



AMA and DEA joint submission to the ACSQHC – Sustainable Healthcare Module

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Introduction

The Australian Medical Association (AMA) and Doctors for the Environment Australia (DEA) support the development of a Sustainable Healthcare Module. The AMA and DEA have committed to a net zero healthcare system by 2040 and support activities that will help to achieve this goal. The AMA and DEA recommend that the Australian Commission on Safety and Quality of Health Care (ACSQHC) consult with the Department of Health and Aged Care's National Health Sustainability and Climate Unit¹ to ensure the Module aligns with the development of the National Health and Climate Strategy, and the Unit's other work.

Is there a need for the Module as it applies to health service organisations?

If yes, is the Module an effective mechanism to address this issue?

If no, what alternative strategy, if any, should be considered by the Commission?

The AMA and DEA believe that a Module applying to health service organisations would be beneficial to reduce emissions in the healthcare sector. This education and support would assist doctors and all health professions implement practical steps towards more sustainable healthcare practice.

The AMA and DEA suggest that this Module should be the starting point of developing a mandatory accreditation Standard for environmental sustainability in healthcare. Sustainable healthcare should become embedded in practice, just like infection prevention and control and the correct disposal of healthcare waste. Specifically, as highlighted in a recent NEJM article², mandatory reporting of all healthcare delivery organisations' greenhouse gas emissions is fundamental in meeting sector net zero goals, and further combining such benchmarking with existing measures of healthcare quality performance can 'help ensure that de-carbonisation outcomes are patient-centered.'

¹ Department of Health and Aged Care (2022) [New team and strategy to lead response to health and wellbeing impacts of climate change.](#)

² Singh H et al (2022) [Mandatory reporting of emissions to achieve net-zero health care.](#) The New England Journal of Medicine.

A sustainability Module alone will not be effective. Healthcare facilities will require support and guidance on how to implement all the actions outlined in the Module. The ACSQHC should provide information and guidance which accompanies the Module.

While not in the ACSQHC's scope, further nation and state-wide regulations need to occur to obligate, incentivise, and support, healthcare facilities to reach net zero. This includes effective development and functions of the Department of Health and Aged Care's National Health Sustainability and Climate Unit.

Do the actions in the Module address the key sustainability and climate-resilience concerns? If no, what additional areas should be covered?

The Module could be broadened to cover the following concepts:

- Infrastructure and healthcare delivery natural disaster preparedness capacity – prevention, preparation, management, and recovery.
- Embedding Environment, Social and Governance (ESG) goals and strategic plans within healthcare organisations.
- Cross-disciplinary environmental and financial sustainability education of healthcare professionals (as per the AMC [National Framework for Pre-vocational Medical Training](#)).
- Incorporating sustainability as a 'core value' of all organisational activities and decision making.

The actions of the Module do not highlight the urgency for the healthcare sector to address its emissions footprint. There should be a Module section outlining that the governing body recognises climate change is a health emergency and that the healthcare system should act to reduce the health impacts of climate change. Leaders should be advocating and educating healthcare staff to motivate them to take part in environmental sustainability actions.

Under action 1, organisational evidence-based sustainability targets need to explicitly include time frames and scope 1, 2, and 3 emissions.

Action 3 should include specific measurements for health care facilities to monitor and report on, such as carbon emissions, environmental impact, energy use, low value care, waste, and reusable medical equipment.

The Module should include the importance of employed, dedicated environmental sustainability managers with Executive support to implement the facilities' environmental sustainability strategy. The position needs to adequately reflect the size of an organisation.

The ACSQHC has listed several topics that are out of scope for the Module, such as manufacturing and procurement systems and processes. However, these issues are essential for healthcare facilities to address when considering environmental sustainability and emissions reduction. For example, pharmaceuticals contribute to a major proportion of carbon emissions in the healthcare

sector.³ The module could provide high level guidance for these topics to ensure facilities can pursue these important sustainability initiatives.

Are the language and the format of the document appropriate? If not, please provide suggestions.

The AMA and DEA suggest that the Module carefully defines low value care, or uses the term 'value based care' instead. This term can vary in meaning which may have unintended consequences for patients. Doctors must balance their obligation to minimise wastage of resources with their primary obligation to care for and protect the health care interests of the individual patient.⁴ These two factors should generally not conflict if the stewardship and environmental sustainability governance frameworks are fit for purpose.

In addition, there should be links to the Choosing Wisely [website](#) to provide guidance on value-based care.

It needs to be clearer whether this Module is an accreditation standard or not. For example, under the scope section of the discussion paper, it says "[the module] can be applied along other national safety and quality standards" – implying it is a standard. In addition, the Module itself does not describe that the Module is voluntary. The discussion paper switches between calling it a module and a standard. This could cause some confusion for healthcare facilities when they are being assessed in the accreditation process.

In the introduction (page 10 of the discussion paper), it is important to note that the statistic for Australia's healthcare system's contribution to national greenhouse gases (7%) is an approximate value for the 2014-15 financial year and does not capture the direct carbon footprint of medical gases and meter dose inhalers (estimate to be 5% of the NHS carbon footprint).⁵

The AMA also suggests that environmental sustainability should incorporate the importance of the One Health concept, which describes the inextricable link between human, animal, plant, and environmental health. Environmental sustainability is essential for climate change issues but is also essential for the health of the planet and humans more broadly.

The consumer statement does not explicitly incorporate mitigation of carbon emissions or improving the environmental sustainability of healthcare i.e. "mitigates the effects of climate-change events to ensure the continuity, safety and quality of my health care" could refer to increased climate resilience of the healthcare sector only.

The statement under the intent of the module section is problematic: 'identify, reduce, manage, and improve their sustainability'. To both 'reduce' and 'improve' sustainability is counterintuitive. The AMA and DEA recommend revising this sentence. An alternative intent statement could include: Health service organisations integrate environmental sustainability in the organisational governance, strategy and culture of patient care.

³ Malik, A et al (2018) [The carbon footprint of Australian health care](#). The lancet.

⁴ Australian Medical Association (2016) [The doctor's role in stewardship of healthcare resources](#).

⁵ NHS England (2022) [Delivering a 'Net Zero' National Health Service](#).

Under explanatory notes, in comments on the health impacts, the AMA and DEA suggest adding:

- food and water insecurity;
- social destabilisation;
- impacts on mental health;
- exacerbation of existing inequity; and
- loss of productivity.

Under the healthcare delivery contributions to global climate, the AMA and DEA suggest adding:

- uncontrolled procurement of products including consumables and single-use products;
- carbon intensive, high waste generating catering choices; and
- poor maintenance of infrastructure contributing to energy and water inefficiencies and nitrous oxide gas leakage.

How will the actions in the Module support your organisation to mitigate the impacts of climate change, adapt, build climate-resilience and identify opportunities to improve the sustainability of health services?

Actions in the Module may support healthcare organisations to instigate governance and implementation pathways to mitigate healthcare's footprint, as environmental sustainability will become business-as-usual quality assurance within healthcare rather than an opt in practice driven by individuals.

Should the Module be assessed by independent external accrediting agencies?

Yes, the AMA and DEA support the Module being assessed by independent external accrediting agencies when it is still voluntary and if developed into a mandatory Standard.

Please provide any further comments in relation to the Module

The AMA and DEA recommend that the ACSQHC cross check other Modules to incorporate the importance of environmental sustainability where relevant. For example, within Infection Prevention and Control note could be made of the importance of avoiding unnecessary waste (i.e. protecting the patient and the environment) whilst providing excellent patient care. Environmental sustainability should be a key consideration for all healthcare facility activities.

Conclusion

The AMA and DEA support the ACSQHC's Sustainable Healthcare Module. The AMA and DEA believe that the Module activities could be more specific in some areas to further support healthcare facility implementation. This Module should be the first step to implement a mandatory accreditation Standard on environmental sustainability to enable the healthcare sector to reach net zero by 2040. The ACSQHC should ensure its work aligns with the Department of Health and Aged Care's National Health Sustainability and Climate Unit.

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