



## CSN SNAP Committee Meeting MINUTES

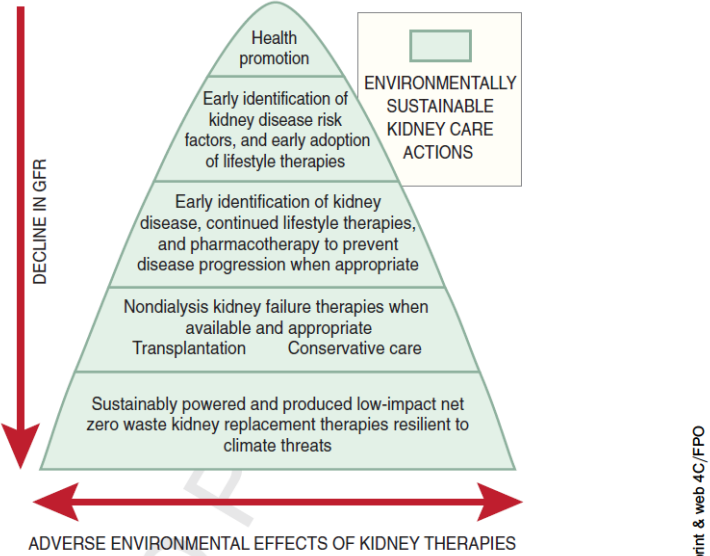
Tuesday, January 24, 2023, 4:00 p.m. – 5:00 p.m. EST

<p><b>Present</b></p> <p>Caroline Stigant, (Chair) Syed Obaid Amin, SK Isabel Ethier, QC Neil Finkle, NS Dan Martinusen, BC Kristen Pederson, MB Tasleem Rajan, BC Ratna Samanta, QC Ahmad Tarakji, ON</p>	<p><b>Regrets</b></p> <p>Keefe Davis, SK Naomi Glick, BC Bhavneet Kahlon, AB</p> <p><b>Guests from CASCADES</b></p> <p>Nicole Simms Shugri Nour Aubree McAtee</p> <p><b>Administration</b></p> <p>Filomena Picciano, Director of Operations Marli Sa, Assistant</p> <p><b>Minutes</b></p> <p>Diane Perazzo, Wordsmith Writing and Editing</p>
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AGENDA ITEM / KEY DISCUSSION POINTS / DECISIONS	ACTION ITEMS
<b>1. Welcome, Land Acknowledgement</b>	
Dr. Stigant welcomed the group and called the meeting to order.	
Dr. Pederson offered a land acknowledgement from the University of Manitoba as follows:	

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 <ul style="list-style-type: none"> <li>• We live and work on the original lands of the Anishinaabe, Cree, Oji-Cree, Dakota and Dene peoples, the homeland of the Métis Nation, and the original lands of the Inuit. We respect the Treaties made on these lands, and we acknowledge that our offices are located on Treaty 1 Territory.</li> <li>• We acknowledge the lasting impacts of colonialism and ongoing systemic racism on Indigenous communities.</li> <li>• We recognize that we all have a responsibility to stand against ongoing injustices. We dedicate ourselves to work towards equity, justice, and reconciliation, guided by the wisdom of our Indigenous community members and colleagues.</li> </ul> <p style="text-align: right;">Rady Faculty of Health Sciences   </p>	
<b>2. Review of November 22, 2022 Meeting Minutes</b>	
<p>Dr. Rajan noted that the BC LCA Study reported on page 4 of the Minutes will not be looking at the pediatric population at present.</p> <p><b>Dr. Stigant</b> made a motion to approve the Minutes of the November 22, 2022 Meeting. This motion was seconded by <b>Dr. Martinusen</b>. <i>All in favour.</i></p>	<p><b>A1. Ms. Sa</b> will adjust and distribute the November 22, 2022 Meeting Minutes.</p>
<b>3. Updates -- SNAP Members' Publications and their Significance</b>	
<p><b>a) Recyclable PD Plastics</b></p> <p>Dr. Rajan provided a brief overview of the article <i>Quantification of Recyclable Peritoneal Dialysis Plastics in a Home Dialysis Program--An Opportunity for Resource Stewardship</i> by Nisha Rao, Tasleem Rajan and Caroline Stigant. <i>Kidney Int Rep</i> (2022) <a href="https://doi.org/10.1016/j.ekir.2022.11.018">https://doi.org/10.1016/j.ekir.2022.11.018</a>.</p> <p>She noted that the use of both polypropylene (PP) and polyvinyl Chloride (PVC) plastics in PD causes significant waste and “if annual British Columbia, Canada PVC waste was recycled (vs. landfilled), 95.66 MTCO<sub>2</sub>e would be saved, equivalent to annual emissions of 20 vehicles.”</p> <p>It was also noted that this data has been extrapolated to a worldwide usage, “annual recyclable PP and PVC waste from PD is estimated at 7.91 million and 30 million kg respectively.”</p> <p>Dr. Stigant also noted that these numbers do not include non-recyclable wastage.</p> <p>This article has been forwarded to the Canadian Coalition on Green Health Care and will be shared in their next newsletter.</p> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>• Australia has a program to recycle PD plastics via a nationwide PVC and PP recycling stream for urban dwelling patients. This program is driven by Baxter. There is a healthcare institution in BC that is considering how to build a healthcare recycling facility.</li> </ul>	<p><b>A2. Dr. Stigant</b> will discuss the possibility of an infographic based on this information with CASCADES.</p>

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<ul style="list-style-type: none"> <li>It was also noted that PD plastics are a small component of the entire plastic usage in health care.</li> </ul>	
<p><b>b) GREEN-K Article</b></p> <p>Dr. Stigant noted that she had co-authored an editorial entitled <i>Our shared responsibility: the urgent necessity of global environmentally sustainable kidney care</i> published in <b>Kidney International</b>.  <a href="https://doi.org/10.1016/j.kint.2022.12.015">https://doi.org/10.1016/j.kint.2022.12.015</a></p> <p>She drew attention to the following graphic which provides a framework of environmentally sustainable quality kidney care:</p>  <p><b>Figure 1   Framework of environmentally sustainable quality kidney care.</b> GFR, glomerular filtration rate.</p>	
<p><b>c) CSN Green Nephrology Abstract Category Prize</b></p> <p>Ms. Picciano noted that there had been one submission for this prize and that it would be awarded by acclamation.</p> <p>It was agreed that it will be excellent exposure for the award-winner and that the number of eligible articles is likely to rise once this award becomes better known.</p> <p>Dr. Rajan also noted the name of the fellow who was working on the BC-LCA project suggested her data on comparative emissions be highlighted in the upcoming sustainability issue of the CJKD.</p>	<p><b>A3. Ms. Picciano will make arrangements for the Green Nephrology Abstract prize at the AGM.</b></p>
<p><b>d) Kunming – Montreal Global Biodiversity Framework adopted at COP15 UN Biodiversity Conference in Montreal, Dec. 2022</b></p> <p>Dr. Stigant noted that the UN Biodiversity Conference (COP-15) ended in Montreal Canada in December with a landmark agreement to guide global action. It was clearly stated that “the planet is experiencing a dangerous decline in nature as a result of human activity and is experiencing the largest loss of life in over one million years. One million plant and animal species are</p>	<p><b>A4. Ms. Picciano will ensure that the link to the UN Sustainable Development Goals is added to the SNAP section of the CSN website.</b></p>

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<p>now threatened with extinction, many within decades.” In Canada, one in five species are at risk. (<a href="#">Source</a>)</p> <p><u>Wild Species 2020: The General Status of Species in Canada</u></p> <p>More information can be found at the following link:  <a href="https://www.canada.ca/en/environment-climate-change/services/species-risk-public-registry/general-status/wild-species-2020.html">https://www.canada.ca/en/environment-climate-change/services/species-risk-public-registry/general-status/wild-species-2020.html</a></p> <p>A landmark agreement has been reached to protect the world’s lands, inland waters, coastal areas and oceans that also acknowledges the role played by Indigenous communities.</p> <p>More information can be found at the following link:  <a href="https://www.un.org/sustainabledevelopment/blog/2022/12/press-release-nations-adopt-four-goals-23-targets-for-2030-in-landmark-un-biodiversity-agreement/">https://www.un.org/sustainabledevelopment/blog/2022/12/press-release-nations-adopt-four-goals-23-targets-for-2030-in-landmark-un-biodiversity-agreement/</a></p>	
<p><b>e) 10 Steps for Sustainability</b></p> <p>Dr. Stigant reported that she had received excellent feedback on this document from the members of the Committee and requested that any remaining feedback be sent to her within 1 week of receiving the revised 10 Steps document, which will be forwarded soon.</p> <p>The Committee agreed that the CSN and SNAP logos could be included in the document alongside the logos of CASCADES and Health Canada.</p>	<p><b>A5. Dr. Stigant</b> will work with CASCADES to finalize the 10 Steps for Sustainability.</p>
<p><b>4. Canadian Green Nephrology Survey Update</b></p>	
<p>Dr. Amin reported that he had received feedback regarding the fourth version of the survey and there were still some concerns about it being too long (approximately 10 - 15 minutes) and that respondents may experience survey fatigue. Unlike other surveys done internationally, this survey also includes questions about the attitude and knowledge base of respondents.</p> <p>Dr. Amin also noted that the survey will serve an educational function in raising awareness regarding issues that nephrology professionals may not be aware of. It should also be recognized that those who are concerned about climate change are more likely to take the time to complete the survey.</p> <p><b>Discussion / Suggestions</b></p> <ul style="list-style-type: none"> <li>• The five-point scale could be reduced in some instances to a yes/no question.</li> <li>• A progress tracker that would provide an indication of how many questions are left would be helpful. (This can be done using the Redcap survey software.)</li> <li>• Perhaps the survey could be broken down according to target group, e.g. nephrologists, allied health professionals and staff, patients and families. It is likely that dialysis technologists may be more knowledgeable about procedures in dialysis, etc.</li> </ul>	<p><b>A6. Dr. Ethier</b> will check into removing the French language template headings.</p> <p><b>A7. SNAP Committee</b> members will review the survey and provide feedback ASAP.</p> <p><b>A8. Drs Tarakji and Ethier</b> will continue work on the survey.</p>

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<ul style="list-style-type: none"> <li>• Dr Ethier noted that even if the survey is not completed, it will be possible to see who started it and the answers they provided.</li> <li>• We need to balance quality/depth of information with numbers of respondents.</li> <li>• The survey is bottom-heavy which is tough.</li> <li>• The nice thing about the depth of the survey is that it can also become a teaching tool.</li> <li>• The survey could possibly be broken into different components related to individual practices, dialysis practices institutional practices, etc. as many nephrologists and staff may not know what type of procedures are followed in their institutions, e.g. automatic shutdowns, etc.)</li> <li>• It would be useful to analyze the data according to provinces since BC is likely ahead of other provinces in Canada.</li> <li>• Could the survey be sent to Nephrology Program Directors?</li> <li>• Promotion regarding the survey will stress its importance for nephrology.</li> <li>• A more general survey could be followed by a more targeted and detailed survey to get details on specific themes.</li> </ul>	
<b>5. Proposed Industry Session - Query March 7th</b>	
<p>Dr. Stigant stated that she would be meeting with Dr. Rigatto on January 31.</p> <p>Dr. Stigant stated that she hoped that the upcoming SNAP Committee to be held March 7 will also include the Green Industry Session. This would be a 2 hour meeting.</p>	<p><b>A9. Dr. Stigant</b> will report to the Committee regarding her meeting with Dr. Rigatto.</p>
<b>6. SNAP / CASCADES Review of EDTNA/ERCA Green Excellence in Dialysis Manual</b>	
<p>Dr. Stigant introduced Aubree McAtee, Shugri Nour and Nicole Simms who joined the meeting from CASCADES. The group reviewed a new resource: “Green Excellence in Dialysis: Recommendations for Sustainable Kidney Care.”</p> <p>She noted that this document was developed by an industry and expert collaborative in the European Renal Association and reviewed by Dr. Vanholder. This impressive resource could be adapted for the Canadian environment.</p> <p>The group reviewed a list of key performance indicators proposed by project team (page 19).</p>	<p><b>A10. Drs. Stigant and Finkle</b> will review this report in more depth with CASCADES to see how it fits the Canadian context. Learnings can be used to develop a prescribing ‘Primer’ that has been envisioned by CASCADES and SNAP.</p>

## AGENDA ITEM / KEY DISCUSSION POINTS / DECISIONS

## ACTION ITEMS

### 2.4 How to analyze the results

#### Key performance indicators proposed by project team

Number	Key performance indicator	Target value	Frequency of measurement
1.	Water consumption per 1 HD treatment	350-400 liters	Monthly
2.	Water consumption per 1 HDF treatment	450-500 liters	Monthly
3.	Electricity consumption per 1 HD/HDF treatment	12-15 kWh	Monthly
4.	Hazardous waste generation per 1 HD/HDF treatment	1.00-1.2 kg	Monthly
5.	Sustainable use of chemical substances and disinfectants in renal care	50% green products (without phosphates, colors, fragrances)	Annually
6.	Reduction of plastic materials in percent per dialysis center	10% first year, 5% subsequent years till reaching the goal	Annually
7.	Reduction of paper printouts per dialysis center	10% first year, 5% subsequent years till reaching the goal	Annually
8.	Percentage of employees coming to the dialysis center using public transportation	25%	Annually
9.	Percentage of employees coming to the dialysis center by bike or walking	25%	Annually
10.	Percentage of suppliers with certified EMS/EnMS	50%	Annually



### Discussion

- This information should be brought to the attention of a variety of target groups including hospital admin, sustainability leads, etc.
- The CSN QUIS Committee is currently evaluating environmental sustainable key performance indicators for kidney care
- There are similar themes that are raised in the survey.
- It was noted that Karina Spoyal at UBC is doing some research on patient warming and sustainability. which will help feed into the BC renal LCAs.
- There are improvements in engineering practices within hospitals such as redistributing heating and cooling that are having substantial effects in reaching greenhouse targets sooner, notably at Island Health in BC.
- Different health professionals within the nephrology health care team have unique understandings and roles related to environmental impact. It is important to set targets and challenge different professionals.
- There is a broad range of activities presented in the manual.
- The manual can also be of assistance in SNAP's advocacy efforts. There are changes in our understanding of standards for infection control that will likely impact sustainable practice.

### 7. Wrap-up and Next Meeting Date / Time

Dr. Stigant thanked the members for their attendance at the meeting and stated that an additional meeting will likely take place to host the Green Industry Fair.

The meeting adjourned at 5:05 p.m.

**A11.** Ms. Sa will poll members regarding the timing of the next SNAP.