Supplemental Table: Nursing perceptions of Scrub the Hub Products

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| Product characteristics | Product use | Product maintenance |
| *Familiarity** The “familiarity” of using the IPA wipes” is welcome
 | *Required scrub and dry time\*** Scrub and dry “time is the most important factor” in choosing a preferred product
* when using multiple medications in a row “time is most important”
* patients could have bad outcomes waiting for a full 15 second scrub and dry during emergencies
* “No one does the full 15-second scrub and 15-second dry”
 | *Storage** IPA caps “require more storage” than a pack of wipes
* “harder to store” the IPA caps
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| Size* The IPA wipe is “too small” and feels like “my hands contaminate the hub” during use”
* The “bigger [CHG/IPA wipe] covers all” of the NC hubs in contrast to the IPA wipes
 | *Ergonomics of use\*** IPA caps “feel better” during use
* “easiest to use” the IPA caps but they are “squeaky”
* “hard to maneuver” the IPA caps when the fingers are holding other items
* IPA caps “indented my thumb”
 | *Wastefulness** IPA caps are “bulkier and harder to store”, “most wasteful” of the three products
* “plastic waste” of IPA caps pose an environmental hazard
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| *Stickiness of CHG/IPA wipes** The NCs are “sticky” after using the CHG/IPA wipes
* “stickiness” is bad for the NC hubs
 | *Perception of disinfection** IPA caps “feel like it disinfects better”
* IPA caps “disinfect the best because it covers the whole hub”
* The only product where “my hands don’t touch the hub and risk contaminating it” is the IPA cap
 | *Bedside hazard** IPA caps “can cause pressure ulcers” and can be “choking hazards” if they are lost and fall on the patient’s bed
* I “will find [IPA caps] all over the floor and patient bed”
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| *Dryness of the IPA wipes** “IPA wipes feel dryer” which gives the perception of less disinfection
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