

A group of people, including men and women of various ages, are standing on a train platform. They are surrounded by several pieces of luggage, including rolling suitcases and a duffel bag. The background shows a train and the structural elements of a station. The entire image is overlaid with a semi-transparent red filter. In the top left corner, there is a white graphic of a shield with a red cross. Large, bold, white text is centered over the image, and the year '2023' is written in a smaller, bold, orange font at the bottom.

**HAVE YOU EVER ASKED
YOURSELF WHERE
SUSTAINABILITY
STARTS?**

HOPE 2023

GREEN FAMILY START





3.500 babies

28.000

pieces of plastic

374

pieces of reusable
textiles

CO₂-savings of
40%-60%

REDUCE

- Zeroed out 500.000 antiseptic sponges each year
- Reduced 1.8 t CO₂ from using multi-use cups instead of single use
- No use of papersheets at the examination bed anymore -> wash the bed with microfiber cloth and water with soap

But there are barriers:

reduction of medical waste – not allowed to use the not used contraction pills in the hospital because of safety reasons



REUSE

Project with textile company: Rethink – Reduce – Reuse – Recycle

- 8 pieces of single use surgical sheet and now 4 recycled cloth sheets for every birth - Decrease CO₂ from 70 % to 19 %



- Reusable gown instead of single use

EDUCATION – SUSTAINABILITY WORLD

Information for new families - what to do in the hospital:

- Bring own waterbottle
- Bring own underwear
- Bring own baby stuff
- Focus and information about breastfeeding
- Additional Information about sustainability and what they can do on a long term base



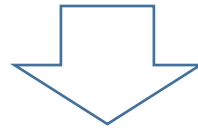
HOW CAN WE BE SUSTAINABLE IN THE DAILY CLINICAL PRACTICE?



Rigshospitalet

Professor Anders Perner
Dept. of Intensive Care

- Most health care interventions are not based on high certainty evidence
- **20-30% waste/harm - direct and indirect**
 - 10-15% can likely be stopped together with the patients
 - 10-15% will be difficult



Treatments recommended in clinical guidelines

High certainty evidence
Moderate certainty evidence
Low certainty evidence
Very low certainty evidence



Treatments in clinical practice guidelines based on **high certainty evidence...**

- Cardiology 15% JAMA 2019;321:1069-80
- Intensive care medicine 10% ICM 2018; 44:1189-91
- Life-threatening infections 7% ICM 2021; 47:1181-1247
- Oncology 6% JCO 2011; 29:186-91

Original Article

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The Danish Choosing Wisely concept

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ABSTRACT

Introduction Choosing Wisely has been introduced in more than 20 countries. In Denmark, the Vælg Klogt initiative was launched in the spring of 2020. The aim of Vælg Klogt is to reduce unnecessary and potentially harmful tests, treatments and procedures in healthcare. Vælg Klogt also contributes to the implementation of shared decision-making. This study explored knowledge of the Danish Vælg Klogt initiative among patient associations and scientific societies in Denmark.

Methods This was a cross-sectional questionnaire study among patient associations and scientific societies. Descriptive and content analyses were used to interpret the quantitative and qualitative results, respectively.

Results Both the patient associations and the scientific societies had little knowledge of Vælg Klogt; still, they agreed that overuse and waste occurs in Danish healthcare. The reasons are multifactorial, but both parties mentioned a fear of making mistakes and a lack of communication between departments. The initiative is welcomed, provided recommendations are based on evidence, integrated into clinical guidelines, well communicated and prepared in collaboration between patients and physicians.

Conclusions Knowledge of the Danish Vælg Klogt initiative is scarce and implementation of Vælg Klogt must include extensive communication to patients, physicians, leaders and politicians. However, the mutual agreement between patient associations and scientific societies on the reasons for overuse promises well for the initiative.

Funding none

Trial registration Registered in the Central Denmark Region: 1-16-02-553-20.

The provision of medical services that are more likely to cause harm than good (overuse) has been discussed for several years [1, 2]. In response hereto, the American Board of Internal Medicine Foundation launched the Choosing Wisely campaign in 2012 [3]. The aim of this campaign was to improve the dialogue between clinicians and patients and assist them in choosing evidence-based care that is free from harm and truly necessary while avoiding duplication of tests or procedures [3].

Since 2012, similar initiatives in more than 20 countries, comprising private and public health services alike, have prepared evidence-based lists of “do-not-do” procedures, treatments and tests and published a large number of recommendations aiming to reduce overuse in healthcare [1, 4, 5]. Worldwide, most initiatives are physician-driven despite an obvious need to involve patients in both the efforts made to reduce overuse and in the decision-making [6]. Although shared decision-making is far from being fully implemented, the introduction of a Choosing Wisely concept may serve as a push in the right direction [7]. Thus, in the spring of 2020, the umbrella organisations of patient associations (PA) and scientific societies (ScS) jointly established the Danish Vælg Klogt (Danish language for Choosing Wisely) initiative to pinpoint areas in Danish healthcare where

In Denmark, the Vælg Klogt (CHOOSING WISELY) initiative was launched in the spring of 2020

AIM:

- reduce unnecessary and potentially harmful tests, treatments and procedures in healthcare.
- implementation of shared decision-making.
- explored knowledge of the Danish Vælg Klogt initiative among patient associations and scientific societies in Denmark.

METHODS:

- cross-sectional questionnaire study among patient associations and scientific societies.

RESULTS:

- Both the patient associations and the scientific societies had little knowledge of Vælg Klogt; still, they agreed that overuse and waste occurs in Danish healthcare.
- The reasons are multifactorial, but both parties mentioned a fear of making mistakes and a lack of communication between departments.

When uncertain ICU treatments are tested...

Harm

- Hydroxyethyl starch*
- HFO ventilation*
- Intensive insulin*
- Oral chlorhexidine*
- Dopamine in septic shock*
- Steroids in traumatic brain injury*
- Supra-normal oxygen delivery*
- IV fluid boluses in kids with sepsis in LMIC*
- Glutamine for severe critical illness*
- Liberal transfusion in GI bleeding*
- Cytokine absorption in critically ill*

-PIP/Tazo for ESBL infections

- Inhaled nitric oxide in ARDS
- Early parenteral nutrition
- Early enteral nutrition in shock
- PCT-guided Ab-escalation
- Vitamin C in sepsis
- Early tracheostomy
- Early dialysis
- Albumin in cardiac surgery

Waste

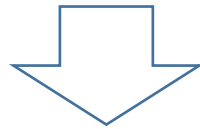
- Vitamin D
- Early goal-directed therapy
- Albumin for resuscitation
- sepsis
- Intra-aortic balloon pump
- Levosimendan in cardiac surgery
- Liberal transfusion in cardiac surgery
- Hypothermia to 33°C in OHCA
- Pantoprazole prophylaxis
- Immunonutrition
- Liberal IV fluid therapy in sepsis
- Early goal-directed nutrition
- 'Renal dose' dopamine

-Probiotics

- Routine BAL for nosocomial pneumonia
- PCM for fever
- Liberal blood transfusion in myocardial infarction

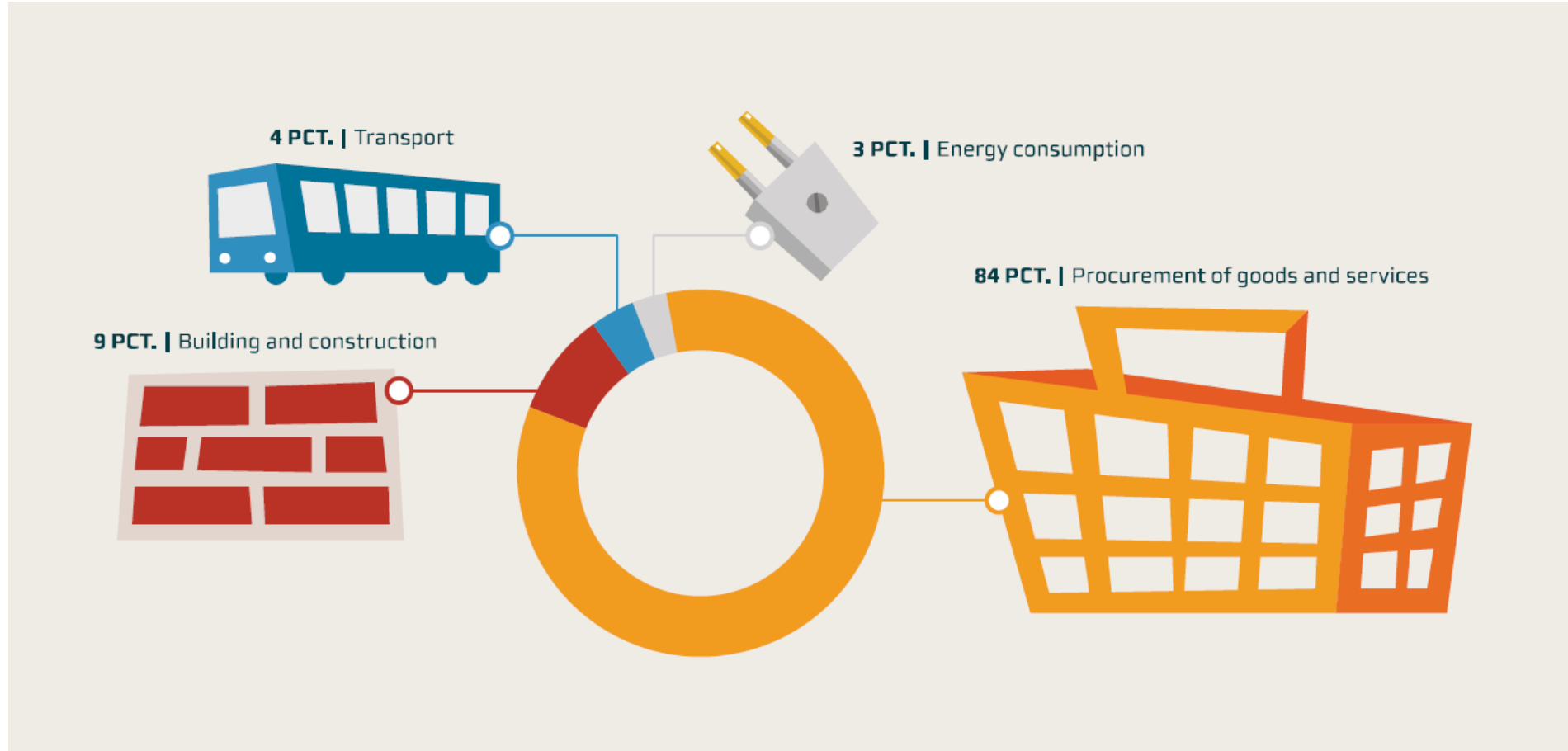
CONCLUSIONS OF CHOOSING WISELY

- The initiative is welcomed, provided recommendations are based on evidence
- Integrated into clinical guidelines
- Have a strong implementation strategy including
 - broad **communication** and
 - **education**
 - **research**



Win Win Situation → Patients are not overtreated and the saved economic resources can be used for better healthcare

IS AWARENESS IMPORTANT?



NATIONAL AND REGIONAL SUPPORT

National and Regional Climate Policy

- The 2022 Climate Law
- The Government basis paper of 2022
- 2020-Proposal: The Danish Regions wants hospitals to be green by 2030



Big Climate Footprint – Big Responsibility

IT`S A LOT ABOUT CHANGING BEHAVIOUR

- It's important that people and the employees know *why* we do it. And then get the feedback from the change (data, results and recognition are very important!)
- Our brain "is selective" – what we put in the spotlight with our flashlight, we focus on – until the flashlight points at another thing. So how do we hold on to our changes?



MOTIVATION – A KEY TO MAKE CHANGES

- What motivates you? 3 kinds of motivation – we are each one of us driven by those 3 motivation factors:
- Normative driven: You have in focus on whether or not your behavior affects other people, and how.
- Driven by gain: You are driven by time, money, status. Can I win something? Can I save money?
- Driven by pleasure and enjoyment: You focus on good feelings, feeling nice and comfortable and easy.

- The icecream example



child labour?
Local
produced?

Is very cheap
today!

With new
flavour



Thank you,
DENMARK!

