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hospitals association

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AHHA Response to ACSQHC Sustainable Healthcare Module

Submission
31 January 2023



OUR VISION

A for a healthy Australia supported by the best possible healthcare system.

OUR MISSION

To conduct research, educate and influence the healthcare system to achieve better health outcomes, improved patient and provider experience, greater equity and sustainability.

OUR GUIDING PRINCIPLES

Healthcare in Australia should be:

Effective
Accessible
Equitable
Sustainable
Outcomes focused

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INTROUDCTION

The Australian Healthcare and Hospital Association (AHHA) welcomes the opportunity to provide feedback on the applicability, content and appropriateness of the Draft Sustainable Healthcare Module Consultation Paper developed by the Australian Commission on Safety and Quality in Healthcare (ACSQHC).

AHHA is Australia's national peak body for public hospitals and healthcare providers. Our membership includes state and territory health departments, Local Hospital Networks (LHNs) and public hospitals, community health services, Primary Health Networks (PHNs) and primary healthcare providers, aged care providers, universities, individual health professionals and academics. As such, we are uniquely placed to be an independent, national voice for universal high-quality healthcare to benefit the whole community.

AHHA has been engaged in the environmental sustainability agenda for over a decade, contributing to policy debate, amplifying issues and engaging in joint advocacy. AHHA has also contributed to the policy research and evidence base through the Deeble Institute for Health Policy Research. Recent publications include the issues briefs; [Decarbonising clinical care in Australia¹](#) and [Transforming the health system for sustainability: environmental leadership through a value-based health care strategy²](#).

The following represents AHHA's response to the questions identified by the ACSQHC in the Draft Sustainable Healthcare Module Consultation Paper.



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?**

AHHA is a strong advocate for reducing the environmental impact of the health system^{3,4}, ensuring the health system is climate resilient and prepared to respond to the changing burden of disease resulting from climate change.

Accreditation, as a process of external peer review to assess the performance of healthcare facilities, can play an important role in contributing to continual and systematic quality improvement changes, at a process and sub-system level, within health services.⁵

As such, AHHA fully supports the development of a Sustainable Healthcare Module (henceforth, the Module) by the ACSQHC to support healthcare services to embed structures and processes focused on improving the outcomes that matter to people, communities and the planet.

Currently in Australia there is a lack of a national, consistent approach for health services to assess their sustainability and climate resilience. Health sector action for climate resilience and sustainability varies considerably across Australia and is not always seen as a necessary component of healthcare delivery. Health and health services are already being impacted by climate change, which is increasingly impacting the safety, effectiveness, access to, and efficiency of healthcare. Health service organisations need to be prepared for these impacts to ensure they can consistently provide safe, quality, value-based care.

Given the absence of standardised metrics for assessing the value of accreditation more broadly, we commend the ACSQHC for taking a transparent, consultative, and staged approach to the development and implementation of the Module. Yet, accreditation is not a panacea, and the development of appropriate indicators will be crucial.

Leveraging the ACSQHC work in measuring and understanding variation, both geographically and between facilities, will be important to understand priorities and how models of care can be designed to optimise both patient outcomes and sustainability (according to the broad definition of sustainability as outlined below). This will provide insight on what policy levers can be utilised for resilience and sustainability.

The ACSQHC should partner with organisations that have regulatory and funding power (e.g., state and territory governments, professional bodies) to leverage these policy levers and ensure the Module becomes embedded in standard care.

To effect change, the Module will need to be supported by appropriate implementation and evaluation resources.



DO THE ACTIONS IN THE MODULE ADDRESS THE KEY SUSTAINABILITY AND CLIMATE-RESILIENCE CONCERNS?

■ If no, what additional areas should be covered?

AHHA recommends the following improvements to the actions in the Module:

ACTION 1

We commend the focus on partnering with consumers throughout the document. However, there must also be reference to the importance of partnering with other stakeholders (e.g., primary care, community care, social services, technology or pharmaceutical companies etc) who have a significant role to play in mitigating and responding to the impacts healthcare on climate, and of climate change on health.

Action 1C should either be expanded to read:

- Considers sustainability outcomes when partnering with consumers, stakeholders, and services, in planning, designing, and evaluating healthcare.

Or an additional action should be added as 1d) that highlights that importance of considering sustainability outcomes in its approach to establishing partnerships with services and sectors (both within and external to the health sector) aimed at improving the outcomes that matter to people and communities.

More broadly, a stronger focus on a partnership approach is needed throughout the entire Module highlighting the important role of partnerships in reducing the health sector's contribution to climate change (e.g., improved efficiencies, reduced duplication and waste). It must be clear that partners can be broader than from within the health sector, and include services and sectors that are outside health yet impact health outcomes (e.g. social services, justice, housing, etc).

ACTION 2

Action 2c and the associated strategy should be expanded to include reference to models of care as well as clinical practices:

- Adapt clinical practices and models of care to reduce and mitigate the health service's contribution to emissions.
- Implement changes to clinical practice and models of care which reduces duplication or low-value care.

Evidence demonstrates that many reductions in health service emission contributions can be achieved through redesigning the way healthcare is delivered (model of care)⁶ to be more person-centred and value-based, as highlighted in the Deeble Institute for Health Policy issues brief, [Decarbonising clinical care in Australia⁷](#).

AHHA is concerned that the current language used in Action 2 is narrow and will limit the thinking of some health services to solely target decarbonisation activities at specific clinical diagnostic and



treatment techniques. The inclusion of more encompassing language (e.g. models of care and low value care, instead of low value treatment and investigations) throughout the document will encourage health services to broaden their thinking to consider the whole pathway of care and explore the efficiencies and sustainability improvements that can be achieved by changing the way care is delivered across the whole care continuum.

ACTION 4

Action 4 would be improved by including the governing body and management, along with the workforce, as groups of people who receive training to improve sustainability. For example, training for the governing body to help them understand their climate risk management obligations.

The first dot point under suggested strategies for Action 4 should read:

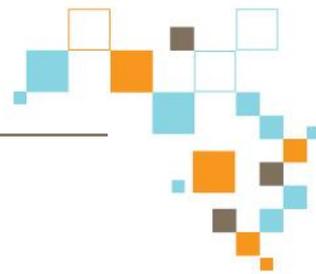
- Provides the workforce with access to training on sustainability, climate change and the effect on their local community and how to respond to climate events, including relevant disaster management frameworks.

The third strategy should be expanded to not only collect feedback from the workforce but also to ensure that the feedback is used to embed improvements in training.

ACTION 5

Action 5 would benefit from the inclusion of following suggested strategies:

- Ensure procurement includes environmental sustainability criteria.
- Implement or develop a system for the workforce to collaborate on sustainability and climate resilience.



ARE THE LANGUAGE AND THE FORMAT OF THE DOCUMENT APPROPRIATE?

■ If not, please provide suggestions.

AHHA supports the approach to developing the Module in a format that aligns with the structure of the existing ACSQHC standards so that it can be embedded within existing processes to meet current standards and minimise any additional burden on health services.

However, we do have a number of suggested language changes to ensure that the Module is able to be understood and implemented effectively:

- The term 'sustainability' must be more clearly defined.

The document lacks a clear definition of what the ACSQHC means by the term sustainability. The academic evidence demonstrates that sustainability is a complex, multifaceted concept that continues to evolve depending on the perspectives of different sectors and professions and their respective expertise and interests.

We recognise that in the glossary of the document the ACSQHC has used the United Nation's World Commission on Environment and Development (WCED) sustainability definition, describing sustainability as: 'meeting the needs of the present without compromising the ability of future generations to meet their own needs,'⁸. However, this definition was devised in 1987 and conceptualisations of sustainability have evolved significantly since then.

Sustainability has come to be commonly depicted as three interconnected circles, reflecting environment, economy and society, each a distinct goal, with sustainability at their intersection (Figure 1).



Figure 1: Simplistic representation of sustainability.

Gains in one area should not be accomplished by sacrificing progress in another.^{9,10} Similarly, in the corporate world, companies use the triple bottom line reporting to identify financial, social and environmental returns on investment.¹¹

While simplistic definitions and conceptualisations may have benefits in communicating the concept of sustainable development¹², concern has been raised that they contribute to the lack of success in the pursuit of sustainability.¹³ How sustainability is defined can shape people's views and in turn how issues are formulated, and actions proposed.¹⁴

Given the Module is centred on the concept of healthcare sustainability, AHHA strongly recommend that the ACSQHC clearly defines what it means by the term sustainability to ensure a consistent understanding across the healthcare sector. The explanation must appear early in the Module (e.g. in the introduction or explanatory note) to maximise reader comprehension.



A more detailed exploration of the concept of sustainability through a healthcare lens can be found in the Deeble Institute for Health policy issues brief, [Transforming the health system for sustainability: environmental leadership through a value-based health care strategy¹⁵](#).

- The term consumer (not patient) should be used throughout the Module.

The language of consumer and patient is used interchangeably throughout the document which creates confusion.

For example, Action 5a refers to ‘its workforce and consumers’ whereas in the strategy section the fifth dot point refers to patients. AHHA suggest changing this to:

- Provide consumers with information about sustainable health care and any impact on their clinical care.

AHHA would suggest selecting one term, preferably consumer, as the term patient reflects passivity and an unequal relationship power balance¹⁶, and using it consistently throughout the document. Additionally, the term consumer is more inclusive of all health services organisations.

- A definition of low value care should be included in the Module.

In Australia, low value care is recognised as that unnecessary care which:

- duplicates or promotes redundant testing, treatments and procedures,
- lacks evidence, and has the potential to cause harm and
- costs of the intervention do not provide proportional added benefits.¹⁷

It should be clarified within the Module that low value care is broader than just investigations and treatments it can also encompass the way care is designed and delivered.



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?

Strong leadership is needed across the health system to support the capacity building and coordination necessary to mitigate health system contributions and respond to the impacts of climate change. The Module is one example of what this leadership can look like, providing a mechanism to embed a standard level of sustainable healthcare practice at all levels and systems within health facilities.

Ensuring it also becomes embedded in the work of the ACSQHC in understanding variation will enhance the value of the Module by providing a mechanism for healthcare services to compare and learn from each other.

Additionally, the Module will support healthcare sustainability action through:

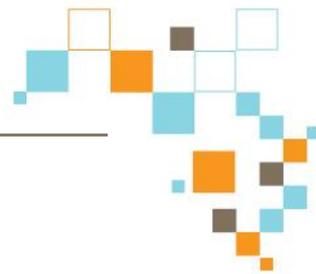
- Providing a consistent approach to assessing a health service organisation's climate and sustainability work.
- Providing overarching national consistency while allowing for regionally flexibility in response to place-based variation.
- Providing an incentive for health service organisations to audit their performance with regard to sustainability and climate risk, uncovering areas for further action.
- Providing a standardised assessment that would allow progress to be monitored over time.
- Sending a signal to health service organisations that the Federal Government encourages climate resilient and sustainable healthcare action.
- Highlighting the relationship between climate change, health impacts, health service structures and processes, and the safety, quality and consistency of care.
- Demonstrating how climate resilience and environmental sustainability can be embedded within health services in response to a rapidly changing climate and supports the sharing of best practice.



SHOULD THE MODULE BE ASSESSED BY INDEPENDENT EXTERNAL ACCREDITING AGENCIES?

AHHA supports taking a transparent, consultative and staged approach to the development and implementation of the Module. This must involve working with health services to ensure the assessment processes are relevant, applicable and do not create an additional unnecessary burden to overworked health professionals.

The development of an evaluation framework will be a critical part of this, ensuring the appropriateness, reliability and evidence-base informing measures and assessment processes are determined prior to moving to external or mandatory accreditation.



PLEASE PROVIDE ANY FURTHER COMMENTS IN RELATION TO THE MODULE.

In the explanatory note section of the document, in the second set of dot points, AHHA recommends the inclusion of a point that highlights how poorly designed models of care contribute to inefficiencies, ineffectiveness, duplication and waste through a failure to consider the care pathway in its entirety and a lack of workforce integration.

Some suggested language is included below:

The delivery of health care contributes to changes in the global climate through practices such as:

- Failure to consider the care pathway in its entirety in the design of models of care.
- Professional silos and poor workforce integration.

The relationship between healthcare climate risks, adaptation and resilience, environmental sustainability and providing safe and quality healthcare, should also be communicated more clearly and consistently in the explanatory note and intent.

This will help people who have not focused on these issues previously to understand why this Module is necessary, and why the ACSQHC has developed the Module. For example, the intent of the Sustainable Healthcare Module could state:

- Health service organisations identify, reduce, manage and improve their environmental sustainability and climate resilience to ensure continuity, safety and quality of healthcare in a climate affected world.

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- ¹ Pickles, K & Haddock, R 2022 Decarbonising clinical care in Australia, Deeble Institute for Health Policy research, Available:
https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_48_decarbonising_clinical_care_final_0.pdf
- ² Hoban, E., Haddock R & Woolcock, K Transforming the health system for sustainability: environmental leadership through a value-based health care strategy, Deeble Institute for Health Policy Research, Available:
https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_41_transforming_the_health_system_for_sustainability_2.pdf
- ³ Pickles, K & Haddock, R 2022 Decarbonising clinical care in Australia, Deeble Institute for Health Policy research, Available:
https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_48_decarbonising_clinical_care_final_0.pdf
- ⁴ Hoban, E., Haddock R & Woolcock, K Transforming the health system for sustainability: environmental leadership through a value-based health care strategy, Deeble Institute for Health Policy Research, Available:
https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_41_transforming_the_health_system_for_sustainability_2.pdf
- ⁵ Swiers, R & Haddock, R 2019, Assessing the value of accreditation to health system and organisations. Deeble Institute for Health Policy, Evidence Brief no, 18. Available:
https://ahha.asn.au/system/files/docs/publications/evidence_brief_no.18_assessing_the_value_of_accreditation.pdf
- ⁶ NSW Agency for Clinical Innovation 2013, Understanding the process to develop a Models of Care: An ACI Framework, Available: https://aci.health.nsw.gov.au/data/assets/pdf_file/0009/181935/HS13-034_Framework-DevelopMoC_D7.pdf
- ⁷ Pickles, K & Haddock, R 2022 Decarbonising clinical care in Australia, Deeble Institute for Health Policy research, Available:
https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_48_decarbonising_clinical_care_final_0.pdf
- ⁸ World Commission on Environment and Development 1987. Our Common Future: Report of the World Commission on Environment and Development. Available: <http://www.undocuments.net/our-common-future.pdf>
- ⁹ Ibid.
- ¹⁰ Portney, K. 2015 Sustainability. MIT Press Essential Knowledge Series. Available:
<https://mitpress.mit.edu/books/sustainability>
- ¹¹ Elkington J. 1994. Towards the sustainable corporation: win-win-win business strategies for sustainable development. California Management Review. 36(2):90-100, <https://doi.org/10.2307/41165746>
- ¹² Purvis B, Mao Y and Robinson D 2019. Three pillars of sustainability: in search of conceptual origins. Sustainability Science. 14: 681-695. <https://doi.org/10.1007/s11625-018-0627-5>
- ¹³ Rupperecht C, Vervoort J, Berthelsen C, Mangnus A, Osborne N, Thompson K, Urushima A, Kóvkaya M, Spiegelberg M, Cristiano S, Springett J, Marschütz B, Flies E, McGreevy S, Droz L, Breed M, Gan J, Shinkai R and Kawai A. 2020, Multispecies sustainability. Global Sustainability. 3:E34. <https://doi.org/10.1017/sus.2020.28>;
- ¹⁴ Giddings B, Hopwood B and O'Brien G. (2002). Environment, economy and society: fitting them together into sustainable development. Sustainable Development. 10(4): 187-196. <https://doi.org/10.1002/sd.199>
- ¹⁵ Hoban, E., Haddock R & Woolcock, K Transforming the health system for sustainability: environmental leadership through a value-based health care strategy, Deeble Institute for Health Policy Research, Available:
https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_no_41_transforming_the_health_system_for_sustainability_2.pdf
- ¹⁶ Neuberger, J 1999, Do we need a new word for patients, BMJ 318(7200):1756-1758, Available:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1116090/>
- ¹⁷ Chalmers K, Badgery-Parker T, Pearson S, Brett J, Scott I and Elshaug A. (2018). Developing indicators for measuring low-value care: mapping Choosing Wisely recommendations to hospital data. BMC research notes. 11(1): 163. <https://doi.org/10.1186/s13104-018-3270-4>