

AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Public Consultation Report

Draft Sustainable Healthcare Module

March 2023

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1. Introduction

1.1 About the Commission

The purpose of the Australian Commission on Safety and Quality in Health Care (the Commission) is to contribute to better health outcomes and experiences for all patients and consumers and improve value and sustainability in the health system by leading and coordinating national improvements in the safety and quality of health care.

Within this overarching purpose, the Commission aims to ensure people are kept safe when they receive health care and that they receive the health care they should.

1.2 About the draft Sustainable Healthcare Module

The draft Sustainable Healthcare Module (the Module) was developed by the Commission in collaboration with health service organisations, professional bodies, Primary Health Networks, consumers, and environmental representatives. It was developed to gain an understanding from stakeholders about the need and appropriate structure for an environmental sustainability module for health service organisations. The Module aims to support health service organisations to consider the safety and quality implications and opportunities for delivering sustainable, adaptable, and resilient health care.

The **Module is a framework of actions for health services** that has alignment with the Commission's other national safety and quality standards, and:

- Recognises the need for the health service organisation's governing body, management team, clinicians, and broader workforce to participate in activities that improve the organisation's delivery of sustainable health care
- Promotes collaboration across the health system to consider opportunities and take action
- Recommends evidence-based practices and will be supported by evidenced-based implementation resources
- Supports health service organisations to implement strategies that are environmentally sustainable.

A key principle underpinning the development of the Module was that the five actions relate directly to the safety and quality of patient care, and

- Do not add unreasonable additional compliance burden and maximise the impact of the proposed actions
- The actions are integrated in into processes for clinical governance, clinical decision-making and supporting models of care.

While implementing the Module is currently voluntary, health services can choose to be assessed against the Module as part of its routine assessment process. The outcome of that assessment will not be considered when determining the outcome of their accreditation assessment. The outcomes of assessments to this Module will only be monitored and evaluated to inform future standards development.

Purpose of this document

A public consultation on the Module was conducted between October 2022 and February 2023. This document outlines the public consultation process and summarises participation and the feedback received.

Findings from the consultation process were used to inform amendments to the Module and will support the development of implementation resources.

1.3 Background

In March 2021, the Commission was given approval from its Board to consult with stakeholders on the need for a Sustainable Healthcare Module.

The Module was developed through consultations and advice from an advisory group with medical, nursing and consumer representatives from acute and primary care settings, many of whom are technical experts in health and climate change management (**Appendix 1**).

In 2022, a report was prepared jointly by the Climate and Health Alliance and the Monash Sustainable Development Institution for the Commission. This report provides information on current action being taken in health service organisations and across jurisdictions. It includes the evidence base on both the risks facing health service organisations and the opportunities to ensure sustainable health care.

2. The consultation processes

The consultation process involved the release of the Module, a survey for stakeholders and a request for written submissions. This was done via social media and electronic direct mail out to the Commission's subscriber lists. This occurred on 24 October 2022.

The purpose of the public consultation was to seek feedback on the Module and assess how it supported health service organisations to consider the safety and quality implications and opportunities for delivering sustainable, adaptable, and resilient health care. Those consulted were invited to provide feedback on how the Module could be improved and amended to ensure its relevance to health service organisations in the context of building adaptable and climate resilient health services and embracing mitigation strategies.

The consultation paper specifically sought feedback on the following:

1. **General Feedback:** including whether there is a need for a Sustainable Healthcare Module and if a module is an effective mechanism to build climate resilience, and supports health service organisations
2. **Appropriateness:** whether the Module promotes improvements in the safety and quality of health care, reduces low value care and unwarranted variation, to support clinician led/consumer decision making
3. **Other Approaches:** whether there are additional approaches that could be incorporated into the Module to further support health service organisations
4. **Language/format:** whether the language and terminology used in the document was easy to understand and appropriate for the sector
5. **Resources:** what resources were required, and what format they should take
6. **Implementation:** how the Module may be implemented and measured, given it will be voluntary
7. **Actions:** whether the actions support health service organisations to mitigate climate risk, adapt and/or build climate resilience.

3. Summary of participation

The Commission received widespread interest during the public consultation period. Over 800 stakeholders nationally participated in the online survey and provided written submissions.

Table 1 provides a breakdown of participation by response and stakeholder type. The Commission received input from consumers, government agencies, healthcare services and professionals, membership organisations and other relevant stakeholders.

Table 1: Source of responses in the public consultation, October 2022 to February 2023

Source of responses	Number	% Respondents
Survey participant	757	94.4%
Membership organisation	13	1.6%
Peak body	10	1.2%
Government agency	7	0.9%
Healthcare service	4	0.5%
Other (Organisations, individuals etc)	11	1.4%
Total	802	100%

The Commission received 45 written responses and 757 online survey responses. Not all participants completed every question of the survey, **Table 2** provides a breakdown of response rate.

Table 2: Response rate of survey respondents

Survey question	Response rate
1. The need for a Sustainable Healthcare Module	100%
2. Why is a Sustainable Healthcare Module necessary	65%
3. Why is a Sustainable Healthcare Module unnecessary	52%
4. Is the Sustainable Healthcare Module an effective mechanism for building climate resilience in healthcare services?	70%
5. Do the actions address key sustainability and climate-resilience concerns?	58%
6. If the actions do not address key sustainability and climate-resilience concerns what additional areas should be covered?	47%
7. Is the language and format of the document appropriate?	47%
8. Will the actions in the sustainable healthcare module support organisations to mitigate, adapt or build resilience and identify opportunities to improve the sustainability of health services?	47%
9. Should the Module be assessed by independent external accrediting agencies?	47%
10. If the Healthcare Module is not progressed, are there other approaches the Commission should consider?	34%

Written submissions were received from a number of organisations, listed at **Appendix 2**.

4. Key themes from the feedback

This section summarises the key themes of feedback received during the public consultation. This includes all sources, that is, a consultation forum, written responses, and survey responses. Where relevant, a brief summary of how the Commission might address the feedback has been included under the corresponding themes.

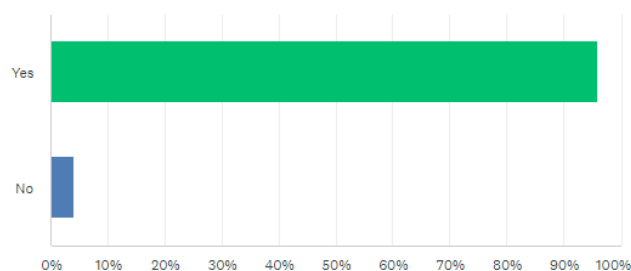
4.1 Survey participant feedback

The response from survey participants are detailed in this section. The majority response is highlighted per question, with a summary of themes from those who did not respond the way the majority did.

1. The need for a Sustainable Healthcare Module

Is there a need for a Sustainable Healthcare Module for health service organisations?

Answered: 757 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	96.04%	727
No	3.96%	30
TOTAL		757

The majority of respondents (96%) agreed there is a need for the Module.

Themes arising from the remaining responses included:

- Aligning the Module with the National Health Sustainability and Climate Unit and the emerging National Health and Climate Strategy
- Refocusing the Module towards addressing low value care
- Providing stakeholders with guidance and support to implement the Module.

2. Why is a Sustainable Healthcare Module is necessary

Themes arising from the responses to this question (n=494) included:

- The Module should be focused on clinical care/models of care
- The Module should be linked to existing National Safety and Quality Standards
- The Module should be mandatory
- The Module scope should be expanded to include air quality, waste management, procurement, and transport
- Health service organisations require support with implementation and resourcing
- Health service organisations were concerned with clinical demand and the available staff resourcing to implement sustainability within processes

3. Why is a Sustainable Healthcare Module is unnecessary

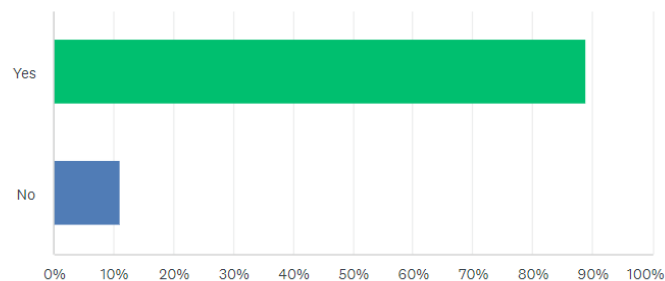
Themes arising from the responses to this question (n=393) included:

- Reducing single use items may impact infection prevention
- The Module could become a “tick box” exercise, which is burdensome, and may reduce uptake for an already stretched health care system

4. Is the Sustainable Healthcare Module an effective mechanism for building climate resilience in healthcare services?

Do you believe a Sustainable Healthcare Module is an effective mechanism for building climate resilience in healthcare services?

Answered: 530 Skipped: 227



ANSWER CHOICES	RESPONSES
Yes	88.87% 471
No	11.13% 59
TOTAL	530

The majority of respondents (89%) supported the Module as an effective mechanism for building climate resilience.

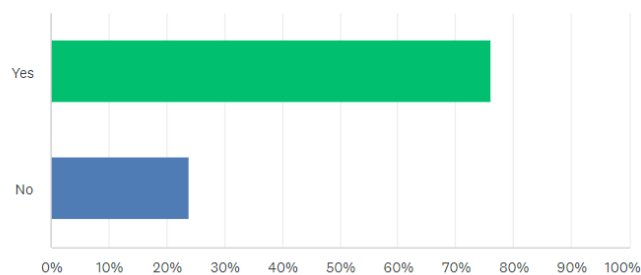
Themes arising from the remaining responses included:

- The Module does not thoroughly address sustainability within healthcare
- Guidance is required to implement the Module
- The Module represented a compliance burden
- A clinical lead is required
- Health care organisations have varying capability to implement the Module
- The Module does not consider cultural and social determinants
- Organisations will need to align implementation of the Module with existing health care sustainability and climate mitigation care plans and strategies

5. Do the actions address key sustainability and climate-resilience concerns?

Do the actions in the Sustainable Healthcare Module address key sustainability and climate-resilience concerns?

Answered: 442 Skipped: 315



ANSWER CHOICES	RESPONSES	
Yes	76.02%	336
No	23.98%	106
TOTAL		442

The majority of respondents (76%) agreed the actions address key sustainability and climate-resilience concerns.

Themes arising from the remaining responses included:

- Concerns and confusion with terminology such as 'mitigation' and 'adaptation'
- Suggested the Module is renamed to Environmental Sustainability Healthcare Module or Climate Resilient and Sustainable Healthcare Module
- A need for targeted strategies and accountabilities
- The need for indicators and other measures to enable monitoring and benchmarking
- A need for greater emphasis on the roles and responsibilities of the governing body
- The need for all levels of the system to be engaged
- Embedding sustainability requires a co-design approach with health care organisations

6. If the actions do not address key sustainability and climate-resilience concerns what additional areas should be covered?

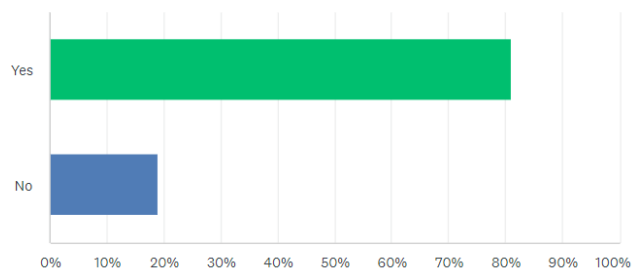
Themes arising from the responses to this question (n=167) included:

- The need for further guidance on strategies of mitigation and adaptation
- Suggestions for internal and external stakeholder co-design processes, specifically with First Nations peoples
- The requirement for the Module to emphasise support and collaboration with primary care, community care, social services, technology companies, and pharmaceutical companies in implementing sustainability across healthcare
- Actions could be broadened to include access to workforce training
- Suggested the need for systems that anticipate, recognise, and respond to changes and climate-based health demands
- Suggested environmental sustainability criteria include procurement

7. Is the language and format of the document appropriate?

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

Answered: 354 Skipped: 403



ANSWER CHOICES	RESPONSES
Yes	81.07% 287
No	18.93% 67
TOTAL	354

The majority of respondents (81%) agreed the language and format of the Module was appropriate.

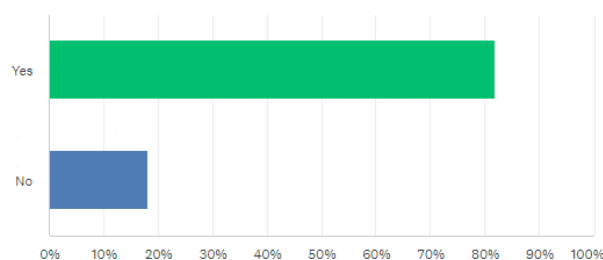
Themes arising from the remaining responses included:

- Further explanation is required
- Consistent use of terms throughout the Module is required – for example mitigation, adaptation, and sustainability
- Clarifying the use of the word ‘Standards’ and ‘Module’
- Clarifying the Module is ‘voluntary’ and its link to accreditation
- ‘Consumers’ be used instead of ‘patients’
- The term ‘Sustainability and Climate Resilience’ is more appropriate terminology
- Using an alternative for ‘mitigation’, such as ‘improving environmental sustainability, reduce emissions, pollution, waste and improve climate resilience’
- The use of value-based care rather than low value care
- Expanding the glossary

8. Will the actions in the sustainable healthcare module support organisations to mitigate, adapt or build resilience and identify opportunities to improve the sustainability of health services?

Will the actions in the Sustainable Healthcare Module support your organisation to mitigate, adapt or build climate-resilience and identify opportunities to improve the sustainability of health services?

Answered: 354 Skipped: 403



ANSWER CHOICES	RESPONSES
Yes	81.92% 290
No	18.08% 64
TOTAL	354

The majority of respondents (82%) considered that the Module would support organisations to improve health services.

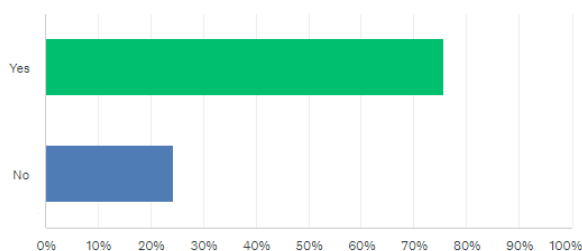
Themes arising from the remaining responses included:

- Resources are required to implement the Module, particularly in small organisations
- Clear guidance is required for implementation
- The Module should focus on organisational governance not just clinical governance

9. Should the Module be assessed by independent external accrediting agencies?

Should the Module be assessed by independent external accrediting agencies?

Answered: 354 Skipped: 403



ANSWER CHOICES	RESPONSES	
Yes	75.71%	268
No	24.29%	86
TOTAL		354

The majority of respondents (76%) supported that the Module should be assessed by independent accrediting agencies.

Themes arising from the remaining responses included:

- Concerns with compliance burden for smaller organisations
- Concerns with costs related to voluntary implementation
- The Module should be a publicly available resource for health services

10. If the Healthcare Module is not progressed, are there other approaches the Commission should consider?

Themes arising from the responses to this question (n=254) included:

- Sustainability in health care should be incorporated into training programs/university education
- Organisations should measure sustainability performance using specific key performance indicators
- The Module should focus more on pharmaceuticals
- The Module should be incorporated into all NSQHS Standards
- The Module should be developed in consultation with all sectors of health
- Resources should be developed demonstrating the relationship between healthcare and climate sustainability
- The Module should be incentivised, and government grants developed to support uptake and implementation
- The Commission should provide additional information and communication to health care organisations during the Module implementation phase
- Resources should include a cost benefits analysis to garner engagement
- Suggest the Commission develop an Atlas of Sustainability Performance and Variation as a resource.

4.2 Summary of general feedback

Consultation respondents overwhelmingly supported the development of a Module to support environmental sustainability. They believed it would be an effective mechanism to build climate resilience and support health service organisations.

Suggested improvements included:

- A greater focus on addressing low value care, clinical care, and models of care
- More closely linking the Module to actions and requirements in the existing National Safety and Quality Standards
- Expanding the scope to include, air quality, waste management, procurement, and transport
- Providing detailed guidance for implementation

Respondents supported the Module as a framework for addressing sustainability within healthcare and once implemented would support organisations to build climate resilience.

Suggested improvements included:

- Incorporating the Module into the work of the recently established National Health Sustainability and Climate Unit of the Department of Health and Aged Care and the emerging National Health and Climate Change Strategy
- Develop national indicators and establish mechanism for benchmarking nationally and internationally
- Identify specific strategies for improvement
- Clearly describe the roles and responsibilities of governing bodies
- Incorporate these requirements into all levels of the system
- Encourage and support co-designed with the workforce and consumers, particularly Aboriginal and Torres Strait Islander communities
- Recommend alignment with existing health service organisation climate plans
- Increase the focus on pharmaceuticals specifically highlighting over prescription, inappropriate waste disposal, and addressing inhalants as important climate change reduction strategies.

Respondents were concerned that the Module:

- Does not go far enough and will not engage clinicians
- Is voluntary and won't be taken up by health service organisations
- Does not take into consideration smaller healthcare organisations and challenges for implementation
- Does not consider the implementation challenges such as clinical demand and workforce shortages.

In response to the feedback, the Commission will:

- Amend the Module to address consultation feedback with the guidance of the advisory group
- Seek Board approval to progress development of the Module
- Pilot an amended Module in health service organisations
- Identify and collate implementation resources for use by health service organisations .

4.3 Appropriateness

There was agreement in the feedback that implementation of a sustainable healthcare module is necessary for minimising low-value care, reducing unwanted clinical variation and, as a result, carbon emissions.

Respondents noted a focus on reducing low-value care is key to improving sustainability in health service organisations. It was suggested processes for identifying and reducing low-value care be embedded into routine practice and monitored by clinical leaders as well as at a national level.

Respondents strongly supported strategies to change clinician behaviour, along with the expectations of consumers. A few suggested clinical variation be used as a prompt for considering sustainability outcomes at an organisational level.

Some respondents suggested population health strategies, primary prevention, early intervention, and better value care incorporated more explicitly within the Module as prevention and early intervention should underpin sustainability practices.

In response to the feedback, the Commission will:

- Amend and rename the Module
- Develop or collate implementation resources that focus on reducing low value care and reducing unwanted clinical variation.
- Consider options to support clinicians to drive change
- Develop a communication strategy that recognises the value of using clinical variation as a prompt for sustainability outcomes.

4.4 Other approaches

The Commission received substantial feedback on options for alternative approaches.

Several respondents stated that a national, standardised approach to environmental sustainability needs to be adopted across Australian health services, and is linked to the National Governments Plan for net zero emissions by 2050 and aligns with the National Health Climate Strategy currently under development.

Two respondents suggested the Module be progressed in collaboration with health services, leveraging existing health-based relationships and sustainability resources.

Two respondents suggested that KPI's should be developed by health services and reviewed regularly as part of an organisation's sustainability plan.

Feedback supported sustainability in health care incorporated into training programs and underpins university education, and that education and resources would need to demonstrate the relationship between healthcare and climate sustainability as a way of embedding knowledge.

Numerous respondents suggested the Commission consider:

- Incorporating environmental impact into its medicine safety program
- Embedding the Module across all standards for accreditation purposes
- Developing a cost benefit analysis tool to garner engagement, as incentives and grants may drive uptake and support implementation
- Developing an Atlas of Sustainability Performance and Variation which could stimulate measurement and analysis of sustainability in healthcare

In response to the feedback, the Commission will:

- Incorporate environmental sustainability into its program area, including medicine safety and infection control
- Advocate for environmental sustainability being incorporated into health workforce training
- Consider options for developing, adopting or adapting national indicators for environmental sustainability.

4.5 Language

The feedback on the language in the consultation document was mixed. While some respondents considered the language appropriate, user friendly and clear for healthcare providers, others felt the language complicated and required further elaboration.

Feedback noted interchanging concepts of 'mitigation' and 'adaptation', and the use of sustainability was confusing.

The term 'consumers' was preferred to 'patients' as it was more inclusive of different service types.

Recommendations were provided to improve consumer statements.

Some respondents suggested the term 'environmental' before 'sustainability throughout the document to ensure clarity of purpose and amend the term 'low value care' to 'value-based care'.

Several respondents suggested the Statement of Intent for the Module was unclear and suggested Health service organisations centralise environmental sustainability in their organisational governance, strategy and culture of patient care, and embed the principles of environmental sustainability into all operations and patient care' as an alternative.

Respondents strongly supported the use of concepts such as planetary health, climate change and biodiversity loss. Respondents argued this would ensure the reader considered a more holistic approach to the Module.

Several respondents supported a name change for the Module to 'Environmentally Sustainable Healthcare Module' or 'Climate Resilient and Sustainable Healthcare Module' for clarity of purpose and for distinguishing between financial or other types of sustainability.

Some respondents suggested more clearly defining the scope of sustainability, to include economic, environmental, ethical, and social sustainability.

Some respondents reported the Module language and format were designed for larger metropolitan healthcare services.

In response to the feedback, the Commission will:

- Amend and rename the Sustainable Healthcare Module based on consultation feedback
- Review terminology and consistency of language
- Add to the Glossary of terms within the Module.

4.6 Resources

Respondents sought clear, simple resources to support implementation of the Module, that provided practical examples applicable to different service contexts.

It was suggested the Commission identify and promote the work of other organisations and existing resources, and that health service organisations could benefit from establishing or strengthening networks to share information. Further support for efforts to undertake research, develop and review policy sectors, review emerging evidence, tools and resources that can be shared, adapted, and applied at a local level, was mentioned.

Respondents strongly supported resources to improve workforce capacity in sustainability and climate literacy, and for the Commission to identify or develop:

- Resources that align with the National Health and Climate Strategy
- Step-by-step guides, factsheets, workbooks, tools, and templates
- Climate risk assessment tools
- Resilience and surveillance framework with supporting assessment matrices
- Carbon footprint analysis tools
- Performance measures for the actions
- Monitoring and evaluation processes
- Education course to explain the Module
- Reporting frameworks

Respondents noted the effectiveness of interventions will be dependent on service and organisational readiness, allocation of resources, a supportive culture, training, and support of the workforce.

In response to the feedback, the Commission will:

- Identify, adapt, adopt existing resources
- Promote resources from a range of sources that are relevant to health service organisations
- Consider gaps in resources and options for developing implementation resource where appropriate.

4.7 Implementation

Respondents supported the Module as voluntary initially. They recognised a staged introduction was a useful first step to gain feedback on its scope and usability, content, and appropriateness for the health care sector.

The Commission received strong support for the Module to eventually become mandatory. It was recommended that it become part of the requirements for accreditation.

External assessment was considered a useful way to validate strategies implemented by health service organisations, and for it to promote its climate action status.

Respondents strongly supported the Commission's approach of embedding the actions within the existing safety and quality standards.

There was extensive support for the Commission's works to align with the Department of Health and Aged Care's National Health Sustainability and Climate Unit, to enable the healthcare sector to reach net zero by 2050.

Concerns related to implementation include:

- The Module is voluntary and therefore organisations may choose not to implement the actions, due of costs and compliance burden
- Solo-healthcare provider services in rural and remote locations are likely to require significant support to implement this Module
- Opportunities for financial and other incentives to drive uptake

In response to the feedback, the Commission will:

- Develop implementation resources
- Include explanatory notes into the implementation resources
- Discuss with regulators and government bodies opportunities to incentivise implementation of climate change strategies and uptake of the Module.

5. The Module – A framework of actions

The Commission received suggestions to strengthen and refocus the framework of actions within the Module, summarised below.

Action 1 – The Governing Body

The governing body:

- a. **provides leadership to address environmental sustainability in healthcare within the health service organisation.**
- b. **ensures collaboration with consumers and stakeholders on issues and strategies for environmental sustainability.**
- c. **sets organisational priorities, targets and monitors organisation’s environmental sustainability improvements.**

To strengthen the focus of this action the term ‘sustainability’ was replaced with ‘environmental sustainability’ to distinguish between financial or other types of sustainability, and to encompass the many environmental contributing factors of climate change within health.

Respondents strongly supported a collaborative approach with consumers and stakeholders, to manage issues and develop strategies. Respondents noted governance structures should be reviewed and modified to include sustainability strategies at every level of the organisation.

Consultation feedback supports governing bodies accountability and responsibility to develop and monitor its environmental impact and develop and monitor organisational improvements.

Action 2 – Established Clinical Governance Systems

The health service organisation uses its clinical governance systems to implement evidence-based strategies to:

- a. **Identify clinical processes and services that have a high environmental impact**
- b. **Redesign clinical processes and services to reduce the environmental impact**
- c. **Consider environmental impact when making decisions about clinical services**

Feedback supported strengthening actions for organisations to improve its consideration of clinical services, by:

- Adapting clinical practices and models of care to reduce and mitigate the health service's contribution to emissions.
- Implementing changes to clinical practice and models of care which reduces duplication or low-value care
- Implementing evidence-based strategies related to the impact of pharmaceuticals when clinical guidelines are being developed or reviewed.
- Implementing changes to procurement that reduce waste generation and the impact on the environment.
- Implementing initiatives to reduce the health service organisation's carbon footprint

Action 3 – Integration of Sustainability measures and indicators

The health service organisation:

- a. Measures its environmental sustainability**
- b. Integrates measures and indicators for environmental sustainability into routine clinical governance monitoring and reporting processes**
- c. Uses information on environmental sustainability to reduce low value care and increase the appropriateness of care.**

Respondents advocated for health care organisation's measuring, monitoring, and reporting processes, and should align with nationally supported environmental benchmarks as indicators.

Health service organisations welcome a gauge to determine where they are performing well, where to strengthen efforts and make measurable improvements in the sustainability of services.

Respondents strongly support health service organisation's broaden practice to consider the whole pathway of care and improvements to clinical practice, to reduce duplication or low-value investigations and treatments and increase the appropriateness of care.

Action 4 – Training

The health service organisation uses its training systems to provide the workforce with the skill and knowledge to:

- a. Assess the environmental risks from clinical care and its climate impact**
- b. Implement strategies to reduce climate impacts**
- c. Use indicators of climate impact to monitor change**

To improve sustainable healthcare and climate risk literacy of its workforce the Commission received substantial support for access to workforce training systems.

With an increased focus on education and training in sustainable healthcare, consultation feedback supports implementation of strategies to reduce climate impacts, and data use to generate and guide change.

Several respondents suggested climate and sustainability principals are embedded as core curriculum in all health-related courses provided by educational institutions.

General feedback supports health service organisations develop and collaborate the design of toolkits and resources to aid in the training of the workforce in sustainability.

Action 5 – Workforce support and implementation

The health service organisation supports:

- a. Its workforce and consumers to participate in the development and implementation of environmental sustainability strategies**
- b. Reports to the governing body, the workforce and consumers on its environmental sustainability strategies and performance**

To strengthen the focus of this action the term ‘sustainability’ was replaced with ‘environmental sustainability’ to distinguish between financial or other types of sustainability, and to encompass the many environmental contributing factors of climate change within health.

The Commission received overwhelming support for the health service workforce and consumers to participate in the development of environmental sustainability strategies. Feedback supports the workforce as central in the planning and implementation process.

Respondents support health service organisations reporting processes to inform the governing body, workforce and consumers on environmental sustainability strategies and performance.

6. Conclusion

Feedback from the public consultation held between October 2022 and February 2023 provided overwhelming support for the Module. However, the Commission is aware and cautious of respondent bias with participants being primarily those that are committed to climate action.

Overall, the actions in the Module provided a reasonable framework for addressing climate resilience and sustainability in healthcare as it included leadership and governance; setting priorities; establishing baselines; setting targets; supporting implementation; tracking and reporting on performance; training and workforce capacity building; and collaboration between the governing body, management, health workforce and consumers.

The Module aligns with National Climate Plans for net zero emissions by 2050. It also aligns with national priorities to reduce low-value care and support appropriate care.

Practical support to implement the Module is required.

Changes to the actions have been made in line with the feedback. Further consultation on the amended document will be required.

Appendix 1 – Advisory group input

The advisory group has provided expert advice into the development of the draft Module. Member organisations and individuals included:

External advisors

Dr Kate Charlesworth	Directorate of Strategy, Innovation and Improvement South Eastern Sydney Local Health District, New South Wales
Ms Darlene Cox	Executive Director Health Care Consumers Association Australian Capital Territory
Dr Rebeca Huntley	Technical Expert, Sole Trader, New South Wales
Dr Forbes McGain	Anaesthetist and Intensive Care Physician Western Health Footscray, Victoria
Ms Rosyln Morgan	Environmental Health Officer, Australian Nursing and Midwifery Federation, Victoria
Dr Emma-Leigh Synott	FSFHG Medical lead for Climate Health and Environmental Sustainability State Wide Rehabilitation Service Fiona Stanley Hospital, Western Australia

Commission staff

Ms Margaret Banks	Director, National Standards
Conjoint Professor Anne Duggan	Chief Medical Officer
Mr Mike Wallace	Principal Advisor

Appendix 2 – Organisations providing written submissions

Names of individual participants have not been included. The Commission has chosen not to publish individual written responses. The feedback received during consultation has been summarised into key themes and not attributed to individuals.

The following organisations participated in the public consultation via written submissions.

- ACT Health Directorate
- Australasian College for Emergency Medicine (ACEM)
- Australasian Sonographers Association (ASA)
- Australian College of Nurse Practitioners (ANCP)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Commission on Safety and Quality in Health Care
- Australian Dental Association
- Australian and New Zealand College of Anaesthetists (ANZCA)
- Australian Medical Association NSW (AMA)
- Australian Nursing and Midwifery Federation (ANMF)
- Australian Podiatry Association (APodA)
- Children's Healthcare Australasia
- Climate Action Nurses
- Climate and Health Alliance (CAHA)
- Children's Health Queensland Hospital and Health Service (CHS)
- College of Intensive Care Medicine of Australia and New Zealand
- Consumers Health Forum of Australia (CHF)
- Council of Australian Therapeutic Advisory Groups (CATAG)
- Department of Health Western Australia - Public and Aboriginal Health Division
- Dieticians Australia
- Doctors for the Environment (DEA)
- Government of South Australia – South Australian Health
- Government of Western Australia Child and Adolescent Health Service
- Grampians Public Health Unit, Victoria
- Health Care Consumers (HCCA)
- Institute for Urban Indigenous Health Services (IUIH)
- Monash University, Victoria
- Northern Health, Victoria
- Royal Australasian College of Medical Administrators (RACMA)
- Royal Australasian College of Surgeons (RACS)
- St Vincent's Health Australia
- The Australian College of Dermatologists, New South Wales
- The Australian Council on Healthcare Standards (ACHS)
- The Australian Healthcare and Hospitals Association (AHHA)
- The Fellowship of the Royal Australian College of General Practitioners (FRACGP)
- The Royal Australasian College of Physicians (RACP)
- The University of Wollongong, New South Wales