

2013 Milestone Report

Leading Communities to a Healthier Future

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Healthier Hospitals

2013 Milestone Report

The Healthier Hospitals Initiative (HHI) is about the power of data to drive positive change in health care. The 2013 Milestone Report highlights the data from 638 hospitals that have submitted data during the calendar year 2013. This second year of reporting boasts a hefty data set, now that enrollees have found their stride and many new enrollees have joined the community. While the number of data sets has increased dramatically since last year's report, much of the data is baseline and will not document progress until the 2014 Milestone Report. Many of these hospitals provided data over two years or more, especially for energy and waste measures. Multiple years are required for measures that track changes from baseline.

HHI's data is captured in three different ways. One hundred ninety-three hospitals provided energy data, through EPA's ENERGY STAR Portfolio Manager. Four hundred sixty-three hospitals provided data on one or more of the waste, purchasing, chemicals and food challenge measures which are captured through the Institute for Health Care Improvement's extranet site. The engaged leadership measures are captured on the HHI website.

Not captured in this report is the use of aggregate data in the convening of conversations with hospital purchasers and food service leads around healthier meat procurement—a focus on reduced meat procurement and investment in meat without the use of nontherapeutic antibiotics. The conversation was continued at a follow-up meeting at the 2014 CleanMed Conference in Cleveland and will continue through 2014. A similar strategy of capturing data, hospitals and appropriate businesses will take on the safer chemical's healthy interiors measures of moving away from HHI-identified chemicals of concern from furniture, fabrics and finishes.

With HHI, hospitals and businesses come together, as a sector, and show the world that together, they can lead communities to a healthier future.



HEALTH DESIGN



ANALYSIS METHODOLOGY:

Raw data tables were used to produce the numerical summaries. The statistical package R version 3.02 and Excel® 2007/2010 was used to produce this report. HHI staff worked to validate data values especially for measures they entered into the extranet and we made diagnostic plots and tables to identify unusual values. Nevertheless, ultimately the responsibility for useful numbers rests with the participating hospitals



Without Harm

HHI Thanks the Following Enrollees for Providing Data

HCA - Polk Medical Center

Advocate - BroMenn Medical Center Advocate - Christ Medical Center Advocate - Ruela Hospital Advocate - Eureka Hospital Advocate - Good Smerhard Hospital Advocate - Cood Smerhard Hospital Advocate - Uniterna General Hospital Advocate - Uniterna General Hospital Advocate - Sherman Hospital Advocate - Sherman Hospital Advocate - Sherman Hospital Advocate - Sherman Hospital Ascension Health - Borgess Lee Memorial Hospital Ascension Health - Borgess Lee Memorial Hospital Ascersion Health - Borgess Lee Memorial Hospital Ascersion Health - Ministry St Joseph's Hospital Ascersion Health - Ministry St Joseph's Hospital Baptist Health South Florida - Borgest Hospital Baptist Health South Florida - Doctors Hospital Baptist Health South Florida - Marines Hospital Baptist Health South Florida - Marines Hospital Baptist Health South Florida - South Miam Hospital Baptist Health South Florida - West Kendall Baptist Hosp Beauront Health System * Beauront Hospital - Grosse Pointe Beauront Hospital - Royal Oak Beauront Hospital - Tory Beth Israel Deaconess Medical Center Bon Securs - Coormunity Hospital Bon Securs - Cood Samartan Hospital of Suffern Bon Securs - Rochmond Health Richmond Community Horpital Hospital Bon Secours - Mary Immaculate Hospital Bon Secours - Mary Immaculate Hospital Bon Secours - Wanyiew Medical Center Bon Secours - Wannoia Regional Medical Center Bon Secours - Su Anthory Community Hospital Bon Secours - St. Francis Relation System Bon Secours - St. Francis Medical Center Boil Secours System * Brattleboro Memorial Hospital Bronson Methodist Hospital Broward Health - Coral Springs Broward Health - Imperial Point Broward Health - Weston Onesapeake Regional Medical Center CHI - Flaget Memorial Hospital CHI - Good Samartan Health System CHI - Jawish Hospital - Louisvile CHI - Jawish Hospital - Shebyvile CHI - Lake Wood Health Center CHI - Memorial Hospital CHI - Memorial North Park CHI - Memorial North Park CHI - Mercy Hospital - Devils Lake CHI - Mercy Medical Center CHI - Mercy Medical Center - Des Moine CHI - Mercy Medical Center - Roseburg Mercy Medical Center - Roseburg Mercy Medical Center - Willston Our Lady of Peace Sant Francis Medical Center St. Anthony Medical Center St. Anthony Medical Center St. Charle Naphtal St. Clare Hospital St. Clare Hospital St. Clare Sheatth System St. Clare Hospital CHI - St. Clare's Hospital - Boonton CHI - St. Clare's Hospital - Dover CHI - St. Clare's Hospital - Dover CHI - St. Elizabeth Health Systems CHI - St. Elizabeth Hospital - Enumclaw CHI - St. Francis Hospital - Federal Way CHI - St. Gabriel's Hospital CHI - St. Joseph - London CHI - St. Joseph Area Health Svcs CHI - St. Joseph Area Health Svcs CHI - St. Joseph Hospital - Dickinson CHI - St. Joseph Hospital - Dickinson CHI - St. Joseph Hospital - Start - Lexington CHI - St. Joseph Medical Center - Reading CHI - St. Joseph Medical Center - Tacoma CHI - St. Mary & Einzabeth Hospital CHI - St. Vincent Infimary CHI - St. Vincent Infimary CHI - St. Vincent North Sherwood CHI - CL Villeelit / Noth - Chewood CHI - TriHealth - Bethesda North Hospital Cleveland Clinic - Ashtabula County Medical Center Cleveland Clinic - Cleveland Clinic Florida - Weston Ceveland Clinic - Ceveland Clinic Florida - West Ceveland Clinic - Ceveland Clinic Mina Campus Ceveland Clinic - Euclid Hospital Ceveland Clinic - Fairview Hospital Ceveland Clinic - Hilrost Hospital Ceveland Clinic - Lakewood Hospital Ceveland Clinic - Lakewood Hospital Ceveland Clinic - Maymount Hospital Ceveland Clinic - Maymount Hospital Ceveland Clinic - Maymount Hospital Copiey Hospital Covenant Health - St. Joseph Healthcare - Bangor Covenant Health - St. Joseph Hospital Covenant Health - St. Joseph Hospital - Bangor Covenant Health - St. Joseph Hospital - Nashua Covenant Health - St. Mary's Regional Medical Center CT Mental Health Center Dartmouth-Hitchcock Medical Center Dignity Health ' Fairview Health Services - Nidges Hospital Fairview Health Services - Southde Hospital Fairview Health Services - University of Minnesota Medical Center - Fairview Jél: Fast Bank Fairview Health Services - University of Minnesota Medical Center - Fairview Jél: West Bank Fletcher Allen Health Care Geisinger Medical Center

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2013 HHI MILESTONE REPORT



Engaged Leadership

Health care organizations rely on the support of senior leadership to ensure that sustainability and its impact on human health remains a strategic priority. The furthest-reaching environmental sustainability programs start with the development of an organizational strategy, resulting in a long-term commitment to healthier environments for staff, patients, the community and the global environment. Engaged leadership creates a culture of possibilities. Sustainability is aligned with quality performance and seen as a valuable program worthy of investing time and resources. And most importantly, it demonstrates a return on investment through quality improvement, population health and cost savings.

TRENDS AT A GLANCE

The Engaged Leadership Challenge has experienced significant growth in its second year, expanding from 143 to 178 facilities since the 2012 Milestone Report. Ninety hospitals committed to achieving three of the prescribed leadership activities (Level 1), 16 hospitals committed to implement six activities (Level 2), and 72 hospitals committed to implement 10 or more Engaged Leadership activities (Level 3).

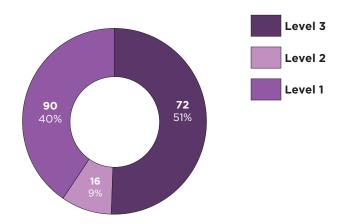
Engaged Leadership Enrollees

All three levels of engagement saw an increase in enrollment in 2013. There was a 26 percent increase of facilities enrolled in Level 1, from 68 hospitals in 2012 to 90 in 2013. This increase can be attributed to a trend in which larger health care systems—seeing the leadership imperative in having all facilities engaged in sustainability efforts—have initiated system-wide enrollment.

There was a 50 percent increase in the number of participants involved in Level 2. This is likely because many of these hospitals are in their second year of participating in the Engaged Leadership Challenge, and have already laid the foundation for a formalized structure for sustainability within their respective facilities.

The increase of participants in Level 3 showed the least amount of growth in enrollment: from 66 hospitals in 2012 to 72 in 2013, there was only an eight percent jump in participation. This Whereas in the first year of the Engaged Leadership Challenge, hospitals established such baseline goals as "create a sustainability mission statement," the highest-ranked indicator in 2013 among 97 percent of enrollees was to "create a strategic sustainability plan." This indicates a strong motivation among enrollees to take more advanced steps towards building robust sustainability programs.

is to be expected, as the Level 3 demographic is largely characterized by those hospitals with well-developed sustainability frameworks. These facilities have already capitalized on a wide array of leadership activities, which explains the relatively lean increase in participation from the previous year.



G Rank and title are not the only effective strategies involved in engaged leadership. Leadership must exist at all levels of the organization. It must be lived, shared and spoken...Leadership must be everywhere and be built on a foundation of service mentality.

-LAURA KRAUSA, MANAGER, ADVOCACY, CATHOLIC HEALTH INITIATIVES (CHI)

Analysis by the Numbers

Among the several Engaged Leadership indicators, below are those considered especially relevant when identifying successes and opportunities in the Engaged Leadership Challenge:

- Create a strategic sustainability plan: 97 percent
- Build in sustainability measures as an organizational priority: 94 percent
- Formulate a sustainability program budget: 80 percent

There are significant opportunities for improvement among the Engaged Leadership indicators with the fewest enrollees. For instance, "Identifying a clinical champion" has only been indicated by 34 facilities (19 percent). This can be attributed to the difficulties associated with finding clinical champions as hospitals undergo the process of creating green teams and engaging staff members across the facility's departments. However, we predict that the amount of clinical champions will increase parallel with the amount of green teams formed.

Another indicator that presents an opportunity for improvement is "Provide a feedback mechanism for sustainability initiatives" (21 percent). The Healthier Hospitals Initiative can assist hospitals in being able to quantify progress according to sustainability initiatives, and provide tools to be able to report that progress to upper level management, staff, patients and the community.

By standardizing sustainability metrics, HHI has allowed hospitals to place themselves on a continuum and set realistic goals.





Healthier Food

The Healthier Food Challenge recognizes that the U.S. spends billions of dollars treating diet-related, chronic diseases. Hospitals and their business partners are demonstrating their commitment to health by tracking their increased access to healthier, locally sourced, sustainable foods and healthier beverages. The Balanced Menu measure supports responsible meat procurement, through a combination of less meat combined with healthier meat—raised without the use of nontherapeutic antibiotics. Additionally, meat and dairy production are serious contributors to global climate change. Farmers markets, chef cook-offs, educational campaigns and meatless Mondays are a few of the successful strategies that hospitals are using to educate staff, patients and their communities around food and health.

Year	# of Hospitals	Pounds of Meat	Meals	Pounds Meat/ Meal
2010	5	204,678	1,993,118	0.103
2011	10	556,770	4,646,192	0.120
2012	21	2,264,719	19,811,418	0.114
2013	101	8,030,259	69,285,592	0.116

Balanced Menus

The Balanced Menu measure strives to reduce the pounds of meat per meal by 20 percent within three years of baseline. One hundred five hospitals reported data on the Balanced Menu measure; most (82) reported in 2013 only.

As seen in the first graph (above), the total pounds of meat per meal in 2011 is up from 2010, and the number increases again from 2012 to 2013 despite overall improvements in meat reduction. This is because this first graph indicates the combined performance of all hospitals, without any distinction between the "early adopters" of the Balanced Menu measure—who have shared data for several years—and those facilities who just started submitting data in the past year.

In order to get a complete picture of the data, we must look at this data in the context of a second graph (below), which isolates the 19 hospitals reporting on meat and meals in 2013 with an earlier baseline year.

Year Series	Number of Hospitals	Number decreasing Ibs meat/meal 2013 versus first year in series	Number (%) decreasing by 20% lbs meat/meal, 2013 versus first year in series
2010-2013	4	2 (50%)	1 (25%)
2011-2013	4	3 (75%)	1 (25%)
2012-2013	11	8 (72%)	1 (9%)
Total	19	13 (68.4%)	3 (15.7%)

Healthy Beverages

Year	# of Hospitals	\$ Healthy Beverages	\$ Total Beverages	% Healthy Beverages	(%) hospitals meeting 80% purchase goal
2012	16	\$2,291,000	\$4,684,000	48.9%	0(0%)
2013	130	\$41,610,000	\$54,220,000	76.7%	20(15.4%)

Our Healthy Beverage measure gives participating facilities the opportunity to increase purchases of healthy beverages over the baseline year by at least 20 percent, or achieve at least an 80 percent purchase of healthy beverages relative to the facility's entire beverage budget, in dollars spent.

As indicated by the first graph (above), based on 130 hospitals reporting data in 2013, 20 (16 percent) report purchasing more than 80 percent healthy beverages out of the beverage budget. Out of total beverage purchases of \$54.2 million, \$41.6 million (77 percent) were reported as healthy.

Illustrated in the graph below, based on 16 hospitals reporting at least two years of data ending in 2013, 13 (68 percent) increased purchases of healthy beverages as percent of total. Three (16 percent) increased percent purchases of healthy beverages by more than 20 percent.

Year Series	# of Hospitals	# increasing healthy beverage purchases 2013 versus first year in series	# (%) increasing 20% purchases healthy beverages, 2013 versus first year in series
2011-2013	1	1 (100%)	0 (0%)
2012-2013	15	12 (80%)	2(13%)
Total	16	13 (68.4%)	2 (12.5%)

Local and Sustainable Procurement

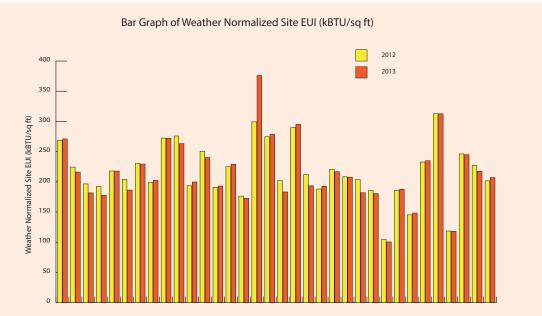
Year	# of Hospitals	\$ Local/ Sustainable	Total \$	% Local/ Sustainable
2010	6	745,695	3,352,087	22.2%
2011	40	4,080,831	26,611,761	15.3%
2012	48	5,195,529	39,670,077	13.1%
2013	110	23,720,104	145,335,510	16.3%

In the Local and Sustainable Procurement measure, the goal is to achieve increases in local and sustainable food purchases by 20 percent annually over baseline year OR to achieve purchases of at least 15 percent local and sustainable food purchases. Based on 110 hospitals reporting data in 2013, 64 (58 percent) reported more than 15 percent of food budget is local and sustainable food. In aggregate, \$23.7 million of \$145.3 million food purchases were local/sustainable—16.3 percent.



Leaner Energy

According to the U.S. Energy Information Administration (EIA), hospitals and health care facilities account for more than eight percent of the nation's annual energy consumption and generate nearly eight percent of the country's carbon dioxide emissions—a significant amount for one industry. As the second most energy-intensive building sector in the U.S., health care has a responsibility to use less energy and obtain it from renewable resources. By reducing the amount of emissions they release, hospitals and health care facilities lower the risk of respiratory illness, and benefit from significant cost savings, demonstrating that hospitals can do the right thing and reduce costs. HHI has identified key ways for hospitals to reduce their energy consumption and obtain it from cleaner sources.



This graph shows the Weather Normalized Site EUI (kBTU/sq ft) for 34 hospitals with data in 2012 and 2013. As shown from the graph, 21 of 34 hospitals showed a decrease in WN EUI from 2012 to 2013.

Overall, there was an improvement in the energy data reported from 2012 to 2013, evidenced by a slight shift in distribution. Among the 21 hospitals that reduced their energy consumption, one hospital reduced its energy consumption at a Level 3 rate (more than 10 percent but less than 40 percent). The remaining hospitals, then, have accomplished Level 1 or Level 2 rates of energy conservation, leaving significant opportunity for improvement in the next year of the campaign.

The modest improvement in energy conservation efforts can be largely attributed to an especially cold winter, coupled with the fact that these hospitals have been reporting data for two years. Our evidence suggests that the longer a hospital has been involved in Leaner Energy efforts, the greater their overall energy consumption decreased. As such, with another year's worth of opportunity to become acclimated to energy conservation, we predict that these hospitals will have significant improvements in energy data for 2014.

ENERGY STAR

One hundred ninety-three hospitals were identified by HHI as participating in the HHI campaign and shared in ENERGY STAR Portfolio Manager. One hundred sixty hospitals had data in at least two years, to allow comparison of 2013 to a baseline year. There is a modest improvement in energy efficiency overall. About half of the enrolled hospitals show no improvement over time and so represent an opportunity in the next year of the campaign.

The energy goal has multiple levels, to reduce energy use from baseline year by three percent, five percent or 10 percent. If a hospital is already at an ENERGY STAR score of 75 or above, the goal is to maintain that score. Overall, there is a two percent decrease in energy use, comparing 2013 to baseline year, with energy use defined as weathernormalized energy utilization index ("WN EUI").

Cohort	Number of Hospitals	Change in Energy use, 2013 compared to baseline
2010-2013	108	1.9% decrease
2011-2013	18	4.7% decrease
2012-2013	34	0.79% increase

In the above graph, we defined three cohorts of hospitals to allow us to see differences among groups of hospitals based on the length of energy series in Portfolio Manager. We allocated 160 hospitals to one of the three cohorts:

- 2010-2013 cohort (N=108): hospitals with data before the nominal baseline period of the campaign (year ending 2011) and data in 2013. These hospitals may be early adopters or hospitals that have already worked to reduce energy.
- 2011-2013 cohort (N=18): hospitals with data starting in the baseline year ending 2011 and data in 2013.

• 2012-2013 cohort (N=34): hospitals with data starting in the baseline year ending 2012 and data in 2013.

Among the hospitals that joined ENERGY STAR in 2013, there was a 0.79 percent increase in energy consumption. We note that increase is driven by one large hospital that reports an increase in energy use of almost 30 percent, which is more likely to be a data error than actual increase. Setting this hospital aside, the 2012-2013 cohort shows an aggregate decrease of 1.5 percent.

Hospitals with two years reporting data—baseline year 2010

Year	Ν	WN kBTU*	Sq FT	WN EUI	GHG (MT)	GHG lbs/sq ft
baseline	160	2.55E+10	101,348,000	251.3	2,276,300	49.41
2013	160	2.54E+10	103,250,000	246.2	2,267,900	48.32

WN: Weather Normalized N: Number EUI: Energy Use Intensity GH (MI): Greenhouse Gas, Metric Tons

*Percent change in energy measured by WN EUI: 100 x (251.3 – 246.2)/251.3 = 2.05% reduction.

The data shows that the earlier a hospital committed to submitting baseline data in energy consumption, the greater their overall energy consumption decreased. This can be attributed to the fact that it takes time to assess which parts of a given facility are operating efficiently, and to identify the greatest opportunities for improvement. This is expressed by seeing that hospitals which a baseline from 2010 have seen a 2.05 percent site EUI reduction.

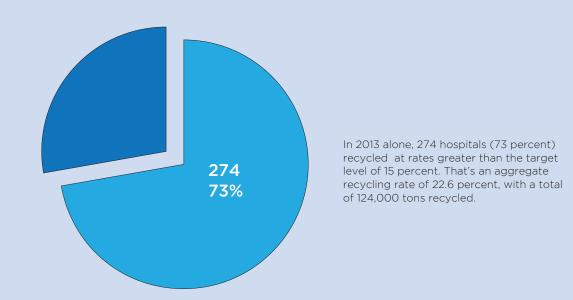
Based on 160 hospitals reporting at least two years of energy use ending in 2013 to compare to

a nominal baseline year, there was an aggregate two percent decrease in energy use. Fifty-six (35 percent) hospitals show at least Level 1 achievement, which is a three percent reduction in energy use versus nominal baseline year. Overall, there was a 51,000 metric ton decrease in greenhouse gas emissions, per ENERGY STAR calculations. To contextualize these impressive accomplishments, this is the emissions equivalent to removing 10,000 vehicles from U.S. roads annually.



Less Waste

While caring for patients, hospitals generate an average of 30.9 pounds of waste per staffed bed per day. Hospitals dispose of materials composed of plastics, hazardous materials, paper, food, needles, packaging, and electronics every day, creating environmental and health impacts on patients, staff and global communities. Taking advantage of and measuring high-impact opportunities such as implementing a comprehensive waste management program, regulated medical waste (RMW) reduction strategies, and diverting construction and demolition debris offers opportunities to minimize financial, environmental and safety impacts, while demonstrating a commitment to healthier communities.



Percent Recycling Based on 2013 Aggregate Data

Recycling

Facilities engaged in HHI's Recycling measure commit to recycling 15 percent or more of total waste. Three hundred eighty-five hospitals provided HHI with data through the IHI Extranet. In aggregate, the 374 hospitals recycled 124,000 tons of waste, a rate of 22.6 percent. There are opportunities especially in the cohort of hospitals reporting two years of data in 2012 and 2013 to improve recycling rates, as less than half of this cohort is at or above the goal of 15 percent recycling.

While the sector aggregate is above our goal of 15 percent recycling rate, there is still a lot of work to be done. By utilizing integrated waste streams and other waste tracking and recycling methods, hospitals can continue to significantly improve their recycling rates in years to come.

Regulated Medical Waste

Year	Tons RMW	Tons Waste	Percent RMW
2010	3996	36,750	10.9%
2011	3630	36,820	9.9%
2012	3265	35,350	9.2%
2013	2138	20,890	10.2%

In committing to regulated medical waste reduction, participating facilities aim to keep regulated medical waste to no more than 10 percent of total waste. Three hundred eighteen hospitals provided HHI with data through the IHI extranet. Two hundred thirty-seven hospitals out of 318 hospitals (74 percent) had RMW less than the target upper limit of 10 percent of totla waste.

The data for RMW as a percentage of total waste presents significant opportunity for growth. In order to accurately analyze the data, we divided hospitals into cohorts, based on their reporting records. This was done to distinguish hospitals with a longer history of recycling from hospitals with possibly less experience. We might expect the hospitals with a longer series to have lower levels of RMW as a percent of total waste; this does not appear to be the case.

Regulated medical waste data is experiencing a period of fluctuation. However, there is a significant money proposition for hospitals who commit to reducing their amounts of RMW. We expect that time and an increase of facilities participating in RMW reduction will provide context for the creation of new and better solutions. Working with third-party waste haulers, and exploring internal changes such as onsite steam sterilization front end costs, can pose significant cost saving opportunities for health care facilities in the long run. Thus, these results should improve significantly in the coming years.

Year	# of Hospitals	Tons C&D diverted	Tons C&D Waste	Percent Recycle
2010	6	1,769	3,078	57.5%
2011	15	10,770	12,000	89.8%
2012	50	33,060	38,380	86.1%
2013	39	29,200	35,380	82.5%

Construction and Demolition (C&D) Recycling

In the construction and demolition recycling directive, the goal is to divert or recycle 80 percent or more of construction and demolition waste. Sixty-seven hospitals provided HHI with data through the IHI extranet.

In 2013, 15 of 39 hospitals reported recycling more than the construction and demolition goal of 80 percent. In aggregate in 2013, 39 hospitals diverted 29,200 tons out of 35.400 tons of construction and demolition waste, an overall recycling rate of 82.5 percent. Since 2012 we have seen a minimal decrease in the C&D percentage. This is because a greater number of facilities reported data in the second year of the campaign. As we get a more complete picture of how the sector is dealing with diverting construction debris, we can continue to identify opportunities for improvement both for health care facilities, and their construction partners.



Safer Chemicals

Chemicals of concern found in medical devices, cleaning products, health care fabric, furniture and finishes have been linked to individual and public health issues such as cancer, birth defects, asthma and other health problems. HHI is working with hospitals to take precautions to reduce the exposure of patients to known reproductive and developmental toxicants, and switch to safer alternatives. The potential impact from healthy interiors presents an enormous opportunity for furnishings free of noted chemicals of concern and a move to safer materials. Hospitals taking on this challenge lead the way by moving the marketplace towards safer materials, eliminating harmful chemicals from the health care setting and minimizing their impact.

PVC/DEHP-Free Devices

Year	\$ Spent on PVC/DEHP Free Devices	\$ Total Product Spend	Percent PVC/DEHP Free Devices	# of Hospitals
2010	\$543,704	\$571,656	95.1%	1
2011	\$20,130,320	\$21,161,871	95.1%	35
2012	\$42,452,822	\$76,246,696	55.7%	37
2013	\$62,840,560	\$72,053,090	87.2%	43

In PVC/DEHP reduction, the goal is to eliminate PVC/DEHP from one or more of seven defined product lines. Hospitals are purchasing medical products without PVC/DEHP at an exponentially increasing rate. Sixty-one hospitals reported making at least one product line PVC/DEHP free in 2013, which is an increase of 60 from 2012. Additionally, a total of 43 hospitals reported spending \$62,840,560 on PVC/DEHP free products in 2013. This large dollar amount will show producers that the health care sector is making a concerted effort to buy less harmful, chemical-free medical devices.

Green Seal or EcoLogo Certified Products

# of Hospitals	Year	\$ On Green Seal or EcoLogo	\$ On Cleaning Supplies	Percent
21	2012	\$2,197,321	\$5,769,022	38.1%
102	2013	\$2,105,063	\$4,547,518	46.3%

In terms of green cleaning, HHI set forth the goal of purchasing more than 90 percent of Green Seal or EcoLogo certified products in four product categories. Forty-six percent of cleaning products that were purchased by 102 hospitals were GreenSeal or EcoLogo certified, which presents a significant opportunity for improvement. As hospitals begin to report more about the cleaning chemicals they are purchasing, the market will shift to produce safer chemicals. By submitting data on this measure to HHI, hospitals are setting the demand for supply to meet. At Kaiser Permanente, we believe through our practices we can help promote the creation and adoption of safer chemicals and sustainable materials in a way that supports a healthy economy, healthy environment and healthy people.

-KATHY GERWIG, VP, ENVIRONMENTAL STEWARDSHIP OFFICER, KAISER PERMANENTE

Healthy Interiors

# of Hospitals	Year	\$ Compound-Free Furnishings	Total \$ on Furnishings	Percent
1	2012	\$569,603	\$1,319,145	43.2%
11	2013	\$688,654	\$3,273,012	21.0%

Facilities committing to healthy interiors agree to purchase at least 25 percent of products in specified categories (e.g. tables and mattresses) that eliminate the intentional use of halogenated flame retardants, formaldehyde, perfluorinated compounds and PVC.

The number of hospitals reporting about healthy interiors increased 1,000 percent from 2012 to 2013 (from one reporting facility to 11), which

demonstrates that hospitals are already asking more questions about what chemicals are in their furniture. This is because hospitals are demanding that free-standing furnishings do not contain toxic flame retardants or other unsafe chemicals. Educating our facilities' purchasing departments on prioritizing safer furnishings is therefore fundamental to ensuring the continued success in the area of healthy interiors.





Smarter Purchasing

The health care industry spends billions of dollars each year on products and equipment for use in facilities designed to protect health. However, many products generate unnecessary waste, contain hazardous materials or use excessive energy, contributing to negative health and environmental impacts. Reprocessing single-use devices, for example, is a proven cost-saving measure and offers the chance to extend the life of a medical device while reducing costs. By selecting environmentally preferable products and services, the health care sector is actually generating demand for healthier and safer products. The availability of these products for the health care sector translates into growing adoption of smarter products in other markets, including consumer purchasing.

Single-Ose Device Reprocessing (SOD)			
	Year	# of Hospitals	\$ Single-Use Device Purch
	2010	144	18,104,601
	2011	207	32,400,632
	2012	122	33.923.345

192

Single-Use Device Reprocessing (SUD)

In the single-use device reprocessing measure, facilities commit to increasing purchases of reprocessed single-use devices by at least 50 percent over the baseline. Three hundred thirty-five hospitals reported data

2013

on purchasing single-use devices in 2013.

Per the above table, in 2013, participating hospitals saved a total of \$45.3 million in purchase of reprocessed single-use devices.

45.299.606

hased

Year Series	Number of Hospitals	Number (%) increasing SUD, 2013 versus first year in series	Number (%) increasing SUD purchases more than 50%, 2013 versus first year in series
2010-2013	6	4 (67%)	3 (33%)
2011-2013	58	47 (81%)	20 (34%)
2012-2013	41	40 (98%)	3 (7%)
Total	105	91 (86.7%)	26 (24.7%)

The second table (above) shows the data reports for the 105 hospitals with continuous purchasing series.

The data shows that there is a large increase in both the number of hospitals purchasing SUDs and

the amount of money that is being spent on them. This suggests that educational opportunities for OR technicians and doctors on SUD reprocessing have both fostered a better understanding of this opportunity, and bolstered the demand for these devices in the medical community.

Electronic Product Environmental Assessment Tool (EPEAT®)

Year	\$ EPEAT	Hospitals
2010	59,754,742	39
2011	55,712,058	40
2012	67,361,759	45
2013	115,688,940	71

In this measure, the goal is to specify EPEAT in purchasing contracts and report EPEAT expenditures. Seventy-two hospitals reported EPEAT purchases in 2013.

We have seen a steady increase in EPEAT purchasing since 2010. Since then, 32 more facilities have submitted data for this challenge area, and we have been able to quantify an increase of \$55,934,216 in EPEAT purchases. This increase in more sustainable electronics purchasing can be justified by hospitals' purchasing departments having a larger role to play in conversations around sustainability. In turn, this has added to the increased prevalence of more sustainable electronics options at more affordable costs.

Surgical Kit Reformulation

Year	Number of Hospitals	Kits reviewed	Percent of hospitals reviewing at least 30 kits Number (%) hospitals achiev the goal	
2012	15	562	46.7%	2 (13.3%)
2013	64	2205	45.3%	23 (35.9%)

For those hospitals committing to surgical kit reformulation, the goal is to review at least 30 custom surgical O.R. kits or 80 percent of O.R. kit types, whichever is greater. Seventy-two hospitals reported on kits reviewed in 2013. See graph above for complete listing of these results.

HHI also asked hospitals to report dollars saved by kit review. These results are outlined

below. Thirty-four hospitals reported dollar information, six for 2012 and 28 for 2013. Total savings across the two years is \$3,565,355. Combining hospitals that reported both kits and dollars saved, we can estimate dollar savings per kit, with the median providing a more conservative estimate than the mean.

Year	Number of Hospitals	# of Kits Reviewed	Dollars Reported Saved	Average Dollars Saved/ Kit	Median Dollars Saved/Kit Reported
2012	6	126	\$647,706	\$5,140	\$3,762
2013	27	1242	\$2,899,561	\$2,334	\$1,144

Reformulating surgical kits is an easy money saving and sustainable solution. Hospitals can save money and make surgical kits more efficient by minimizing the presence of unused tools. In order to maximize a facility's full potential in surgical kit reformulation, clinician engagement is paramount. Often the notion of streamlining kits is initially met with speculation, as it can be seen as reducing options or an unwanted change. This reinforces the need for educating clinicians on the cost savings benefit that can be realized through reformulating kits. We predict that an increasing ease of accessibility to educational opportunities will continue to bolster the number of hospitals reporting on surgical kit reformulation in years to come.

HHI 2013 Milestone Report Conclusion

The Healthier Hospitals Initiative is made up of people—nurses, doctors, sustainability managers, food service directors, environmental service managers and facility directors. These passionate individuals work as a team to push for more. Why do they do it? Because they are in the business of health and their passion for healthier environments, efficiency and fiscal responsibility drive them for more. However, the work is hard and there is never enough time in the day, resources or finished "to-do" lists. We have learned the value of the aggregate—strength in numbers. The aggregate data has moved us beyond value at the individual facility to a unified voice in supply chain conversations. But when we talk about strength in numbers, we aren't just referring to data. We are powerful when individuals come together to form teams, networks and campaigns to push for more. Thanks to your involvement, we are reshaping what quality health care toolbox. Thank you to every single one of you for the critical role YOU play in driving positive change. Whether in a hospital or a business—your passion is coming through loud and clear. **You are part of something big, and we appreciate your efforts**.

www.healthierhospitals.org.

Healthier Hospitals

GENERAL INQUIRIES www.healthierhospitals.org info@healthierhospitals.org 703.860.9790

MEDIA INQUIRIES media@healthierhospitals.org 703.870.7494 MAILING ADDRESS Healthier Hospitals Initiative c/o Health Care Without Harm 12355 Sunrise Valley Dr, Suite 680 Reston, VA 20191

