The Operating Room (OR) is a central part of the hospital environment. It is high risk and high cost, but there are many initiatives out there to make the OR more sustainable in terms of the environment and also cost-effectiveness. The OR uses the most supplies in a hospital and studies have shown that between 20-30% of hospital waste can be traced back to the OR. “Greening the OR” Practice Greenhealth’s initiative “Greening the OR” aims to identify best practices and substantiating data around products and practices that reduce waste, increase efficiency, increase worker and patient safety and reduce environmental impact. The initiative has reviewed eight strategies so far that significantly reduce cost and waste for facilities.

The initiative focuses on collaboration and aims to envision what the ‘green OR’ of the future will look like in terms of the products and processes used and help managers make this vision a reality. The focus is on sharing data, tools and resources on sustainability in the OR in collaboration with all stakeholders involved: managers, surgeons, sustainability leaders, the supply chain and service providers. It is said that the financial benefits of these programmes are significant, with millions of dollars in potential savings.

Indeed, Practice Greenhealth stress that not all green practices require large capital investments and that they can actually cut costs. A change in OR culture for example can actually result in cost-savings. This could be better leadership or the better understanding and use of data. “Going Green” is quickly becoming associated with good business practice in the long term, with companies focusing on their responsibility. It is also said to improve customer satisfaction.

This year Practice Greenhealth held its first Greening the OR symposium. The event described the environmental footprint of the OR and its impact on human health and presented the business case for a green OR highlighting the numerous benefits (cost, safety, engagement and environmental). Presenters discussed ideas such as reusing linens, minimising regulated medical waste, bluewrap reduction and reprocessing.

The “Greening the OR” initiative has many resources and educational opportunities. For example, the checklist can be used as an internal audit for your OR to assess the extent of your green practices and showing where the opportunities lie in terms of products and processes.

For more information on the initiative and to sign up, please visit: https://practicegreenhealth.org

Leadership

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It is clear that strong leadership is essential to change processes or the culture of the operating room. Any changes made by the management need the support of the surgeons involved and the wider surgical team to be successful. Practice Greenhealth is aware of this and has set up the Council for Environmentally Responsible Surgery (CERS). This initiative aims at increasing peer leadership and peer-to-peer learning among physicians in the operating room (OR) supporting sustainability efforts.

Physicians in the OR play a key role in decision-making within the OR. They are involved in choosing supplies and also operational process changes and are becoming more aware of the green implications of their choices as well as costs and safety and quality. The CERS provides engaged physicians with a forum to discuss these issues, to learn from their peers and collaborate with those in other institutions.

**Cutting Costs in the OR**

There are many tips and programmes out there to help reduce costs in the running of the operating room. Like the Greening the OR initiative, common advice includes collaboration and communication with physicians, benchmarking procedures and processes, reviewing costs regularly and shopping around for better deals.

In the past, many hospitals have favoured the use of disposable surgical instruments. The advantages are numerous including antisepsis improvement, easily trackable costs and the elimination of the post-surgical sterilisation process. However, the use of disposables can also increase costs. This is a particular issue in today’s economic climate. Disposables can be more expensive to buy and also safely dispose of. They also encourage waste. For these reasons reusable instruments are now making a comeback. The jury may be out on whether they save money or not but reusable instruments are said to be more environmentally friendly and so definitely worth further consideration.

Cost cutting can also be achieved by the standardisation of surgical instruments. If hospitals stock six different types of instrument from different manufacturers the cost of maintaining the inventory would be very high. Standardisation negates this problem, with many companies offering reduced prices and special deals for hospitals willing to standardise. Surgeons may resist these changes but clear communication and a strong evaluation process should allay fears. It is widely believed that standardisation reduces costs in the long term such as inventory and training costs. Staff competence can be higher and institutions can depend on stronger manufacturer support.

Another way to cut costs in the OR is to eliminate any waste in custom packs. If surgeons open a custom pack they must use everything inside it, if not this is a waste of money. An annual review of custom packs with physicians can reveal which items are needed and which are not. The unneeded items can then be eliminated from the custom packs in the future. Another obvious and yet often overlooked technique in saving money in the OR is to review your costs. It is important to review contracts and bills to ensure you are paying the correct amount. Shopping around with other companies can also reveal who offers the lower prices.

Finally, any changes within the OR must be supported by the surgeons. Without their cooperation new initiatives and processes will fail. Changes to daily routine are often met with distrust but clear communication and evaluation should ensure physicians understand both the need for cost-cutting measures and also the benefits for the OR and the hospital.

**Sources:**

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Published on : Mon, 3 Feb 2014