



# CASE STUDY Midlands Regional Hospital - Tullamore

Minimising Healthcare Risk Waste and Maximising Recycling in the Theatre

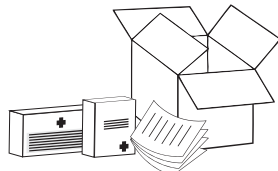


Midlands Regional Hospital Tullamore is a 237 bed acute hospital providing a wide range of services including general and emergency medicine, surgery, and oncology services. Midlands Hospital Tullamore joined the Green Healthcare Programme (GHP) in 2011 with a focus on waste segregation and clinical waste minimisation.

**This case study outlines the steps taken by the hospital to implement a successful programme in their Theatre to minimise healthcare risk waste and increase recycling, including:**



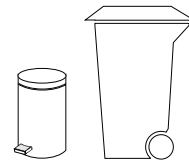
Training of staff and highlighting of cost savings



Clear identification of what can be placed in recycling bins



Healthcare risk waste classification procedures



Positioning of all waste bins

## Start Up of the Waste Segregation Programme

The hospital identified the need to reduce the quantity of healthcare risk waste (HCRW) and general landfill waste being produced by the hospital each year. Following consultation with waste portering staff, who handle the waste each day, the theatre was identified as one of the largest sources of waste. Thus, the theatre was selected as an ideal area to start a waste reduction and segregation improvement programme.

With commitment from hospital management and led by the hospital's Building Maintenance Officer and Theatre CNM1, a trial was undertaken in one theatre. Following a successful trial, the system was then rolled out across all theatres.





# CASE STUDY

Midlands Regional Hospital - Tullamore

Minimising Healthcare Risk Waste and Maximising Recycling in the Theatre

## Key points for implementing a successful waste segregation programme

### Make sure recycling bins are in the right location and easy to use:

Recycling bags on mobile stands are used in the theatre, to allow easy movement of the bin to where it is needed. The stand is moved to the preparation area, where equipment and materials are unpacked, prior to the procedure. All packaging is easily placed straight into the recycling bag. The stand is then moved closer to the operating table for use during the procedure.

### Review the number, position and size of general landfill and healthcare risk waste bins:

Assess whether the bin is needed (remove), is too big for the area (use smaller bin) or in the right location (move to better spot). For example the anaesthetist produces small quantities of healthcare risk waste, but is not provided with a HCRW bin. The waste is removed by nursing staff and placed in another bin. This reduces the work in emptying a barely filled bin.

### Outline clearly to staff what can be placed in the recycling bin:

Consult with your waste contractor and suppliers as to what materials are suitable for inclusion in the recycling bags. Compile a clear list of these materials and provide to all staff. At the start of the programme, the list may need to be placed on or above the bins (in line with hygiene requirements, to remind staff what can be placed in the recycling bin..

### Minimisation of healthcare risk waste:

The hospital treats all materials contaminated with blood and bodily fluids as healthcare risk waste, and tries to minimise uncontaminated waste being incorrectly treated as healthcare risk waste. In general, disposable covers (e.g. operating table) and gowns, which may be in contact with the patient, are automatically treated as healthcare risk waste, whether contaminated or not. Where a double layer has been used, the hospital assesses the lower layer for contamination and, if clean treats, as recycling.

## Staff - essential part of the programme

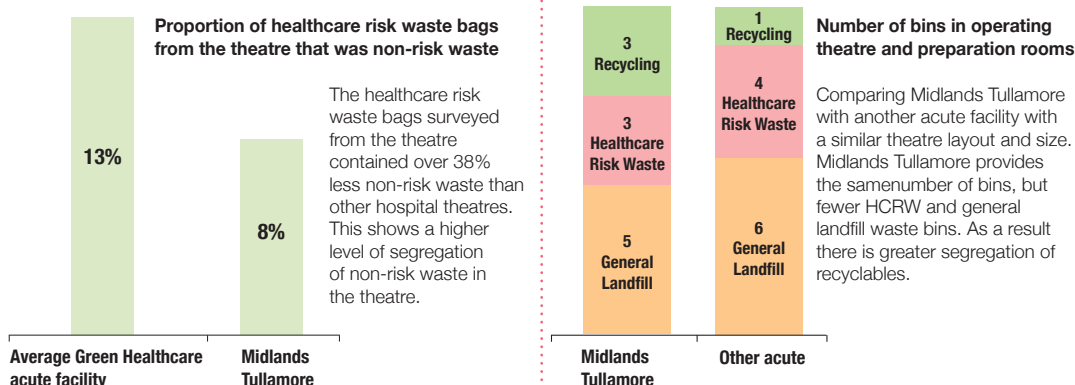
Ensure all staff are aware of the segregation programme. Generally, nursing, portering and anaesthesiologists staff manage the majority of waste in the theatre, so focus training on these staff. When initially trialled staff were wary of the programme, but having a key member of the green team in the department, allowed problems to be quickly addressed. Staff are now pro-actively involved, suggesting improvements.

## Highlight potential cost savings to motivate staff

There is a large cost difference between the disposal of waste as healthcare risk waste and as landfill/recycling. When this was highlighted to staff, it was observed to be a real motivation in implementing the programme.

## Results of the programme and comparison with the average acute facility

Information gathered through waste surveys carried out under the Green Healthcare programme



Across the hospital, Midlands Tullamore produces 0.5 kg less healthcare risk waste per bed day than the average GHCP facility. This equates to savings in the region of €26,000 per annum, compared to the average acute facility.

**Acknowledgement** The Green Healthcare Programme would like to thank Mary Slattery (CNM1), Joe Duffy (Building Maintenance Officer) and Midlands Tullamore hospital for their assistance in developing this case study.

