**Chapter 6 : Reducing Waste in Clinical Settings**

Mr . Mustafa Ngaja , Mr.Khush Jain 2

1M.Sc. Rresearch fellow Parul Institute of Paramedical and Health Sciences Parul university .

2Assistant Professor Parul Institute of Paramedical and Health Sciences Parul university .

( Email ID : ngaja2525@gmail.com )

( Email ID ; Khushjain028@gmail.com)

# **Introduction and background**

Minimising waste in modern healthcare improves sustainability, safety, and regulatory compliance. Clinical waste often contains harmful compounds that harm humans and the environment. These challenges are becoming more important as healthcare systems seek for safety and environmental sustainability. This balance requires systematic waste management, innovative technologies, and increasing awareness to reduce clinical waste.

# **Categories of Waste in Clinical Environments**

Clinical environments produce multiple categories of trash, encompassing general, biomedical, and pharmaceutical waste. Every category of trash necessitates distinct management and disposal techniques to avert environmental pollution and protect public health (1).

This chapter examines the many categories of waste prevalent in healthcare institutions, emphasising the significance of appropriate management strategies and presenting concrete examples of programs focused on efficient waste segregation and disposal (2,3).

## **Biomedical Waste**

If incorrectly managed, biomedical waste can pose major health risks, making it the most important healthcare waste category (4). Wastes contaminated by blood, body fluids, or infectious materials include spent needles, scalpels, gauze, bandages, and lab specimens. These items pose infectious hazards; thus, handling and disposal must be done carefully to safeguard healthcare workers, patients, and the community.

WHO cites the high occurrence of accidental needle stick injuries in healthcare workers. Personnel are exposed to HIV, hepatitis B, and C through these injuries (2,3). Specialised sharps containers are needed to safely dispose of sharps, which can cause accidents and infections. Many healthcare institutions, especially in low-resource countries, lack proper sharps disposal systems, making this a common health risk.

Laboratory cultures and discarded blood samples must be handled carefully along with sharps. The WHO stresses biohazard containers, colour-coded bags, and sterilisation to prevent contamination of common garbage. Mishandling biological waste can expose waste handlers and transmit healthcare-associated infections (HAIs) (2,3).

Segregation and Disposal -WHO suggests a multi-tiered segregation strategy for biological waste. Colour-coded waste containers are usually red, yellow, or blue. Gauze, gloves, and bandages are in red, body fluids are in yellow, and needles and scalpel blades are in blue. This method eliminates cross-contamination between hazardous and non-hazardous trash, improving safety and lowering disposal costs (4,5).

## **Pharmaceutical Waste**

Pharmaceutical waste contains expired, unused, or contaminated drugs and chemicals. Pharmaceutical chemicals can be poisonous, making this waste especially dangerous. If incorrectly disposed of in landfills or water sources, medications can alter ecosystems and harm humans (4,6).

Incorrect pharmaceutical waste disposal can pollute landfills and waterways and infiltrate the food chain. The potential for antibiotics to cause antimicrobial resistance has generated global concerns. Antibiotics discharged into water systems promote the growth of resistant bacteria, endangering human and animal health (7–10).

According to the ICRC, hospital pharmaceutical waste comprises expired or unused analgesics, antibiotics, and opioids. Reusing or misusing these medications can be dangerous, thus they must be handled properly. Pharmaceutical waste is often incinerated at high temperatures to neutralise harmful chemicals and prevent their release (2,3).

Disposal Techniques -Healthcare facilities should store and dispose of pharmaceutical waste securely. Pharmaceutical waste should be returned to suppliers for controlled incineration or processed using specialised chemical treatment processes, per WHO guidelines. In healthcare and the community, dedicated narcotics and restricted substance disposal protocols reduce drug misuse and diversion (11).

## **General Waste**

Paper, packaging, and food scraps are considered general waste in healthcare. It is safer than biomedical or pharmaceutical waste and is equivalent to municipal solid garbage.

* + 1. *Types and Composition*

This accounts for 75–90% of healthcare waste. Food scraps, packaging materials, and administrative waste (such office paper) contribute to trash volume but represent little to no danger of infection or toxicity. Recycling, composting, and reducing packaging help manage this category (5,9).

* + 1. *Recycle and Reduce*

Recycling common garbage benefits the environment and economy. Hospital recycling programs for paper, glass, and some plastics can greatly reduce landfill waste. Clinical recycling requires careful monitoring to ensure that ordinary trash is not contaminated by hazardous compounds, which can make recyclable products unusable or even harmful (9).

WHO has reported successful recycling activities at numerous hospitals, where colour-coded bins and signage highlight recyclable materials. These techniques work best with staff training since even tiny waste sorting errors can contaminate recyclables and endanger garbage handlers (9).

# **Current Challenges in Waste Management in Clinical Settings**

Clinical waste management is complicated due to the variety of waste and the health and environmental risks of inappropriate handling. To ensure safe and sustainable disposal, waste management involves stringent protocols, suitable infrastructure, and ongoing worker training. However, clinical environments often struggle with segregation, disposal, and health risks for patients and staff. This chapter discusses waste management's main challenges with examples.

## **Lack of Awareness and Training**

Healthcare professionals' lack of waste handling and disposal training is a major hurdle to clinical waste management. Many healthcare workers are unaware of the long-term health and environmental implications of incorrect waste disposal, which can include unintended exposure to hazardous items, inappropriate segregation, and higher waste management expenses (12).

The WHO and ICRC recommend training healthcare workers on waste management techniques to reduce occupational exposure and environmental damage. According to an ICRC report, unskilled staff in certain facilities combined biomedical waste with general waste, contaminating it and endangering waste handlers and the population (12).

Handling sharps or infectious debris improperly might injure healthcare personnel and cause waste disposal site cross-contamination. The dangers of processing biomedical and pharmaceutical waste are poorly understood, according to studies. Regular training can help healthcare staff follow proper segregation and disposal procedures, reducing exposure hazards (12).

### *Training and awareness programmes*

WHO recommends that healthcare facilities adopt comprehensive waste segregation, safe handling, and disposal training programs to address these challenges. Continuous training is needed to adapt to changing waste management protocols and technology. Regular workshops, visual guidelines, and posters at healthcare facilities have helped personnel practice good trash handling. Integrating these training programs into hospital operations promotes responsibility and lowers waste management errors (12).

## *Inadequate Waste Segregation Practices*

Segregating garbage reduces health concerns and ensures safe and efficient disposal. However, many healthcare facilities have poor waste segregation, which can cause cross-contamination, higher disposal costs, and environmental damage. Lack of labelling, colour-coded bins, and trash storage space often complicate waste segregation.

The WHO warns that poor segregation can classify the entire waste stream as hazardous, increasing disposal costs and environmental concerns. When packaging or paper is mixed with biological waste, the entire batch is considered hazardous and must be incinerated or disposed of. This increases expenses and environmental effect owing to hazardous waste treatment emissions (12).

WHO identified a hospital where colour-coded bins were inconsistently placed, confusing workers about garbage disposal. Sharps and infectious garbage were sometimes disposed of in normal waste bins, putting waste handlers and patients at danger. Such occurrences demonstrate the significance of consistent trash segregation for safe disposal (12).

Solution: Waste Segregation Standards - WHO suggests standardised waste segregation systems with colour-coded containers for infectious, pharmaceutical, and sharps trash to solve these issues. Clear signs and frequent inspections can also assure waste segregation compliance. Training staff about the purpose of colour-coded bins and the hazards of each waste type encourages segregation, making trash management safer and cheaper.

## **Lack of Infrastructure and Resources**

Healthcare institutions, especially low-resource ones, have physical and resource constraints that make waste management difficult. Rural hospitals and tiny clinics may lack storage, waste containers, and incinerator or other disposal systems (12).

The ICRC's medical waste management standards emphasise the need for safe hazardous waste storage and disposal infrastructure. Low-resource healthcare facilities generally lack biomedical waste storage rooms, forcing personnel to store dangerous chemicals in temporary sites that increase contamination hazards. A clinic without a sharps waste storage room may keep used needles in normal waste containers, exposing cleaners and other staff (12).

Lack of incineration facilities might further complicate waste management. Healthcare facilities without high-temperature incineration may burn or dump biological waste, polluting the environment and spreading pathogens (12).

* + 1. *Resource allocation and mobile incinerators*

WHO advises strategic resource allocation to prioritise waste management infrastructure in resource-limited environments. If installing full incineration plants is financially or logistically impossible, mobile units are a reasonable alternative. These devices can handle hazardous waste on-site, reducing transportation emissions and risky disposal (12).

## **Regulatory and Policy Limitations**

Regional differences in medical waste management regulations and policies make disposal procedures inconsistent and compliance difficult. Some countries lack a national healthcare waste management strategy, leaving healthcare facilities without a hazardous waste framework. Sometimes regulations aren't enforced owing to lack of resources or oversight (12).

Healthcare facilities may have different waste management strategies due to regulatory inconsistencies. Hospitals in nations with strict regulations may have strict waste disposal protocols, whereas those in less regulated countries may struggle with basic segregation. This difference can harm public health since improperly managed trash pollutes water, soil, and air (12).

A WHO study found that nations lacking comprehensive waste regulations have greater rates of illicit dumping and open burning. These methods pollute the environment and expose local residents to viruses and toxins, highlighting the need for strong regulations (12).
National and international policies and guidelines - The WHO recommends national healthcare waste management programs that follow international recommendations to overcome these restrictions. Hazardous waste segregation, storage, transport, and disposal should be outlined in such policies. International norms like the Basel Convention for hazardous waste transport help countries standardise waste management, especially in low-resource regions (12).

1. **Optimal Strategies for Waste Minimization**

## **Execution of Recycling Initiatives**

Establishing organized recycling initiatives in healthcare environments can markedly diminish waste production and ecological consequences. Hospitals and healthcare facilities get advantages from recycling initiatives that emphasize the segregation of non-hazardous waste from other categories, including plastics, metals, and paper, thereby facilitating safe recycling.

Carilion Roanoke Memorial Hospital in Virginia established a thorough waste reduction program, combining personnel training with recycling systems. This program promoted active participation in waste segregation among nursing personnel and environmental services. Through the implementation of designated recycling bins and the monitoring of departmental trash production, Carilion experienced a significant reduction in landfill waste, illustrating the beneficial effects of active engagement and awareness on environmental sustainability within healthcare environments (13,14).

The National Health Service (NHS) in the United Kingdom initiated a program to diminish single-use plastics within its facilities, targeting things such as disposable cutlery, straws, and containers. This program prioritizes collaboration with suppliers to procure biodegradable products and advocates for recycling among healthcare providers. This effort has effectively reduced plastic waste in NHS hospitals, underscoring the significance of sustainable practices in healthcare (14,15).

* 1. **Minimizing Packaging Waste**

Packaging trash constitutes a substantial portion of overall waste in the healthcare sector. Numerous medical products are separately wrapped to preserve sterility, leading to substantial quantities of throwaway packaging. Resolving this issue necessitates new procurement techniques and engagement with suppliers to reduce superfluous packing.

Mayo Clinic's Sustainable Packaging Initiative Mayo Clinic in the United States collaborated with medical suppliers to mitigate wasteful packaging by advocating for environmentally friendly, minimal packaging for commonly utilised commodes. This program minimised waste without sacrificing sterility or quality, illustrating how healthcare institutions can impact suppliers and procurement methods to attain environmental objectives while simultaneously reducing disposal costs (13,16).

Medline Industries Sustainable Packaging Medline Industries, a worldwide medical provider, provides hospitals with choices for recyclable and biodegradable packaging. In partnership with healthcare professionals, Medline has endeavoured to diminish plastic waste by utilising compostable or recyclable materials for a range of medical equipment. This project corresponds with overarching sustainability objectives in healthcare, emphasising the significance of collaborations between suppliers and hospitals in minimising waste (14,17).

# **Technological Innovations in Waste Management in Clinical Settings**

Modern technology has transformed healthcare, especially waste management. The latest techniques and software can improve clinical waste management, environmental impact, and operational efficiency. Technology helps healthcare institutions manage trash, complying with rules and reducing health and environmental dangers. Waste tracking software, automated waste sorting systems, and other waste management technologies are examined in this chapter.

## **Use of Waste Tracking Software**

Waste tracking software is essential for healthcare waste management. This system helps healthcare facilities optimise waste management by tracking trash types, volumes, and disposal methods. Real-time tracking helps facilities detect inefficiencies, make data-driven decisions, and meet regulations.

### *Function and Advantages*

1. Healthcare administrators can manage and analyse waste data from generation to disposal using waste tracking software. This data-driven strategy has many advantages:
2. Improved Efficiency: Tracking software helps facilities reduce waste by revealing waste generating tendencies. Administrators can determine why a department wastes too much.
3. Healthcare waste disposal regulations are strict, especially for dangerous and infectious products. Software automates documentation, generates reports, and alerts personnel to trash removal and disposal dates, simplifying compliance.
4. Facility waste disposal schedules can be optimised by analysing waste patterns, eliminating wasteful pickups and potentially saving disposal fees. Real-time tracking avoids unintentional hazardous material disposal, which could result in severe fines.
	* 1. *Waste Tracking Software Demos*

Many U.S. and European hospitals use waste tracking to improve efficiency and cut expenses. U.K. hospitals, for instance. Tracked biomedical and general garbage separately with software. By reducing general waste contamination, the hospital reduced hazardous waste disposal, which is more expensive. Additionally, the system provided frequent reports, helping the hospital comply with national waste management requirements (18–20).

A large U.S. hospital used waste tracking software to identify high-waste departments. By evaluating this data, the hospital was able to establish targeted waste segregation training programs for staff, decreasing hazardous waste and disposal expenses (18,19).

### *Waste Tracking Software Implementation Issues*

Waste tracking software is beneficial but difficult to install. Training staff on software use is often required, and purchasing and installing the system may cost. Older buildings may lack Wi-Fi connectivity for real-time tracking. Facilities can solve these issues by training people, auditing software, and providing enough IT assistance to run software smoothly (18,19)(21).

## **Automated Waste Sorting Systems**

Robotics and AI help automated waste sorting systems sort rubbish accurately. This technique prevents hazardous products from being combined with normal garbage, decreasing contamination concerns and improving healthcare personnel and waste handler safety. Automated sorting is especially useful in large hospitals, where waste volume makes hand sorting difficult and error-prone.

* + 1. *How Automation Sorts*

To classify waste, automated waste sorting systems use sensors, cameras, and machine learning algorithms. Infrared sensors detect plastics and metals, while robotic arms sort objects by composition (22,23).
High-volume environments like emergency departments and operating rooms require rapid waste sorting, making these systems useful. Automated systems eliminate manual labour, reducing hazardous material exposure (24).

* + 1. *Healthcare Automated Sorting Examples*

Several Japanese hospitals use automated waste sorting systems to handle the high amount of medical and general waste. One facility used a robotic sorting system to separate plastics, metals, and biomedical waste, reducing worker workload and cross-contamination (25,26). Some European hospitals use AI-driven trash sorting systems in their labs to accurately dispose of chemical and biological waste, improving environmental compliance (21,27).
Another US hospital implemented AI-based pharmaceutical waste sorting (20,28). This technology identified pharmaceutical packaging types, allowing the facility to properly classified and dispose of outdated drugs, reducing environmental contamination (20).

* + 1. *Possible Issues with Automated Sorting*

Smaller healthcare facilities may find automated waste sorting systems costly. To stay efficient and accurate, these systems need regular maintenance and software updates. Hospitals must also assess their waste kinds to determine if automated sorting is cost-effective and suitable (20,21).

Some hospitals use hybrid sorting systems to overcome these issues. Sharps are manually sorted, whereas ordinary garbage is automated, making the method more inexpensive and versatile (29–31).

## **Emerging Technologies in Waste Management**

In addition to waste tracking software and automatic sorting, various innovative technologies offer sustainable healthcare waste management. Smart bins, heat treatment, and blockchain for tracking and transparency are examples.

* + 1. *Monitor Waste with Smart Bins*

Sensors and IoT technology in smart bins monitor waste levels in real time and alert staff when they need to empty them. This optimizes waste collection schedules to decrease waste management personnel trips and prevents bins from overflowing, especially in high-traffic areas (19,32,33).

A big Singaporean hospital uses IoT-enabled containers to track waste in each department. The data is sent to a central system to help administrators plan rubbish pickup routes. In busy hospitals, this technology has cut expenses and interruptions (19,32,33).

* + 1. *Thermal Treating Technologies*

Thermal treatment procedures like autoclaving and microwave treatment are effective for infectious waste. Sterilisation with heat makes dangerous materials safe for disposal. Thermal treatment neutralises microorganisms and decreases biomedical waste volume, making it safer and easier to handle.

Hospitals utilise autoclaves to treat infectious waste on-site, eliminating hazardous material transit. The fast, effective method is appropriate for high-volume facilities. Europe has adopted microwave treatment, another thermal processing method, because to its efficiency and lower emissions than incineration (34–36).

* + 1. *Track and Transparency using Blockchain*

Blockchain technology is being considered for healthcare waste monitoring due to its security and transparency. Blockchain lets hospitals securely record trash generation and disposal. A clear record of waste management actions that authorities can easily check makes this technology useful for regulatory compliance (20,33).

A large Canadian hospital system piloted blockchain for tracking dangerous pharmaceutical waste. A permanent record of trash generation, handling, and disposal helped the hospital comply with tight disposal requirements and prevent illegal dumping or mismanagement (2,3).

1. **Conclusion**

In summary, improving sustainability, safety, and regulatory compliance in clinical settings requires efficient waste management. To reduce health hazards and environmental effects, specific management techniques are needed for the various types of waste produced, including pharmaceutical, biomedical, and general garbage. In order to minimize cross-contamination and guarantee the safe handling of hazardous chemicals, the chapter emphasizes the significance of appropriate segregation and disposal methods as well as the need for specialized training for healthcare personnel.

Innovative solutions like recycling programs and technical developments in garbage tracking can greatly improve waste management practices, even in the face of obstacles like poor infrastructure, a lack of knowledge, and inconsistent regulations. Significant waste savings can result from the adoption of established procedures, ongoing training, and supplier participation for sustainable packaging.

In the end, giving waste reduction techniques top priority not only protects the public's health but also helps create a more sustainable healthcare system. We can successfully handle the urgent problem of clinical waste management and its effects on the environment and human health by encouraging a culture of accountability and compliance inside healthcare facilities.

# **References**

1. Bleijenberg N, de Man-van Ginkel JM, Trappenburg JCA, Ettema RGA, Sino CG, Heim N, et al. Increasing value and reducing waste by optimizing the development of complex interventions: Enriching the development phase of the Medical Research Council (MRC) Framework. Int J Nurs Stud. 2018 Feb 1;79:86–93.

2. Icrc. MEDICAL WASTE MANAGEMENT [Internet]. Available from: www.icrc.org

3. Chartier Yves. Safe management of wastes from health-care activities. World Health Organization; 2014. 308 p.

4. Nolan A. Operating Room Waste Reduction [Internet]. Vol. 87, AANA Journal. 2019. Available from: www.aana.com/aanajournalonline

5. Bush RW. Reducing Waste in US Health Care Systems [Internet]. Vol. 297. 2007. Available from: http://jama.jamanetwork.com/

6. Almorsy L, Khalifa M. Lean six sigma in health care: Improving utilization and reducing waste. In: Studies in Health Technology and Informatics. IOS Press BV; 2016. p. 194–7.

7. Johnson KM, González ML, Dueñas L, Gamero M, Relyea G, Luque LE, et al. Improving waste segregation while reducing costs in a tertiary-care hospital in a lower-middle-income country in Central America. Waste Management and Research. 2013 Jul;31(7):733–8.

8. Taylor AL, Levin J, Chan J, Lee M, Kasitinon D, Miller E, et al. Improving environmental sustainability in outpatient clinics: Lessons from a waste audit. Journal of Climate Change and Health. 2021 Oct 1;4.

9. Davis G. What’s in a bin? Vol. 2005, I W M Scientific and Technical Review. 2005. p. 37–9.

10. McCray S, Maunder K, Barsha L, Mackenzie-Shalders K. Room service in a public hospital improves nutritional intake and increases patient satisfaction while decreasing food waste and cost. Journal of Human Nutrition and Dietetics. 2018 Dec 1;31(6):734–41.

11. Kelendar H, Mohammed MA. LEAN AND THE ECRS PRINCIPLE: DEVELOPING A FRAMEWORK TO MINIMISE WASTE IN HEALTHCARE SECTORS. International Journal of Public Health and Clinical Sciences [Internet]. 7(3):2289–7577. Available from: https://doi.org/10.32827/ijphcs.7.3.98

12. Harding C, Van Loon J, Moons I, De Win G, Bois E Du. Design opportunities to reduce waste in operating rooms. Sustainability (Switzerland). 2021 Feb 2;13(4):1–14.

13. Ghali H, Cheikh A Ben, Bhiri S, Bouzgarrou L, Rejeb M Ben, Gargouri I, et al. Health and Environmental Impact of Hospital Wastes: Systematic Review. Vol. 6, Dubai Medical Journal. S. Karger AG; 2023. p. 67–80.

14. Reducing waste in the NHS: an overview of the literature and challenges for the nursing profession. 2015;

15. CLINICAL transporting clinical waste [Internet]. Available from: http://tinyurl.com/9kwqj69

16. Shipman SA, Sinsky CA. Expanding primary care capacity by reducing waste and improving the efficiency of care. Health Aff. 2013 Nov;32(11):1990–7.

17. Reducing Waste in the Clinical Setting.

18. Babu MA, Dalenberg AK, Goodsell G, Holloway AB, Belau MM, Link MJ. Greening the Operating Room: Results of a Scalable Initiative to Reduce Waste and Recover Supply Costs. Clin Neurosurg. 2019 Sep 1;85(3):432–7.

19. Langell JT, Bledsoe A, Vijaykumar S, Anderson T, Zawalski I, Zimmerman J. Implementation of national practice guidelines to reduce waste and optimize patient value. Journal of Surgical Research. 2016 Jun 15;203(2):287–92.

20. Shrank WH, Rogstad TL, Parekh N. Waste in the US Health Care System: Estimated Costs and Potential for Savings. JAMA - Journal of the American Medical Association. 2019 Oct 15;322(15):1501–9.

21. CLINICAL transporting clinical waste [Internet]. Available from: http://tinyurl.com/9kwqj69

22. Green CF, Crawford V, Bresnen G, Rowe PH. A waste walk through clinical pharmacy: How do the “seven wastes” of Lean techniques apply to the practice of clinical pharmacists. International Journal of Pharmacy Practice. 2015 Feb 1;23(1):21–6.

23. Hossain MS, Santhanam A, Nik Norulaini NA, Omar AKM. Clinical solid waste management practices and its impact on human health and environment - A review. Vol. 31, Waste Management. 2011. p. 754–66.

24. Hale I, McKenzie A. Reducing healthcare waste by eliminating exam table paper in a primary care practice: a sustainable quality improvement initiative. BMJ Open Qual [Internet]. 2024 Oct 28;13(4):e002838. Available from: https://qir.bmj.com/lookup/doi/10.1136/bmjoq-2024-002838

25. Shipman SA, Sinsky CA. Expanding primary care capacity by reducing waste and improving the efficiency of care. Health Aff. 2013 Nov;32(11):1990–7.

26. Huncke TK, Ryan S, Hopf HW, Axelrod D, Feldman JM, Torrillo T, et al. 2012 Greening the Operating Room Greening the Operating Room: Reduce, Reuse, Recycle, and Redesign.

27. Ghersin ZJ, Flaherty MR, Yager P, Cummings BM. Going green: decreasing medical waste in a paediatric intensive care unit in the United States. New Bioethics. 2020 Apr 2;26(2):98–110.

28. Reducing Clinical Waste in a Haemodialysis Clinic, Small Change Big Impact.

29. Sharma DK, Murase LC, Rosenbach M, Barbieri JS, Murase JE. Regulated Medical Waste Reduction in the Dermatology Clinic. Dermatol Ther (Heidelb) [Internet]. 2024 Oct 10; Available from: https://link.springer.com/10.1007/s13555-024-01279-w

30. Wyssusek KH, Keys MT, van Zundert AAJ. Operating room greening initiatives – the old, the new, and the way forward: A narrative review. Vol. 37, Waste Management and Research. SAGE Publications Ltd; 2019. p. 3–19.

31. Kenny C, Priyadarshini A. Review of current healthcare waste management methods and their effect on global health. Vol. 9, Healthcare (Switzerland). MDPI AG; 2021.

32. Chan AW, Song F, Vickers A, Jefferson T, Dickersin K, Gøtzsche PC, et al. Increasing value and reducing waste: Addressing inaccessible research. Vol. 383, The Lancet. Elsevier B.V.; 2014. p. 257–66.

33. von Niederhäusern B, Guyatt GH, Briel M, Pauli-Magnus C. Academic response to improving value and reducing waste: A comprehensive framework for INcreasing QUality In patient-oriented academic clinical REsearch (INQUIRE). PLoS Med. 2018 Jun 1;15(6).

34. Mosquera M, Andrés-Prado MJ, Rodríguez-Caravaca G, Latasa P, Mosquera MEG. Evaluation of an education and training intervention to reduce health care waste in a tertiary hospital in Spain. Am J Infect Control. 2014;42(8):894–7.

35. Jimmerson C, Dorothy Weber R, Durward Sobek MK. Reducing Waste and Errors: Piloting Lean Principles at Intermountain Healthcare Methods, Tools, and Strategies. 2005.

36. Reducing Waste and Increasing Sustainability in Health Care Settings [Internet]. Available from: https://afyafoundation.org