but **felt devalued by other staff or treated like they were invisible**

Themes & Sub-themes

"Here to take care of you"

Difficulties & coping

Perceptions of their role

Vance N, Ackerman-Barger K, Murray-García J, Cothran FA. "More than just cleaning": A qualitative descriptive study of hospital cleaning staff as patient caregivers. Int J Nurs Stud Adv. 2022 Sep 6;4:100097. doi: 10.1016/j.ijnsa.2022.100097. PMID: 38745640; PMCID: PMC11080339.

EVS Training and Certification

All EVS staff receive **comprehensive training** on the correct, standardized way to clean a patient room.

All EVS staff will have matching uniforms in unique colors, so they can be **easily identifiable from clinical staff**.

If a room is cleaned while the patient is not in the room, a **tent card will be left on the bedside table.**

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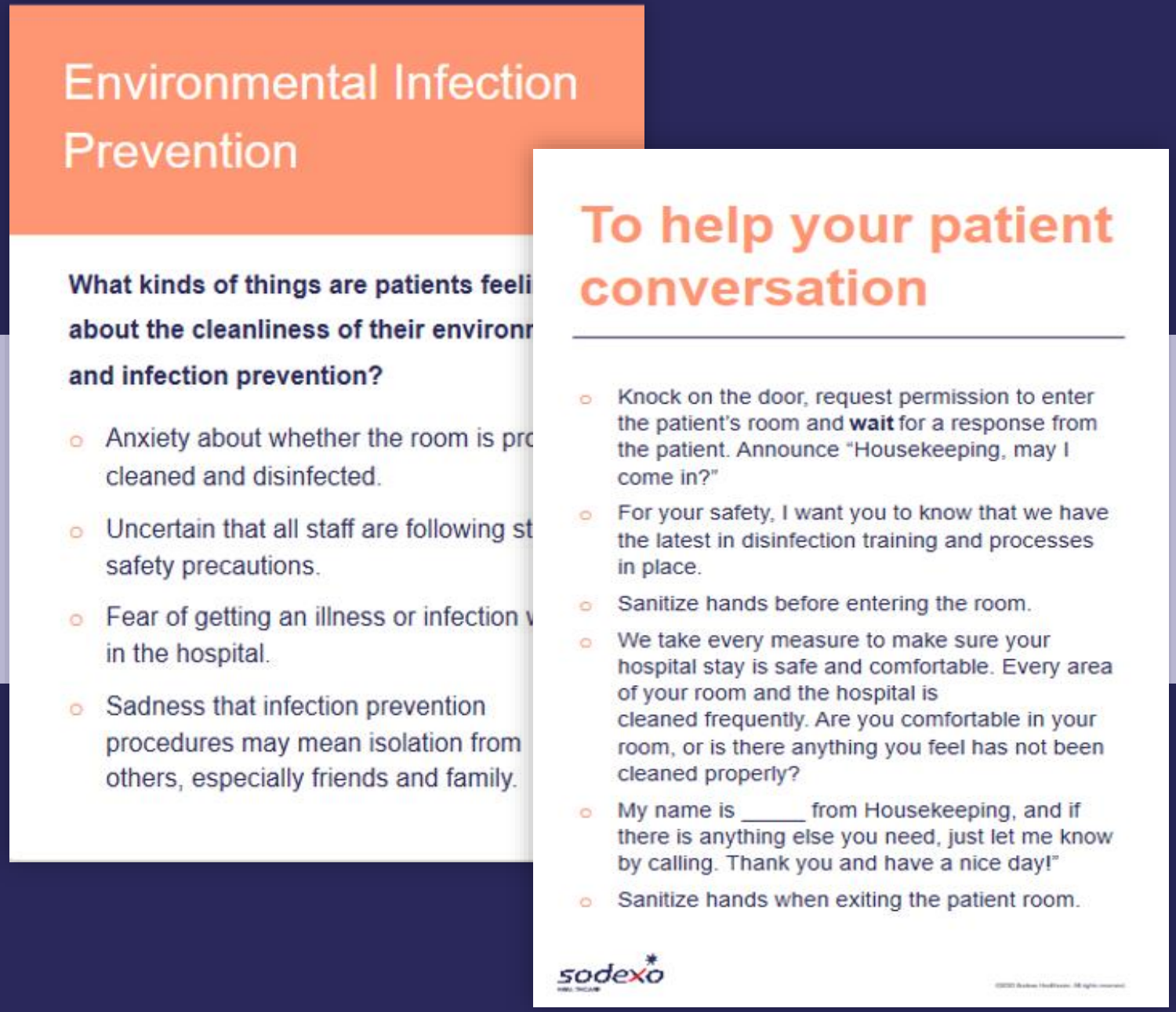
EVS scripting for patient experience



Environmental Infection Prevention

What kinds of things are patients feeli about the cleanliness of their environ and infection prevention?

- Anxiety about whether the room is pro cleaned and disinfected.
- Uncertain that all staff are following st safety precautions.
- Fear of getting an illness or infection v in the hospital.
- Sadness that infection prevention procedures may mean isolation from others, especially friends and family.

To help your patient conversation

- Knock on the door, request permission to enter the patient's room and **wait** for a response from the patient. Announce "Housekeeping, may I come in?"
- For your safety, I want you to know that we have the latest in disinfection training and processes in place.
- Sanitize hands before entering the room.
- We take every measure to make sure your hospital stay is safe and comfortable. Every area of your room and the hospital is cleaned frequently. Are you comfortable in your room, or is there anything you feel has not been cleaned properly?
- My name is _____ from Housekeeping, and if there is anything else you need, just let me know by calling. Thank you and have a nice day!"
- Sanitize hands when exiting the patient room.

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EVS Staff recognition within the hospital

A	Acknowledge:	Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room.
I	Introduce:	Introduce yourself with your name, skill set, professional certification, and experience.
D	Duration:	Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress.
E	Explanation:	Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you, such as a nurse call button.
T	Thank You:	Thank the patient and/or family. You might express gratitude to them for choosing your hospital or for their communication and cooperation. Thank family members for being there to support the patient.

C **Compassion**
To see the suffering or misfortune of others. Show concern and take action to help.

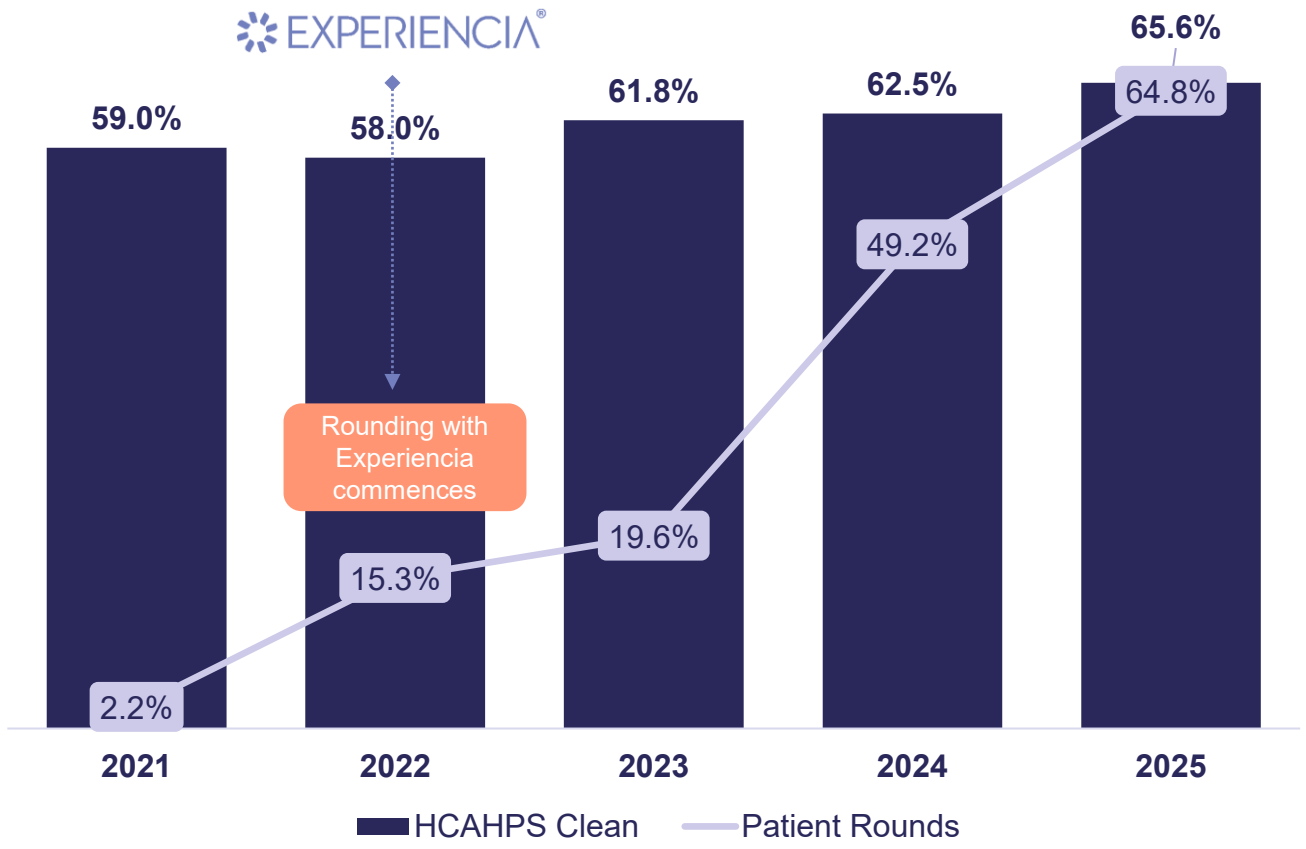
A **Accountability**
Obligation or willingness to accept responsibility for one's actions.

R **Respect**
Demonstrating care, regard and consideration of others.

E **Enthusiasm**
To show excitement and active interest.

S **Service**
The dedication and commitment to helping others with the goal of exceeding expectations.

Case Study:
Patient rounding improves service recovery and Scores



Erlanger Medical Center is an acute-care hospital with 848 beds and 48 specialties located in Tennessee

+6.6% HCAHPS Cleanliness of the Hospital Top Box increase from 2021-2025

+64.8% Increase in patient rounds between 2022 to 2023 (from 23.6% to 84.5%)

A consistently cleaned, welcoming space reduces anxiety, builds confidence, and reassures patients that they are **safe and cared for.**

Benefits of Standardization

Same chemicals and standard operating procedures used in all care areas – increased patient confidence

Decrease compliance risk when staff are using less chemicals, increasing patient safety

Decreased rates of readmission due to HAIs

Increased positive patient outcomes

Quality assurance checks can be utilized at any site to verify cleaning and patient safety

Increased patient satisfaction

Lowered inpatient census - better for nursing to patient ratios and safety

Consistent EVS at all sites within the healthcare system – staff and patient satisfaction

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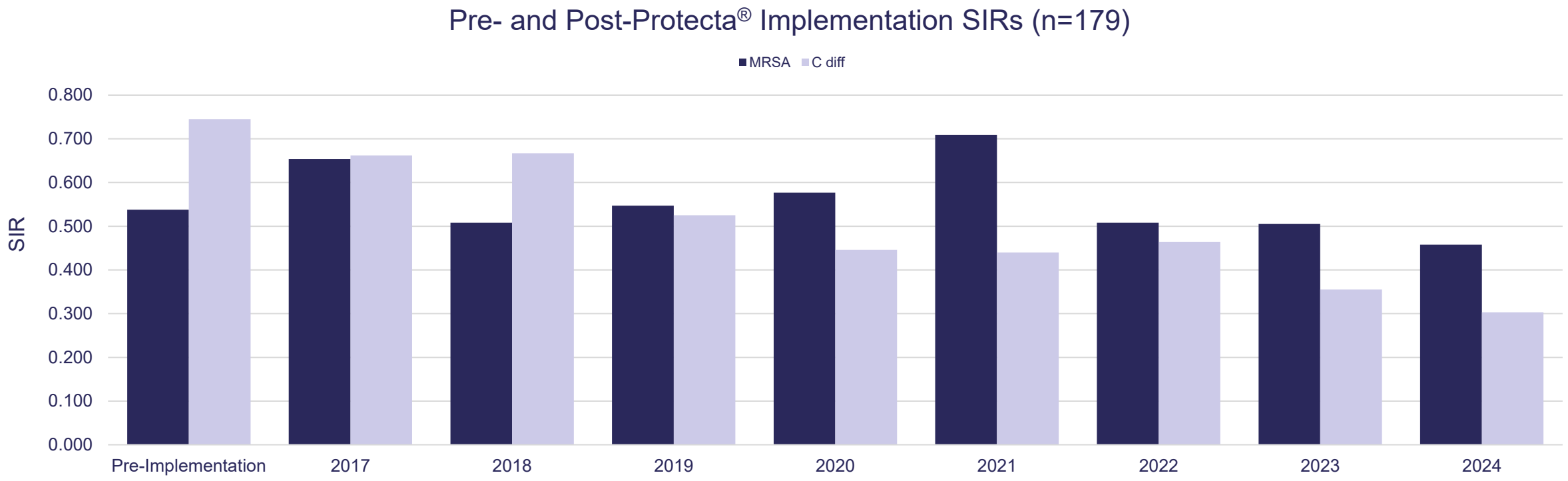
Clinical evidence of Protecta results

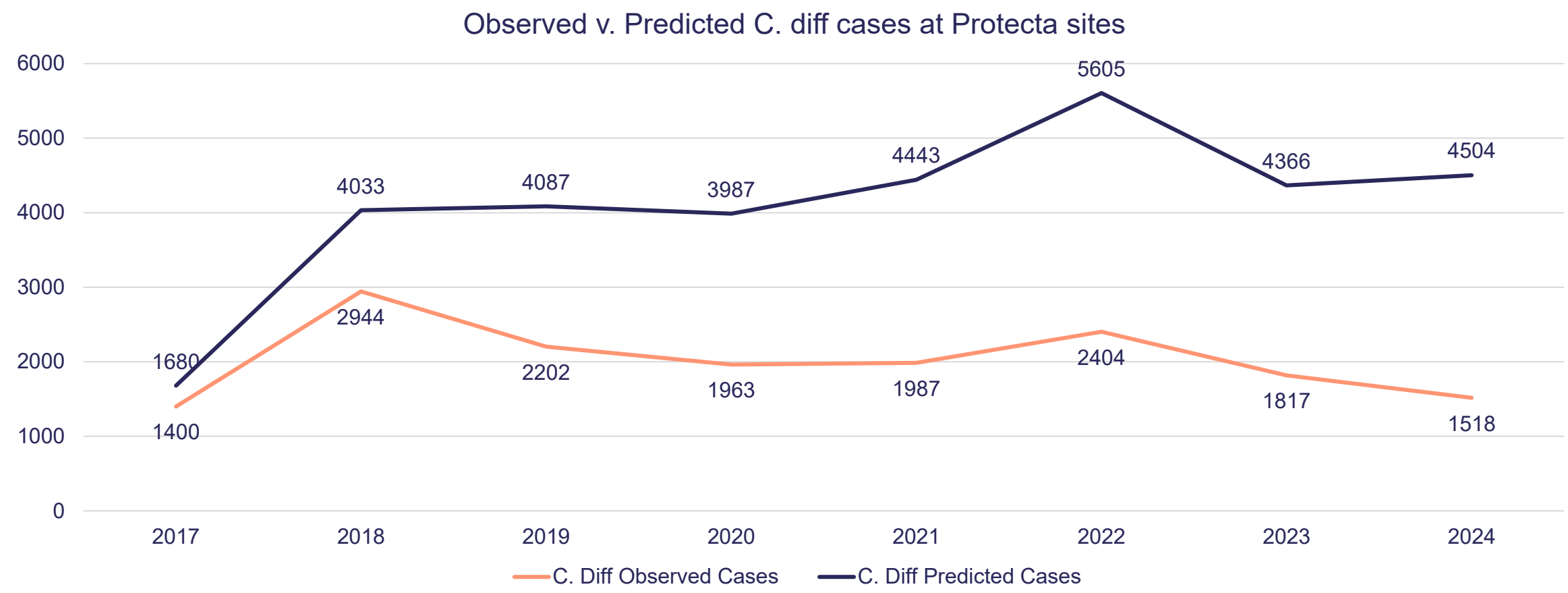
SIR is calculated by the # observed cases/# expected cases; expected cases are pre-determined by CMS



	Pre-Implementation	2017	2018	2019	2020	2021	2022	2023	2024
MRSA	0.538	0.654	0.508	0.574	0.577	0.709	0.508	0.505	0.458
C. diff	0.745	0.662	0.667	0.525	0.446	0.440	0.464	0.355	0.303

Clinical evidence of Protecta results

Protecta sites had lower number of C. Diff cases vs. what was predicted



Questions?

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