Existing CO2 targets for Karolinska by 2021

- Reducing carbon footprint from gas anesthesia by 20% per surgery
- 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. Example: life cycle analysis of intravenous anesthesia compared with gas anesthesia.

- When calculating carbon footprint from services and goods the numbers are estimates and very hard to verify

- It is difficult to verify that we compare the same things when benchmarking
Actions at Karolinska

- Implementing the routine for closed circuit anaesthesia 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 anaesthesia with gas anaesthesia

- 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