# A blue and red squares with yellow text Description automatically generated

# Season 2 Episode 5 *Surfaces in Health Care Settings + Evidence-Based Design* —Transcript—

[“Skip to My Lou” by Neal Caine Trio plays.]

# Sponsorship

[00:00:00] **Bridget McDougall:** This episode of *Between the Lines with FGI* is brought to you by the American Society for Health Care Engineering. Optimizing health care facilities.

[Music fades out.]

# Opening

[01:14:16] **Laurie Waggener:** At a recent conference, a speaker showed a photograph of something that wasn’t maintained in the hospital. The patient delivered that photograph in the context of their evaluation of the hospital experience, and they said, “If you cannot fix this, can you fix me?”

[“Skip to My Lou” by Neal Caine Trio plays.]

# Intro

[00:00:51] **Bridget:** Welcome to *Between the Lines with FGI*, a podcast brought to you by the Facility Guidelines Institute. In this podcast series, we invite you to listen in on casual conversations related to health and residential care design and construction. Coming to you from Washington state is FGI’s very own John Williams, vice president of content and outreach and chair of the 2026 Health Guidelines Revision Committee.

[00:01:15] **John Williams:** And coming to you direct from St. Louis, Missouri is Bridget McDougall, associate editor with FGI, and we’re here because we’re really curious about, well, lots of things, but health care design and residential care design, specifically, and today we’re really curious about surfaces and finishes inside of those facilities.

[00:02:22] **Bridget:** Surfaces, surfaces, surfaces, John!

[00:02:29] **John:** I know, a wide-ranging topic. We’ve already dabbled a little bit in surfaces in previous episodes, right?

[00:02:22] **Bridget:** Yeah, that’s right, we talked about carpet in patient care areas—ew—with infection preventionist Lela Luper.

[00:02:29] **John:** Yep, and we talked about acoustic surfaces and sound absorption with Mandy Kachur.

[00:02:41] **Bridget:** That’s right. We talked floors and fall risks with Jane Rohde.

[00:02:45] **John:** Yeah, it’s a pretty huge category; we’re talking floors, carpets, walls, ceilings, countertops, sinks, and, uh, with design and construction and health care spaces, you know, I really kind of see this Venn diagram going on with surfaces.

[00:03:01] **Bridget:** I can see that. In one circle is what looks good, what makes a great first impression, right?

[00:03:07] **John:** Right.

[00:03:01] **Bridget:** And then in another circle over here, you’ve got what keeps people safe. We’re talking about safe from germs and safe from falls.

[00:03:17] **John:** And then there’s this third circle of what’s easy to maintain because you’ve got a lot of folks going in and out of these spaces.

[00:03:26] **Bridget:** Yep.

[00:03:27] **John:** And maybe there’s this fourth circle around what’s economically realistic for facilities, right? So, there are a lot of things to consider here.

[00:03:37] **Bridget:** It’s important to remember that the *Guidelines* has this delineation between minimum standards, the “shall dos,” the code, and then we’ve got guidance. In the 2022 *Guidelines* that guidance appears as appendix, right?

[00:04:12] **John:** Right.

[00:04:15] **Bridget:** In the 2022 edition, there are nearly three full pages of appendix text about the effect of surface materials, colors, textures, patterns, the effect of those things on patients, staff, and visitor safety, and that’s all advisory, stuff to consider.

[00:04:32] **John:** Right, and three pages is a lot, and we should remind folks that in 2026, all of that advisory language or appendix language is going to be located in the handbook.

[Sound of ascending chimes.]

[00:04:32] **John:** And it’s going to be expanded on, and that’ll come out at the same time as the 2026 health care facility code documents.

[00:04:56] **Bridget:** For today’s episode, we are talking to somebody who can tell us a lot about surface materials and surface testing and get in between the lines of those codes, Laurie Waggener.

[00:05:23] **John:** In 2014, Laurie authored an article in *Health Facilities Management* magazine, which I still refer back to, still incredibly relevant even 10 years later, it’s titled, “Performance-based finishes: Making informed design choices based on available data.”

[00:05:40] **Bridget:** Laurie is steeped in the data that guides research-informed planning and design in her role as Director of Research for Healthcare with Page.

[00:05:55] **John:** Laurie is a founding member of the American Academy of Healthcare Interior Designers and The Nursing Institute for Healthcare Design, and fortunately for us, she’s served as a member of FGI’s Health Guidelines Revision Committee since the 2014 cycle.

[“Skip to My Lou” by Neal Caine Trio plays.]

[00:05:55] **John:** And we’re really looking forward to talking with her today. Ready to go under the surface of surface requirements, Bridget?

[Sound of going underwater.]

[00:06:19] **Bridget:** Ooh, I see what you did there. And yes, yes, I am.

Guest introduction

[00:23:35] **John:** Well, welcome, Laurie Waggener.

[00:23:39] **Laurie Waggener:** Thank you, nice to be here.

[Music fades.]

[00:23:41] **John:** Nice to have you. We mentioned in the intro that you’re currently the Director of Research for Healthcare at Page. Um, can you tell us a little bit about what you do there and maybe how you got there?

[00:23:55] **Laurie:** So, what I do is I ensure that evidence is implemented, embedded in our architectural process, beginning with the visioning and helping even through value engineering, and I offer our firm tools for ease of access so that they can embed evidence in practice. I also collect data in the pre-move state, ideally, and then the post-move state. We call our process “facility performance evaluation” because I try to collect data at the beginning and at the end, and what I mean by data, meaning survey responses from end users, or if our client will allow us to have access to some of their quality indicators, I try to obtain that pre- and post- so that we can measure, if we can, one data point at a time, are we making an impact?

[01:08:10] **Bridget:** I have a question to young, child, Laurie Waggener, or is that your maiden name?

[01:08:18] **Laurie:** Tranchina is my maiden name.

[01:08:22] **Bridget:** I have a question for young Laurie Tranchina. There’s so much kind of technical thinking and scientific thinking and processes in this type of work. Did young Laurie Tranchina enjoy things of a scientific nature?

[01:08:44] **Laurie:** I tell you, I was, 50/50, one way or the other. I’ll tell you who my role models were. When you’re a little one and you’re in the library and you have those biographies that you read like Booker T. Washington…

[01:08:22] **Bridget:** Yeah.

[01:08:44] **Laurie:** …or Madam Curie, I gravitated to Madam Curie. I just thought it was so cool [that] she was sitting in a microscope, right? And then at the other hand, I was fascinated by the textile designer her name was Vera, she was prominent in the 1960s, and you can look up her textiles, she would call upon mid-century modern textile design inspiration and the Mondrian movement of art. And, so, I was torn between going to college for taking care of patients or architecture and interior design, between focusing on the science and being totally left-brained or focusing on the right brain, right? So, I did do the first one first. I did go and become a respiratory therapist, and then I went back to school for interior design, but I guess it’s that love of science that I bring to the specification because it’s so easy to be so subjective when it comes to the interior environment and you just can’t let subjectivity come into play because everybody has an opinion about their perception of beauty. You really have to call upon anything that you can so that you can all make a decision based on something objective, but still bring that individual subjectivity of what is beautiful. I hope that answers your question.

[01:11:27] **Bridget:** Yeah, because young Laurie, this is what I heard, young Laurie gravitated towards the science and towards the aesthetic, and now here you are in your job testing the science of the aesthetics. You’re looking at the science of the surfaces and materials. That young Laurie inside must be fully joyful.

[01:11:52] **Laurie:** Well, you, you know what it is? You are trying to do something beautiful, but you have that mandate, right? It’s got to last. While we would love for them to replace their materials every five years like a hotel might do, we don’t do that in health care.

[01:12:20] **John:** Right. So, given that, and knowing that, you know, many facilities can’t afford to replace the material every, you know, five years, what kind of advice can you give to someone who’s trying to do their due diligence when they’re selecting a surface material?

[01:12:47] **Laurie:** Well, you know, first you want to listen to your client and know exactly what their goals are, what their stress points are, their frustrations, perhaps, with an existing environment, and of course, that is going to be your first and foremost due diligence, right? That sort of gives you your first roadmap because they’re sharing with you their environment relative to perhaps the population, the amount of population, meaning high traffic, low traffic, right? Uh, acuity levels, so you get all this information and then you understand what their stress points are, and then from there, you realize you also have to do the basics of the health safety and welfare that you learn as a student.

[01:12:20] **John:** Where do they go for the information that would be helpful to them?

[01:12:47] **Laurie:** Your manufacturers’ research and development departments and their technical people are there to help you, and all of the information that you need, you always look at the back, well, I’m going back to when we used to use, you know, books to visually look at our choices of—

[01:14:07] **Bridget:** Are you talking about sample books?

[01:14:16] **Laurie:** Sample books, love those sample books!

[01:14:07] **Bridget:** That is a birthday or Christmas present for me is just a whole host of sample books.

[01:14:16] **Laurie:** So that’s what I mean by looking at the back where all your technical information is. After you do the ooh and aah and touch—

[01:14:07] **Bridget:** Yeah, right!

[01:14:16] **Laurie:** —everything, right? You’ve got to touch everything, right? And then your eyes are looking at the colors and you’re just going alive inside, right? But then you’ve got to look at the back.

[01:14:07] **Bridget:** Yeah.

[01:14:16] **Laurie:** Or in the context now on our websites, you go to the technical department, and they will share with you what they have done, their due diligence, and then you will explain to the client that I am providing this for you because, I heard this and this product will respond to your needs regarding, let’s say, the traffic load, or the weight loads—we call those static loads, meaning how heavy of equipment will be in the room—items like that. So those are the test methods that you look for relative to how it can perform under that particular issue that the client says needs to happen in that space.

[01:15:52] **Bridget:** Would it not be as easy as going to a product manufacturer and saying, oh, there’s your regular house grade stuff, your commercial grade, and over here in this aisle, we’ve got the hospital grade stuff.

[01:16:07] **Laurie:** You know, my first job out of design school, I was an in-house interior designer, meaning the health system had its own architecture and interior design firm. We heard firsthand from the CEO immediately if something was not working or not cleaning well, especially if something wasn’t easily cleaned. I remember him explaining to the partner in charge, my partner in charge of interiors, about why is this fabric so expensive when I know my wife is doing this, and this is what she’s paying by the yard, and then you have to explain that the reason why something has a price range is because of the expense of the research and development, specifically the fire testing.

[01:19:14] **John:** Hmm.

[01:16:07] **Laurie:** You don’t have to go through the fire testing on your materials [that you use at home in the same way] that you do for a hospital, so that comes with a price, right? Our manufacturers pay thousands of dollars per test method, so when you ask them, “Can you please test for this chemical?” you can imagine the dollars that you’re asking them to spend, right?

[01:19:14] **John:** Right.

[01:16:07] **Laurie:** And so, that is some of the things that people just don’t understand, you know, because they just never consider fire, you know, in the context of their house, and stain resistance, and especially something like puncture, you know, well, maybe you have, you know, a lot of toddlers and they may punch or something, but other than that, I mean, you know, there’s just things that are going on residentially that just, residential settings just don’t experience the wear and tear and the abuse of a health care setting. Yeah.

[01:18:27] **Bridget:** It’s also, where does this product end up, like you said. I was at a hotel recently, [it had] beautiful carpet down the hallway. It looked great. It smelled nice and clean. Man, I could not drag my, um, my luggage down. The wheels, like, were catching, and it took all my muscle power just to be able to get the suitcase to the door.

[01:18:54] **Laurie:** I know, you know, I was such a fan of carpet in hospital corridors because it provided such perception of comfort and warmth and nurturing and had amazing sound attenuation properties. On the other hand, the rolling resistance of that carpet and the push-pull forces that you are asking that frontline practitioner to endure is just not right. We are asking them to do something that is really biomechanically just too much to ask of someone regarding those push-pull forces, if I’m going to use the language that’s in our patient handling and movement assessment, you know, where Mary Matz calls it “biomechanically exceeding capabilities,” right? I think about that word a lot because the frontline practitioner is always doing something that’s very physically demanding.

And again, that perception of cleanliness, because if it’s a stain in that carpet, while solution dyed carpet is very easily cleaned and it resists stains, you just got to circle back fairly quickly to spot clean it, and that may be asking a bit much of a busy health care facility. But, yes, to your point, that surface friction of that carpet can be very demanding on the body, but on the other hand, the hard surface—I’m reporting some feedback from a nursing union in the northeast—they removed all the carpet and then the nurses were getting plantar fasciitis.

[01:22:02] **John:** Mm.

[01:22:03] **Laurie:** They’re on their feet, they’re walking long, long distances. Yes, perhaps that carpet can absorb some of that impact of your heel against the hard surface over time, but it comes at a cost regarding those push-pull forces, right? So, there’s a trade-off. There’s a trade-off in acoustics and there’s a trade-off of difficulty in moving equipment.

[01:22:02] **Bridget:** That’s something that can be tested for, right?

[01:22:06] **Laurie:** Yes, yes, you can. I mean, you can even enlarge the castor of the beds to decrease the push pull forces against the carpet. But yes, the lower the pile or the loop pile, you know, we don’t really use a cut pile in hospital settings, we use this loop, and the manufacturers have done a tremendous job of trying to offer sound attenuating properties while also reducing that requirement of exertion regarding push-pull forces of equipment over their product, so they are responding to those needs, and we can test for that, yes.

[01:22:52] **Bridget:** We gotta get to the future. Hoverboards, baby. We gotta be floating inches above the floor.

[01:22:56] **John:** That’s really, you know, kind of what we run across in all of these high performing buildings; so many competing needs. You know, you have fire needs, you have infection control, you have, you know, just usability, livability, perception, all of those different things, and trying to sort of land the plane on that knife’s edge that balances all those needs is hard.

[01:23:26] **Laurie:** It is. Yes. Many times, that’s when we have to go to a consensus decision, right? With our clients because—

[01:23:37] **John:** We got to give on something, so

[01:23:39] **Laurie:** Yeah.

[01:23:40] **John:** What’s it gonna be?

[01:23:41] **Laurie:** Right, right.

[3-bass note music interlude.]

[01:23:43] **Bridget:** What kind of impact did the COVID pandemic have on surface testing and products, Laurie?

[01:23:52] **Laurie:** Well, I’d say the one good thing that came out of [the] COVID [pandemic] is that we now have a brand-new test method to determine what is the impact of the UVC radiation, that UVC disinfection, that no-touch disinfection on our interior materials.

[00:07:10] **Bridget:** Is this new to the field?

[00:07:13] **Laurie:** It became really prevalent during the pandemic as a source for cleaning the entire room, we call it terminal cleaning, at the time where you discharge a patient and you’re waiting to admit a patient into the room after discharge of the other patient, and so these products came to the market to be a solution for decontaminating all of the surfaces simultaneously with irradiation of this invisible wavelength of light.

[00:07:52] **Bridget:** What does it look like? I’m really curious. I mean, it’s a machine or...?

[00:07:57] **Laurie:** They’re robots.

[00:08:10] **Bridget:** No kidding.

[00:08:11] **Laurie:** Yeah, yeah. I don’t have a picture of it, but there’s different types: pulsed Xenon, pulsed UVC, hydrogen peroxide, vapor. So, it’ll rotate and it circles around, and it will kill microbes. Now, the plus and minus to these is that they irradiate the spectrum of light, however, if objects are in shadows or under, let’s say, a work surface, let’s say there’s a knee space to a work surface, that work surface doesn’t get touched by the radiation because it’s got an overhang. Does that make sense?

[00:08:31] **Bridget:** Yeah. Yeah.

[00:08:32] **Laurie:** So, if something’s in the shadows, the light source doesn’t get to it, it doesn’t get disinfected. So, it has pros and cons. It impacts room turnover. As a medical planner, it’ll affect utilization of your rooms.

[00:09:12] **John:** Oh, yeah.

[00:09:01] **Bridget:** Because it’s quicker?

[00:09:06] **Laurie:** No, actually, it takes longer.

[00:09:07] **Bridget:** Does it have any impact on the degradation of the surfaces?

[00:09:23] **Laurie:** So we now have a test method for that as of 2023, and so I would just recommend in the event that you have a client that uses this technology to disinfect their rooms, that you find out the manufacturer of that technology, and then you ask them, may I please have the test results for the impact of your device, the irradiation, regarding surface materials over time.

[01:25:06] **Bridget:** What has that testing shown? What can it do to a surface?

[01:25:11] **Laurie:** I have not had a client that had that tested, so I have not been asked for that, but I am expecting something similar to a loss of surface luster or surface texture, perhaps. Hydrogen peroxide vapor we know has corrosive properties on materials, so we just have to wait and see, and we do work with, you know, a good amount of academic medical centers and they aren’t using this technology yet, so I do not have any reports about the result of that use of that technology on interior materials to date.

[01:25:59] **Bridget:** So, this is new. And then would you expect that products moving forward would then start to indicate that they are UV resistant, or?

[01:26:08] **Laurie:** Yes, I would think.

[01:26:28] **Bridget:** Yeah, OK.

[01:26:08] **Laurie:** Now that they’ve got a test method, as long as they want to start testing for that, I don’t know the cost of that test method for that manufacturer, but we know that they already test for the impact of sunlight, you know, the UVA A and B, and so I’m sure they will add that. So that’s going to be probably commonplace.

[01:26:28] **Bridget:** What else do you think the feature holds as far as surface materials and testing?

[01:26:34] **Laurie:** We know that we’ve had to reduce the softer materials that are more difficult to clean, such as your carpet. More products are coming to market, but I still feel that when we are reducing the amount of material specified that holds sound absorbing properties, sound attenuating properties, we have to test and find materials that can absorb and mitigate reverberation, you know, absorb ambient noise levels like alarms, but still can be cleaned. We may be able to do some sound attenuation on the wall, but not at the level that might result in not passing an impact test because it’s such a soft material.

[01:27:44] **John:** Right.

[01:27:45] **Laurie:** So that’s why I say the ceilings may be all that we have in terms of reducing the ambient noise because our surfaces are all hard now, and there is so much value in windows and access to daylight in views, but that adds a lot of echoing right into that space. I’m hoping that we will have more acoustic materials that can withstand cleaning and it’d be wonderful if they could withstand impact as well.

[3-bass note music interlude.]

[00:39:48] **Bridget:** Do you have any cautionary tales about surfaces that you can share?

[00:39:54] **Laurie:** Well, you know, one thing that I learned really early in my career, if something is too good to be true regarding what is being reported in terms of performance, then perhaps you need to just dig a little bit more. We were having issues in the field where a certain flooring type was succumbing to the weight loads of the heavy medical equipment. When we shared that in the context of this lunch and learn, they promptly educated me about their testing and their testing results, and that because of those testing results, this really shouldn’t be happening, and so I went ahead and took a look at the test, and it was really too good to be true.

I just dug a little bit more and said, well, how is this test conducted? And then I realized the test wasn’t conducted in a real-world application, meaning the means of their testing of this product is never replicated in the context of the clinical workplace setting. I circled back and I said, you know, your test is not really mimicking anything that my clients are experiencing. Can you help me with that? And then, consequently, you know, you’ll notice that when you ask them to re-look at this, they will modify the test and then report the test results differently.

I just learned from that experience that specifying a material cannot be just on how beautiful it is, you know, and what a dramatic statement it may be, it has to do with the physical properties. And again, this goes back to we have to answer to these executives, and the executives want us to help them deliver the optimal patient experience.

[00:42:16] **Bridget:** Can you help me visualize what some of the are with surfaces? You talked about floors under the weight of something. What did that do to that flooring, and what are some other things that happen with surfaces that I can kind of imagine?

[00:42:40] **Laurie:** Right, so in the context of that particular floor, there were surface indentations. So the flooring had little, like divots, you know, that you would see on a golf course. It didn’t all go all the way through the material, but it really made the surface, which should be smooth, right, have indentations, and they weren’t temporary indentations. They were pretty much permanent indentations. And so that again one might perceive as not maintaining your environment when actually we were just having an issue with a failure of the material at the time for that application.

Another situation may be surface dulling, you know, the surface may lose its gloss in [an] inconsistent manner, and it could be a relationship to compatibility with the chemical. When you see inherently that a particular finish should have a gloss to it, and then you see that it is losing its gloss or it’s losing its color, then that are some of the visual cues that the material that you specified isn’t really working in the environment and we got to figure out why and find the root cause.

I was brought back to a situation where there were places on the painted wall that were showing gloss, and the CEO said, “These are handprints everywhere,” and I said, “Let me look at this. This can’t be handprints everywhere because it’s a resistant row of gloss on a matte finish of paint.”

And so, what we realized was it was the painted [gypsum] wall adjacent to the wall protection, the handrails, and the cleaning service were cleaning the wall protection at the same time they were cleaning the painted wall adjacent to the handrail which gave a surface gloss to the mat finish.

[00:45:14] **Bridget:** So, all along where the handrail is on the wall was—

[00:45:19] **Laurie:** —was glossy when the rest of the paint was matte. And just because the paint has a matte finish, it doesn’t mean it can’t be wiped and cleaned. It can be wiped and cleaned. It’s just not meant to have cleaning agents on it. You know, the handrail and the material that the handrail was made of could indeed handle the cleaning agent, but not the matte finish on the paint.

[00:45:53] **Bridget:** And that wouldn’t do anything maybe for durability, but it does something for the impression of that environment, right? It looks wrong.

[00:46:03] **Laurie:** Right. Well, I guess in context, in order to correct that problem after you pretty much inform your environmental services person about this disconnect on methods of cleaning, perhaps, that facility is going to have to in the end, right, repaint in order to cover up that glossy space so that you can still get that full matte finish from floor to ceiling.

[00:51:00] **Bridget:** I have a really newbie question for you, Laurie, in your role, and also John, for you as an AHJ. When is this testing used? Is it required by anybody or does it come up once there’s a problem and we call you in and say, “Help, something’s wrong with the surface,” or is it just best practice when you’re a designer and you’re selecting materials?

[00:51:35] **John:** I think I can probably answer that a couple of different ways just based on being a plan reviewer, as an AHJ for years. Often, in any of the codes, we’re going to have some of these testing criteria, they’re a minimum standard, and I got in the practice of looking those things up when I first started because I was really curious [about] does this product X meet all of these criteria, and over about five or 10 years, you begin to get familiar with all of these, you know, materials being specified, and you get kind of comfortable with not going back and checking. The trick is a lot of times the formulation of the products change, and they may not be meeting that test method anymore, so I learned over time that there are things, I mean, um, most of the product manufacturers make it really accessible on their specification sheets and everything because they know what codes apply, typically, they’re sharp folks, they know what they’re expected to do, so you can find it, but just because you become familiar with one particular brand or one particular installation, you always, you know, need to go back and double check every once in a while to make sure nothing’s changed.

[00:53:05] **Bridget:** You’re nodding your head, Laurie?

[00:53:06] **Laurie:** Well, this is so true because, you know, their research and innovation at their manufacturing sites is just so robust, and they’re always trying to improve their product based on the feedback that we’re giving them.

That does sometime require us to keep track of what’s the latest testing result because the knowledge has changed, the technology is improved, and therefore they’re very good at making sure that they’re delivering a product to meet our needs, and so they’ll go through another round of testing because their product has changed, and it’s like, [that’s] another thing for me to keep up with, but the beauty is that the products keep getting better and better, and they do respond to our needs when we let them know.

[00:54:11] **John:** The other time where a product test would come up is if unfortunately there is an accident, there’s an injury or something like that, and folks want to want to investigate what that particular flooring was or what that particular finish was and see if they can implicate something that somebody would have, could have, should have done better.

[00:54:36] **Laurie:** Yeah, well, what we try to do is, we reach out to the manufacturer, get all of our documentation, look at their testing, and if all of that criteria is met, then really, we have to look at what is the other root cause if something is failing.

[3-bass note music interlude.]

[00:55:06] **Bridget:** In health care settings, being able to disinfect is really critical for patient care. What kind of testing is conducted for surfaces to make sure that they can withstand cleaning agents?

[00:55:24] **Laurie:** Most of our products, whether they’re a hard surface or a resilient flooring surface, they go through these test methods. It’s a chemical resistance test, and the manufacturer will share their due diligence of all the liquids that their product may come in contact with and how their product performs either from a staining standpoint or from a surface degradation standpoint, such as loss of surface gloss, surface finish, surface color or in the context of a flooring material, it could warp. They all have to go through these tests. Now the caveat is that they don’t all test for the quaternary ammonium compounds, and that’s a word that the CDC uses.

[00:56:50] **Bridget:** I was gonna say, “Come again?”

[00:56:52] **Laurie:** Yeah, I know. I don’t want to use a manufacturer’s name, you know?

[00:56:50] **Bridget:** Ah, I see.

[00:56:52] **Laurie:** But they all had this chemical name.

[00:56:50] **Bridget:** Super-duper hospital cleaning stuff. Can we say that?

[00:56:52] **Laurie:** Yes, yes, yes.

[00:56:50] **Bridget:** OK. Got it.

[00:56:52] **Laurie:** And it comes under various names of products that are lovely substitutes for bleach and alcohol, right? And so our hospitals use these, but you really have to ask the manufacturer if you tested for this generic chemical name, cause you’re not going to expect them to do every brand, but you want to know that the generic, and sometimes they do not, especially if the product is manufactured in Europe. So, when I’m speaking today regarding how do we test ourselves as specifiers, or how do we check to make sure we’ve crossed the t’s and dotted the i’s in terms of health, safety, and welfare, I’m pretty much referencing testing standards from America. I would send the material, to be honest with you, to the environmental services department and ask them to please test it for us.

[00:56:50] **Bridget:** You can do that?

[00:56:52] **Laurie:** If you have an engaged environmental service department, they will, they will be happy to do that because we’re all in this together, right? They don’t want a product to fail also, so just double check when you are working with a client that you’re keeping in communication with the environmental services department and the facilities management department.

I reach out to the environmental services person, and I say, “Can you please give me a list of the products you use every day?” So, I’ll make sure that my materials are tested. We’ll compare their list, and if I can’t find it in the test methods, then I could ask, “Could we please test this somewhere in your department,” and let it sit for a couple of hours and then circle back. Perhaps I could share some test methods with them so that they can test various products on our various materials that may go into the project. Even though the test may say pass in terms of chemical resistance, you will say, “Pass for what? Pass for which?”

[01:00:26] **Bridget:** Mm. What chemicals?

[01:00:38] **Laurie:** Which liquid? Yes, which chemical?

[01:00:26] **Bridget:** Mm-hmm, mm-hmm.

[01:01:49] **John:** We’ve heard you tell stories about durability, wear and tear of finishes. So not only does it look dirty because it’s stained, but you can actually see surface degradation, cracks, punctures, breakage, tears, stretch, fractures, delamination, all, all those kinds of things. Can you talk a little bit about the different types of tests or issues related to durability?

[01:02:41] **Laurie:** It’s challenging to be succinct in terms of guiding people on how to determine durability before you specify because the test results are different. For instance, durability in carpet can be reported in density, you know, density of the yarn and density of the weave or the, the…

[01:03:23] **John:** Pile and stuff? Yeah.

[01:03:24] **Laurie:** Yes, the pile, thank you. Of course, we’re not going to see that in the hard surfaces, right? So that’s what’s a bit challenging is that in some cases the terms [like] *resistance to impact* or *the hardness factor* or *the flexural strength*, while that may equal durability, it may not equal durability for resilient flooring.

[01:03:55] **John:** Right, you know, as you were describing, I was just thinking, yeah, when you talk about carpet, I mean, hardness is not a quality that I imagined in carpet necessarily, and durability or cleanability of something like a ceiling tile versus a resilient flooring or a wall protection panel, two totally different things.

[01:04:58] **Laurie:** Right. And especially with ceiling tile, you know, that’s something that we go round and round about because it is so fragile, right? When you, when sometimes when it’s delivered, but we do also want to make sure that it can hold up if we need to clean it. But really what we’re looking at when we look at that regarding that integrity of that surface of that ceiling tile is we’re really looking at the integrity of the surface coating, which is the paint.

[01:30:30] **Bridget:** I love how all this kind of goes so beautifully into other conversations we’ve had with people about—what is that?—HCAHPS scores, and—what’s the other one?

[01:30:45] **Laurie:** Press Ganey [survey]?

[01:30:46] **John:** Mm-hmm.

[01:30:47] **Bridget:** Press Ganey, exactly, or I’m thinking about infection prevention conversations we have had about surfaces and all this kind of goes together, right?

[01:30:56] **Laurie:** Yes, and it’s lovely when I have access to those results, and then I compare it to the practitioner’s assessment of their perception of ability to respond in an emergency, you know, because I am testing our environment for can you respond in an emergent situation, and then they will say, I, I feel like I could be doing a better job at that, you know, but I’m testing, right, you’re the perception that did we create an efficient design for you?

[01:30:47] **Bridget:** Hmm.

[01:30:56] **Laurie:** But what I found so interesting and heartwarming at the same time was that when the nurses were giving their assessment of themselves in terms of response time to the call bell, and then you look at how does the patient rate, the patients would rate the frontline practitioners much higher than they rate themselves.

[01:31:57] **John:** Ah, that’s so good to hear.

[01:31:59] **Laurie:** And, you know, it’s really heartwarming because they really want to be at the bedside. They don’t want to be, you know, dealing with stains on the floor or, you know, handling a slippery floor, drying the floor with the towel. We want it to be an efficient design for them.

[01:32:32] **John:** Isn’t that, you know, just a generic human hope that people perceive us better than we perceive ourselves?

[01:32:41] **Laurie:** It is. Yes. Yes. Yes.

[01:32:43] **John:** Laurie, thanks so much for being here today. I perceive you as a valuable and essential member of our Health Guidelines Revision Committee and so glad that you spent some time with us today. Thank you so much.

[01:33:06] **Laurie:** Thank you.

[01:33:07] **Bridget:** I would say Laurie’s valuable on the surface and under the surface.

[01:33:11] **John:** And under the surface. Perfect.

[01:33:15] **Bridget:** We appreciate you, Laurie. Thank you so much.

[01:33:18] **Laurie:** Thank you, thank you, Bridget. Bye. Bye.

[Music continues.]

# Outro

[01:33:25] **Bridget:** Thanks for joining us for another episode of *Between the Lines with FGI*. Do you have an idea for an episode, or are you interested in sponsoring one or a series of episodes? Get in touch with us by sending us an email at podcast@fgiguidelines.org.

[01:33:40] **John:** Topics coming up this season include individuals of size, plumbing, the safety risk assessment, and more imaging, so if you’d like to have us mention your company at the beginning of an episode, reach out to us about sponsorship.

[01:33:52] **Bridget:** We’re talking to you, cryogen pipe people.

[01:33:59] **John:** Yep.

[01:33:52] **Bridget:** Right? Isn’t that what we’re going to talk about?

[01:33:59] **John:** Yeah.

[01:34:13] **Bridget:** Many thanks to Neal Caine and the Neal Caine Trio for the use of his song “Skip to My Lou” from the album of the same name.

[01:34:25] **John:** All right. Join us next time as we go between the lines with FGI. Goodbye, everybody.

[01:34:34] **Bridget:** Goodbye!Can you think of a word that rhymes with surfaces?

[01:34:39] **John:** Burfaces?

[01:34:34] **Bridget:** [Laughs.]

[01:34:39] **John:** Clurfaces?

[01:34:34] **Bridget:** [Laughs.]

[01:34:39] **John:** Durfaces?

[01:34:34] **Bridget:** Oh, there you go.

[01:34:39] **John:** I don’t know. That’s not gonna work.

[01:34:34] **Bridget:** I’ve never met two bigger durfaces than you and I. [Laughs.]

[01:34:39] **John:** You and I. [Laughs.] Big durfaces.

[01:34:34] **Bridget:** That’s a wrap, ya big durface!

[01:34:39] **John:** Yeah.