Transitioning towards low-carbon healthcare What can we change in our clinical practice?

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DISCLAIMERS

- Content is based on an extensive (but not systematic) literature review and recommendations by trusted sources (i.e., <u>Center for Sustainable Health Care</u>, <u>My Green Doctor</u>)
- The recommendations are oriented to the healthcare practitioner. We acknowledge that while the individual is not wholly responsible for the carbon footprint of the workplace (i.e., energy grid), we believe the individual plays an important role in the promotion of awareness, accountability & climate action
- The community has solutions & ideas relevant to your context- we want to hear from you!

INTRODUCTION

A successful transition towards low-carbon healthcare aims to:

- 1. Provide high quality services
- 2. Optimize the health of the individual and its community
- 3. Minimize the environmental, social, and financial costs

AREAS OF CONCERN

- 1. Building energy
- 2. Medical waste
- 3. Office and administrative waste
- 4. Pharmacy waste
- 5. Wastewater management
- 6. Anaesthetic gases and metered dose inhalers
- 7. Medical equipment
- 8. Staff commute, patient & visitor travel
- 9. Food and catering
- 10. Increasing demand of health care services

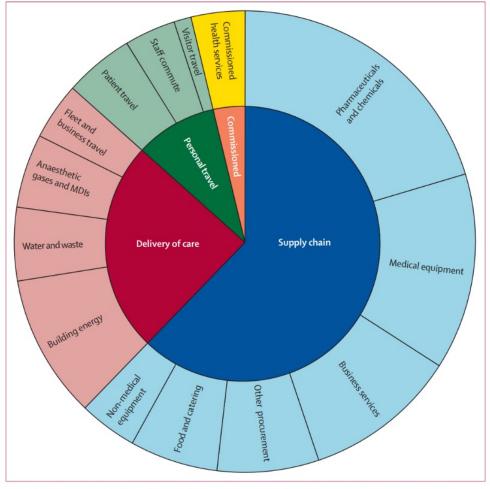
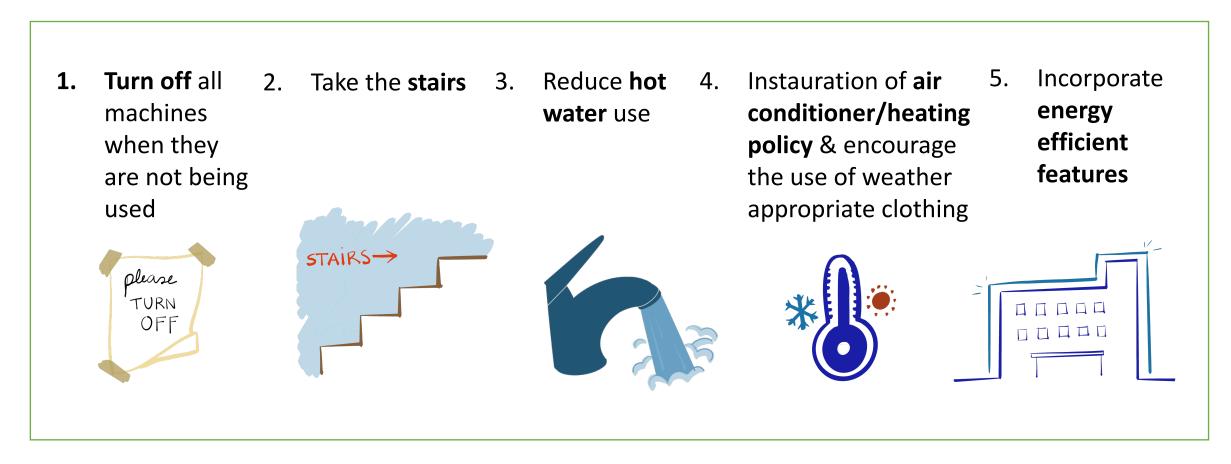
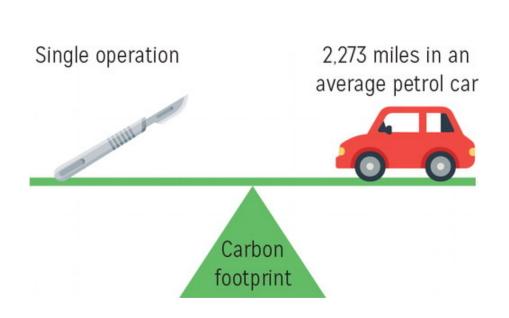


Figure 4: Contribution of different sectors to the greenhouse gas emissions of the NHS England, 2019
Data available in appendix 1 (p 39). MDI=metered dose inhaler. NHS=National Health Service.

1. Area of Concern: BUILDING ENERGY



2. Area of concern: MEDICAL WASTE



Suggestions/Recommendations:

- Support reusable > resposable > reprocessed items over single use items
- 2. Link with existing hospital-based sterilization services where feasible (i.e., UV/HPV)
- 3. Be judicious about the use of single use items
- 2. Do not throw away unused items



Akkajit P, Romin H, Assawadithalerd M. **Assessment of Knowledge, Attitude, and Practice in respect of Medical Waste Management among Healthcare Workers in Clinics**. J Environ Public Health. 2020 Sep 28;2020:8745472/ Mahase E. **Sixty seconds on . . . gloves off**. BMJ. 2019 Jul 2;l4498. NHS England » 'The gloves are off' campaign Rizan C, Reed M, Mortimer F, Jones A, Stancliffe R, Bhutta M. **Using surgical sustainability principles to improve planetary health and optimise surgical services following the COVID-19 pandemic**. Bull R Coll Surg Engl. The Royal College of Surgeons of England; 2020;102:177–81.

2. Area of concern: MEDICAL WASTE

\$60 000 and 23 000 kg of waste over a 12-month period by using reusable surgical gowns

\$38 000 in
transportation costs and
avoided 62 935 kg of
waste in 2010 alone by
switching to reusable
surgical linens

No risk, no glove!

A UK hospital ordered 3.7 million fewer non-sterile gloves /year after a campaign to review glove use saving \$1.1m and avoiding the use of 18 tones of plastic.

#Theatercap challenge

2. Area of concern: MEDICAL WASTE

Suggestions/Recommendations:

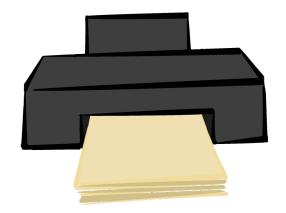
- 5. Have **recycling bins**present, clearly visible,
 and include a visual
 cue that explains the
 content that goes to
 each bin.
- Work with local recycling services in order to reduce mileage



Dermatology waste

3. Area of concern: OFFICE & ADMINISTRATIVE WASTE

- 1. Reduce printing
- 2. Use recycled paper
- 3. Print in both sides
- 4. Get rid of individual trash cans
- 5. Provide recycled and biodegradable pens
- 6. Reuse/repair IT equipment and devices



4. Area of concern: PHARMACY WASTE

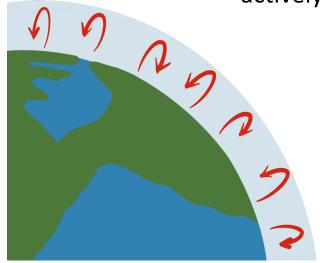
Suggestions/Recommendations:

Nearly £300
million of NHS
prescribed
medicines are
wasted
annually



6. Area of concern: INHALED ANESTHETICS AND METERED DOSE INHALERS

These medications are responsible for direct emissions to the atmosphere that are powerful greenhouse gases
Some inhaled anesthetics also actively deplete the ozone



- 1. Choose less
 environmentally
 harmful anesthesia
 techniques, including
 low-flow anesthesia,
 TIVA, and scavenging
 systems for waste
 anesthetic gas.
- Whenever possible, use dry powder inhalers or soft mist inhalers instead of pressurized MDI.



7. Area of concern: MEDICAL EQUIPMENT

- 1. Adapt supply to demand
- Include carbon footprint as criteria in decision on procurement
- Create a culture of sharing equipment and maintenance contracts
- Know the best ways to keep your equipment functional, optimal maintenance will extend the life of the equipment



8. Area of concern: STAFF COMMUTE, PATIENT &VISITOR TRAVEL

- 1. Recruit local staff whenever possible
- 2. Encouraging car sharing schemes and/or staff shuttle service
- 3. Facilitate bicycle parking spaces as well as changing rooms/showers
- 4. Continue to use some **partial work-from-home** model for HCW for certain scenarios e.g. radiologists
- 5. Enhance community health workers/networks & streamline pathways
- 6. Promote walking/public transportation/ hospital transportation between different clinical areas



8. Area of concern: STAFF COMMUTE, PATIENT &VISITOR TRAVEL

Suggestions/Recommendations:

7. Increase the use of **telemedicine**, especially relevant for healthcare settings covering large geographic areas



A teledermatology programe in Spain reduced face-to-face consultations 69% → economic savings & reduction in carbon emissions by 21 tones over 18 months.

Considering the energy consumption of eHealth technology, and assuming an appointment of 60 min, video consultations would achieve carbon reductions for any patient travelling over 3.6 km

9. Area of concern: FOOD & CATERING

- **1.** Avoid plastics and ban single use plastics!
- 2. Organize a **shared space with a sink** to facilitate reusable cups, forks, containers...
- 3. When possible, choose **sustainable catering** options
- 4. Initiating strategies that **reuse or recycle food waste** such as composting, animal feeding, or food digestion.

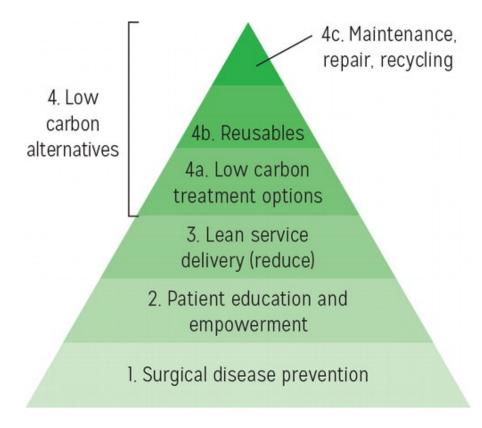




10. Area of Concern: INCREASING DEMAND FOR HEALTH CARE DELIVERY SERVICES

Suggestion/Recommendation:

1. Participate in the development, implementation and/or promotion of primary prevention and public health activities related to your area of expertise, co-benefit of preventing disease and enhancing population health



Principles of surgical sustainability

IN THE FUTURE...

- Engage healthcare institution leadership for a carbon-zero commitment & plan
- Include sustainability roles/responsibilities in job descriptions institution-wide
- Establish time during your clinical/office meetings to assess opportunities to initiate or improve sustainable practices at your place of work, delegate tasks and report back on the next meeting
- Contribute towards the understanding of the true carbon footprint of your specialty & improve carbon literacy of your workplace

DISCUSSION

During this presentation we have covered common areas of concern and made some generic suggestions. We are interested in knowing your opinion and hearing specific examples.

- 1. Share with us areas of concern that are specific to your clinical practice
- 2. If you have acted on them, can you share the specific barriers or facilitators that you encountered?

Thank you