



Existing co2 targets for Karolinska by 2021

- **Reducing carbon footprint from gas anasthesia by 20 % per sergery**
- **Reducing carbon footprint from patient food by 20 %**
- **Reducing carbon footprint from business travel by 25 %**

Conclusions over the last six months

- **Important with evidence and research for decision making. Exampel: life cycle analysis of intravenous anasteshia compared with gas anasteshia.**
- **When calculating carbon footprint from services and goods the numbers are estimates and very hard to verify**
- **It is difficult to verify that we compair the same things when benchmarking**

Actions at Karolinska

- **Implementing the routine for closed circuit anesthesia for all units at the hospital – not only where dedicated staff make it happen. We have to make it an official board-decided document.**
- **Try to carry out a study that compare intravenous anesthesia with gas anesthesia**
- **Set the baseline for scope 1 and 2 including core measurements like gases, energy, staff business travel and cars used for healthcare. Almost finished**
- **Put effort and try to make a baseline for scope 3. Challenges are most likely to be data for goods and services. Though helpful with data from expenses and – and estimates of carbon footprint from each group of goods**
- **Spread the project results in the sustainability group for hospitals in Stockholm area**