

# Planetary Health and Environmental Sustainability

Providence and Partners virtual event, January 11, 2024

## Breakout Room Feedback

### Low Carbon Care: Dr. Kristine Chapman

Question 1) What can you do/what are you doing in your clinic/Division/Dept/Other area?

- **Opportunities for Action:**

- Reduce usage of paper reports and recycle more.
- Take advantage of virtual care when possible.
- Install more cooling and heat pumps that reclaim wasted heat and reuse it to heat the building.
- Turn off scanners and MRI machines at night.
- Minimize big panel lab work.

- **Big Picture Items:**

- Talk more about planetary health and environmental sustainability.
- Learn the best practices in your department.
- Integrate environmental sustainability as a part of the onboarding process and curriculum for medical students.

Question 2) What supports do you need/were helpful to allow you to do this (start & implement your related project, idea, change)? From the organization, div/dept, other?

- **Opportunities for Action:**

Use smaller metered-dose inhaler (MDI) canisters without so much wastage.

- **Big Picture Items:**

- Collect more data on ordering, impact and hire someone who can help us understand these impacts.
- Utilize a bottom-up cultural shift where solutions come from technicians.
- Make Planetary Health and Environmental Sustainability a more well-established concern.

## Reducing OR Waste & Other Hospital Waste: Dr. Trina Montemurro

### Question 1) What can you do/what are you doing in your clinic/Division/Dept/Other area?

#### - **Opportunities for Action:**

- Take desflurane canisters to recycling.
- Remove supplies you don't want people to use or make it difficult to get them.
- Turn off equipment and lights when not in use. (except computers managed by regional IT/HSSBC)
- Revise order sets in chemistry to help other departments reduce or eliminate options and offer better options.
- Move more towards online and reduce our paper consumption.
- Minimize unnecessary bloodwork.
- Simplify the drugs patients are on (drugectomies).
- Purchase better drapes that can be reused and recycled.
  - Purchase cloth drapes to reuse.
- Purchase and use washable gowns.
  - Get data on cloth vs paper and which is environmentally better.
- Switch from big plastic contains to vacuum sealed bags (current pathology lab initiative).
- Work on processes with Excelleris to reduce the paper labs, which they get paid to send.
  - Engage them to stop sending paper;
  - As individual practitioners, refuse to accept paper, as a group, by considering hiring someone to support physicians for form distribution.
- Reduce defibrillator pads for patients in the EP (electrophysiology) lab - data shows that most of the time the pads are not being used.
- Stop using paper on the tables that must be wiped down anyways.
- Take out just the amount of sodium bicarbonate you need.
- Reduce usage of Styrofoam in the OR and replace it with reusable gel pads.
- Discuss with operations the OR setup being thrown in the garbage when it is unused (nobody can monitor if it was not tampered with) and if this approach is evidence-based.
- Move laparoscopies to reusable/permanent trocar.

#### - **Big Picture Items:**

- Have employment groups approach this issue collectively.
- Lead the way in figuring out what is necessary.
- Work with IPAC champions to debunk some stories about safety.
- Get the organization on board to support through procurement – make the large-scale change.
- Check if endoscopy devices switching from multi use to single use is due to an industry narrative to drive profits or if there is actual data to support it.
- Give each department their data on where they are generating the most waste to target their efforts.
- Obtain a green assessment of the vendors as part of the procurement process.

## **Reducing Medication Use & Unnecessary Testing: Dr. Victor Leung**

### **Question 1) What can you do/what are you doing in your clinic/Division/Dept/Other area?**

#### **- Opportunities for Action:**

- Use tap water not sterile water during colonoscopy.
- Reduce unnecessary tests by individualizing cases and not offering every single patient the same tests.
- Utilize dashboards to help clinicians monitor trends in use of tests.
- Eliminate daily blood work orders; instead look at the patient's most recent results and then determine which tests need to be ordered/re-ordered.
- Use virtual care if feasible, and if the patient has substantial travelling time.
- Reduce the amount of pre-op testing and streamline the process so a patient can get all necessary tests accomplished in one visit.
- Continue with MedSafer trial to reduce medication use especially in elderly patients.
- Ensure the pharmacy divides medication into smaller vials to reduce medication wastage.
- Utilize smaller MDIs (metered-dose inhalers)
  - Understanding current guidelines and sourcing containers with fewer doses.

#### **- Big Picture Items:**

- Examine Cerner PowerPlans that encourage over-ordering of tests/procedures.
- Get funding for MFA - funded committee that helps to start planetary health initiatives.
  - Use playbooks from CASCADES, etc.

## **Reducing Food Waste & Advancing PHC Initiatives: Dr. Eileen Wong**

Dr Wong's observations: A very engaged audience with many suggestions on how to improve the food experience for patients and to reduce food waste.

#### **- Opportunities for Action:**

- Track food wastage at SPH. Measurements being done (biannual food wastage results). Data not available yet.
- Get more data re: food wastage – Why aren't patients eating the food? (mostly due to not feeling well).
- Don't wait to start measurements.
- Label food with carbon footprint (is this already being done by Food Services)?
- Celebrate Plant Power event events at PHC wards with physician champions: Posters, samples to be given
- Engage staff: posters, materials, education
- More plant-based menu items in maternity ward, especially for GDM (gestational diabetes mellitus) patients
- Batch (same day) discharges so some meals do not end up being delivered.

**Be aware of limitations to changes:**

- Food services repatriated from a private provider to in-house.
- Sites available for food tasting-needs dietitian discussion and approval
- Legislative constraints: legislation allows certain amount of calories, water intake.

**Educate/ raise awareness among staff & patients**

- Try to cut down on high carbon food.
- Explore ways for families & friends to provide more foods to avoid wastage. (However, must be cleared with dietitian, staff.)

**Explore more food choices**

- Acute care menu
- Ask patient meal preference (less wasteful).
- Timing of choice
- Psychiatry interested

**Explore food options**

- More fresh fruits & vegetables.
- Different recipes.
- More plant-based foods incorporated at an institutional level. Gradual with partial vegan; Not completely vegetarian but gradually changing to complete vegetarian.
- More plant-based menu items.
- More comfort foods (tomato soup, mac & cheese, chicken noodle soup).
- More tasty foods for patients.

**Explore timing of meals**

- Synchronising meals and ordering the day before or day of?
- Cancelling meals not needed e.g. when patient is away for specialist appointment.

**Explore additional support opportunities**

- Spread Quality Improvement (SQI) funding for team-based Food QI project available
- Green Leaders training
- Food Working Group on the EST - meets monthly every second Thursday