

Greening the Healthcare Sector Policy Think Tank

AHHA &
CAHA
30 August
2013



Background

The second annual Policy Think Tank hosted by Australian Healthcare and Hospitals Association and Climate and Health Alliance was held on 30 August 2013.

The meeting in Melbourne was attended by health and sustainability professionals from professional and industrial organisations, metropolitan and regional hospitals and health services, as well as researchers from think tanks and academic institutions.

The Think Tank provided an opportunity to showcase some successful examples of sustainable healthcare initiatives from hospitals and health services across Australia - and through two international speakers, across the globe.

Case studies from Mater Brisbane, St Vincent's Sydney, Austin Health in Victoria, and a recycling program supported by the Vinyl Council all provided inspiring insights into what's possible in engaging staff in sustainability initiatives, reducing energy use, and implementing institution-wide environmental management strategies.

Participants heard about a research agenda for sustainable healthcare and how two programs are driving change in sustainable healthcare – the Healthier Hospitals Initiative in the US, and the Global Green and Healthy Hospitals internationally.

Roundtable discussions then created an opportunity for participants to share ideas and outlines key elements in a sustainable healthcare agenda for the next term of government.

“AHHA’s role includes connecting the dots between practical, technical, administrative and policy development, as we need to ground policy in evidence by linking public voices, researchers, practitioners and policy makers.”

Alison Verhoeven,
CEO of Australian Healthcare
and Hospitals Association

Key Messages:

Opportunities & Challenges

- To encourage decision makers to think, act and support sustainable action requires targeted framing of the terms that engages a given audience with the issues.
- The healthcare sector needs to use its 'market power' to encourage the supply industry to provide products and services that fit the sustainable vision of the healthcare sector.
- The 'Return on Investment' (ROI) should be a key element in decision-making of any tender, contract and business case development - finance people want to hear the ROI story behind sustainable action.
- Sustainability is about efficiency and 'detoxing' procurement - there is a need for credible and reliable methods for assessing product sustainability and building these credentials into tender and contract processes.
- Legitimising long term impacts when switching between products is a challenge - better understanding of product life cycles and their long term impact on the environment is required.
- Virtual construction of a best practice 'Fable Hospital' is a valuable tool for demonstrating benefits, impact and economic viability of building sustainable patient-centric hospitals.
- Use existing and create required legislation and policies as levers for supporting sustainable action.
- Be persistent and apply 'positive agitation' to create change, but know when to move on from people who are barriers. Leverages for change include dedicated staff and green champions.
- Research translation and dissemination is vital – use evidence to support change.
- Key success factors include taking advantage of 'mate's network'. Changes can often be facilitated through non-formal activities which over time are embedded into practice.

- Need to identify effective levers for change and use the scale and purchasing power of the health sector to get the right responses from manufacturers.
- Need the correct evaluation tools integrated with assessment of cost that highlight the added benefit of choosing sustainable products.
- Accept that cost will continue to be the bottom line, so it's important to assess sustainability in short versus long term added benefits.
- The development of sophisticated, clear, reliable decision making matrixes, which include sustainability criteria, will take time.

Tips for success

Persistence is a key success factor:

- Tie spending to sustainability goals.
- Choose to invest in the 'right' products.
- Promote stories of good practice to encourage change.
- When you encounter repeated barriers, move onto something else.

Feedback from roundtable discussions

An advocacy agenda:

- Need to move from good ideas to a systematic approach and implementation
- Develop a standardised national approach to sustainability
- Develop a framework for cradle to grave information about products
- Develop national standards for product carbon footprint

The research agenda:

- Dissemination of key examples of where ROI is realised is vital, i.e. package the approach and make it available so other people can replicate it.
- Translate and make available research undertaken by single hospitals.
- Embed research reports with data so it's replicable and report experienced barriers.
- Investigate what motivates people to act and support sustainability in practice.
- A key question for research is how to help and facilitate the work of committed practitioners? What support do they need?

Leadership for change:

- Capital development and life cycle assessments on our hospitals to capture measures.
- Develop national quality standards and national pricing models
- Educate at the undergraduate levels with projects that have meaningful outcomes for the organisations with sustainability focus.
- Embed Sustainability Units such as the one proposed for DoHA across all state jurisdictions.

Thoughts from our speakers



Dr Blair Sadler, University of California San Diego School of Medicine and School of Management, USA. [The Healthier Hospital Initiative: An Update and Lessons Learned](#)

Keynote speaker Dr Blair Sadler from the Institute for Healthcare Improvement, Cambridge, Massachusetts shared the example of the Healthier Hospitals Initiative in the US as a demonstration of how quality, safety and sustainability of healthcare can be improved simultaneously through careful design of facilities and services.

“Healthcare, hospitals and their associated delivery systems should be designed and built to create better health and better world,” said Dr Sadler, “but those who control the capital investment budgets tend to think that we can’t afford to do it.”

This thinking leads to flawed economic decisions, says Dr Sadler, who argues that an increase in capital investment in sustainable patient centred healthcare will over time decrease operating costs, as well as create better patient, family and staff retention outcomes.

“This requires us to facilitate a shift in a mind set to one that crosses the chasm from operating to capital budgets,” said Dr Sadler.

Investment in sustainable patient centred healthcare is economically viable, but the business case needs to be presented in the language of ‘Return on Investment (ROI) analysis’ to convince decision makers, said Dr Sadler, to demonstrate the ‘pay back’ of sustainable healthcare.

A valuable approach to facilitate this shift is the Fable Hospital, an imaginary amalgam of the best design innovations that had been implemented and measured by leading organisations to analyse the economic impact of designing and building an optimal hospital facility which showed that carefully selected design innovations, though they may cost more initially, could return the incremental investment in one year by reducing operating costs and increasing revenues.

This approach has supported the development of the Healthier Hospital Initiative (HHI) - a US based data-driven platform designed to help healthcare organisations commit to sustainability goals and track their environmental efforts.

The HHI initiative invites hospitals, regardless of size or location to recognise the critical role environmental stewardship plays in achieving the triple aim of better care for individuals, better health for populations and reducing per-capita costs.

Following the IHI example, the HHI initiative set to enroll 2000 hospitals over two years and based its activities around six challenges, which include cost improvement measures such as waste, water and energy, but also other non cost based measures such as healthier food and safer chemicals.

HHI membership is free, ensuring equity across various hospital groups regardless of financial means. Participation requires an obligation for members to submit data. Membership enables participants to engage in continuous learning as well as the wider promotion of their achievements through journal and other public media to help others learn from their accomplishments.

Members can pick one or six goals to achieve and are provided with how to guides ranging in subjects covered from strategic prioritising, operational focus, systematic communication and stockholder engagement. Member hospitals are encouraged to use their size and market power to force the suppliers to incorporate sustainable thinking into their products and services.

The 2012 HHI milestone report summarised the initiative's first year progress with over 700 HHI-member hospitals reporting, 250 contributed to the data pool and 370 indicated that they have reduced their environmental footprint, lowered costs and improved patient health by incorporating sustainability initiatives into their business models.

This is the first time hospitals have quantified sustainability efforts by collecting and reporting data to show change.

“To be successful at changing mind sets we need gather and promote mutually reinforcing data and stories!” says Dr Sadler.

A study of 5000 hospitals demonstrated that through a range energy reduction and toxic waste disposal initiatives \$15B can be saved over 10 years.

“We are moving sustainable environmental practice from the fringe to mainstream practice, said Dr Sadler. “The process includes a relentless balancing between ‘carrot and stick’, ‘push and pull approaches. Organisations enjoy when their positive practices are recognised and fear bad publicity, and both can be used as motivators for positive action towards improved sustainability.”

“Engaging leaders at the state and federal levels of government can also provide useful leverages for change.”



Josh Karliner
Health Care Without Harm
Global Green and Healthy Hospitals Connect
– a web-based collaboration

The Global Green and Healthy Hospitals (GGHH) network is an initiative of the international NGO Health Care Without Harm. This initiative is driven by the understanding that through the pollution it generates, the health sector undermines health and wellbeing, but by driving change, it can also be part of a solution in terms of responding to climate change and ecological harm.

GGHH is a worldwide network advocating for healthier, more ecological sustainable healthcare, and is addressing sustainability issues created by current practice by encouraging health services to implement action around ten goals of leadership, chemicals, waste, energy, water, transportation, food, pharmaceuticals, buildings and purchasing.

GGHHN has three categories of members: hospitals, health systems and professional bodies. It provides free membership in exchange for endorsement of the GGHH agenda and commitment to reporting results.

The network provides members with tools, activities, public events, case studies, technical tools, self assessment checklists and guidance documents supporting achievement of the goals.

“The Global Green and Healthy Hospitals Network (GGHHN) is an opportunity to promote and support international collaboration. Our goal is to take this workshop’s agenda out of this room and into every hospital and health setting.”

Fiona Armstrong, Climate and Health Alliance

Membership also provide access to the global pilot of GGHH CONNECT, an innovative online platform which allows members to connect, talk, share, learn, communicate, ask each other questions and ultimately to innovate together. GGHH CONNECT allows its global members to work together in real time from their desk, laptop or phone.

Australian GGHHN members Austin Health, Mater Brisbane and Western Health are pioneering CONNECT pilot participants, and through their engagement, Australia has the chance to be one of the first countries to be part of the total CONNECT roll out.

The network offers an opportunity to work with others on local issues, while being able to share experiences and ask questions of others who are working on similar issues around the world.

Case Studies



Chris Hill
Mater Hospital, Brisbane
Behaviour change initiatives

The Mater Hospital has a well established Environment Management Strategy (EMS) with an emphasis on being a responsible environmental steward. Currently, the hospital is focusing on implementing behaviour change initiatives.

Sustainability initiatives started at the Mater before a strategy was developed and implemented.

Staff engagement was identified early as an important initiative to advance the objectives of the EMS.

Implementation of the EMS included conducting focus groups with staff including the board members, ensuring the goals and directions of various stockholders were aligned with each other, implementing communication strategy and making sure set goals were followed up with action.

To be effective, an EMS must have senior management support and buy-in. Senior management at the Mater were made 'visible' as part of change implementation and communication.

Challenges include evaluating success of engagement initiatives - measuring and evaluating staff behaviour change is difficult.

Research collaboration with universities has helped to establish an environmental framework to support EMS development and down the track will support evaluation of behaviour change initiatives.

As only half of the staff has reliable access to computers or time to access electronic messages, effective communication with staff, particularly clinicians, is challenging. Alternative communication strategies include face to face education sessions.

Education of clinical staff is the next big focus for Mater's sustainability action. Positive agitation and persistence are important strategies for implementation of the EMS, but when some people continue to resist the change, it's important to know when to move on from them to conserve valuable time and effort.

Small initiatives can lead to big changes. It helps when the initiatives are supported by evidence people can relate to. For example, as in the case of changing from plastic water bottles to jugs and cups, where the evidence demonstrating the initiative's positive benefits supported its implementation.

Mater's implemented initiatives to date included: mobile muster collections points, Keep Cups, water jugs and cups to replace plastic water bottles, dual printing reduced paper by 11%, recycled plastic chairs in foyer to herald change, Friday file fling, bulb replacement, 1600 staff pledging the intention to support change towards sustainable practices, co-mingled recycling rolled out in non-clinical areas.

Mater's job position descriptions will soon include sustainability standards expected from employees.

Achieving wins first in non-clinical as well as having sustainable clinical champions helps to establish credibility and eases roll out of EMS into clinical areas.



Madeline Dorman
Austin Health, Victoria
Developing an Environmental Management Strategy

Austin's key successes to date include establishing a three year EMS and a three person team to support its implementation. Progress against environmental performance is reported in two ways, internally through the Sustainability Committee and externally through a publicly available annual Sustainability Report.

All future projects and capital works will include environmental impact assessment to incorporate sustainable considerations into practice across all aspects of hospital's operations.

The Sustainability Officer seeks out and supports green champions and number of action groups established by dedicated staff.

The EMS is underpinned by 120 identified and prioritised actions some of which include:

Energy - replaced non-efficient with efficient devices;

Water - reuse water to flush, replaced tap ware, and installed new water chillers to reduce water and energy;

Waste - consolidated management of waste services, which allows accurate data capturing, cardboard recycling, waste education program; &

Staff engagement - challenging, health services starting to recognise the role of the Sustainability Unit, sustainability officer attends staff induction programs, training provided to clinical staff at handover times or at team meetings, sessions deliver standard messages and customises information where needed.

A number of projects are being implemented around waste, energy and water and include Kinguard recycling and electronic file sharing.

The food department generates 90 tons of waste and the food services staff are passionate about turning this waste into compost as part of the Close the Loop project, but the process is proving challenging at a big facility as the Austin. Issues include complaints about the location of composting equipment, the smell of compost and difficulties with achieving the right compost consistency.

Communication remains a challenge, particularly with clinical staff who have limited time and access to computers. Communication to staff is delivered via intranet, bi-monthly newsletter, board signage, education sessions and as part of the induction process.

The Austin joined the Global Green and Healthy Hospitals Network (GGHH) in 2012, with an aim for the network to support already existing systems to improve public health.

Sustainability at Austin will be challenged by an anticipated 7% population growth and accompanying expansion of health services, and increase in electricity and water consumption.

Austin Health's 2012-13 Sustainability Report is available at:

<http://www.austin.org.au/about-us/publications/>



Sophi MacMillan
Vinyl Council
PVC recycling

PVC is a widely used material in healthcare, provided an opportunity to work with the recycling industry to improve environmental impact and advance environmental sustainability of the health sector.

For recycling to be viable a consistent flow of good quality material and high volumes are required.

While there is local demand for recycled PVC in Australia a reliable flow of quality material is a challenge.

A trial at the Western hospital has paved the way for PVC recycling program at other hospitals.

Key success factors for the trial included having a passionate local champion, continuous staff engagement and education, and careful planning to understand

how many of PVC products were being consumed, which areas used it and which represented best collection points.

The process was more successful (ie there was less contamination) when implemented in less busy and congested areas that allowed the staff to more easily sort the materials. Appropriate segregation makes the materials more attractive the recyclers.

The program assists participating hospital in identifying recycling partners.

The program facilitates turning waste into resources, with the recycled PVC being turned into safety mats and hoses, flooring, carpet backing etc. This is leading to a 'loop' recycling of products within healthcare sector.



Matt Power
St Vincent's Health
Lighting the way in healthcare energy reduction

St Vincent's Health has established an energy profile, energy database and Environmental Strategic Plan with binding energy targets (1% compound which are equivalent to 12% over three years).

Key success factors for this program included:

- Planning rather than engaging in impulse activities;
- Legitimising work by basing it in evidence;
- Bundling initiatives - makes meeting financial criteria and demonstrating benefits easier;
- Having a policy and target. The policy gives the program legitimacy and the target a platform for tracking progress;
- Having no motherhood statements, demonstrating legitimate need for resources;
- Having a database which enabled to accurately measure, track and monitor progress; &
- Running a trial first to demonstrate outcomes before wider organisational roll out.

Recent important initiatives at The St Vincent's include a lighting upgrade program which aimed to save money and cut CO2 emissions. Accurately quantifying savings and verifying product performance was critical to gain executive support for the initiatives.



Maggie Jamieson
University of Canberra
Research agenda for sustainable health

A small research grant is being used to investigate what motivates practitioners to become sustainable at the University of Canberra.

The core business of healthcare is looking after patients, individuals and communities, says Dr Jamieson. Sustainable healthcare and improved practice lead to a better patient experience and quality of life.

Legitimising action in statutory codes can assist in pursuing sustainable development. For example, in France there is a legal framework for sustainable public procurement and in the USA the proposed Climate Change Health Protection and Promotion Bill 2013 supports working towards sustainable healthcare.

Sustainability is a quality of care issue, Dr Jamieson said. "Sustainability should be the seventh dimension of quality, delivering care with existing or fewer resources."

Health professionals tend to be overly rational, conservative and critical of new evidence, and often too busy delivering care, reacting to demand and focused on the immediate needs of the individual to think about the long term needs of society. They already have a sense of doing something greater.

A research agenda to support sustainability in healthcare should include investigation of:

- What needs to be provided to health professional who want to go through the change management
- What makes people engage with sustainability practice
- How do we enable seeing beyond individual to the community
- How do we turn prevention as a priority and a policy lever

Health services can lead on sustainability, says Dr Jamieson, and there are multiple benefits from doing so, including:

- Improved health
- Improved finance
- Increased reputation
- Reduced environmental impact
- Increased community engagement

Sustainability will be difficult to achieve without system-wide leadership and innovation. Active engagement of health systems and professionals is needed to ensure community practice drives sustainability and considers it as a change for the sake of change.



Richard Di Natale
Greens Senator for Victoria
Sustainable healthcare through a political lens: challenges and opportunities

Public health physician and Greens Senator Richard Di Natale joined the Think Tank to share some of his thinking on the political challenges and opportunities for a sustainable healthcare agenda.

Making hospitals healthier requires committed local champions, Dr Di Natale said, however while the good will of individuals is great, fragmented action and non-systemic effort cannot take advantage of economies of scale.

“We need a cultural shift within the system through for example education – and politicians can be part of the education process,” Dr Di Natale said.

His advice was that framing of messages is important, and there may be greater gains made not by selling sustainable actions as a green agenda, but as an economic reform.

He pointed to the evidence that sustainability is a good investment, as demonstrated by the UK National Health Service Sustainable Development Unit.

The Greens have announced a policy for a Sustainability Unit to be established in the Department of Health and Ageing. This unit would develop a strategy and identify opportunities for action through and audit and gap analysis. The funding for the proposal is for \$1M a year for five years.

The three key aims of the Unit will be to consult with relevant national bodies, to conduct an audit (analysis on the payback of initiatives reducing carbon footprint and addressing resource issues) and to develop a national strategy for the health sector.

The Unit should develop a business case for action that understands and balances the cost versus savings that is completed centrally for the whole country with the aim to create healthier places for patients, leads to hospitals being operated at agreed national standards,

The Unit to undertake the sector wide scanning, leverage existing evidence (universities, rather than redoing audits) increase adoption of recommendations by centralising, lead it as an economic driver.

But while this initiative would support a sustainable healthcare agenda, Dr Di Natale said broader cultural changes were needed.

“What the government can do is add the thin layer of leadership, but that’s not enough. We need to solve things at a policy level, but a big cultural change [in the sector] is also required - adding sustainability as a pillar to business as usual of the whole sector.”

The Twitter Stream

A lively stream of tweets from the [@WePublicHealth](#) and [@healthy_climate](#) twitter feed captured many of the main points of the day. Check out this link for the full story: <http://storify.com/AusHealthcare/greening-the-health-sector-ptt-13>

The next AHHA/CAHA Think Tank is planned for July 2014.