



# Greening Health Care Sector Report: Leadership, Planning and Management

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# Contents

<b>Introduction</b>	3
<b>Corporate Leadership</b>	5
Commitment	6
Support	7
Outreach	8
Other Corporate Environmental Initiatives	9
<b>Planning and Management</b>	10
Energy Conservation	11
Waste Management	12
Water Conservation	13
Pollution Prevention	14
Other Planning and Management Initiatives	16
Utility Tracking Frequency	16

# Introduction

The Green Hospital Scorecard (GHS) is a benchmarking and recognition program which aims to reflect hospitals' environmental performance as indicated by their operations, management, and policies. Hospitals that participate in the GHS program receive an individual GHS report, which is created using the data submitted through the GHS Survey. The individual report allows hospitals to benchmark their own year-over-year performance, as well as performance relative to their peers.

To provide OHA members with a sector-wide view of hospitals' environmental performance, GHS data from the first two years of the program was aggregated into sector reports. These reports provide a de-identified summary of participating hospitals' environmental performance in the areas of leadership, planning and management, waste management, and, utility conservation and management as defined in GHS Survey.

The sector data have been aggregated and are presented by year and peer group (Community, Non-Acute, Small and Academic), and represent the averages for the hospital sites that participated in the GHS. Figure 1 shows the number of hospital sites that participated in the first (reporting year 2012) and second (reporting year 2013) year of the program. The sector and peer group averages might show a higher than expected decrease or increase from one year to the next as the organizations participating in the GHS Survey slightly differed each year.

The [Global Reporting Initiative](#) (GRI) reporting principles were utilized when determining the report's content. GRI is an organization that promotes the use of sustainability reporting as a way for organizations to become more sustainable. The guidelines recommend having at least two previous periods in addition to the current reporting year before reporting on trends. For this reason, this first report mainly presents participating hospital sites averages and, identifies the most and least common environmental initiatives and measures across the sector. Continuing the GHS program will enable the monitoring of trends with respect to Ontario hospitals' environmental performance and their contribution to achieving environmental sustainability.

## Sector Reports

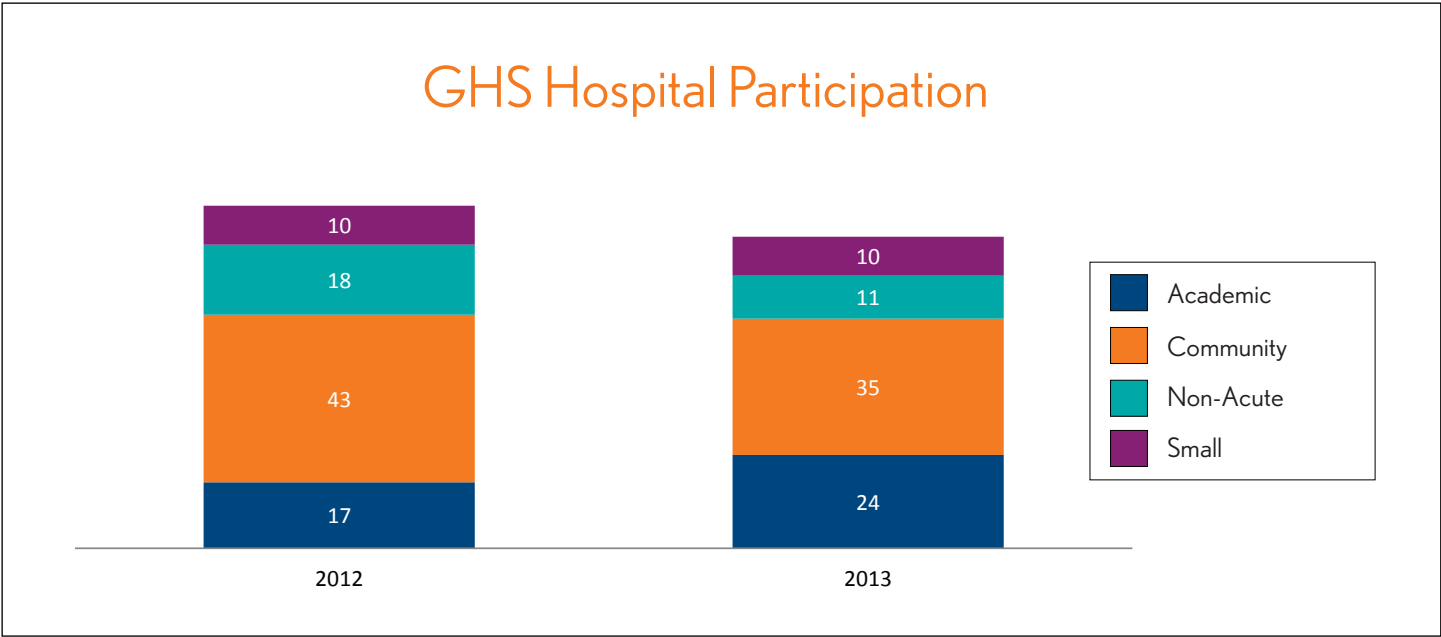
The "Greening Health Care Sector Report: Corporate Leadership, Planning and Management" is the first of three reports which summarize measures that capture hospitals' corporate commitment to an environmentally sustainable culture and integration of green objectives into corporate planning and regular business. It focuses on the following areas:

- Corporate Leadership
- Planning and Management:
  - o Energy conservation
  - o Water conservation
  - o Waste management
  - o Pollution prevention, which includes environmentally preferable purchasing, toxins management and sustainable construction/renovation

The second sector report, “Greening Health Care Sector Report: Waste Management”, captures waste management activities. The third, and final, report, “Greening Health Care Sector Report: Utility Conservation and Management”, summarizes energy use and sources, and water management.

The “Greening Health Care Sector Report: Leadership, Planning and Management” is based on questions in the Pollution Prevention and Corporate Leadership, Planning and Management sections of the GHS Survey. The “Greening Health Care Sector Report: Waste Management” is drawn from questions in the Waste section of the GHS Survey. The “Greening Health Care Sector Report: Utility Conservation and Management” is based on questions in the Energy and Water sections of the survey.

Figure 1: Number of participating hospital sites by Year and Peer Group



## Peer Group

- Academic Hospitals – All acute general and pediatric hospitals that are members of the Council of Academic Hospitals of Ontario (CAHO).
- Community Hospitals – Acute care hospitals that do not fit the definition of a small or academic (teaching) hospital.
- Non-Acute Hospitals – Complex continuing care (CCC), rehabilitation, and mental health hospitals. Have stand-alone CCC or Rehabilitation beds. They may or may not be members of CAHO.
- Small Hospitals – Provides less than 3,500 weighted cases, have a referral population of less than 20,000, and is the only hospital in the community.

# Corporate Leadership

Corporate leadership is a measure of corporate commitment to environmental sustainability as gauged by the presence of formalized organization-wide commitment, support and outreach for green initiatives.

## **Overall Observations:**

- Approximately 65% of participating hospital sites (in 2012 and 2013) are:
  - o Engaging their staff and doing environmental outreach
  - o Have an organization-wide commitment to environmental initiatives
  - o Have a champion accountable for the overall hospital environmental strategy
  - o Have a Green team
- Over 70% of participating hospital sites (in 2012 and 2013) organize or are involved in green events such as Earth Day.
- The three least common corporate leadership initiatives in 2013 were:
  - o A dedicated full-time employee (FTE); only 36% of participating hospital sites have dedicated resource
  - o Budget support for staff engagement and outreach with respect to water programs; only 37% of participating hospital sites have allocated funds for water

# Commitment

The commitment measure captures organization-wide commitments to environmental sustainability and green initiatives. Figure 2 illustrate the type of corporate commitments participating hospital sites were engaged in for the years 2012 and 2013.

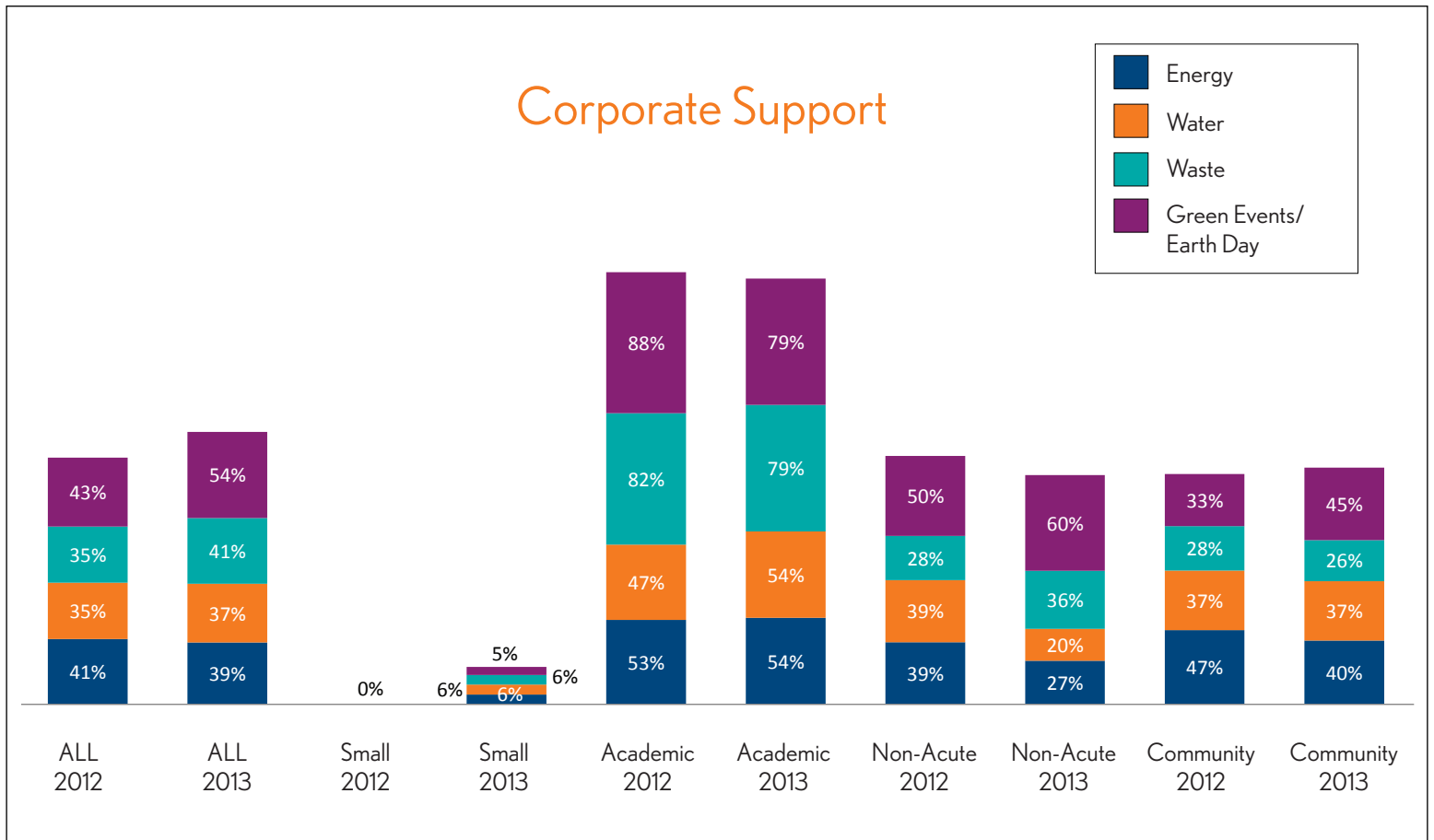
Figure 2: Percentage of participating hospital sites with corporate commitments



## Support

The support measure captures budget allocation for staff engagement and outreach programming with respect to green initiatives. Figure 3 illustrate where participating hospital sites had allocated budgets for engagement and outreach in 2012 and 2013.

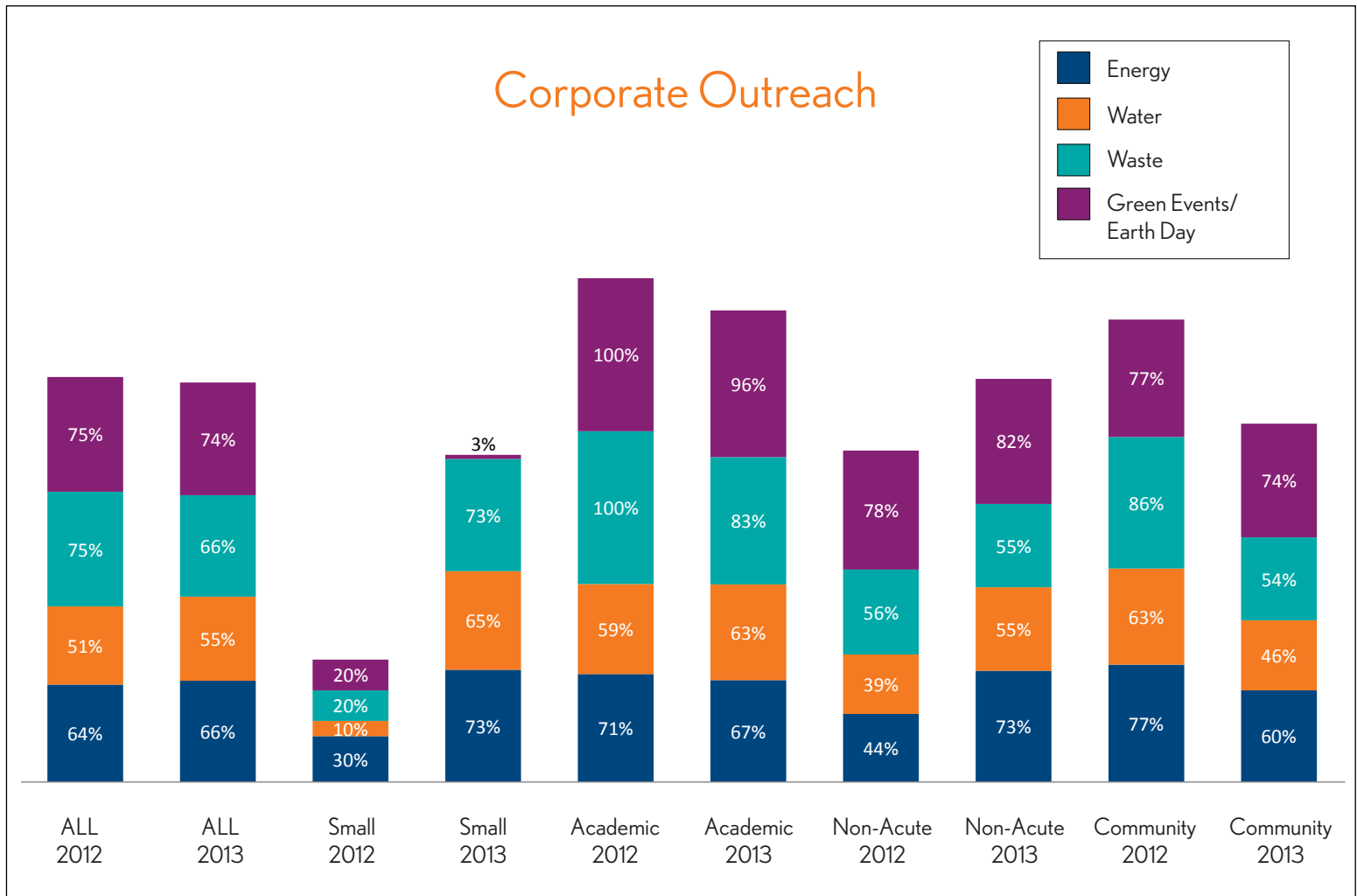
Figure 3: Percentage of participating hospital sites with corporate support



## Outreach

The outreach measure captures the presence of organization-wide staff engagement and outreach programming with respect to green initiatives. Figure 4 illustrate where participating hospital sites have had staff engagement and outreach activities in 2012 and 2013.

Figure 4: Percentage of participating hospital sites with corporate outreach





## Other Corporate Environmental Initiatives

The following list describes some of the corporate initiatives participating hospital sites are currently engaged in:

- Sustainability visions and messages publically displayed and endorsed by President/CEO
- Creative green strategic statements, such as “Green, Clean and Carpet Free”
- Green initiatives and information publically displayed, such as an “Energy Matters” website
- Regular communications about environmental sustainability information and initiatives
- Having a department/green champion recognition program
- Participating in green health care education and joining organizations that focus on greening healthcare
- Collaborating with community and corporate neighbors in designing and delivering green strategies
- Energy performance contracting
- Environmental sustainability responsibilities incorporated into existing roles across all management levels
- Receiving industry-standard environmental certifications such as LEED, ISO14001

# Planning and Management

The Planning and Management measures evaluate hospitals' involvement in environmental planning and target-setting as well as the commitment to monitoring and managing progress. It is measured by the presence of formalized policies, targets and action plans in the following areas:

- Energy conservation
- Water conservation
- Waste management
- Pollution prevention, which includes environmentally preferable purchasing, toxins management and sustainable construction/renovation

For definitions and examples of formalized policies, targets and action plans, please see the [FAQ document](#), "What is meant by Policies, Targets and Action Plans?"

## **Overall Observations:**

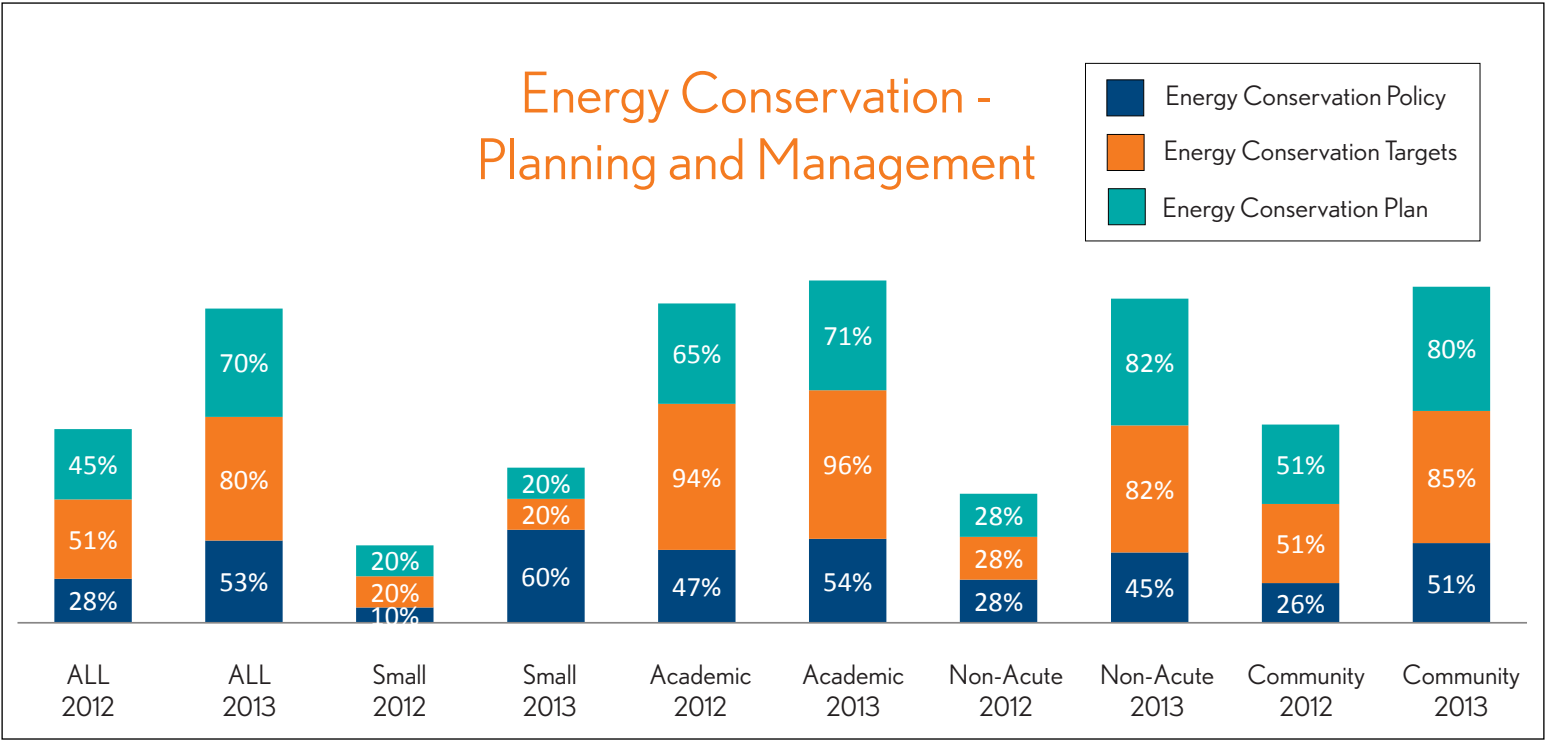
- The three most common planning and management measures in 2013 were:
  - Energy conservation targets; 80% of participating hospital sites had them in place
  - Waste management policies; 74% of participating hospital sites had them in place
  - Energy conservation plans; 70% of participating hospital sites had them in place
- The three least common planning and management measures in 2013 were:
  - Environmentally preferable purchasing plans, 21% of participating hospital sites had them in place
  - Sustainable construction plans, 24% of participating hospital sites had them in place
  - Environmentally preferable purchasing targets, 26% of participating hospital sites had them in place
- In the first two years of GHS, the presence of Planning and Management measures have increased as follows:
  - Energy conservation by 26%
  - Water conservation by 21%
  - Sustainable construction by 14%
  - Waste management by 13%
  - Environmentally preferable purchasing by 4%
  - Toxins management remained the same
- In the 2013 reporting year, the percentage of participating hospitals that have Planning and Management measures in place are as follows:
  - Energy conservation and waste management, 68%
  - Water conservation, 46%
  - Toxins management, 41%
  - Environmentally preferable purchasing, 33%
  - Sustainable construction, 29%

Two Ontario Regulations – Regulation 391/11, Energy Conservation and Demand Management Plans and Regulation 102/94, Waste Audits and Waste Reduction Workplans – may have affected the number of participating hospitals having energy conservation and waste management measures. Both regulations deal with monitoring of either energy use or waste generated, and the development of action plans to further reduce organizations’ environmental footprint. The first two years of GHS coincided with new regulatory requirements under Regulation 397/11 namely, reporting on annual energy consumption, starting on July 1, 2013, and submitting energy conservation and demand management plans beginning July 1, 2014. Regulation 397/11 may have incented the creation of energy and water conservation measures as part of organizations’ review of its utility consumption, which could explain why measures in these areas show the largest increase, at 26% and 21% respectively.

## Energy Conservation

The Energy Conservation measure captures the presence of formalized policies, targets and action plans aimed at conserving and managing hospitals’ energy consumption. Figure 5 illustrate the percentage of participating hospital sites in 2012 and 2013 with Energy Conservation Planning and Management measures in place.

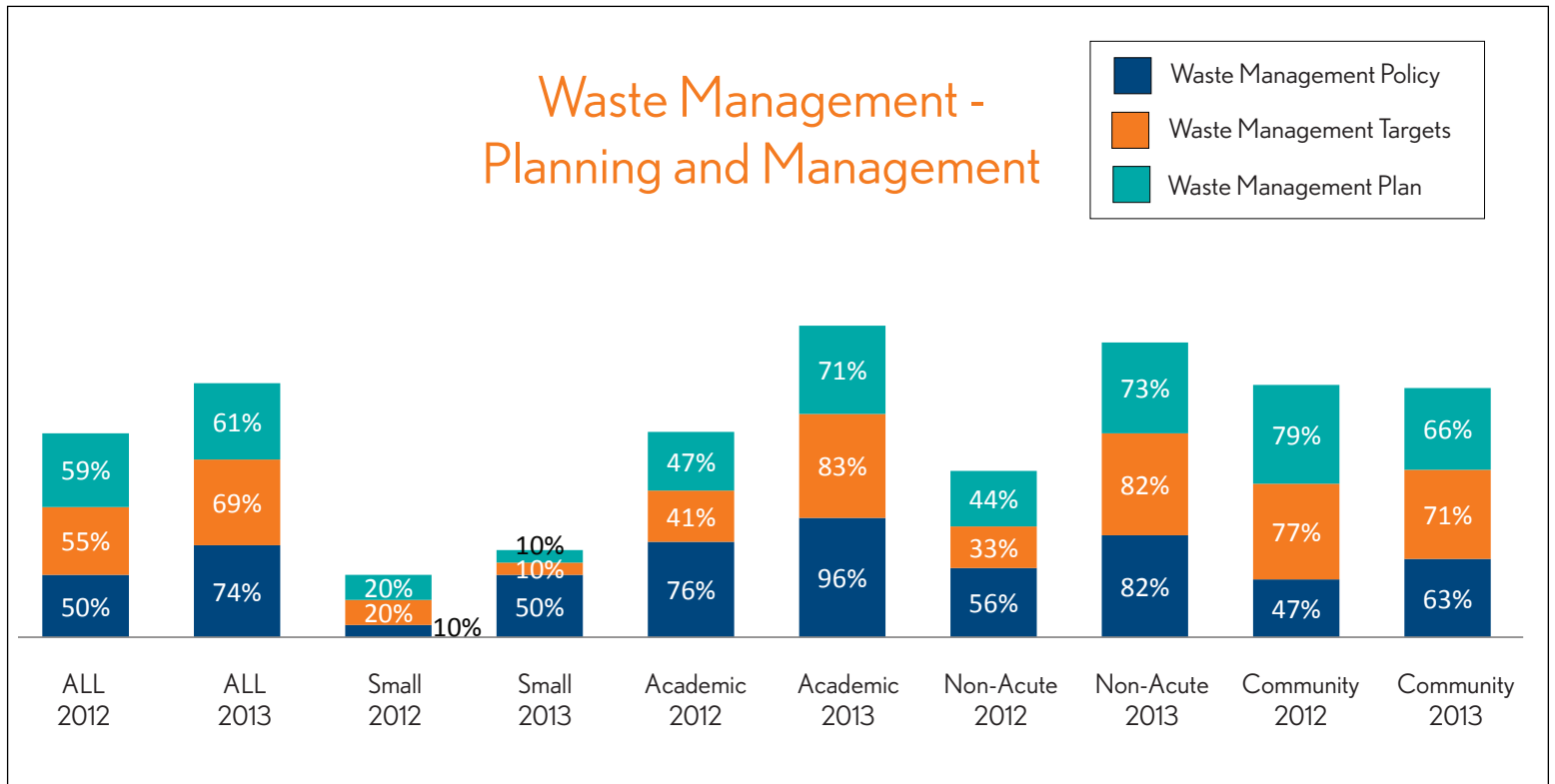
Figure 5: Percentage of participating hospital sites in 2012 and 2013 with Energy Conservation Planning and Management measures



## Waste Management

The Waste Management measure captures the presence of formalized policies, targets and action plans aimed at managing waste through generation, prevention, characterization, monitoring, reuse, recycle and disposal of hospitals' waste streams. Figure 6 illustrate the percentage of participating hospital sites in 2012 and 2013 with Waste Management Planning and Management measures in place.

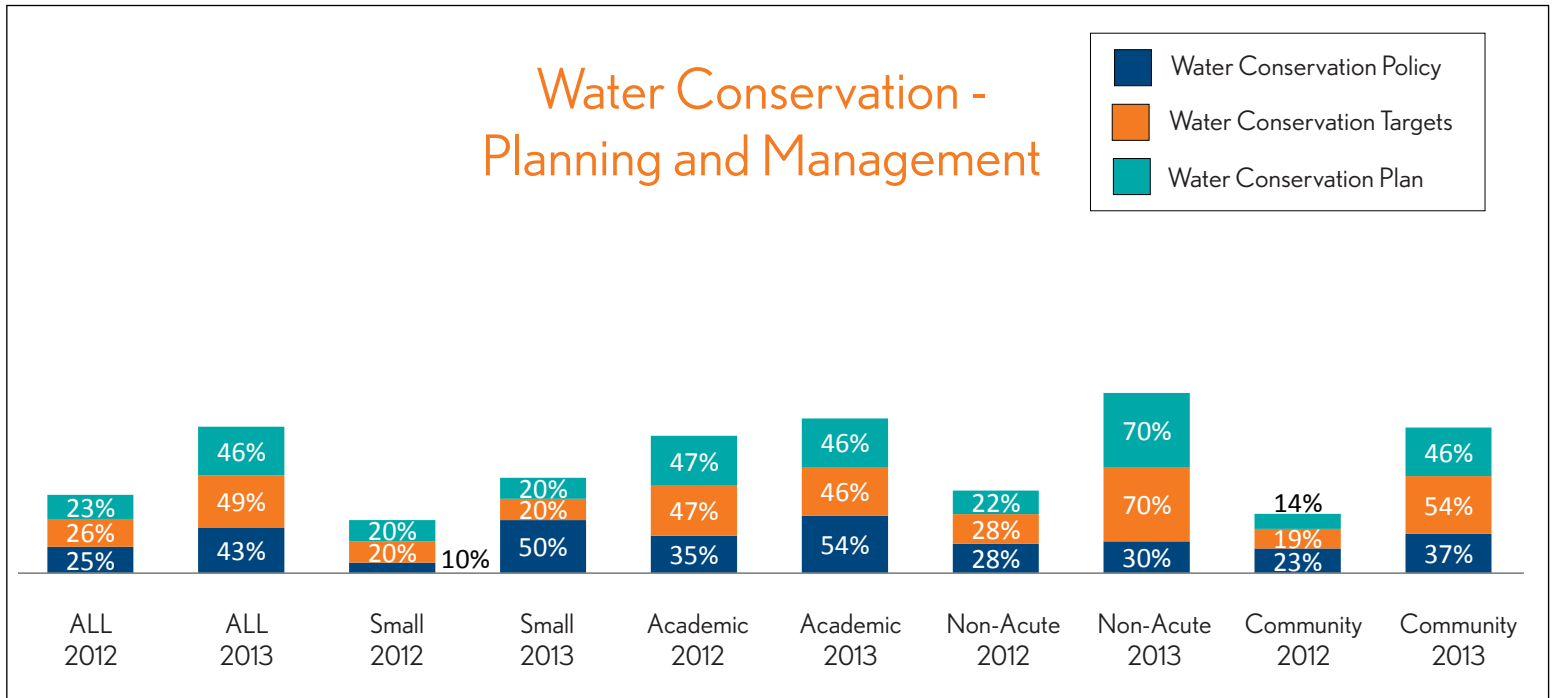
Figure 6: Percentage of participating hospital sites in 2012 and 2013 with Waste Management Planning and Management measures



## Water Conservation

The Water Conservation measure captures the presence of formalized policies, targets and action plans aimed at conserving and managing hospitals' water consumption. Figure 7 illustrates the percentage of participating hospital sites in 2012 and 2013 with Water Conservation Planning and Management measures in place.

Figure 7: Percentage of participating hospital sites in 2012 and 2013 with Water Conservation Planning and Management measures



## Pollution Prevention

Pollution prevention is a concept that focuses on selecting less toxic and more environmentally preferred materials for use within the hospital, and considers the impact of building construction on the environment and within the hospital. It consists of:

- Environmentally preferable purchasing, which aims to reduce an organization's environmental impact upstream through the purchase of products which have environmentally preferred qualities
- Toxins management, which aims to reduce the downstream impacts caused by managing materials, products and services within hospital that are considered toxic to human health and environment, as well as the appropriate disposal of special and toxic wastes
- Sustainable construction/renovation practices, which aim to reduce the environmental impact of hospital sites through the selection and use of sustainable construction and renovation materials and engagement of sustainable construction/renovation practices

For definitions and examples on pollution prevention, please see the [FAQ document](#), "What is Pollution Prevention?"

Figures 8, 9 and 10 illustrate the percentage of participating hospital sites in 2012 and 2013 with Pollution Prevention Planning and Management measures.

**Figure 8: Percentage of participating hospital sites in 2012 and 2013 with Environmentally Preferable Purchasing Planning and Management measures**

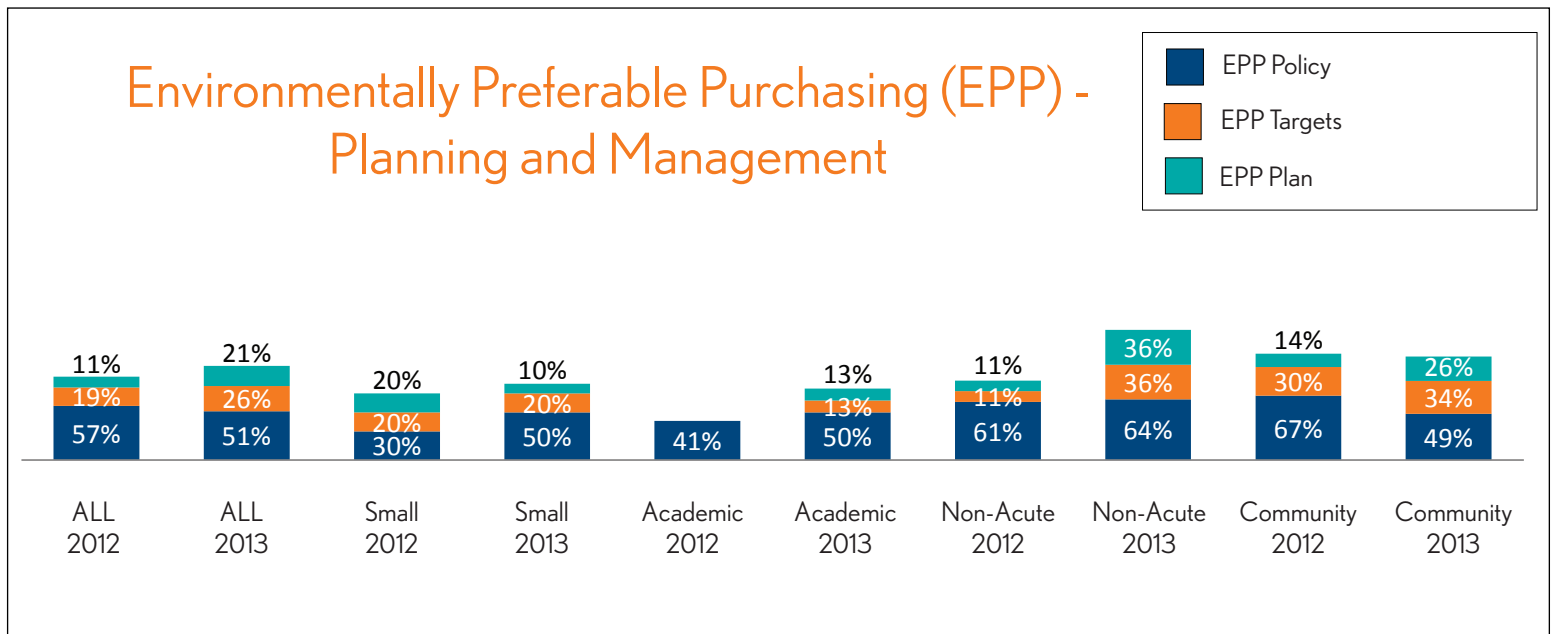
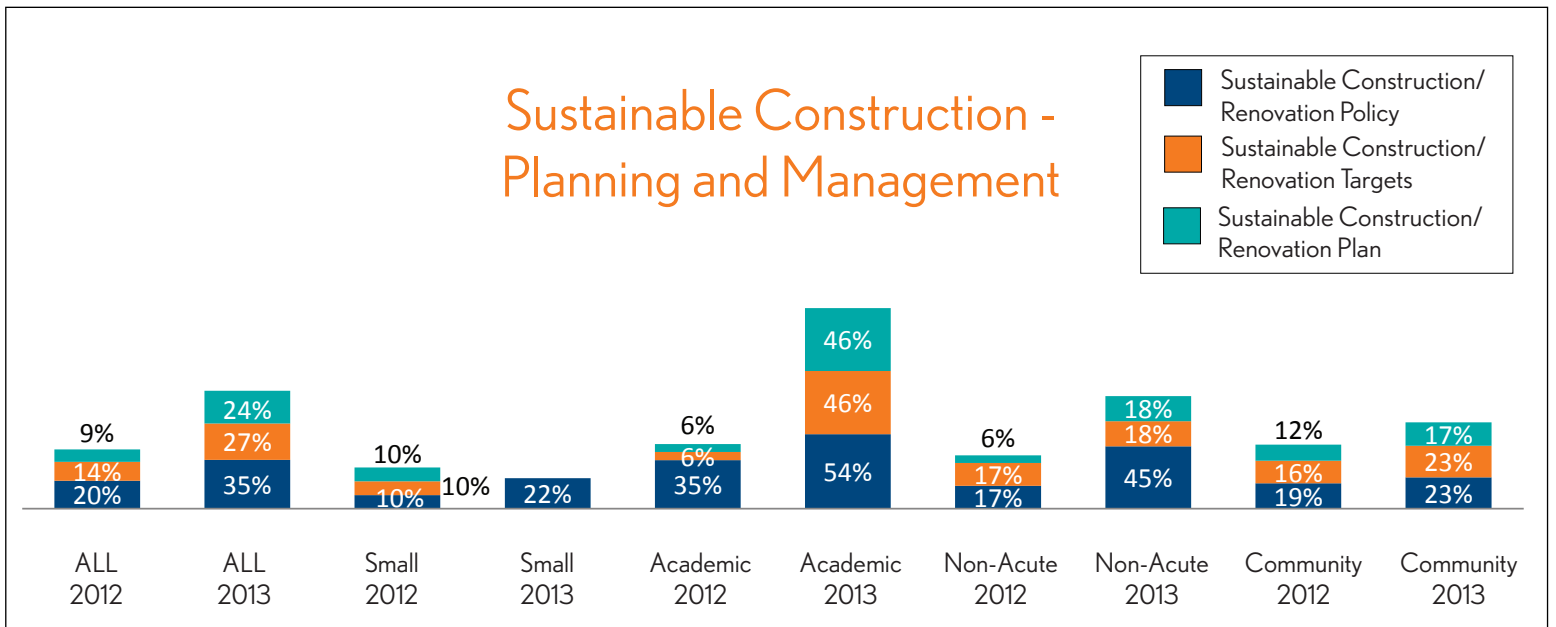


Figure 9: Percentage of participating hospital sites in 2012 and 2013 with Toxins Management Planning and Management measures



Figure 10: Percentage of participating hospital sites in 2012 and 2013 with Sustainable Construction Planning and Management measures



## Other Planning and Management Initiatives

The following list describes some of the Planning and Management initiatives participating hospital sites are engaged in:

- Biomedical waste management
- Recycling assets
- Environmental management system/ISO14001 procedures
- Elimination of toxins
- Pharmaceutical waste management
- Food policy
- Promoting green alternatives
- Carpool policy
- Sustainable transportation

## Utility Tracking Frequency

Utility Tracking measures hospitals’ commitment to monitoring regular utility expenditures. Table 1 shows how frequently hospital sites review their utility billing data. In addition, Table 2 and 3 illustrate the relationship between utility use intensity and review frequency of utility billing data.

Table 1: Hospital review frequency of utility billing data

Frequency/ Year	2012	2013
Not Tracked	0%	3%
Annual	4%	3%
Biannual	1%	0%
Quarterly	4%	6%
Monthly	90%	89%



The average utility use intensities, that is, energy and water use intensities were determined for two types of review frequencies: monthly and quarterly or less. Responses for frequency of not tracked, annually, biannually and quarterly were low. To ensure that the average frequency was based on a sample size of at least 5 responses, these were grouped and averaged.

Table 2: Energy Use Intensity and Utility Bill Review Frequency

Frequency/ Year	2012	2013
Monthly	2.37 GJ/m <sup>2</sup>	2.57 GJ/m <sup>2</sup>
Quarterly or less frequent	3.15 GJ/m <sup>2</sup>	3.68 GJ/m <sup>2</sup>

GJ = gigajoule  
m<sup>2</sup> = square metre  
m<sup>3</sup> =cubic metre

Table 3: Water Use Intensity and Utility Bill Review Frequency

Frequency/ Year	2012	2013
Monthly	1.99 m <sup>3</sup> /m <sup>2</sup>	2.02 m <sup>3</sup> /m <sup>2</sup>
Quarterly or less frequent	2.39 m <sup>3</sup> /m <sup>2</sup>	1.89 m <sup>3</sup> /m <sup>2</sup>

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