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14 OCTOBER 2014



CLIMATE AND
HEALTH
ALLIANCE

GREENING THE HEALTHCARE SECTOR THINK TANK 2014

The health sector as a leader in low carbon transformation

Background

The third annual Think Tank provided the opportunity for the health care sector to discuss case studies of change, national and international opportunities for collaboration, and contribute to a discussion to accelerate progress towards sustainable healthcare and hospital practices.

The Think Tank was hosted by the Australian Healthcare and Hospitals Association and Climate and Health Alliance in partnership with the international coalition of health care organisations, the Global Green and Healthy Hospitals network. The meeting was held on 14 October 2014 at the Mater Health Services in Brisbane. The 30 participants were from 25 organisations including hospitals, health care services and peak bodies, state government health departments, professional associations, universities and advocacy groups.

Think tank results

- Enabled presentation and discussion of key issues including engagement of management and staff; waste and utility management; data management and reporting
- Highlighted successful case studies and opportunities for national and international collaboration
- Enabled knowledge sharing and networking amongst participants
- Identified and prioritised a set of challenges for consideration by AHHA and CAHA
- Raised awareness of greening health care issues and meeting outputs amongst broader health care stakeholders through social media.

Common factors that can support success

1. Behavioural change will begin with a change in thinking – move from a medical to social model of health
2. Imperative to have executive support which is then also reflected in strategy and planning
3. Imperative to have multiple ways to engage staff but this needs to be backed by support for them to act
4. Network to share innovation, success, research, learning: someone, somewhere is tackling your problem
5. 'Waste' is an effective starting point enabling tangible gains that can leverage support

Top challenges identified by participants

1. Lack of a definition of 'sustainable healthcare' for use by the sector
2. A perceived disconnect between sustainability and healthcare resulting in low priority for sustainability
3. Gaining support within health care organisations and across the sector
4. Obtaining long term, external funding for sustainability activities

Presentations

1. Engaging staff to achieve institution-wide sustainability goals

Director Environmental Sustainability, Mater Health Services, Chris Hill

Chris Hill spoke of progress made towards achieving sustainability goals through engaging staff at the Mater Health Services. Key factors include the following.

- The need to have the support of top management. Also important is to include sustainability goals in key strategy documents and highlighting links with the organisational mission. Embed sustainability so it becomes business as usual. Start with a champion and get buy-in where you can.
- Develop links with universities to partners with researchers to study links between sustainability and enabling behaviours; supporting PhD students; and developing formal education programs.
- Develop a communication plan that includes a range of tactics (intranet, web pages, education): note that face to face and personal communication are most effective for influencing behaviour.
- Engage staff through easy wins and tangible actions (particularly on waste) such as: reducing printing, using water tanks, installing bike parking, recycling cartridges and pallets, retrofitting lights.
- A survey of 'cultural hurdles' to behavioural change (December 2011) provides important baseline data.
- Over two years the education campaign reached most staff. Staff had the opportunity to take a pledge on sustainable behaviours: more than 27,000 behaviours with 30% staff taken the pledge to be sustainability supporters. Ensure however that when staff take the pledge there is support for the behaviours they have committed to following.
- Multiple contributions by many add up to make a difference



More information:

- [Link to Chris Hill's presentation](#)
- [Link to information about environmental sustainability at the Mater](#)
- [Link to the Mater's smart energy plan](#)

2. Sustainable futures for rural healthcare

Kooweerup Regional Health Services: Terrona Ramsay, CEO, and Aileen Thoms, RN

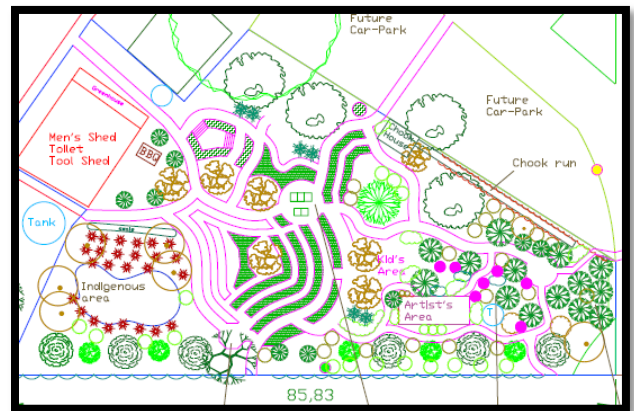
Kooweerup health services is a 72 bed hospital in a 'rural fringe' area of Gippsland dominated by dairy and market gardens, asparagus and potato industries. They consider they already see the impacts of climate change on their operations: in 2011 severe storms required the hospital to be evacuated: in 2012 bushfires they accepted the entire patient load from a nearby hospital.



- As CEO of the health service, Terrona outlined how she could embed sustainability into the organisation.
- Important for success was the move from a medical model of health to a social model of health: this was supported by having a full time health promotion person (the only health service to have this position)
- Over the past six years they had taken a broad approach to health which means the sustainability of both the health organisation and of the broader community.
- This was exemplified through the stop smoking campaign which supported hospital staff to quit smoking: with similar support also offered to patients and the broader community.
- Their aim is to reduce the hospital ecologic footprint as well as support the community to do so.
- To date they have embedded a culture of saving water, turning off lights, which is well adopted with strong buy in from staff.
- Projects included: infrastructure – solar-generated hot water backed by computer. Laundry – no hot water, recycle water, all biodegradable chemicals. In the first year recycling reduced waste by 40 tonnes.
- Connected with resource smart: act as community recycling hub for batteries, telephones etc.

Elements of healthy planet healthy hospital approach

- RN Aileen outlined how their approach was to develop connections with local community to build skills and knowledge and integrate crisis points of emergency management.
- Green energy is purchased for the hospital.
- They created a green office six star work space from ½ star shed – using recycled decking, recycled water, solar heating. Information for the community to refit their homes, plus learning packages for schools.
- Planning includes community consultation, internal hospital committees, intersectoral partnerships.
- Strategies to include the local community: volunteers, mens' shed, playgroups, environmental groups.
- Community garden through permablitz which has built and edible garden, with fruit trees, harvesting herbs: they work with local farmers and also run sustainability workshops.
- They also create wildlife corridors and act as environmental advocates (Lock the Gate)
- Support community events such as seasonal farmers markets, art shows and music festivals.



Lessons learnt

- Need to have committee board and executive – they have innovative board that is prepared to take risks and do what a 'normal' hospital doesn't do.
- Policies and procedures are designed to support this.
- They take a bottom up 'whole of health' approach

More information:

- [Link to Koo Wee Rup presentation](#)
- www.kooweeruphospital.net.au

3. Global Green & Healthy Hospitals Connect: A platform for global collaboration to accelerate low carbon transformation in healthcare

GGHH Global Community Manager, Nick Thorp

- Nick Thorp encouraged health workers to become a member and join the GGHH community of hospitals and health systems to work on these issues.
- To date GGHH includes more than 4500 hospitals and 9000 health centres.
- Their aim is to develop a creative community for their members where they can share innovation and positive outcomes: “Any gain that occurs in the workplace comes about through the members’ efforts and we can all share in that success”
- For example waste issues are quite similar between countries so where we see similarities between two partners we can help them to connect with others.
- The plan is to sign up for two goals and focus on those. The sorts of goals include: waste and recycling, energy efficiency, green buildings, chemical efficiency.
- Current examples of collaboration include:
 - Costa Rica is aiming to be carbon neutral
 - Nepal has improved waste management through better organisation and disposal
 - Argentina and Philippines are sharing information on how to manage waste
- Members can pose questions, discuss issues, see advice and learn.
- Webinars are available on different issues related to green healthcare
- Members also have access to global teams of experts who can provide guidance on specific topics

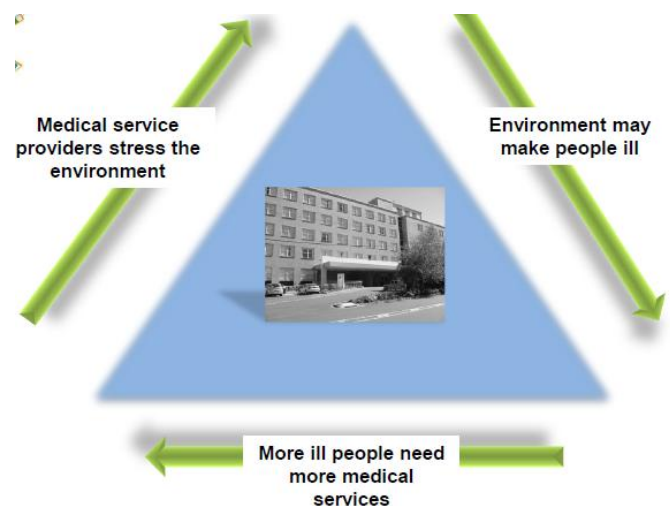
More information:

- www.greenhospitals.net
- <https://noharm-global.org>

4. Advances in water and waste management

Deakin University, Trevor Thornton

- Health care aims to do no harm but through its procedures it can cause harm: medical service stress the environment; the environment may make people ill: more ill people need health services
- Waste was removed as a criteria from accreditation but now needs to be put back in so health care facilities manage it effectively
- Revlon legal case – where workers were harmed by exploding cans in an incinerator – provides a precedence for suppliers needing to know what is in their waste stream and the need to have correct producers. This type of evidence is persuasive for CEOs.



- Two main considerations are firstly to manage correctly what you have and secondly to avoid and reduce waste as much as possible.
- To manage waste correctly:
 - Good data is needed – share it accurately and easily
 - Segregate waste – e-waste and food waste can reduce landfill: study what goes on plates and what comes back from patients – considerable potential to reduce wasted food
 - Sources – epidemics and home healthcare.
 - Cost of waste to landfill may be more than cost of recycling
 - Get contractors to add value by providing reports, education, audits – get contractors to help you meet your goals
- To avoid/reduce
 - Food waste, plate sizes
 - Reusable transport packaging – e.g. no polystyrene or getting vendor to take it back
 - Paperless offices
 - Reducing impact of single-use
 - Green procurement
 - Ethical recycling
 - Also note that an industrial ecology model means some waste is a resource for others

More information:

- [Link to Trevor Thornton's presentation](#)

5. What is the Australasian Healthcare Infrastructure Alliance doing to promote environmental sustainability?

The Australasian Health Infrastructure Alliance, Rob Bunting

Rob described how the role of his ESD sub group – as a fairly new networking organisation – was still evolving. His purpose was to help leverage others' experiences and deliver common projects. The group is open to collaboration with other groups. To date they have focussed on achieving a few specific projects to increase their credibility.

Their focus has been on:

- 'Hard' green aspects – energy and water benchmarking
- 'Soft' green aspects – such as improving indoor environmental air quality - this is where they are likely to get the biggest returns
- Developing a national tool – to help pick out best performers and factors that underpin why these work

More information:

- [Link to Rob Bunting's presentation](#)

6. Snapshot of Victoria's environmental data management system

Department of Health, Victoria, Tiernan Humpreys

Public health includes a diverse range of service nodes including hospitals, ambulance, health care facilities. There are similarities in terms of energy infrastructure and use that can be investigated for efficiencies.

To date there has been a laborious and inefficient approach to resource use data. The process has been that a utility bill comes in, gets paid and the details are entered into a management system. The data is then validated annually and then feedback is provided to the service node to let them know their resource usage. The problem with this system is that it is slow and so the information arrives too late to be of use; also individual service nodes also have their own data management system for their own purposes. Overall, there is lots of manual data entry across the system which is inefficient, skilled staff are tied up with data entry, reporting is inconsistent and duplicated, and there is limited visibility of resource use.

The new system is able to accept data direct from resource retailers and this data is automatically validated. Reports are easily generated, data can be exported. Time is freed up to generate more detailed reports. Department of Health staff have access to the data and can generate reports on the entire system.

Discussion of key data needed provided the following list:

- Data needs to be real time – or as close as possible
- Data on the range of health activities: usage, cost, space m³, bed days (Inpatient acute, aged care), separations, emergency departures
- Expand utilities data: water, transport, e-waste, fleet, gas
- Energy is the most expenditure: in Qld 65% of energy is spent on air conditioning – i.e. it is hard to compare energy for different climates
- Clinical waste – 5-10 times more expensive for disposal so important to ensure effective sorting

Success would look like:

- Being able to benchmark against other hospitals (integration to communication)
- Traction based on evidence influences decision making and policy making: it raises questions at the right level
- Friendly competition within similar contexts and information
- Star ratings

More information:

- Link to [Tiernan Humpreys' presentation](#)
- [Health.vic.gov.au/sustainability](https://health.vic.gov.au/sustainability)

Group discussions

1. How do we engage others?

- Need to identify who are the 'others' who need to be engaged – who is not represented in this space?
- Engagement needs to be both top down and bottom up: everyone needs to know they have a role and their role is as important as others.
- Better understand the psychology of change
- Develop an organisational culture of being involved – sustainability learning module for all staff
- Many people are open to ideas but don't think of sustainability – people need to feel that it's their decision and they are pulled not pushed in decision making; small achievable goals
- Corporate social responsibility can put pressure on supply chains – more powerful than compliance?
- Talk to the supply chain about their environmental policies and sustainable options. Let them know that it is important to you, choose suppliers based on policies, and provide feedback about your need for sustainable suppliers – e.g. 'Who gives a crap' toilet paper supplies funds sanitation in developing world.
- Accreditation is important: need to have sustainability built into accreditation
- Engage student nurses through curriculum
- We need to keep having the conversation

2. What other stakeholders do we need to engage?

- Senior medical staff, Visiting staff
- Health funds
- Medical networks
- Medical suppliers
- Laundry and linen services
- Private hospitals
- Aged care providers



3. How can we grow the network in Australia?

- Network with other health care organisations to see what they are doing— peak bodies can help
- Need to engage the 'big corporate' health care organisations: Ramsay, Catholic Health, Uniting Health
- The network needs to be two way with information given back as well as taken
- Need to engage with academic institutions – healthcare needs to be driven by evidence
- Identify motivators for others – translate information into language they understand e.g. economics.
- Be aware that for state governments to interface with GGHH etc. it needs to be non-political
- Social media – network promotion of activities

4. What support is needed from CAHA and AHHA?

- Connect change agents! They can bring people and ideas together
- Help to build a global picture
- Educate about GGHH opportunities and goals and how to achieve them
- Providing resources and people for education
- Help to embed sustainability in policy
- CAHA and AHHA to advocate for inclusion of sustainability criteria in healthcare service and facility accreditation programs

5. What support do those working at grassroots level need from policy?

- Policy makers who are willing to make sustainability a part of policy and mandatory targets
- Sustainability focus in policy that results in measureable outcomes relevant to staff
- Provide tools to put policy into practice:
 - draft policy templates that can be adapted for local use
 - education on how to implement policy
- recognition at policy level for good practice
- Set benchmarks for data reporting – national and international
- Informing policy through consultation with staff on ground
- Ensuring savings are reinvested in patient care (not central revenue)



6. What research do we need?

- What is sustainable health care?
- How can health care drive community change?
- How to get from A to B – KPIs for strategy: and how do we know where we are at the start?
- How do/can different services contribute to health in a sustainable way?
- Knowledge of who drives sustainability – who gives the best bang for buck?
- How do we overcome barriers
- If we focus on outcomes – what are the outcomes?
- What are the tools that drive change? (leadership styles, communication tactics)
- How do we translate sustainable gains to get traction with staff?
- How do we make sustainability everyone's business?
- How does this group help facilitate this research agenda?
- We need both research that is qualitative and quantitative – macro and micro level.

7. How can we leverage the opportunities provided by GGHH to build a strong network of sustainable health care facilities in Australia

- Take advantage of the opportunities to develop/apply evidence based decision making for sustainability
- Develop/agree KPIs for international standards
- Take advantage of the opportunity to source info and major research that can drive meaningful policy and change

8. Postscript

As part of the event evaluation, attendees were asked to identify actions they would take following the Think Tank, and what the Think Tank hosts could do to support that work. The responses appear below:

What action do you plan to take at your workplace as a result of the workshop?

- Communicating sustainability/change
- Increase university and hospital awareness of GGHH
- Share findings at executive level
- Make sustainability part of day to day conversations
- Looking for and working with sustainability officers at each Qld Health Hospital and Health Service
- Raise environmental sustainability with CEO of hospitals where I work
- Further knowledge to take back to our organisation
- Talk with CAHA re synergies with the work of AHIA
- Working more through GGHH Connect and AHHA and CAHA and more
- Joining GGHH and tap into their resources, commence research about baseline usage of resources at our hospital to monitor change as new environment policies are implemented

How can AHHA, CAHA and GGHH contribute to your efforts to improve environmental sustainability in Australian healthcare?

- Through collaboration, sharing ideas, resources and advice
- Will continue to link in
- Keep up the great work / Keep on keeping on
- Use these resources to encourage change, set reasonable goals for change
- Provide assistance in evidence based decision making
- Advocacy, communication and networking
- Define the major problems as per discussion at end

Appendix: List of challenges identified/prioritised by participants

1. Defining sustainable healthcare	7 votes
2. Sustainability not being a priority	7
3. "Disconnect" between sustainability and healthcare	6
4. Getting people involved	6
5. Top level support	6
6. Change is hard	5
7. Funding – external – longer term	5
8. Communication	3
9. Diversity and business of health services	3
10. The ability to articulate the in-arguable	3
11. Information sharing e.g. commercial-in-confidence	3
12. Varying relationships between hospitals and central agencies	1
13. Short-term political cycles	1