


# An Enduring Mission



**SOCIAL RESPONSIBILITY REPORT**

FISCAL YEAR 2007

## CHW's Environmental Actions

-  Hospitals for a Healthy Environment (H2E) — Environment Excellence Award Recipient
- \* Sustainable Building Design guidelines
- \*\* Joined California Climate Action Registry
- \*\*\* Green Guide for HealthCare implemented for Construction/Real Estate projects

1996 • CHW Summit initiates action on Ceres Principles

1997 • Joined Health Care Without Harm — commitment to reduce volume and toxicity of waste stream

1998 • Reprocessing single-use medical devices

1999 • Energy audits; fluorescent lighting retrofits

2000 • Linen management programs  
• Reusable pulse oximetry sensors

2001 • Environmentally Preferred Purchasing program instituted

2002 • Board approves mercury elimination policy  
• CHW acquires water saver technology

2003 • Instituted micro-fiber mop system  
• Began tracking hazardous waste volume

2004 • Reusable Sharps containers  
• PACs/Digital X-ray Enterprise adoption

2005 • I.V. contract (non-PVC/DEHP)  
• Environmental reporting requirement in corporate contracts

2006 • System e-waste program  
• HCWH food pledge — sustainable, healthy food supply

2007 • Certifying emissions data system-wide

# Catholic Healthcare West

## FY 2007 SOCIAL RESPONSIBILITY REPORT

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## A MESSAGE FROM CHW PRESIDENT/CEO LLOYD H. DEAN



Catholic Healthcare West was founded in 1986 to preserve an enduring mission: furthering the healing ministry of Jesus. We are a system of hospitals and clinics whose employees and physicians have a long and rich tradition of treating each patient with compassion and dignity, valuing our employees for their gifts and contributions and celebrating each community's distinctiveness. Our mission, vision and values compel us to address the underlying causes of disease, including social and environmental dangers.

CHW seeks to sustain its healing mission in the context of the critical issues confronting our nation and our planet:

- ❖ Global warming and climate change threaten to escalate disease worldwide.
- ❖ Income disparity within the US and between the developed and developing world, coupled with compounding increases in health care costs, limit access to needed health care services and products.
- ❖ Eroding health insurance coverage in the private sector and limited reimbursement for government sponsored patients strains CHW's and other providers' capacity to provide uncompensated care.
- ❖ Technology advances and seismic safety standards require significant capital outlays.

FY 2007 was a remarkable one for our healing ministry. I am pleased to report that Catholic Healthcare West is experiencing successes at every level of the organization. The quality of the care we provide is among the top quartile in the nation, our patients are reporting high levels of satisfaction with the care they receive, and we ended the fiscal year with a net operating income of \$300 million, which will be reinvested

in our healing ministry. During the course of the year we also provided \$922 million in charity care, community benefits, and unreimbursed patient care. We continue to make significant progress and face ongoing challenges in environmental and social responsibility. Key events from the past year include:

- ❖ We have joined the California Climate Action Registry, committing to assess, report and reduce greenhouse gas emissions that contribute to global warming and climate change.
- ❖ We have adopted and are using a sustainable design policy to guide facility siting, design, construction and reconstruction.
- ❖ We are exploring opportunities to support and help create food systems that are ecologically sound, economically viable, and socially responsible.
- ❖ We remain committed to reducing the toxicity of our waste. In support of this commitment, CHW is now essentially mercury free, has reduced PVC from our facilities by eliminating PVC IV bags, and has implemented programs to responsibly deal with e-waste.

❖ We had achieved our long time goal of reducing total land filled waste (solid waste plus medical waste) to less than or equal to 15 pounds/adjusted patient day (15.0 pounds/adjusted patient day actual) for three consecutive years. However, our waste volumes increased to 16 pounds/adjusted day this past year. Causes and corrective actions are discussed later in this report.

Our work is only possible through the outstanding people of CHW – the more than 60,000 employees, physicians and volunteers – who give of themselves to help others. Each and every day they blend faith with action, courage with compassion, and caring with excellence as they fulfill their daily work.

Sincerely,

A handwritten signature in black ink that reads "Lloyd H. Dean". The signature is written in a cursive, flowing style.

Lloyd H. Dean  
President/CEO

## I. Reporting

As the first health care system in the nation to endorse the Ceres Principles, a model code of environmental conduct ([www.ceres.org](http://www.ceres.org)), Catholic Healthcare West issued its first environmental report in 1997. Our eleventh annual report, for fiscal year July 1, 2006 to June 30, 2007, demonstrates our efforts to implement meaningful programs and recognizes our opportunities for improvement. This report represents our fourth year of integrating components of the Global Reporting Initiative Standards for Sustainability Reporting (GRI). (See [www.globalreporting.org](http://www.globalreporting.org)) We have included a GRI Content Index, based on the G3 standard and have included additional reporting on our economic impacts and our patient quality and safety initiatives. The [content index](#) indicates where GRI reporting components can be found in the CHW report.

### Contact

Sister Susan Vickers, RSM, is CHW's Vice President for Community Health and the systemwide point of contact for our sustainability report. Sister Susan can be reached at 415.438.5511 or [svickers@CHW.edu](mailto:svickers@CHW.edu). More information on CHW can be found at <http://www.chwHEALTH.org>.

### Assurance

We reviewed a draft of this report with a Ceres Stakeholder Team of coalition representatives and peer reporters and have made an effort to integrate feedback from their review in this published version. We will use additional suggestions as we prepare future reports. We welcome additional feedback from all reviews to help us improve our ongoing performance and future sustainability reporting.



### Audits

#### Health, Safety and Environmental Audits

CHW continues to monitor our environmental health and safety programs. Five key components are measured to assess compliance and to inform this report:

1. Implementation of our systemwide environmental policy
2. Establishment and operation of Environmental Action Committees
3. Setting specific, measurable goals and objectives toward environmental excellence
4. Collecting key data to enable us to measure our progress
5. Status of regulatory compliance

Internal audits take on different configurations at each hospital, however all hospitals ensure that a formal internal audit is conducted at least twice a year. Audit results are reported to the hospital safety committee or the Environment of Care (EOC) committee; deficiencies are documented, and corrective action is taken.

Many of our hospitals shape their audit efforts around the Joint Commission Environment of Care inspection program and use an interdepartmental team comprised of the safety officer, employee health nurse, infection control nurse, environmental services manager, biomedical technician, and engineering to review all hospital areas. Audits cover:

- ❖ Proper storage of sterile, clean, dirty, and hazardous materials
- ❖ Universal health precautions
- ❖ Hand washing
- ❖ Infection control
- ❖ Work environment
- ❖ Medication security and storage
- ❖ Chemical usage and storage
- ❖ Area security
- ❖ Fire procedures
- ❖ Emergency preparedness
- ❖ Biological, chemical and nuclear terror preparedness
- ❖ General safety
- ❖ Ergonomics

- ❖ Medical equipment
- ❖ Waste storage and disposal
- ❖ Utility
- ❖ General condition of facility

The wide range of subjects covered in CHW's audit review shows that concern for an excellent hospital environment overlaps with CHW's concern for environmental considerations in the larger scheme. Both are addressed as the Environment of Care team scores inspection results on a written form, which is reviewed by department managers. Corrective actions required within certain periods are specified.

#### CHW Risk Services Audits

CHW's Risk Services group conducts two to four day audits that evaluate a hospital's compliance against Joint Commission, DHS, OSHA, CMS, NFPA and EPA standards. This assessment consists of a review of the hospital's management plans, policies and procedures, training records, drills and exercises, safety committee activities, performance improvement measures, patient care practices, medical staff functions, human resource activities and a physical inspection of the facility. At the end of the assessment senior leadership, directors, managers, and staff are presented with the findings. Any areas that need improvement, along with areas that are found to be in non-compliance, are noted. The hospital is requested to design an action plan that specifies the necessary measures to ensure all identified deficiencies

are addressed and plans for improvement are developed.

#### Hazardous Waste Audits

A system-wide hazardous waste audit was conducted in FY 2003. One third of the facilities audited found no deficiencies. The other two thirds reported a range of problems that fell into three categories:

- ❖ Materials not properly labeled
- ❖ All required inspections not performed
- ❖ Hazardous waste storage area not properly outfitted or maintained
- ❖ Eye wash stations not inspected regularly

None of the identified deficiencies rose to the level of requiring reporting to regulatory agencies, and all deficiencies were quickly corrected. Ten facilities were re-audited in the past year. While we are not yet willing to claim full success in this area, the results of the audit were significantly improved over previous years, with most deficiencies being in the area of package labeling and facility signage. Periodic audits will continue to ensure even these areas are improved and no "backsliding" occurs.





## II. Our Profile

Embedded in our core values is a belief in the sacredness of all life forms and caring stewardship of a renewable Earth for the enhancement of all life. Recognizing the interdependence of all things great and small, we move toward choices that honor our partnership with the whole of creation.

Catholic Healthcare West (CHW) is a California not-for-profit public benefit corporation exempt from federal and state income taxes. CHW owns and operates hospitals in California, Arizona and Nevada. CHW provides a variety of healthcare, education and other benefits to the communities in which it operates. Healthcare services include inpatient, outpatient, subacute and home health care services, as well as physician services through CHW Medical Foundation and affiliated medical groups.

### Our Mission

Catholic Healthcare West is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- ❖ Delivering compassionate, high quality, affordable health services;
- ❖ Serving and advocating for our sisters and brothers who are poor and disenfranchised;
- ❖ Partnering with others in the community to improve the quality of life.

### Our Vision

Catholic Healthcare West, serving the western United States, strives to be a spiritually oriented and community focused health care system, passionate about improving patient care, enhancing work life quality and collaborating with others to create a just health system.

### Our Values

- ❖ DIGNITY
- ❖ COLLABORATION
- ❖ JUSTICE
- ❖ EXCELLENCE
- ❖ STEWARDSHIP

### Our Co-Sponsors

- ❖ Adrian Dominican Sisters, Adrian, Michigan
- ❖ Congregation of the Sisters of Charity of the Incarnate Word, Houston, Texas
- ❖ Dominican Sisters of San Rafael, San Rafael, California
- ❖ Dominican Sisters of St. Catherine of Siena of Kenosha, Wisconsin
- ❖ Sisters of Mercy, Auburn Regional Community, Auburn, California
- ❖ Sisters of Mercy, Burlingame Regional Community, Burlingame, California
- ❖ Sisters of St. Francis of Penance and Christian Charity of Redwood City, California

## CHW Statistics

	2003	2004	2005	2006	2007
Assets	\$5.4 b	\$6.4 b	\$7.2 b	\$8.6 b	\$10.5 b
Net Operating Revenue Annualized	\$4.9 b	\$5.4 b	\$6.0 b	\$6.7 b	\$7.5 b
Net Income Annualized	\$50.1 m	\$246 m	\$348m	\$438m	\$891 m
Number of Acute Care Facilities	41	40	40	41	41
Acute Care Beds	6,741	6,969	6,782	6,860	8,539
Skilled Nursing Beds	1,330	1,197	1,061	906	982
Physicians	7,033	7,475	7,617	7,817	9,688
Employees	36,111	36,889	37,105	37,284	42,845
% Workforce Unionized	53%	56%	56%	57%	56%
Acute Patient Care Days	1.7 m	1.7 m	1.7 m	1.7 m	1.7 m
Community Benefits & Care of the Poor*	\$422 m	\$567 m	\$623m	\$803m	\$922m

\* Includes traditional charity care, shortfalls from government funded programs including Medicaid and Medicare and other proactive programs for the poor and the broader community.

See [www.chwHEALTH.org/aboutus](http://www.chwHEALTH.org/aboutus) for CHW's Consolidated Financial Statements.

### CHW Medical Foundations

- Dominican Medical Foundation, Santa Cruz
- Mercy Medical Group, Sacramento
- Sequoia Medical Group, Redwood City
- St. Joseph's Medical Group of Stockton
- Woodland Clinic Medical Group

### CHW Acute Care Facilities

- Arroyo Grande Community Hospital, Arroyo Grande, CA
- Bakersfield Memorial Hospital, Bakersfield, CA
- California Hospital Medical Center, Los Angeles, CA
- Chandler Regional Hospital, Chandler, AZ
- Community Hospital of San Bernardino, San Bernardino, CA

- Dominican Hospital, Santa Cruz, CA
- French Hospital Medical Center, San Luis Obispo, CA
- Glendale Memorial Hospital & Health Center, Glendale, CA
- Marian Medical Center West, Santa Maria, CA
- Marian Medical Center, Santa Maria, CA
- Mark Twain St. Joseph's Hospital, San Andreas, CA
- Mercy General Hospital, Sacramento, CA
- Mercy Gilbert Medical Center, Gilbert, AZ
- Mercy Hospital of Folsom, Folsom, CA
- Mercy Hospital, Bakersfield, CA
- Mercy Medical Center Merced Community Campus, Merced, CA



- Mercy Medical Center Merced Dominican Campus, Merced, CA
- Mercy Medical Center Mt. Shasta, Mt. Shasta, CA
- Mercy Medical Center Redding, Redding, CA
- Mercy San Juan Medical Center, Carmichael. CA
- Mercy Southwest Hospital, Bakersfield, CA
- Methodist Hospital of Sacramento, Sacramento, CA
- Northridge Hospital Medical Center, Northridge, CA
- Oak Valley Hospital, Oakdale, CA
- Saint Francis Memorial Hospital, San Francisco. CA
- Saint Mary's Medical Center, Reno, NV
- Sequoia Hospital, Redwood City, CA
- Sierra Nevada Memorial Hospital, Grass Valley, CA
- St. Bernardine Medical Center, San Bernardino, CA
- St. Elizabeth Community Hospital, Red Bluff, CA
- St. John's Pleasant Valley Hospital, Camarillo, CA
- St. John's Regional Medical Center, Oxnard, CA
- St. Joseph's Behavioral Health Center, Stockton, CA
- St. Joseph's Hospital and Medical Center, Phoenix, AZ
- St. Joseph's Medical Center, Stockton, CA
- St. Mary Medical Center, Long Beach, CA
- St. Mary's Medical Center, San Francisco, CA
- St. Rose Dominican Hospitals - Rose de Lima Campus, Henderson, NV
- St. Rose Dominican Hospitals - San Martin Campus, Las Vegas, NV
- St. Rose Dominican Hospitals - Siena Campus, Henderson, NV
- Woodland Healthcare, Woodland, CA

## Environmental Achievement Awards

Facility	Award	Program Area of Award
Catholic Healthcare West	2007 Hospitals for a Healthy Environment (H2E) Champion Award	Leadership in waste management and recycling
Sierra Nevada Memorial Hospital, Grass Valley, CA	Pacific Gas & Electric Conservation Award	Energy Efficiency
Dominican Hospital, Santa Cruz, CA	1999-2007 Waste Reduction and Prevention (WRAP) Awards	Leadership in waste management and recycling
	2007 Hospitals for a Healthy Environment (H2E) Environmental Leadership Award	Hospitals for a Healthy Environment (H2E)'s premier award given annually to facilities that are setting the "industry standard" for environmental programs and policies
Marian Medical Center, Santa Maria, CA	2006 "Green Award" by the Santa Barbara County Air Pollution Control District	Overall environmental programs
	2007 Earth Day Conservation Award from the City of Santa Maria	Development of methane gas Cogeneration Plant
Arroyo Grande Community Hospital, Arroyo Grande, CA	Waste Reduction and Prevention (WRAP) Award	Leadership in waste management and recycling
Community Hospital of San Bernardino		
St. Joseph's Medical Center, Stockton, CA		
Mercy Medical Center Redding		
Sequoia Hospital, Redwood City, CA		
St. Bernardine Medical Center, San Bernardino, CA	Hospitals for a Healthy Environment (H2E) Partner for Change Award	Leadership in waste management and recycling
St. Mary's Medical Center, San Francisco, CA		
Sequoia Hospital, Redwood City, CA		
Mercy Medical Center Redding		
St. Elizabeth Community Hospital, Red Bluff, CA	Hospitals for a Healthy Environment (H2E) Partner for Change Award, Waste Reduction and Prevention (WRAP) Award, and DTSC Help Award	Leadership in waste management and recycling
Mercy General Hospital, Sacramento, CA	Hospitals for a Healthy Environment (H2E) Making Medicine Mercury Free Award	Mercury Elimination Leadership Program
	EPA Best Workplace For Commuters Award	Employee commuting programs that reduce employee trips to work, which reduces pollution.
St. Joseph's Hospital and Medical Center, Phoenix, AZ	City of Phoenix	Wastewater system operation
St. Joseph's Medical Center, Stockton, CA	2007 Hospitals for a Healthy Environment (H2E) Environmental Leadership Award	Hospitals for a Healthy Environment (H2E)'s premier award given annually to facilities that are setting the "industry standard" for environmental programs and policies

### III. Governance and Management Practice

As healthcare providers concerned with the spirit as well as the body, we understand our interrelationship with Earth and our responsibility to steward its resources. We ponder and probe the spiritual, economic and ecological issues woven into the very fabric of how we provide healthcare and how we do business.

#### Corporate Members, Board of Directors, Executive Management

The governance and leadership of CHW is comprised of three groups: Corporate Members, Board of Directors and Executive Management.

The Corporate Members represent the top level of our governance structure. They are a group of Sisters representing each of the Sponsoring Congregations who, in conjunction with the Board of Directors and management, safeguard the legacy and traditions of all hospitals operated by CHW.

The Board of Directors is appointed by the Corporate Members and includes healthcare and business leaders, with a range of professional expertise as well as racial, gender and ethnic diversity. Together, they are responsible for approving major decisions affecting our health care ministry such as long-range strategic plans, allocation of capital, joint ventures, and major acquisitions or sales. The Board annually evaluates its performance against established goals.

The Executive Management Team is charged by the Corporate Members and Board of Directors to provide leadership and organizational management in the areas of operations, mission integration, finance, and support services, as well as leadership in the strategic direction of the organization.

CHW's Corporate Members, Board of Directors, Executive Management Team and Executive Council make conflict of interest declarations on an annual basis.

Learn more about and/or contact CHW's Corporate Members, Board of Directors and Executive Management at [www.chwHEALTH.org/aboutus](http://www.chwHEALTH.org/aboutus).

#### Standards for Mission Integration

The CHW Board and Corporate Members have approved CHW's Standards for Mission Integration that set benchmarks for mission integration in four areas: Organizational Identity, Spirituality, Ethics, and Community Health. These standards are used to assess and improve CHW's efforts to integrate its mission and values in all aspects of its operations.

#### Organizational Structure for Ecology

Local hospital cross-functional teams, known as Environmental Action Committees (EACs), are responsible for coordinating the overall ecological initiatives and are the cornerstone of our success. Meeting no less than bimonthly, these committees are responsible for overseeing a hospital wide comprehensive environmental health and safety program that evaluates all environmental health and safety issues. These committees ensure that effective programs are in place and monitored. The EACs develop action plans to ensure continued compliance, document trends and report performance to the facility's Senior Management. An EcoContact appointed by the Hospital President chairs each EAC. The CHW Ecology Program Coordinator regularly convenes EcoContacts from all the facilities by telephone conference to share best practice and to participate in educational sessions. A conference including all the EcoContacts is scheduled for March 2008.

In addition to our commitment to Ceres and other voluntary efforts, CHW hospitals are required to comply with external licensing and certification regulations of county, state and federal governments. Organizations such as the Joint Commission, Department of Health Services (DHS), Occupational

## Environmental Reporting Relationships



Health and Safety Administration (OSHA), and many others mandate compliance with environmental standards. Every CHW hospital has appointed individuals responsible for compliance programs.

### Environmental Principles and Policies

In 1996, CHW's Board of Directors issued our first environmental policy based on the Ceres Principles ([www.ceres.org](http://www.ceres.org)). Key personnel from each of CHW's hospitals received education and training on this policy, and were directed to incorporate these environmental principles into their hospital's day-to-day operations. The systemwide policy is reviewed annually and was last updated in 2002. The CHW Board has also issued a mercury elimination policy and a sustainable design policy.

### Precautionary approach

CHW has applied the precautionary principle (seeking alternatives when reasonable scientific studies indicate an ingredient or product could pose significant human health or environmental risks) in many

of our actions. CHW has proactively moved to eliminate mercury, phase out PVC in medical supplies, reduce energy use and greenhouse gases, reduce the volume and the toxicity of our waste, and improve the sustainability of our buildings and food supply.

### Employee Involvement

Employees are encouraged to identify and correct environmental deficiencies or errors as they see them. To ensure that our staff is qualified to carry out their environmental responsibilities, all hospitals conduct annual competency reviews of all key personnel. Management is responsible to ensure that employees receive the required training and are competent in performance of their duties. An annual program tests employee knowledge and documents competency. An ecology newsletter, [EARTHCARE](#) is developed by and disseminated to employees systemwide. CHW hospitals use newsletters, bulletin boards, staff meetings and safety fairs to educate employees on environmental issues.

In all we do we are guided by the following three questions, which reflect our values as much as the compassion, skill and respect we extend to our patients and one another:

- ❖ How can we heal the planet even as we bring healing to those who seek our care?
- ❖ How can we optimize patient and employee safety while minimizing environmental impacts?
- ❖ How do the products we purchase, their side effects, and how we dispose of them affect our environment and our health?

## IV. Global Health And Safety Initiatives

CHW—its sponsors, physicians, and employees—are committed to a mission of healing. Vital to this mission is ensuring that our operations do not in themselves cause harm.

### REPORTING

Following is a discussion of each of the indicators we believe is relevant and material to our organization, including past commitments, current status, and goals for the future. In addition to assessing patient care and employee safety initiatives, these indicators assess the impacts of what we purchase, what we dispose of, and how we construct and operate our buildings.

### OUR PATIENTS

The care and safety of our patients is our highest priority. We consider it a privilege to work together with our patients to meet their unique physical, mental and spiritual needs. In fiscal year 2007 we continued our long tradition of continuous quality improvement, seeing that each patient receives the very best from us each day, and raising the standards of care to ensure that we are delivering excellent care to everyone who comes to us.

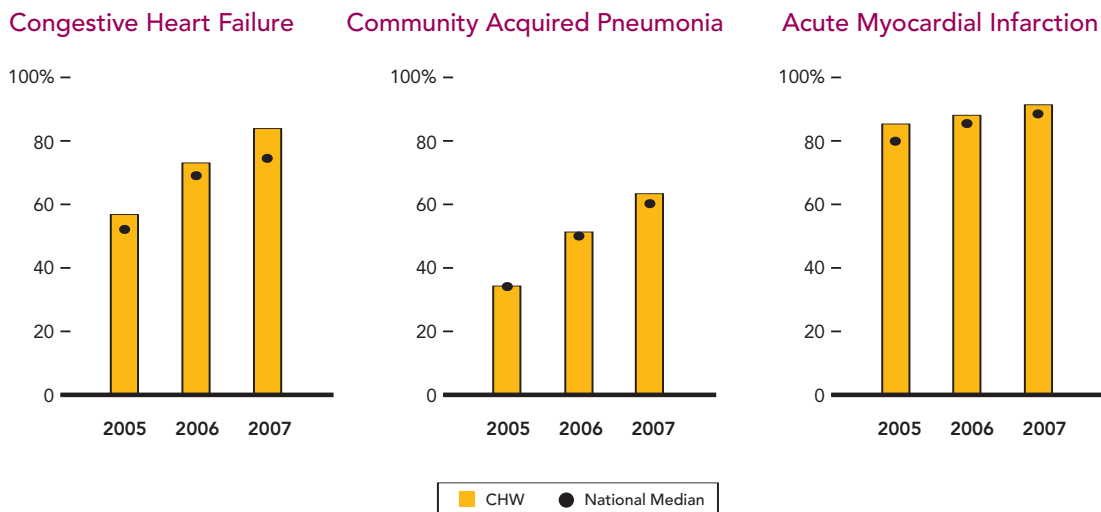
#### Measuring the Quality of Our Care

The care and safety of our patients is our highest priority. The hospitals of Catholic Healthcare West are com-

mitted to providing the very best, clinically proven care. That's why we are advocates for greater transparency in clinical quality for hospitals across the nation. By making quality measures more transparent we believe that we can raise the bar for care nationally.

One such quality measurement program is the Hospital Quality Alliance (HQA), a public-private collaboration with participation from The Joint Commission, the American Hospital Association, and the National Quality Forum. The HQA presently measures treatment for four conditions – heart attack, congestive heart failure, pneumonia and surgical care – and reports on how often hospitals provide the treatments known to result in the best outcomes for most patients.

CHW uses the “all or none” methodology advocated by the Institute for Healthcare Improvement (IHI) to assess quality in the publicly reported measures. In this model, for every condition being measured by HQA, there are a series of treatments, therapies, or diagnostic tests, known as a Care Bundle, which, taken together, have been proven to result in the best possible outcomes for patients. We consider the care we give to meet the HQA standards only when a patient receives



Percent of patients who receive 100% of the evidence-based therapies within the “bundle.”

every one of the evidence-based therapies specified in the care bundle.

We are pleased to report that Catholic Healthcare West hospitals continue to achieve high levels of performance, well above the national average in publicly reported measures tracked by HCA. In fact, for treatment of congestive heart failure, Catholic Healthcare West's clinical measures average ten percent above the national average. Likewise, care for pneumonia and heart attack are improving faster at Catholic Healthcare West hospitals than the national average.

#### Patient Satisfaction

As we continuously measure and improve the quality of care delivered at our hospitals, we are equally committed to ensuring that our patients feel they were well treated and that they had a positive experience with their care and their caregivers. By asking our patients about the quality of the service they received, we are better able to improve our care.

During 2007, CHW's patient satisfaction scores improved more than one and one half times as much as those of the top 10 percent of 1,500 hospitals in a national study. CHW's performance increased 40 percent, to well above the national average and within a couple of percentiles of the top 30 percent in the nation. Our progress over the years has been consistent. In 2005, roughly 87 percent of our patients said they would return (if care were needed) to their Catholic Healthcare West hospital without hesitation, placing the system in the 13th percentile nationally. In 2007, 91 percent of patients say they would return without hesitation, an increase that now places Catholic Healthcare West at the 67th percentile nationally.

We achieved these results through a number of innovative approaches to care. Most important is the dedication and commitment shown by all of our staff and physicians and especially by our nurses, who are providing excellent care everyday. Over the last year, more than 3,000 of our nurses were introduced to four evidence-based practices that are known to improve patient satisfaction and increase the time nurses can spend with their patients. These strategies, which we are pleased to report that our nurses have embraced, call for:

- ❖ **Hourly Rounding:** Making regular clinical rounds to patients every hour to check in on progress and to anticipate needs. Research has shown that hourly rounding by nurses reduces patient use of call lights by as much as 38 percent and reduces the number of patient falls by up to 50 percent.
- ❖ **Individualized Care:** White boards are now in use at all Catholic Healthcare West hospitals, which are used to help keep patients informed about their care plan as well as to communicate to hospital staff what is important to each patient.
- ❖ **Bedside Shift Reporting:** We have established a standardized process for communication between nurses during a shift change. Conducting this transfer in front of the patient allows our patients to be more involved in their care and improves patient safety.
- ❖ **Discharge Phone Calls:** Our nurses are also telephoning patients within 1-2 days of discharge to follow-up and address any needs or questions our patients may have.

#### Making Best Practices Our Everyday Practices

In today's health care environment, where both demand and costs are rising, it is important to us that we deliver excellent care in a manner that is both compassionate and cost effective. Our mission calls us to deliver high-quality, affordable health care. And as we honor this mission, CHW hospitals are working daily to improve the quality of our care while reducing costs. One way in which we are achieving this goal is by identifying care practices that are known to result in excellent outcomes for our patients and then reducing unnecessary variations from these best clinical practices.

Our efforts in this regard have been highly successful, and we remain confident that our progress in the coming years will show positive results. The quality of care delivered at CHW hospitals continues to improve and we are pleased to report that in FY 2007 we saved more than \$20 million by reducing unnecessary variation in clinical practices.

By identifying those practices that result in the best outcomes for our patients and standardizing those practices across all our hospitals, we are working to make CHW's best practices our everyday practices.



## Utilizing Technology To Improve Care

Integral to the delivery of excellent and efficient care is ensuring our caregivers have the tools they need to deliver that care. CareConnect is an important way we are achieving this goal. CHW is expecting to invest approximately \$600 million in CareConnect, our clinical information system that is transforming our organization into a virtually paperless clinical environment.

Through this initiative we are bringing computerized physician order entry, clinical decision support,

adverse drug event rules, and bedside medical device interfaces to our hospitals, giving our clinicians more time to devote to patient care and ensuring best demonstrated clinical practices can be easily migrated across our network of caregivers.

In recognition of this outstanding work, CHW physician leaders were honored with the team award from the Association of Medical Directors of Information Systems for excellence and outstanding achievement in applied medical informatics.

## CHW fosters a work environment characterized by respect for the dignity of persons, justice, and opportunities for growth and development.

CHW Standards for Mission Integration

### OUR PEOPLE

Our employees are the reason our healing ministry continues to succeed. The care and compassion delivered by the women and men of Catholic Healthcare West have established this organization as among the best in the nation, and we are committed to providing our employees with the tools and resources they need to grow.

#### Labor Relations

In 2001, CHW entered into organizing accords with two large labor organizations, Service Employees International Union (SEIU) and California Nurses Association (CNA). Since that time, our workforce has gone from being predominantly non-union to predominantly unionized. We currently have more than 29,300 employees who are represented by ten different labor organizations. The following principles guide initiatives to advance the strategic goal of facilitating labor/management collaboration that contributes to CHW's success.

#### CHW Core Values: A Labor-Management Relations Perspective

**DIGNITY:** CHW is committed to treating our employees and labor organizations in a manner that promotes mutual respect and dignity.

**COLLABORATION:** CHW values our employees and labor organizations as key participants in our efforts to provide and advocate for quality healthcare.

**JUSTICE:** CHW will apply workplace policies and collective bargaining agreements in a just and fair manner, without discrimination or harassment.

**STEWARDSHIP:** CHW will bargain in good faith with our employees, while always being mindful of our role as stewards of our ministry.

**EXCELLENCE:** CHW will work with employees and labor organizations to encourage teamwork and innovation that contribute to the CHW mission of compassionate, high-quality and affordable health care services.

#### Investing in Career Growth

During the 2007 fiscal year, CHW continued our tradition of investing in our employees through tuition reimbursement programs, employer-paid dependent health care coverage, continuing education courses and in-house education courses and programs.

We also are working with our labor unions on important training and education programs for our employees. Our



nurse mentoring collaboration with the California Nurses Association is helping to train and prepare experienced nurses to serve as mentors for nurses just beginning their careers.

Our work with the Service Employees International Union is progressing through the Joint Employer Education Fund, which is helping CHW employees upgrade their skills, invest in their career growth, and make greater long-term contributions to our healing ministry.

Additionally, CHW is investing in the next generation of caregivers through a number of partnerships with local community colleges. Grant funds, forgivable loans and internship programs at several of our hospitals are helping to train registered nurses, respiratory therapists and radiology technicians.

#### Workplace Diversity

CHW is an equal opportunity employer. We seek to promote diversity at all levels of the organization.

#### Employee Surveys

Every six months CHW facilities administer the Newmeasures' DOC (Developing Organizational Capacity) Survey, an employee satisfaction/values integration survey. The survey calibrates the feelings and attitudes that make up the invisible, but critical, human nature of organizations. Each survey diagnosis is specific, reliable and valid. The survey analysis offers recommendations for actions keyed directly to the health and effectiveness of the organization.

Each DOC Survey consists of a single page, usually

<b>Minority Representation</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Corporate Board	4 29%	5 36%	6 40%	5 31%	5 31%
Hospital Boards	NA NA	67 20%	104 23%	107 23%	136 30%
Corporate Officers	3 38%	3 38%	4 50%	5 56%	5 56%
Managers	575 21%	633 21%	658 23%	508 21%	423 19%
<b>Advancement of Women</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
Corporate Board	6 43%	6 43%	6 40%	9 56%	9 56%
Hospital Boards	NA NA	103 32%	144 32%	160 34%	166 37%
Corporate Officers	3 38%	3 38%	3 38%	4 44%	4 44%
Managers	1925 70%	2064 70%	2029 71%	1584 68%	1451 67%

The people of the world can be seen as a tapestry woven of many different strands. Those strands differ in size, shape, color, intensity, age and place of origin. All strands are integral to the whole, yet each retains an individuality that enriches the beauty of the cloth.

World Health Organization

containing 16 to 21 items that are carefully tested and selected because they demonstrate a high degree of statistical reliability and validity. Employees need only a few minutes to complete a survey, and all responses are confidential.

Surveys can be administered by pencil/paper or online. Newmeasures analyzes the data and creates easy-to-understand graphics and a short narrative report. Each Newmeasures Employee report identifies the one or two organizational behaviors with the most powerful statistical linkage to overall organizational effectiveness. Reports recommend action steps that lead to organizations' improvement.

At the end of the 2007 fiscal year, 81 percent of our employees reported that they feel they are part of an effective organization, exceeding our year-end goal of 72 percent. Further, 81 percent report that CHW is accomplishing the mission of compassionate healing, advocacy and building healthier communities.

#### Recognizing Employee Contributions

In recognition of the fact that our successes in 2007 would not be possible without our employees, we continued our program of sharing the organization's success with those who contributed to it. In fiscal year 2007, eligible full- and part-time employees received a cash award in acknowledgement of their contribution. In each of the last two years, CHW has awarded more than \$50 million to our employees through these important recognition programs.

#### Employee Injury Prevention

Facilities have sustained their commitment and focus to promoting healthy work habits for employees. Special taskforces (or the already established Safety Committee/Environment of Care) identify specific causation of injuries and formulate injury prevention programs, procedures and equipment plans that will

reduce injuries. In addition, the departments with the highest frequency of injuries continue to utilize the CHW Risk Services tools to support their efforts – How to Develop a Safety Promotion Program at the department level and the Safety Scorecard (monitoring departments' success). Many facilities have implemented one or more of the following:

- ❖ Investment in patient lifting equipment
- ❖ Patient handling training
- ❖ Employee friendly lift and transfer policies
- ❖ Safety rewards programs
- ❖ Specialized department programs

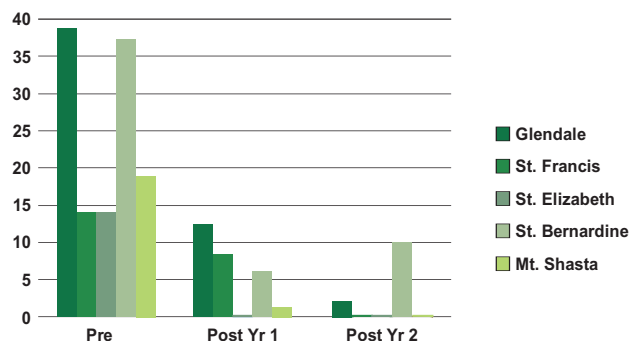
In FY 2007 Corporate Risk Services developed a new metric as a “subset” to the monthly employee injury report. The new metric is a “drill down” document that provides the frequency of body mechanic injuries (physical movement and repetitive motion type injuries), which makes up approximately 65% of our frequency and costs. To reduce the frequency of these injury types, each facility utilizes the injury analysis report to identify the root cause of these injury types, to develop injury prevention action plans and to correct any deficiencies in their program.

Since the implementation of the “safe patient lift program” in FY 2005, and in partnership with Corporate Risk Services, Glendale Memorial Hospital and Medical Center, and Saint Francis Memorial Hospital, two additional hospitals, St. Elizabeth Community, and St. Bernardine Medical Center have also implemented this program, reporting significant reductions in patient handling injuries. In FY 2007, three additional facilities also implemented a “safe patient lift program” in their hospitals; St. Rose Dominican Hospital – San Martin, Mercy Gilbert Medical Center, and Mercy Medical Center –

**CHW is dedicated to ongoing efforts to provide a safe and healthy environment for our patients, employees and visitors. Efforts to maintain a clean, pleasant and hazard-free physical environment will minimize the risk of injuries and adverse affects.**

Mt. Shasta. Each patient care provider was trained on how to use specific equipment and no longer lift or transfer patients without the use of sophisticated, state of the art equipment. A “Safe Patient Handling” policy was also developed and approved to support the newly learned practices for patient handling. All facilities significantly reduced their patient lifting related injuries in FY 2007 as shown in the chart below.

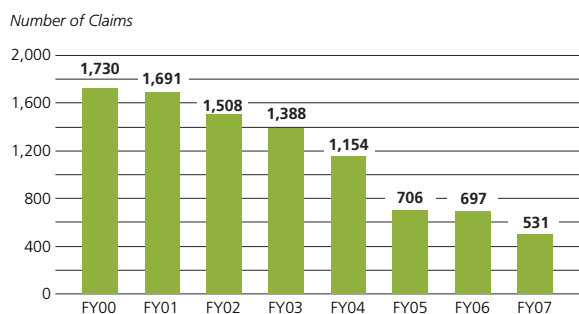
**CHW Facilities**  
Pre- and Post Program Patient Handling Injury Rates



In addition to the efforts to identify opportunities to promote a safer workplace, CHW facilities are committed to accommodating injured employees with work restrictions during their healing process. Loss days have decreased 52% over the past five years, with ongoing annual improvement (from over 30,000 to below 15,000 annually).

The following wing chart shows the reduction of frequency in indemnity (severe) injuries reported in Workers’ Compensation. The chart indicates the number of injuries to CHW employees that have occurred during the specific time period. This chart represents the success in reducing injuries.

**CHW Workers’ Compensation**  
Frequency of Injuries - FY 2000 to FY 2006



### Injury Severity Programs

Employees who are injured receive prompt and appropriate medical treatment. Each facility has identified a qualified medical professional who will immediately see injured employees for evaluation and treatment. If a specialist is required, each facility has developed a list for referral. These specialists have the expertise as physician as well as the understanding of compliance with the complicated workers compensation regulations and requirements.

CHW is self-insured for Workers Compensation, however a third party administrator manages the workers’ compensation claims. To assure appropriate medical treatment, a registered nurse with standardized treatment protocols is on site at each claims office working with the claims administrators to facilitate early recovery and return to work.

### Benchmark and Medical Management Scorecards

To support the efforts at each facility, Corporate Risk Services distributes monthly and quarterly metrics that measure the facilities’ efforts to promote health and safety in the workplace. The metrics, now in their sixth year, clearly show hospital and senior management the effectiveness of each facility’s programs. Included in the metrics are the following:

- ❖ Reduction of indemnity injuries (i.e. employee injuries resulting in loss days and permanent limitations)
- ❖ Percentage of employees returning to work (full-duty or with restrictions)
- ❖ Further reduction of loss days
- ❖ Limited growth in medical costs
- ❖ Percentage of employees treating with initial preferred medical provider
- ❖ Inventory reduction of open indemnity claims

### OUR PURCHASES

CHW has developed guidelines for the purchase of all goods and services. By carefully selecting goods and services at the front end, members of the Supply Chain Management Team significantly reduce CHW’s waste stream and its negative impact on the environment. The team has reached beyond CHW to influence the purchasing policies of Premier, a hospital group purchasing organization in which CHW holds

membership. CHW's contract requires Premier to consider the environmental impact of a product or service when selecting goods and services and to support the campaign to reduce the volume and toxicity of the medical waste stream.

CHW's environmental purchasing guidelines, implemented through its Supply Chain Management department, cover many elements, including evaluation of a product's:

- ❖ Energy and water efficiency
- ❖ Durability
- ❖ Packaging
- ❖ Manufacturing process (e.g. use of hazardous materials or ODCs)
- ❖ Hazardous materials and Recycled content
- ❖ Recycling Potential/Disposal options
- ❖ Ergonomics
- ❖ Ease of Maintenance

Our materials policy pursues several environmental goals. First, we seek to reduce waste at its source by redesigning processes and purchasing practices to reduce the amount of virgin materials purchased. Second, once a procurement need is identified, we try to purchase goods with recycled content that can specifically be recycled, and have a low life cycle impact on the environment. Once our purchases reach the end of their initial use, we focus on recycling, reuse within the hospital, transfer to another user (such as the community organizations), and finally to proper waste disposal. A cross-functional decision making group, the "Value Analysis Committee," at the local facility level implements and reports the results of these purchasing decisions.

#### PVC/DEHP

CHW's endorsement of the Healthcare Without Harm Campaign (HCWH) committed us to develop a plan for the reduction and ultimate phase-out of the use of PVC. PVC, a commonly used chemical in many medical supplies such as IV bags, releases dioxins to the environment during production and disposal. CHW successfully completed another of our key goals by implementing a contract with B. Braun Medical Inc. to supply CHW with IV bags, which do not contain PVC/DEHP.

By implementing the BBraun EXCEL IV bag, CHW, over a five-year period, will achieve:

- ❖ Removal of 1,896,509 lbs of PVC material from IV containers
- ❖ Reduction of 557,434 lbs of waste material in landfill due to less weight
- ❖ Elimination of 477,989 lbs of HCL to the environment had this material been burned

#### Latex

50% of CHW hospitals converted to latex-free examination gloves with remainder forecasted to be substantially complete by November 1, 2007. Latex allergic workers exposed to latex gloves and other products containing natural rubber latex may develop allergic reactions such as skin rashes; hives; nasal, eye, or sinus symptoms; asthma; and (rarely) shock.

#### Laboratory Equipment

We are in the very early stages of discussions with a company called L.E.S.S. (Laboratory Environmental Support System). Currently ten of our facilities use them for reprocessing of cuvettes used primarily on coagulation analyzers. Projected cost avoidance savings are approximately \$128K annually, but more important is the fact that thousands of plastic tubes will NOT be sent to the landfill.

#### Reprocessing Practices

CHW has contracted with Ascent Healthcare Solutions, Inc. an independent third-party reprocessor of single-use medical devices (SUDs). This company reprocesses selected items, such as E.P. catheters, orthopedic burrs, bits and blades, trocars, arthroscopic instruments and DVT garments which are labeled for single use, making them safe for repeated use. We have been working diligently to assure a responsible approach to reprocessing, which conserves resources without placing our patients at risk. In FY2007 CHW logged in 40 tons of medical waste diversion through our reprocessing programs and realized a savings of \$1.8 million.

#### Reusable Sharps Containers

Presently, 27 CHW member hospitals and 15 associated clinics utilize the Bio Systems reusable sharps management service. Bio Systems is designed to

increase safety, ensure compliance and mitigate the impact of sharps container use on the environment. Use of the reusable sharps containers eliminates the need for millions of single use sharps containers to be manufactured and disposed of. Eliminating the plastic containers from the environment reduces both the burden on our landfills and hazardous emissions when containers are incinerated. In FY07, through this program alone CHW eliminated 126 tons of red plastic and 19 tons of corrugated packaging containers from being manufactured and landfilled. The average cost savings by hospital is approximately 15% per year of sharps container purchasing, disposal and management.

### Food Service

CHW's Food & Nutrition Council has developed a [CHW Food & Nutrition Vision Statement](#). This vision statement serves as a framework for Food & Nutrition Managers in addressing the many issues that relate to the environmental and social issues around food supplies. After surveying all facilities to determine current programs in place, the Council set a goal to increase our system's food service environmental/sustainable programs by 20% in FY2008.

All of our facilities have food management programs wherein food waste is reduced through tracking patient census numbers, asking patients their food preferences, purchasing and preparing in proper amounts, and minimizing leftovers and waste. Excess food, if any, is generally donated to local organizations such as senior homes or homeless shelters. Beyond these basic programs, many facilities are:

- ❖ Working to source locally grown produce (Chandler Regional Hospital, Chandler, AZ)
- ❖ Purchasing dairy products produced locally and without unnecessary chemicals and hormones (St. Rose Dominican Hospitals, Henderson, NV)
- ❖ Piloting "Fair Trade" coffee (Dominican Hospital, Santa Cruz)
- ❖ Moving to eliminate styrofoam and plastic ware by implementing potato based utensils (St. Mary's and Saint Francis Memorial Hospitals, San Francisco, Mercy Medical Center Merced, St Rose Dominican Hospitals)

- ❖ Creating on site gardens to grow their own organic food (Dominican Hospital, Santa Cruz, and Sequoia Hospital, Redwood City)
- ❖ Creating on site composting programs (St. Joseph's Medical Center, Stockton)

## OUR BUILDINGS

### Energy Use

We are engaged in a variety of energy conservation and water conservation programs aimed at reducing consumption thereby decreasing our carbon footprint. While making strides in energy and water conservation, we face continual challenges with variable patient loads, new clinical equipment with higher heat loads, physical plant equipment nearing the end of its useful life, and higher ventilation ratios to meet regulatory requirements. CHW is actively involved in systemwide capital and operational energy retrofit programs aimed at reducing current utility consumption, shifting load to off peak periods, flattening the load profile during high demand time-of-use periods. The program began in October 2001 and is a continual effort to improve existing energy infrastructure and design new campuses to achieve energy efficiency. We estimate that identified projects will decrease electric consumption by 64M kWh (16%) and natural gas consumption by 119K MMBtu (7%). This program will significantly reduce "greenhouse gases" through improved energy efficiency.

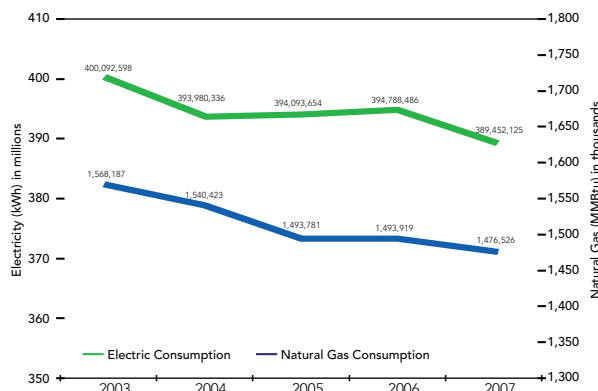
Traditional energy and/or water conservation projects have been completed at St. Joseph's Hospital and Medical Center in Phoenix, St. Mary Medical Center in Long Beach, St. Mary Medical Center in San Francisco, Bakersfield Memorial Hospital, San Gabriel Valley Medical Center, Mercy Southwest Hospital, one 125K ft<sup>2</sup> assisted care building, and two medical office buildings totaling 160K ft<sup>2</sup>. Additionally, we have three operational energy efficiency contracts in place and six additional contracts being reviewed for implementation. Operational energy contracts are tailored toward increasing energy efficiency by better control of energy consumption. These projects typically require minor capital and involve changes in operations of existing equipment including enhancements to building automation systems, improved control of heating, ventilation, and air conditioning, and staging of equipment

to decrease demand and increase serviceable life of equipment.

Cogeneration facilities, to produce electricity and capture waste heat using more efficient heat rates, are in place at California Hospital Medical Center, Los Angeles, Saint Francis Memorial Hospital, San Francisco, St. Mary's Medical Center, San Francisco, St. Joseph's Hospital, Stockton, Mercy Southwest Hospital, Bakersfield and St. Mary Medical Center, Long Beach. Construction is nearing completion at additional natural gas drive cogeneration plants at St. Bernardine Medical Center and Bakersfield Memorial Hospital. Additionally, construction is nearing completion of a landfill gas fueled cogeneration system at Marian Medical Center in Santa Maria (using methane from a nearby landfill).

The following graphs trend our electrical and natural gas consumption for the past five years. Consumption numbers have been adjusted to include the impact of weather and adjustments to square footage due to recent acquisitions and dispositions and campus expansions. In other words, if a specific location had a temperature of + or - 10% from the average, an adjustment has been made to account for this. Similar adjustments have been made to account for increased and decreased square footage.

Annual Electric and Natural Gas Consumption  
FY 2003 to FY 2007



Electric consumption has decreased from FY 2006 to FY 2007 by 1.4% and natural gas has decreased by 1.2% from FY 2006 to FY 2007.

### Tracking Greenhouse Gases

Greenhouse gas (GHG) emission is one of the leading causes of global climate change that is linked to abnormal storm patterns and health related allergies.

In an effort to reduce greenhouse gas emissions and slow climate change, the California Climate Action Registry was established in 2001 under Senate Bill 1771, Senate Bill 527, and was further supported in California's landmark Global Warming legislation, AB 32. The Registry assists companies with calculating, reporting and certifying emissions and ultimately reducing the level of greenhouse gases through conservation efforts, including environmentally friendly energy alternatives in fuel mix, trip sharing, etc. Complete information specific to the California Climate Action Registry and its charter can be found via the web at [www.climateregistry.org](http://www.climateregistry.org). While the Registry is a voluntary program aimed at reducing emissions, its position has gained ground with many large companies focused on demonstrating environmental stewardship as new emission reporting requirements appear imminent.

The purposes of the Registry are as follow:

- ❖ To enable participating entities to voluntarily measure and record GHG emissions made after 1990 in an accurate manner and consistent format that is independently certified;
- ❖ To establish standards that facilitate the accurate, consistent, and transparent measurement and monitoring of GHG emissions;
- ❖ To help various entities establish emission baselines against which any future federal GHG emissions reduction requirements may be applied;
- ❖ To encourage voluntary actions to increase energy efficiency and reduce GHG emissions;
- ❖ To ensure that participating organizations receive appropriate consideration for certified emissions results under any future state, federal or international regulatory regime relating to GHG emissions;
- ❖ To recognize, publicize, and promote participants in the Registry;
- ❖ To recruit broad participation in the process.

Catholic Healthcare West achieved 100% compliance in reporting greenhouse gas emissions attributed to carbon dioxide in the California Climate Action Registry online reporting tool. Although a California voluntary program, we are proud to have participated in all three States where we are located. Beginning with calendar year 2006, we reported production of carbon dioxide from the following sources:

- ❖ Direct emissions from mobile source combustion
- ❖ Direct emissions from stationary combustion
- ❖ Indirect emissions from electricity use and imported steam, district heating and cooling
- ❖ Direct process emissions

We are in the process of becoming certified by a Registry approved certifier no later than December 31, 2007. Once certified, data will be publicly reported and goals will be set for reducing greenhouse gases in coming years.

### Water Use

For the second consecutive year, we have requested that all facilities report on the amount of water used at their facilities. While this data has been surprisingly difficult to capture, we did receive comparable data for three consecutive years from about half of our facilities. This data indicates that our water usage from 2005 to 2007 at these facilities decreased by 13%. Our average size facility uses between 25 and 35 million gallons of water per year. All facilities have taken action in past years to reduce water usage, through retrofitting of existing fixtures, improved landscaping choices, and implementation of water saving technology in the x-ray film developing process. Since our data is still incomplete and is not normal-

ized for patient loads, we are early in understanding our water usage profiles. We are evaluating better methods for collecting water data and hope to have more complete information next year.

CHW works to reduce water consumption in many ways. Heating and cooling equipment and steam traps, which also consume large amounts of water, are being retrofitted to more advanced, efficient models. Since many of our facilities are located in areas that are natural deserts, our landscaping is designed to meet state and local low water use requirements. For instance, Mercy Hospital of Folsom re-landscaped the healing garden, installing climate appropriate plants and a drip irrigation system to reduce water usage. St. Joseph's Hospital in Phoenix installed 5 waterless urinals, saving 250,000 gallons/year. CHW is continuing the implementation of the Water Saver/Plus program and the sterilizer metering valve conversions to reduce water consumption and waste stream production. These two programs will purchase about 300 devices to attach to wet film processors to reduce the consumption of water needed to develop quality x-rays. Once fully implemented, this program is expected to save 140,000,000 gallons of water (about 90% of the total water currently used for x-ray production) on an annual basis and reduce wastewater production. Additionally, many facilities are moving to digital x-rays, which result in a 100% water savings.

CHW also incorporates energy efficiency and building sustainability in all new construction projects. New construction over the next ten years will grow to unprecedented levels with the need to meet regulatory requirements and continue to serve the public's healthcare needs. CHW strives to meet energy efficiency in new construction through adherence to the Energy Star Building Program and various guidelines contained in CHW's Project Delivery Model.

## Sustainability Snapshot

### Digital X-Rays

As of July 2005, X-rays at Dominican Hospital in Santa Cruz are 100 percent digital, meaning film and chemical processing is eliminated in thousands of cases per month. This conversion to Computed Radiography is a major step for Dominican from film-stored images to all-digital radiology, also known as Picture Archiving and Communications System (PACS). Soon, other diagnostic systems such as Computed Axial Tomography (CT) scans will also be filmless. There are several advantages to a PACS system and its soft electronic copies.

- Silver-bearing X-ray films, plastic bases, and paper film jackets are all eliminated. The costs associated with chemical maintenance, hazardous material handling, darkrooms, and silver recovery are also avoided.
- Furthermore, the use of rinse water is reduced by 100,000 gallons per year per processor. In addition to these environmental benefits, the system supports patient safety and care through more efficient handling of their test results and medical records.

### Sustainable Design

Recognizing the relationship among human health, environmental quality and building related activities, we seek to align building siting, design and construction activities with our commitment to environmental protection and conservation. To further that commitment, we will consider the life-cycle impacts of our design and construction standards, selection of materials and equipment and maintenance practices.

We will incorporate, where environmentally and economically feasible, natural and renewable energy



flows. Additionally, CHW will require its architects, engineers and contractors to specify commercially available, cost-competitive, materials, products, technologies and processes, where appropriate, that have a positive impact, or limit any negative impact on environmental quality and human health. Overall, we will strive to integrate sustainable design, building operation and maintenance practices, rebuilding and/or retrofitting facilities to meet regulatory and/or community health needs.

#### System Goals for all Projects

- ❖ Minimize Life-cycle costs through resource selection management
- ❖ Reduce resource consumption: energy, water, land and materials
- ❖ Reduce resource waste: energy, water, and materials
- ❖ Increase equipment and systems efficiency
- ❖ Incorporate facility design to limit source and waste reduction
- ❖ Create healthy environment for building occupants by improving indoor air, light, noise, temperature, and humidity

#### Current Procedures

CHW's Corporate Real Estate department (CRE) has incorporated the Green Guide for Health Care™ (GGHC) into our Sustainable Design program in the Project Delivery Model. These guidelines provide a detailed approach to integrating, to the maximum extent practical, sustainable design elements into project planning, design, and construction activities. All major (over \$5,000,000) and minor capital construction projects are subject to compliance with the Project Delivery Model Sustainable Design Guidelines.

Green Guide for Health Care™ provides the health care sector with a voluntary, self-certifying metric toolkit of best practices that designers, owners, and operators can use to guide and evaluate their progress towards high performance healing environments.

Central to Catholic Healthcare West's mission is providing health care services that maximize patient and employee health and safety and minimize adverse environmental impacts.

## Sustainability Snapshot

### Promoting Energy Conservation and Sustainable Design

In collaboration with CHW's Real Estate Department, St. Joseph's Hospital and Medical Center, Phoenix, AZ completed Phase I and Phase II energy retrofit projects that made both environmental and economic sense.

The two-phase project is currently reducing electric consumption by 4.5 million kWh, natural gas by 740 thousand therms, and water by 23 million gallons. Using the Commercial Energy Consumption survey (CBEC's) authored by the Department of Energy (DOE), these reductions equate to electricity sufficient to power approximately 400 homes, natural gas to heat 1,000 homes, and water sufficient for 320 four-person households.

Equally attractive is the project's economics. This \$4.1M project was structured as a performance contract that guarantees minimum annual savings of \$994K. Equating to a 4.1-year simple payback, this project is a partnership between St. Joseph's and American Energy Assets to reduce energy consumption.

The key elements of the Green Guide for Health Care™ are: *Integrated Design, Sustainable Sites, Water Efficiency, Energy & Atmosphere, Material and Resources, and Environmental Quality.*

#### FY-07 Corporate Real Estate Design & Construction Projects

We prepared GGHC score sheets on our 24 FY-07 construction projects. The GGHC score sheet is utilized by the project design team to document the goals for the project and should be updated periodically. The goals are scored by the following parameters: a). if you are moderately confident that the project can attain the goal, then one credit is received for that goal; b). if you are uncertain of your ability to attain the goal, but will try, then no credit is received at this time; c). if you do not expect to try to attain this goal due to cost or other project trade-offs, then no credit is given; and d). the goal is physically unattainable for the project, then no credit is given. The total Construction Opportunity points from the GGHC score sheet are 96. Our FY-07 projects ranged

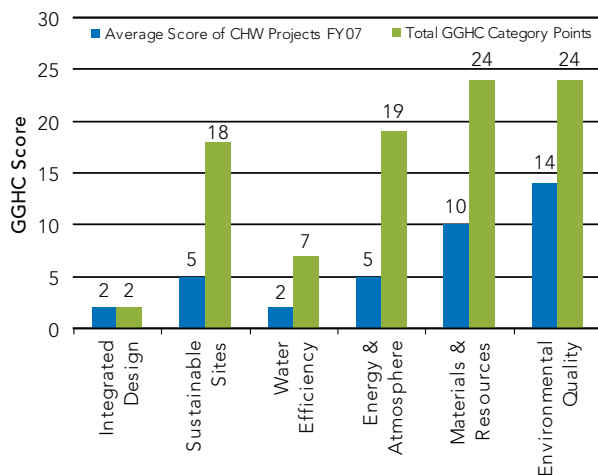
between 20 and 54 construction points with a system average of 37 points. Seven out of 24 projects scored points in the 50's and six projects scored points in the 40's.

The Version 2.1 Pilot Report dated August 2007 generated by Green Guide for Health Care™ reports the average scores of the Pilot projects registered from November 1994 to January 2007. There were 57 Acute Care Construction projects in the Pilot program and the average scores reported for those projects were as follows: Sustainable Sites average score was 7; Water Efficiency average score was 2; Energy & Atmosphere average score was 4; Materials & Resources average score was 7; and Environmental Quality average score was 10.

The following charts represent the scores that our 24 FY-07 projects attained within the key element areas. Our average scores in each area are comparable to the GGHC Pilot Program scores referenced above, indicating that we are within the thresholds of other healthcare organizations. A summary chart is provided below, with more [detailed charts](#) offered here.

### Future Opportunities

Average Scores by Sustainable Design Element



The CRE department continues to analyze Sustainable Design and the GGHC program. CRE's goal for FY-08 is to analyze how the Green Guide for Health Care™ is impacting our Sustainable Design program. We will institute ways in which our design teams can measure and document the tangible effects of this program. We will evaluate registering new hospital construction projects that are in the begin-

ning design phase to participate in the GGHC Pilot program. Registering in the Pilot program allows access to the GGHC Forum where members participate with other users and exchange ideas on how to implement and achieve the goals in the GGHC.

Each project is unique and therefore sustainable design goals will be evaluated and based on the specific scope of the construction work to be performed. CHW will strive to meet as many of the goals in the GGHC score sheet as is reasonably possible within each future construction project. CHW is committed to environmental protection and conservation and creating "greener" high performance facilities.

### OUR WASTE

In conjunction with our efforts to reduce, reuse and recycle materials, we manage our waste streams to ensure that all waste is properly captured, recycled, and treated or disposed. Such material, including medical, hazardous, non-hazardous, and construction debris, originates from a myriad of activities that we conduct in the course of providing health care services. While much has been achieved, we still face many challenges. Particularly daunting is finding effective recycling options outside of California; Construction and Demolition (C&D) waste is difficult to recycle in many areas as well. Building design and lack of space hinders recycling within some of our older campuses.

#### Non-Hazardous Waste

Many non-hazardous waste streams are generated from hospital operations, among them food, beverage and office wastes. Many of these waste materials are recycled, including aluminum cans, metals, paper, cardboard, plastics, bottles and "universal wastes" such as batteries and fluorescent tubes.

CHW has determined that we generate 14.7 pounds of non-hazardous waste and 1.4 pounds of medical waste for a total of 16.1 pounds of total waste per adjusted patient day (#/apd) that is disposed of via landfill. This represents a slight increase from the previous 3 years, where we had achieved our goal of 15 #/apd. It is a 15% decrease from our baseline year 2000 numbers, but is nonetheless a disappointment. Statistically we were impacted badly this year by our few (but large) facilities in Arizona and Nevada, states that do not have the benefit of the recycling



## Sustainability Snapshot

### Creative Methods Of Reducing Waste

- CHW purchases about 200,000 pounds (about 0.5% of our total waste stream) of “blue wrap”, polypropylene material used in many different hospital processes. CHW had previously helped develop a recycling outlet for clean blue wrap, but the vendor being used was not able to sustain the program. While some CHW facilities have found a local vendor to recycle blue wrap, most have not. CHW has now taken a leadership role working with the California Integrated Waste Management Board to develop a blue wrap recycling program statewide. Given the amount of blue wrap used in every facility across the state, this program, if successful, could reduce the entire industry’s land filled waste by millions of pounds.
- When Marian Medical Center, Santa Maria, discovered that there was no greenwaste (landscaping)-recycling program in the community, the hospital created its own. The greenwaste is now being sent to a local company for composting. When this composted material is applied to the agricultural fields, the farmers use less water, fertilizer, and pesticides. 25,500 lbs. /year of greenwaste has been diverted from the Santa Maria landfill. Other facilities have developed similar programs.
- To improve our operations, meet changing demands, and respond to new safety and building codes, CHW constantly is renovating, demolishing, and building facilities. This activity generates construction debris. Through its contractors, CHW ensures as much of this debris as feasible is recycled. Examples of materials include steel studs, aluminum, copper, and cardboard. Old concrete is segregated, crushed, and used as backfill material. Additionally, CHW requires that new facilities be built, to the extent possible, with recycled materials and with an eye toward proper deconstruction when the facility reaches its end of life, ensuring that the facilities we build today can be properly reclaimed many years from now.
- Community Hospital San Bernardino has banned the purchase of individual water bottles, opting instead for filtered and unfiltered tap water while eliminating the need to produce, transport, and recycle the plastic bottles.

infrastructure our California facilities have. Additionally, Bakersfield Memorial, partly due to ongoing construction, produced a surge in waste volumes.

We will continue to look for methods of reducing this volume, but it appears that 15#/apd is the practical goal for waste reduction given the current hospital environment. One of our goals for the coming year is to continue to work with these facilities to bring their waste numbers in line with other CHW facilities and our goals.

Besides the land filled waste discussed above, the two other main components of our waste stream are haz-

Year	Total Land filled Waste (Pounds/adjusted patient days)	Percent Decrease From 2000
2000	18.5	N/A
2002	17.6	5%
2003	15.5	19%
2004	14.4	28%
2005	14.6	27%
2006	15.0	23%
2007	16.1	15%

ardous waste and recycled materials. The table below shows the total (non-normalized) amount of waste we generate and how those wastes are distributed. As shown below, currently about 27% of our total waste stream is recycled.

In addition, several of our facilities, including Marian

Waste Type	Waste Volume (Pounds)	% of Waste Stream
Solid Waste	37,800,000	67%
Medical Waste	3,700,000	7%
Hazardous Waste	35,700	<1%
Recycled Materials	15,300,000	27%
Total	56,835,700	100%

Medical Center in Santa Maria, St. John's Regional Hospital and Medical Center in Oxnard, Saint Francis Memorial Hospital in San Francisco, French Hospital Medical Center in San Luis Obispo, and St. Elizabeth's Community Hospital in Red Bluff, operate "Reusable Stores". These stores are areas where any clean, but not needed hospital materials are placed. Hospital employees and community members are

welcome to come and take items for free. Items may range from plastic containers and dressing gowns to furniture and older, but usable, computer equipment. In this way thousands of pounds of useful items find new life, instead of heading for the landfill. Dominican Hospital operates an in-house on-line service where employees are able to post and obtain used items as well.

### Medical Waste

"Medical waste" refers to materials generated as a result of patient diagnosis, treatment, or immunization of human beings or animals. "Infectious waste" refers to that portion of medical waste that could transmit infectious diseases. CHW hospitals work towards medical waste reduction through a variety of programs. The most successful programs involve improving training and implementing procedures to ensure non-medical waste is properly segregated from true medical waste.

CHW is attempting to enhance patient and employee safety and to reduce the amount of sharps produced by moving to needleless technology where possible. CHW also has signed an agreement with Stericycle, Inc., for a Reusable Sharps Containers Management Program. The program (known as Bio Systems) is designed to increase safety, ensure compliance and mitigate the impact of sharps container use on the environment. Full reusable sharps containers are picked up at each facility by a Bio Systems technician and replaced with empty ones. The full containers are taken to Stericycle's medical waste transfer station where they are opened by a robotic mechanism and the contents emptied for processing as medical waste. The emptied containers are then washed and sanitized before being sent back to the hospital for reuse. The containers are designed to be simple and



easy to use. Each container can be re-used at least 500 times.

Use of the reusable sharps containers eliminates the need for millions of single use disposable sharps containers to be manufactured and disposed. In addition, they significantly reduce the medical waste stream by removing the weight of the single-use container. A Stericycle/BioSystems study showed that a 250-bed hospital would reduce its medical waste stream by 13 tons per year from just the weight of the single-use containers. This elimination of plastic reduces the burden on our landfills and contributes to the reduction of hazardous emissions where containers are incinerated. Bio Systems containers have no packaging, which translates into the elimination of thousands of cardboard boxes annually. The vast majority of CHW facilities are now using the recyclable sharps container system.

The following CHW facilities are piloting or employing new waste management systems in the operating room:

Sequoia Hospital, Redwood City, CA

St. Mary's Medical Center, San Francisco, CA

Saint Francis Memorial Hospital, San Francisco, CA

Mercy Hospital, Bakersfield, CA

Mercy Southwest Hospital, Bakersfield, CA

Mercy Medical Center-Merced, Merced, CA

St. Rose Dominican Hospitals – Rose de Lima Campus, Henderson, NV

St. Rose Dominican Hospitals – Siena Campus, Henderson, NV

St. Rose Dominican Hospitals – San Martin Campus, Las Vegas, NV

St. Joseph's Medical Center, Stockton, CA

Dominican Hospital, Santa Cruz, CA

This system, Neptune, consists of multiple Rovers (suction machines) and a docking station. The Rovers are used in the operating rooms to collect liquid surgical waste throughout the day. When cases are completed for the day the Rover is taken to the docking station and the liquid waste is disposed down the drain in 3 minutes. Unlike the old system, canisters are reused instead of being discarded.

Sterilization renders 98% of all medical waste non-

hazardous. Medical waste with higher biological hazards, such as pathological waste, is required by law to be incinerated. CHW uses only the best commercial incineration vendors and does not operate any of its own incineration facilities.

Though we are not required to do so, many CHW facilities willingly accept home generated sharps and unneeded pharmaceuticals from members of the community. These items, if disposed of into landfills or into wastewater treatment plants, are sources of pollution and are potentially dangerous to those people who might come across them. By collecting these items we remove these dangers from our community, thus preventing illness before it happens.

#### Hazardous Waste

Hazardous waste disposal volumes were approximately 685 pounds per facility in FY 2001. Currently, hazardous waste volumes average about 1,000 pounds per facility largely from day-to-day laboratory activities and periodic “clean up” of old facilities or laboratory closets. This volume is the equivalent of less than two to three 55-gallon drums of hazardous waste per facility per year. This waste consists primarily of small amounts of chemicals used in our hospital laboratories, such as gluteraldehyde, formaldehyde, and stains and dyes used in medical analyses. In addition, we continue to generate small amounts of asbestos from remodeling projects at our older facilities.

We are still working to achieve reductions through substitution of some hazardous materials with non-hazardous substances (where such alternatives exist), and innovative recycling of formalin, xylene, and other laboratory chemicals. Asbestos waste will continue to be generated at a similar volume in the future as ongoing remodeling of older facilities continues. Although our facilities are virtually mercury-free, small amounts of mercury will continue to be disposed of in the coming years due to our facility's outreach activities in which we offer the general public free digital thermometers in exchange for mercury thermometers.

All chemicals used in hospitals are labeled and stored in proper storage containers. The Haz-Mat coordinators inspect hazardous chemical waste areas weekly, and licensed treatment facilities dispose of hazardous waste. Many of our facilities have programs in place to audit their waste disposal vendors.

## Sample Waste Management Practices

Facility	Waste Management Practice
Marian Medical Center, Santa Maria, CA & St. Bernardine Medical Center	<ul style="list-style-type: none"> <li>Sponsored a free electronic waste drop-off service, resulting in more than 2,000 pounds of e-waste being collected, not for landfills but for safe disposal or reuse. By conducting this program, individuals were given a free, safe way to dispose of their electronic waste.</li> </ul>
Mark Twain St. Joseph's Hospital, San Andreas, CA	<ul style="list-style-type: none"> <li>Gave unused O/R basins to local auto mechanics for various garage activities as well as to local school children for school supplies.</li> <li>Recycled some blue wrap, and donated remainder as wrapping material for moving, paint drop cloths and "smocks" for local school children.</li> </ul>
Saint Francis Memorial Hospital, San Francisco, CA	<ul style="list-style-type: none"> <li>Implemented internal exchange system for furniture and office supplies so departments with excess items can publicize this and departments looking for items can review prior to purchasing new.</li> <li>Gave approximately 500 pieces of large, used furniture to interested Community Partners and staff.</li> </ul>
St. Rose Dominican Hospital, Henderson, NV	<ul style="list-style-type: none"> <li>Installed ground water sensors that decrease water use by detecting water content, and stopping sprinklers if watering is not needed.</li> <li>Implemented water only carpet cleaning to eliminate need for chemicals in the cleaning process.</li> </ul>
Mercy General Hospital, Sacramento, CA	<ul style="list-style-type: none"> <li>Implemented cardboard, blue wrap, fluorescent tube, and alcohol recycling programs.</li> <li>Eliminated Ethylene Oxide (ETO) sterilizer.</li> </ul>
Glendale Memorial Hospital, Glendale, CA	<ul style="list-style-type: none"> <li>Used recycled water to operate the hospital's cooling towers.</li> </ul>
Mercy Medical Center Mt. Shasta, Mt. Shasta, CA	<ul style="list-style-type: none"> <li>Continued to purchase environmentally friendly material when possible, including low energy electrical fixtures, low water plumbing fixtures, and high efficiency utilities.</li> </ul>
Arroyo Grande Community Hospital, Arroyo Grande, CA and Mercy & Mercy Southwest Hospitals, Bakersfield, CA	<ul style="list-style-type: none"> <li>Changed to 3M cleaning materials that consume fewer amounts of cleaning chemicals, reduce the volume of water used, and minimize employee exposure to chemicals and injury due to weight lifting.</li> <li>Developed community drop off for eyeglasses and cell phones for reuse in the community.</li> </ul>
St. Mary's Medical Center, San Francisco, CA	<ul style="list-style-type: none"> <li>Installed the Neptune System for disposing of contaminated liquid waste in the Operating Room as a pilot program to determine the expense, ecological and exposure minimization benefits of this trial system. Results to date have been reduction to the solid waste stream estimated at 50%.</li> <li>Converted styrofoam to biodegradable products in the cafeteria.</li> </ul>
Mercy Medical Center Redding, Redding, CA	<ul style="list-style-type: none"> <li>Implemented the use of biodegradable patient belongings bags.</li> <li>Contracted with company to pick-up and re-sell or donate old furniture and other medical supplies.</li> <li>Donated old computers to a local high school, Bishop Quinn, to use as a learning tool for students to dismantle and assemble with possible upgrades. Computers are also donated for use at Mistletoe Elementary and Liberty Christian. Liberty Christian School also receives our old toner cartridges, recycles them for us and in return receives monetary compensation.</li> </ul>
St. Elizabeth Community Hospital, Red Bluff, CA	<ul style="list-style-type: none"> <li>Implemented an ECO friendly pest control method to reduce respiratory and allergic reactions from staff and patients. This method uses plant oils and natural ingredients for pest control reducing the risk to people and helps protect our ecology as well.</li> </ul>
Sequoia Hospital, Redwood City, CA	<ul style="list-style-type: none"> <li>Commenced Green Waste recycling.</li> <li>Replaced Gluteraldehyde (a hazardous material) with non-hazardous Cidex OPA.</li> <li>Donated surplus medical equipment, supplies, and office furniture.</li> </ul>
Woodland Healthcare, Woodland, CA	<ul style="list-style-type: none"> <li>Donated surplus medical equipment and supplies for use overseas.</li> </ul>
St. Bernadine Medical Center, San Bernardino, CA	<ul style="list-style-type: none"> <li>Increased paper and cardboard recycling by 28%.</li> <li>Implemented the use of brown paper towels for the facility, that compost quicker than bleached towels in the landfill.</li> <li>Recycled over 12,000 pounds of electronic waste.</li> <li>Donated excess items to KidCare International.</li> </ul>
St. Joseph's Hospital & Medical Center, Phoenix, AZ	<ul style="list-style-type: none"> <li>Adopted a solvent distillation system that recycles alcohol and xylene for laboratory use achieving approximate savings of \$6000.</li> </ul>
Chandler Regional Hospital, Chandler, AZ	<ul style="list-style-type: none"> <li>Assisted local Police and Fire Departments with disposal of their hazardous waste, and participated on city-wide Hazardous Waste Committee.</li> </ul>
St. Joseph's Medical Center, Stockton, CA	<ul style="list-style-type: none"> <li>Converted to permanent waterproof therapeutic foam mattresses and eliminated the use of egg-crate foam. While the initial investment of over \$100,000 was significant, it paid for itself in just over one year and eliminated over 7000 lbs. of foam from the waste stream annually.</li> <li>Switched to reusable surgical gowns eliminating over 60,000 disposable gowns being tossed into landfills. The same "disposable to reusable" program has been implemented for isolation gowns and under pads.</li> </ul>
Dominican Hospital, Santa Cruz, CA	<ul style="list-style-type: none"> <li>Ceased operation of the film processors in Radiology. This means elimination of developer and fixer fumes in the department, the need to dispose of developer or fixer, and reduction of about 100,000 gallons of water used per year. In addition we were able to remove of all of the fixer reclamation equipment, and eliminate the risk of chemical spills or eye splashes.</li> <li>Approved reuse of existing carpet tile through Milliken's Earthsquare program. The existing tiles will go through washing, fiber shearing and redying processes, and then be delivered to a customer in Florida.</li> </ul>

Batteries and fluorescent tubes are known in California as “Universal Waste”, and are a subset of hazardous waste. These wastes are banned from land-fill disposal. All of our California facilities (and some of those in Nevada and Arizona, even though it is not required) collect these wastes and have them properly disposed of.

### Mercury

Removal of mercury from all our facilities has been a goal of CHW for several years. We have removed all significant mercury from our facilities, and instituted purchasing policies to ensure no new mercury is introduced. While we expect to find trace amounts of mercury in the future, we consider this goal to be essentially achieved.

### E-Waste

CHW recognizes the relationship between human health, environmental quality and computer related activities. The improper disposal of electronic waste (primarily computers) is of great concern to us. We successfully completed one of our goals to establish a comprehensive electronics management program to address improved procurement and end-of-life management practices, which protect data and comply

with federal, state, and local regulations. Working with the computer industry, our information technology consultant, and other interested groups, we have implemented a contract with Redemtech to serve as our single source for electronic equipment disposal.

CHW currently possesses nearly 20,000 computers. CHW is working directly with computer manufacturers, such as Dell, and with the Silicon Valley Toxics Coalition to encourage computer manufacturers to:

- ❖ Produce computers with fewer hazardous materials
- ❖ Create a manufacturer take-back program
- ❖ Take responsibility for the disposal of the large volume of existing computers

In parallel, we are working with our information technology vendor (Perot Systems) to ensure that patient privacy is ensured and that the computers we dispose of are handled only by reputable disposal companies, who will protect the environment and their employees during the recycling/disposal process. After an exhaustive evaluation of deconstruction, recycling and disposal practices, we are confident that Redemtech is the right company to ensure that our e-waste will be disposed in an ecologically sound manner.

CHW also met with a representative from Dell to dis-

## Quick Stats On E-Waste

	FY 2006	FY 2007
Total Assets Dispositioned	8,694 IT Assets	7,955 IT Assets
Lbs of Landfill Avoidance	203,851.15 lbs	211,173.63 lbs
• Recycled into raw components for reuse	142,922.61 lbs	115,170.19 lbs
• Remarketed	60,928.54 lbs	95,797.63 lbs
Computers Dispositioned	1,784 Computers	1,409 Computers
• Remarketed	835 Computers	792 Computers
• Recycled	949 Computers	617 Computers
Hospital that has contributed the most to landfill avoidance	St. Mary's Medical Center, Long Beach: 38,524.62 lbs	California Hospital Medical Center: 8,962 lbs.
Hospital that has processed the most assets	St. Joseph Medical Center, Stockton: 1,647 IT Assets	California Hospital Medical Center: 631 IT Assets
Location that has contributed the most to landfill avoidance		Phoenix Business Service Center: 18,289 lbs
Location that has processed the most assets		Phoenix Business Service Center: 906

cuss our desire for improved procurement and end-of-life management practices including a take back program, labeling, reduction of toxic constituents and a corporate commitment from Dell to sign the Recycler's Pledge of Stewardship. In addition, we provided Dell with the environmentally preferable procurement guidelines for electronic products and other resources that were prepared by the Computer TakeBack Campaign in Collaboration with Health Care Without Harm.

#### Compliance

CHW is committed to maintaining compliance throughout our entire system. We apply the same high standard of care to compliance as we do to our patients' health and wellness.

CHW is pleased to report yet another outstanding year in environmental regulatory compliance. No compliance issues that met the standard for reporting to outside regulators were identified at our facilities this past year.

This we know. The Earth does not belong to us; we belong to the Earth. This we know. All things are connected like the blood, which unites one family. All things are connected. Whatever befalls the earth befalls the sons and daughters of the Earth. We did not weave the web of life; we are merely a strand in it. Whatever we do to the web, we do to ourselves...

Chief Seattle



Summary of Goals (Core Indicators)

Goals	Status As Of 6/30/07	FY 2008 Indicator	FY 2010 Indicator
<b>REPORTING</b>			
Involve all CHW facilities in environmental and sustainability reporting	All but one facility (St. Mary Medical Center, Long Beach) provided complete data.	100% of facilities submit Data Gathering Tools, including complete data on all questions asked	100% of facilities submit Data Gathering Tools, including complete data on all questions asked
<b>OUR PATIENTS</b>			
Continuously improve patient care outcomes	Surpassed national average in publicly reported treatment measures	Continue strong performance in publicly reported clinical quality measures	Continue strong performance in publicly reported clinical quality measures
Continuously improve patient satisfaction with care	Increased patient satisfaction scores by 40%.	Achieve hospital specific goals for patient satisfaction.	Achieve hospital specific goals for patient satisfaction.
<b>OUR PEOPLE</b>			
Promote employee safety by focusing on prevention	Total Injury Rate is 6.78 per 100 FTEs and Indemnity Injury Rate is 1.69	At or below rates as of 06/30/07	At or below rates as of 06/30/07
<b>OUR PURCHASES</b>			
Increase use of reusable products in CHW facilities through the Ascent reprocessing system and the BioSystems reusable sharps containers	\$1.8 million and 40 tons of waste saved; 35% of Original Equipment Manufacturer (OEM) approved items reprocessed.  Reached 97% compliance on eligible facilities using reusable sharps containers	Achieve 50% of OEM approved items reprocessed with a savings of \$5.4 million.	Maintain system wide savings of 50% OEM approved items.  Sustain 100% use of reusable sharps containers in facilities where service is available.
Reduce use of medical supplies containing PVC	Converted approximately 80% of I.V. bag volume to the PVC-free alternative.	Achieve 85% conversion of IV bag volume to PVC-free alternative.	Eliminate other forms of PVC from the waste stream if practical.
Support and promote food systems that are ecologically sound, economically viable and socially responsible	Developed facility survey of food sustainability programs.	Increase by 20% the number of sustainable food activities in CHW. Baseline is 271.	Implement a sustainable food delivery system that includes purchasing responsibly produced food that minimizes land filled wastes, maximizes recycling and composting, and provides healthy nutritional choices.
<b>OUR BUILDINGS</b>			
Mitigate impacts of global warming and climate change by assessing, reducing and reporting greenhouse gas emissions	Submitted system wide emissions data to the California Climate Action Registry.	Once baseline data is certified, establish a reduction goal for carbon dioxide emissions from the FY 2007 baseline adjusting for acquisitions, dispositions, and building square footage adjustments.	Year after year reductions in carbon dioxide from previous year adjusting for acquisitions, dispositions, and building square footage adjustments.
Construct major new facilities in a sustainable manner	Mandated Sustainable Design Guidelines as a part of the design development process	Provide sustainable design report for hospitals completing Design Development in FY 2007.	Same, while implementing new ideas and building materials as practical. Implement a measurement achievement program.
<b>OUR WASTE</b>			
Reduce the volume and toxicity of our land filled waste stream	Averaged 16.1 pounds/adjusted patient day (15 lbs./apd or less for last 3 consecutive years)	Return to normalized land filled waste disposal volume at or below 15 pounds per adjusted patient day	Determine if a lower number is achievable.
Store and dispose hazardous waste in an environmentally responsible manner	Continued auditing of approximately 1/3 of all facilities each year. No significant deficiencies noted.	Achieve 100% compliance at audited facilities.	Achieve 100% compliance at audited facilities.
Responsibly manage the disposal of e-waste from CHW facilities	86% of facilities compliant with Redemtech contract.	Achieve 100% compliance.	Achieve and maintain 100% compliance.

## V. COMMUNITY ENGAGEMENT

Catholic Healthcare West's mission mandates partnering with others to promote the broader health of the community. In response to that mandate, CHW has developed a comprehensive approach to community health promotion that addresses not only the pressing health concerns in communities, but also the underlying causes for health problems.

Catholic Healthcare West is committed to a ministry that meets or exceeds the ethical, legal, and business expectations our communities have of us. We hold ourselves accountable to our communities and to each other to achieve sustainable development of our social, economic, and environmental resources. Paramount in this work are our efforts to step outside hospital walls to partner with others and to advocate on behalf of those who are poor and disenfranchised.

### COMMUNITY BENEFIT PROGRAMMING

Catholic Healthcare West is proud to partner with others in the community to improve the quality of life. Our work with others in the communities we serve is a vital part of our healing mission. Each CHW facility collaborates with community partners to assess community health assets and needs. Based on that assessment, each facility identifies community health priorities and develops programs to meet specified health outcomes.

[www.chwHEALTH.org/CommunityBenefitReports](http://www.chwHEALTH.org/CommunityBenefitReports)

#### Community Benefit as a Science

In recent years Catholic Healthcare West has worked to apply the same level of scientific rigor expected in the field of medicine to our work in community benefit programming. The central goal of our efforts is to move away from the model in which we simply enumerate our activities and accomplishments to a more strategic and evidence-based approach that ensures our resources are used in the wisest and most effective ways. With a primary focus on unmet health-related needs, we are striving to achieve measurable results from our intervention efforts; and we believe that waiting until community residents come in to the emergency room for treatment of acute illnesses that

could have been prevented represents poor stewardship of our resources and less than optimal primary care for those most in need. In fiscal year 2007, our hospitals identified 213 programs for more comprehensive strategies to measure and track the impact of the programs on the communities served, with the intent of preventing unnecessary hospitalizations.

#### Improving Culturally and Linguistically Competent Care

In 2003, Catholic Healthcare West was awarded a \$250,000 grant from the California Endowment to improve language services for those who are monolingual or have limited English proficiency. Since that time, Catholic Healthcare West hospitals have been comprehensively assessed for compliance with minimum standards of care for language services. Additionally, in fiscal year 2007 we have standardized our telephonic interpreter services, allowing us to benchmark and monitor the use of appropriate language services. Pilot programs also were launched to test and train our bilingual staff who wish to serve as medical interpreters.

### COMMUNITY GRANTS

Through the 2007 Community Grants Program, CHW hospitals contributed \$2,690,832 million to make grant awards to 202 projects. The 2007 CHW Community Grant funding supported community based initiatives to provide chronic disease management preventive services. Some examples include:

#### Girl Scouts—Joshua Tree, Bakersfield, CA

CHW's grant will be used to provide an after school program focusing on prevention of childhood obesity. The program will bring age appropriate programs to girls' ages 5-17 living in Housing Authority facilities.

The Wellness Community , West Los Angeles, CA  
 CHW funds will be used to support cancer patients by providing two psychosocial support groups per week, one in English and one in Spanish.

**Healthcare Connect, Phoenix, AZ**

CHW's grant will be used to establish a medical home where eligible uninsured patients who suffer from chronic diseases can receive routine treatment, control, and management of their chronic disease or condition.

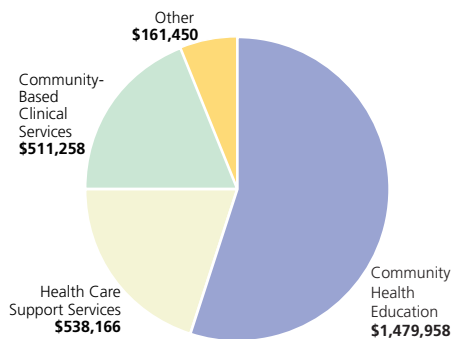
**Mt. Shasta Community Resource Center, Mt. Shasta, CA**

CHW funds will be used for a Nutrition education and fitness program to prevent childhood obesity for children ages 6-14

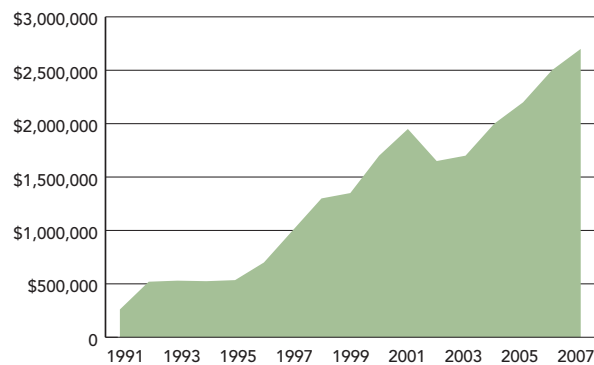
**WYNGS (When You Need Group Support), Panorama City, CA**

CHW's grant will be used to address the needs of economically disadvantaged residents who are living with spinal cord injuries by helping them attain the most basic need, a wheelchair -- providing mobility and independence.

CHW 2007 Community Grants Awarded \$2.7 million



CHW Community Grants Awards 1991–2007 (\$24.7 million)



Cornerstone Compassion Center, San Bernardino, CA  
 CHW funds will be used to fund the “Search Your Heart” program curriculum, developed and promoted by the American Heart Association (AHA), as a primary health intervention. The program focuses on health promotion and disease prevention, thus preventing or reducing the long-term complications associated with diabetes, heart disease and hypertension.

**Community Diabetes Education Services, Modesto, CA**

CHW's grant will be used to fund the Los ABC's de la Diabetes, a program that offers testing and educational classes to low-income participants living in rural areas throughout Stanislaus County.

**COMMUNITY INVESTMENTS**

CHW's Community Investment Program was created to expand access to capital for those who have been historically underserved. Community Investments are below-market interest rate loans to nonprofit organizations that are working to improve the health and quality of life in their communities. CHW borrowers develop affordable housing for low-income families and seniors, provide job training for unemployed or underemployed persons and undertake projects to support the general well-being and health of low-income and minority neighborhoods.

CHW approved Community Investments to eight new borrowers and one environmental program in fiscal year 2007:

*Arizona, Nevada and California -Nehemiah Community Reinvestment Fund: Investment of \$500,000 to provide low cost financing for community development projects.*

*Arizona - Children's Museum of Phoenix: Loan for \$1,500,000 to construct a children's interactive museum.*

*Arizona - Foundation for Senior Living: Loan for \$414,550 to refinance a short term loan associated with the facility acquired to house the Senior Home Improvement Program.*

*San Francisco – The San Francisco Development Corporation: Investment of \$500,000 to provide low cost financing for the development of affordable housing in San Francisco's Bayview District.*

*San Mateo and San Francisco -Asian American*

Recovery Services: Loan for \$300,000 to cover costs associated with the purchase of a facility to house administrative offices and San Mateo Youth Services.

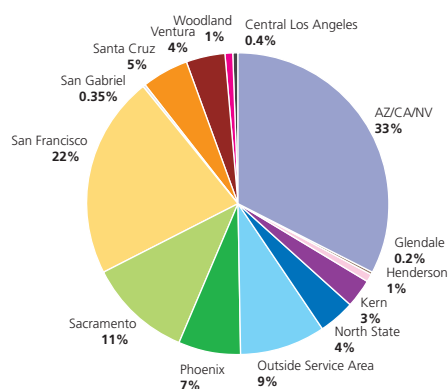
*Red Bluff* – Community Housing Improvement Program, Inc.: Participation loan of \$1,500,000 with Low Income Investment Fund, for the construction of 37 homes for low-income families.

*Sacramento - River Oak*: Center for Children: Loan for \$1,500,000 to cover costs associated with the rebuilding of a campus for children with behavioral and mental health problems.

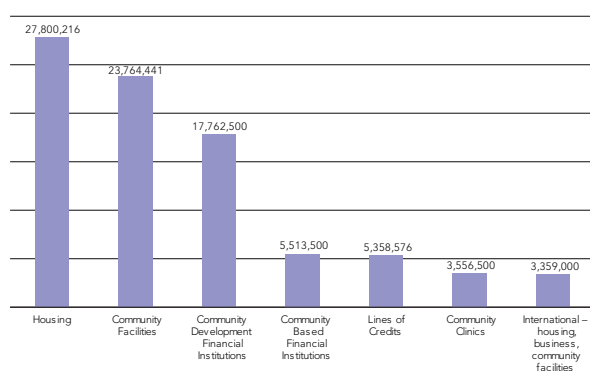
*Sacramento - Placer Women's Center dba PEACE for Families*: Loan for \$500,000 to cover costs for construction of a women's shelter.

*Arizona, Nevada and California* – Green Connection Loan Pool: A \$500,000 Investment to Local Initiatives Support Corporation to finance affordable housing and community facilities that are utilizing sustainable building materials and methods.

CHW Community Investment Geographic ITD 6/30/2007 (\$83.7 million)



Repaid and Outstanding Investments \$83.7 million



## Investing Activity FY 2007

Number of Outstanding Investments	54
Number of Investments Paid in Full	6
Total Amount Outstanding	\$31.6 M
Total Guarantees Outstanding	\$929,580
Total Reserved	\$295,000

## SOCIALLY RESPONSIBLE INVESTING AND SHAREHOLDER ADVOCACY

CHW's mission mandates advocacy on behalf of our brothers and sisters who are poor and/or underserved. In responding to that mandate CHW has developed an investment program that effectively integrates its mission and values in investment decisions and leverages its investment portfolio to promote corporate social responsibility and accountability on a range of issues that affect the broader health of the community. During the 2007 Proxy Season, in collaboration with the members and associates of the Interfaith Center on Corporate Responsibility ([www.iccr.org](http://www.iccr.org)), CHW filed/cofiled proposals at 14 companies and engaged an additional 12 companies on corporate governance, social and environmental policies and practices. Highlights of those initiatives include:

### Disclosure of Corporate Political Contributions

Shareholders seeking more oversight of corporate political giving filed proposals at over 60 corporations this proxy season. Most of the proposals asked companies to disclose the political contributions made with corporate funds including dues paid to trade associations. Current campaign finance law allows corporations to make donations in many states and to political committees commonly known as 527s, but not to federal candidates. However, companies are not required to disclose political contributions made with corporate funds or payments made to trade associations that are used for political purposes. Moreover, associations are not required to disclose the specifics of their political spending or their membership. This secrecy leaves institutional investors and individual shareholders in the dark about the use of company resources for political activities. CHW joined the Mercy Investment Program in negotiating with Aetna for the development of a political disclosure and accountability policy. Aetna's new policy defines board oversight of corporate political contributions and provides for regular disclosure of such contributions on

the company's website. Aetna will include in the reports that portion of trade association dues used for political and lobbying purposes. In response to CHW's proposal, **General Motors** agreed to develop a political contributions disclosure and accountability policy that includes board oversight and reporting but stopped short of disclosure of trade association dues used for lobbying activities. A similar proposal at **Wyeth**, led by the Adrian Dominican Sisters, received nearly 27% shareholder support. Given the positive responses of over 30 companies, political disclosure and accountability is moving closer to becoming a best corporate governance practice, one that provides greater transparency while mitigating potential risks to companies' economic interests and reputations and to shareholder value.

### Promoting Diversity

After years of shareholder pressure, two retailers have taken steps to promote diversity in governance and in the workplace. **Bed Bath and Beyond** has revamped its board nomination and recruitment process to ensure inclusion of candidates of diverse ethnicity, race and gender. The board now includes two women and one African American male. **WalMart** has published its third annual equal employment opportunity report, "A Year of Accomplishments." The report, which tracks WalMart's progress in hiring, retaining and promoting women and minorities and describes comprehensive goals and metrics for equal employment opportunity, is regarded as standard-setting for the retail industry. **Home Depot**, on the other hand, continues to refuse to report EEO-1 data, despite the fact that over 25% of shareholders supported the proposal asking for such disclosure.

### Human Trafficking

As an initial strategy to address the alarming issue of human trafficking, mission-based investors have requested tourism industry representatives to endorse a voluntary "Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism." **Starwood Hotels** agreed to develop a corporate policy incorporating the code. Shareholders will review and provide input to the policy as well as to training and implementation plans.

### Access to Health Care

In the decade since the failure of the Clinton health reform plan, the faith community has continued to call for accessible and affordable health care for all people in a just and compassionate health care system. Recognizing that the relentless growth of health care costs is a pressing social policy issue facing US companies and that corporate positioning on the national discussion of health reform is crucial, Interfaith Center on Corporate Responsibility (ICCR) members developed a multi-faceted health care campaign. In addition to filing resolutions, ICCR articulated Principles for Health Care Reform and published a report compiling the health care reform positions of Protestant, Jewish, and Catholic religious traditions.

A resolution, written by the Nathan Cummings Foundation, was filed at seven companies. It read:

*Shareholders request that the company report (at reasonable cost and omitting proprietary information) on the implications of rising health care expenses and how it is positioning itself to address this public policy issue without compromising the health and productivity of its workforce. The report should be completed by June 30, 2007 and need not address specific benefit offerings.*

The SEC allowed five companies - **3M, Federated, Kohl's, Target, and General Motors** - to omit the resolution from their shareholder ballots. The proposal received 6.6% support at **Ford**, but less than 3% at **Wal-Mart**.

### Climate Change

Concern over climate change remains a top category of shareholder proposals seeking assurance that companies are preparing strategies for the geophysical, regulatory and litigation risks it poses. This year's proposals asked companies to institute energy efficiency measures, report to shareholders on climate change strategies, reduce greenhouse gas emissions and develop renewable sources of energy. CHW cofiled a proposal at **Exxon Mobile** asking the company to set targets for reductions in greenhouse gas emissions. The proposal received 25.5% support, including that of CalPERS. A similar proposal at **Chevron** received 8.47%. A proposal at **Conoco Phillips** was withdrawn when the company switched positions and joined the US Climate Action Partnership, an association of leading businesses that

support early regulatory action to stave off the worst effects of climate change.

Of the 14 shareholder proposals filed, 7 went to a shareholder vote and received enough support to meet SEC thresholds for returning to the proxy next year. Three proposals were withdrawn when the companies agreed to take significant action to address shareholder concerns. Three proposals were omitted from the proxy when the SEC granted no-action letters to the companies. One proposal became mute when another organization acquired the company. The overall success rate was 77%, just shy of the program's benchmark (80% of proposals receive sufficient shareholder support to meet SEC thresholds or result in significant corporate action).

## PUBLIC POLICY ADVOCACY

### Ecology

In collaboration with key environmental and advocacy organizations, elected officials and select government agencies, CHW has worked to advance public policy and advocacy initiatives designed to improve human and environmental health and to reform practices of the health care industry in support of eco-justice. To that end, CHW plans and participates in hospital industry conferences, provides testimony at legislative hearings, presents at community events, analyzes public policy proposals, and develops comments and recommendations on legislation. CHW also mobilizes its grassroots advocacy network to influence legislative activities to promote environmental stewardship with emphasis on reducing the volume and toxicity of waste generated in the provision of health care services and to improve the optimal health of individuals and communities. In FY 2007, CHW played a key role

in the passage of the Global Warming Solutions Act, which is a landmark piece of legislation that places an economy-wide cap on global warming emissions, making California the national leader in tracking global warming by reducing greenhouse gas emissions to 1990 levels by 2020. In the debate, experts pointed to CHW as an example of a business dedicated to business practices that don't harm the environment. In addition, CHW collaborated in campaigns to enact legislation requiring labeling of cosmetic products and advocate for the passage of a bill which requires all child care products and toys sold in California to children under the age of three to be free of phthalates.

### Health Care System Reform

Based on CHW's Board-endorsed position on comprehensive health care system reform, CHW advocates for policies that promote universal access, improved quality, stable financing, and improved accountability. CHW is one of two health systems directly participating in the negotiation of health care reform and has been praised by Governor Schwarzenegger's Administration for being a leader in the health care reform debate. ([CHW Principles for Reform](#))

### Quality of Care and Patient Safety

In support of universal, rational and valid patient-safety and quality indicators and reporting mechanisms, CHW participated in the development and promotion of meaningful metrics and processes, specifically through the California Hospitals Assessment and Reporting Task Force (CHART). As CHART launched [CalHospitalCompare.org](#), a web-based performance comparing participating hospitals, CHW provided education to internal and external audiences regarding the meaningfulness and limitations of the data.



## Social Justice

At various venues throughout the state CHW presented the Community Needs Index (insert #9) at the California Pan Ethnic Health Network (CPEHN) winter 2006 workshop series, “mapping Your Community: Using Data for Action.” CHW was afforded the opportunity to make new alliances and strengthen existing ones as well as to dialogue about and further our advocacy efforts on key priority issues, such as access, community health, and health-care disparities.

CHW has voiced its support for the efforts of Reps. Henry Waxman and John Dingell in urging the Centers for Medicare and Medicaid Services (CMS) to clarify under the Deficit Reduction Act (DRA) that all newborn citizen babies born of undocumented mothers be deemed eligible for Medicaid.

## Workforce and Workplace Safety

In an effort to continue to address workforce shortages and lack of ethnic diversity in the health care workforce, CHW participated in forums with our community advocacy partners. Focus was placed on looking for solutions through education and recruitment, the challenges we face regarding shortages and our proactive efforts to ensure diversity.

## Immigration Reform

On April 28, 2006, the CHW Corporate Members approved a resolution on comprehensive immigration reform. Consistent with our mission and values, the principles presented in this resolution will guide our decision-making and advocacy efforts as we faithfully deliver quality, compassionate care to our community members, many of whom are immigrants. Given the

complexity of the issue, and how it may impact our unique health care ministries, CHW’s Corporate Members concluded that CHW must outline key guiding principles to focus advocacy efforts and to guide how any new reforms will be implemented in our organization. ([Corporate Member Statement](#))

Earlier this year, the U.S. Senate attempted to pass a comprehensive immigration reform bill. CHW advocated on provisions consistent with CHW’s principles on reform. In collaboration with the US Conference of Catholic Bishops and other community advocacy partners, CHW asked Senators to vote “no” on moving to a final vote on the bill because of the adoption of an amendment that weakened the legalization program by removing confidentiality protections. In addition, we raised concern that an amendment, which would have improved family reunification in the bill, was defeated. Confidentiality protections and family reunification are essential to a workable program. Ultimately, final passage comprehensive immigration reform legislation stalled.

## ECOLOGY IN THE COMMUNITY

CHW is acutely aware that, while our hospitals provide a vital service to the community, they also have an impact on that community by their very presence. Our means of reducing those impacts are discussed elsewhere in this report, but a few of those efforts are listed below.

- ❖ Management and reduction of solid, medical, and hazardous waste
- ❖ Removal of mercury, and reduction of PVC, from our waste streams
- ❖ Implementation of Environmentally Preferable Purchasing and Sustainable Building programs



- ❖ Energy and water reduction programs
- ❖ Removal of equipment which contains ODCs
- ❖ Donation of usable equipment and commodities to charities at home and abroad

We also strive to improve the environment around us. Examples of activities with an ecological focus include:

Facility	Community Ecology Activity
Mercy & Mercy Southwest Hospitals, Bakersfield, CA	<ul style="list-style-type: none"> <li>• In collaboration with Kern County Emergency Medical Services, secured new decontamination equipment (including tents, cots, and additional decontamination products). This is significant for our region, since pesticide exposure is one of our highest field worker injuries.</li> <li>• Established a relationship with a local furniture vendor whereby “gently used” mattresses collected by the vendor from the community, which were previously landfilled, are evaluated for reuse and distributed to needy families.</li> </ul>
Mercy San Juan Medical Center, Carmichael, CA	<ul style="list-style-type: none"> <li>• Sponsored a thermometer exchange to remove mercury from the community.</li> </ul>
Methodist Hospital, Sacramento, CA	<ul style="list-style-type: none"> <li>• Sponsored “Car Seat” awareness and give away events to raise parental awareness.</li> <li>• Sponsored a thermometer exchange to remove mercury from the community.</li> </ul>
St. Joseph’s Hospital and Chandler Regional Medical Center, AZ	<ul style="list-style-type: none"> <li>• Directed a \$205,000 CHW low-interest loan to Homebase Youth Services in Phoenix, AZ, enabling the organization to help fund low-income housing for runaway or homeless youth.</li> <li>• Support local Farmer’s market program.</li> <li>• Investigating hiring challenged individuals to support the recycling program.</li> <li>• Donate leftover paint to the City for their Graffiti Busters program.</li> </ul>
Glendale Memorial Hospital & Health Center, CA	<ul style="list-style-type: none"> <li>• Worked with City Community Services to find employment for challenged individuals in the recycling program. One of the individuals, hired by City Community Services, is now employed by Glendale Memorial.</li> </ul>
St. John’s Regional Medical Center & St. John’s Pleasant Valley, Oxnard, CA	<ul style="list-style-type: none"> <li>• Collected cell phones that were then re-built and sent overseas to our Armed Forces with 100 minutes of free airtime donated by cell phone companies.</li> <li>• Initiated Shots for Kids to provide 100% screening of children’s immunization cards and updates of the children’s immunizations.</li> <li>• Provided food baskets for 315 families, impacting 1,376 people,</li> </ul>
Saint Francis Memorial Hospital, San Francisco, CA	<ul style="list-style-type: none"> <li>• Named one of the Bay Area’s “Best Place for Commuters”</li> <li>• Sponsored Earth Day Education Fair,</li> <li>• Collected and donated used eyeglasses to the Lion’s Club.</li> <li>• Donated \$50,000 to Friends of the Urban Forest for the planting of trees within San Francisco.</li> </ul>
Mercy Medical Center Redding, CA	<ul style="list-style-type: none"> <li>• Sent ink and toner cartridges to local schools that use the recycling funds for school projects.</li> <li>• Adopted a local Middle School.</li> <li>• Sponsored a “Fun Run” to raise funds to create a new park.</li> <li>• Donated funds for a new slide for the community pool.</li> <li>• Donated funds to support the new Shasta County Library.</li> <li>• Contributed \$20,000 per year for a three-year program to reduce youth violence.</li> <li>• Donated Infection Prevention Kits to the Redding Police Department for each patrol car.</li> </ul>
St. Elizabeth Community Hospital, Red Bluff, CA	<ul style="list-style-type: none"> <li>• Sponsored a community-wide Health Faire, Earth Day recognition event, and anti-smoking events.</li> <li>• Initiated a collection of eyeglasses and books for donation to local charities and to our troops in Iraq.</li> <li>• Sponsored a thermometer exchange to remove mercury from the community.</li> </ul>
Sequoia Hospital, Redwood City, CA	<ul style="list-style-type: none"> <li>• Donated about \$2,000 worth of furniture to Samaritan House, a free clinic servicing the uninsured in Redwood City.</li> <li>• Limited vendor delivery hours to reduce noise in the community.</li> </ul>
Mercy Medical Center Mt. Shasta, Mt. Shasta, CA	<ul style="list-style-type: none"> <li>• Created and distributed frozen food packs from leftovers to senior citizens.</li> <li>• Sponsored July 4th Fun Run to raise money for tree planting efforts.</li> <li>• Sponsored a thermometer exchange to remove mercury from the community.</li> </ul>
St. Joseph’s Medical Center Stockton	<ul style="list-style-type: none"> <li>• Participated in planning and implementing a city sponsored domestic preparedness program (Metropolitan Medical Response System--MMRS). An exercise was conducted to assess the status of our county and region’s readiness in the event of a “Weapons of Mass Destruction Effort”.</li> <li>• Supported local farmers and produce distribution at schools.</li> </ul>

(continued)



Facility	Community Ecology Activity
Community Hospital of San Bernardino, CA and St. Bernardine Medical Center	<ul style="list-style-type: none"> <li>• Developed a “Healing Garden” that features a wooden bridge over a dry riverbed of rocks, a gazebo, water fountain, and benches for employees’ and visitors’ enjoyment. Drought resistant plants and artwork donated by local high students beautify the gardens.</li> <li>• Partnered with Goodwill to dispose of e-waste and other items while employing disadvantaged individuals.</li> <li>• Annual KidsCare event served 1500 people and immunized 800 children.</li> </ul>
Sierra Nevada Memorial Hospital, Grass Valley, CA	<ul style="list-style-type: none"> <li>• Installed new cooling tower equipment (in part) to reduce noise in the community.</li> <li>• Sponsored annual Community Wellness Walks and Kids Runs to promote community health.</li> </ul>
Marian Medical Center, Santa Maria, CA	<ul style="list-style-type: none"> <li>• Successfully advocated with the Recreation and Parks Commission to implement a “Tree of Life Program” which provides a way for community members to honor or memorialize someone by planting a tree. The various trees to choose from are moderate to allergy free species.</li> <li>• Donated excess food to community groups in need.</li> <li>• Adopted a local Park.</li> <li>• Participated in plastic bag exchange to provide shoppers reusable cloth bags in lieu of disposable plastic ones.</li> <li>• Sponsored “Bike Challenge” to encourage exercise and alternative commuting options.</li> </ul>
St. Rose Dominican Hospital, Henderson, NV	<ul style="list-style-type: none"> <li>• Launched a program to provide healthcare services to underserved local public school children of the working poor.</li> <li>• Assisted in vacant lot clean-up program.</li> </ul>
Northridge Hospital Medical Center	<ul style="list-style-type: none"> <li>• Launched a program to provide 24/7 access to free clinical assessments, emergency intervention and/or referral services to nearly 10,000 persons annually throughout Los Angeles County.</li> <li>• Recycled medical equipment and supplies to Flying Doctors for Mission Work and donate medical supplies and material to Our Lady of Peace Mission.</li> </ul>
Mercy Medical Center, Merced, CA	<ul style="list-style-type: none"> <li>• Worked with the Asthma Coalition to sponsor the Air Alert System and to fly the Air Quality Condition Alerts from the hospital flagpole.</li> <li>• Working with Urban Tree Association.</li> <li>• Donated funds from printer cartridge recycling to Children’s Junior Achievement.</li> <li>• Provided each staff member with energy efficient CFL bulbs to use at home.</li> </ul>
Mark Twain St. Joseph’s Hospital	<ul style="list-style-type: none"> <li>• Sponsored annual health and fitness event for the community.</li> <li>• Donated funds from printer cartridge recycling to a local school.</li> <li>• Donated other recycling funds to a local girl’s softball team.</li> </ul>
French Hospital Medical Center	<ul style="list-style-type: none"> <li>• Sponsored Earth Day events and Rideshare programs.</li> <li>• Donated excess equipment to local and overseas facilities in need.</li> </ul>
Arroyo Grande Community Hospital	<ul style="list-style-type: none"> <li>• Sponsored Earth Day events and Rideshare programs.</li> <li>• Donated excess equipment to local and overseas facilities in need.</li> <li>• Conducted mercury thermometer exchange program.</li> <li>• Participated in Beach Clean-Up day.</li> </ul>
Mercy Hospital of Folsom	<ul style="list-style-type: none"> <li>• Sponsored a Friends of the Folsom Zoo/Recycle Day.</li> <li>• Sponsored Family Wellness fair.</li> <li>• Continued to support Homeless Shelter by donating travel size toiletries.</li> </ul>
Numerous Facilities	<ul style="list-style-type: none"> <li>• Participated in local area litter and graffiti removal programs.</li> <li>• Collected used needles from anyone in the community to ensure proper disposal.</li> <li>• Sent old but usable medical equipment to communities and countries in need of such equipment.</li> <li>• Delivered excess food to homeless assistance programs.</li> <li>• Participated in Habitat for Humanity housing construction projects.</li> </ul>



## EMERGENCY PREPAREDNESS

Each CHW hospital maintains an Emergency Preparedness Committee that works with civil authorities and local Emergency Medical Service organizations to ensure coordination of efforts when responding to community disasters. CHW emphasizes emergency preparedness through a high level of coordination among hospital departments, involving Security, Housekeeping, Engineering, and Environmental Services. Many of our hospitals have arrangements in place with response contractors in the event that extra assistance is needed for a larger emergency. By nature of being medical facilities, CHW hospitals have close relationships with fire, ambulance, police, and rescue services. Many facilities invite outside agencies to participate in their internal disaster meetings. CHW builds on these relationships with regularly scheduled joint training exercises and drills. All facilities have practiced various levels of response to terrorist attacks using chemical, biological and nuclear agents. California facilities have participated in statewide drills, which included a chemical exposure event and a radiation (dirty bomb) terrorist event.



The hospitals' emergency response plans include procedures for chemical spills, although we have not ourselves caused a reportable spill anytime in the recent past. Each hospital has developed and trained staff, or contracted with vendors to respond to both large and small chemical spills. Staff is taught to safely identify and isolate a spill and then to notify appropriate authorities. Hospitals maintain up-to-date information on chemicals and other materials that emergency personnel may encounter in an emergency response. CHW hospitals annually update chemical inventories with the appropriate local agency identifying locations and average on-hand daily quantities. Material Safety Data Sheet binders, or electronic databases, are maintained for all required chemicals.



**GLOBAL REPORTING INITIATIVE  
CONTENT INDEX**

<b>GRI Indicator</b>	<b>Description</b>	<b>Section</b>
<b>Vision &amp; Strategy</b>		
1.1	Statement from most senior decision maker	CEO Message
1.2	Description of key impacts, risks, opportunities	CEO Message ; Global Health & Safety Initiatives
<b>Profile</b>		
2.1	Name of the organization	Profile
2.2	Major products	Profile
2.3	Operational structure	Profile
2.4	Location of headquarters	Profile
2.5	Countries of operation	Profile
2.6	Nature of ownership	Profile
2.7	Markets served	Profile
2.8	Scale of organization	Profile
2.9	Significant changes during the reporting period	CEO Message ; Profile
2.10	Awards received	Profile
<b>Report Scope and Boundary</b>		
3.1	Reporting Period	Reporting
3.2	Date of previous report	Reporting
3.3	Reporting cycle	Reporting
3.4	Contact point	Reporting
3.5	Process for defining report content	Reporting
3.6	Boundary of report	Reporting
3.7	Limitations on scope	Reporting
3.8	Joint ventures and subsidiaries	Profile
3.9	Data measurement	Reporting
3.10	Effect of re-statements	No re-statements
3.11	Significant changes from previous reporting	CEO Message; Global Health & Safety Initiatives
3.12	GRI Content Index	Reporting
3.13	Assurance	Reporting
<b>Governance</b>		
4.1	Governance Structure	Governance & Management
4.2	Is Chair also Executive Officer ?	Governance & Management
4.3	Number of independent board members ?	Governance & Management
4.4	Mechanisms for providing input to board	Governance & Management
4.5	Linkage between compensation and	

	performance	
4.6	Conflicts of interest	Governance & Management
4.7	Determining qualifications of board members	Governance & Management
4.8	Mission Statements	Profile
4.9	Procedures for board governance	Governance & Management
4.10	Process for evaluating board's performance	Governance & Management
4.11	Precautionary approach	Governance & Management
4.12	External Initiatives	Global Health & Safety Initiatives; Community Engagement
4.13	Memberships	Global Health & Safety Initiatives; Community Engagement
4.14	Stakeholders	Global Health & Safety Initiatives; Community Engagement
4.15	Selection of Stakeholders	Global Health & Safety Initiatives; Community Engagement
4.16	Stakeholder engagement	Global Health & Safety Initiatives; Community Engagement
4.17	Key topics raised by stakeholders	Global Health & Safety Initiatives; Community Engagement
<b>Management Approach and Performance Indicators</b>		
<b>Economic Performance Indicators</b>		
EC1	Economic data	Profile
EC2	Financial implications and risks of climate change	
EC3	Coverage of defined benefit plan obligations	
EC4	Financial assistance from government	
EC5	Entry level wages compared to minimum wage	
EC6	Spending on locally based suppliers	
EC7	Local hiring practices	
EC8	Public infrastructure impacts	
EC9	Indirect economic impacts	
<b>Environmental Performance Indicators</b>		
EN1	Total materials use other than water, by type	

EN2	Percentage of materials used that are recycled	Global Health & Safety Initiatives
EN3	Direct energy use	Global Health & Safety Initiatives
EN4	Indirect energy use	
EN5	Energy saved due to conservation	Global Health & Safety Initiatives
EN6	Energy efficiency or renewable energy projects	Global Health & Safety Initiatives
EN7	Reduction of indirect energy use	
EN8	Water use	Global Health & Safety Initiatives
EN9	Water sources impacted	
EN10	Percentage of recycled water used	
EN11	Land adjacent to high biodiversity areas	
EN12	Impacts on biodiversity	
EN13	Habitats protected or restored	
EN14	Strategies for biodiversity	
EN15	Number of listed species near operations	
EN16	Greenhouse gas emissions	Global Health & Safety Initiatives
EN17	Indirect greenhouse gas emissions	Global Health & Safety Initiatives
EN18	Initiatives to reduce greenhouse gas emissions	Global Health & Safety Initiatives
EN19	Ozone-depleting substances	Global Health & Safety Initiatives
EN20	Air emissions	
EN21	Water discharges	
EN22	Waste	Global Health & Safety Initiatives
EN23	Significant spills	Global Health & Safety Initiatives
EN24	Hazardous Waste	Global Health & Safety Initiatives
EN25	Water bodies impacted by runoff	
EN26	Impacts of products and services	Global Health & Safety Initiatives
EN27	Products and packaging reclaimed	
EN28	Monetary fines paid	Global Health & Safety Initiatives
EN29	Transportation impacts	
EN30	Environmental protection	

	expenditures	
<b>Social Performance Indicators: Labor Practices and Decent Work</b>		
LA1	Breakdown of workforce	Global Health & Safety Initiatives
LA2	Employment creation and job turnover	
LA3	Benefits provided to full time employees vs. part timers	
LA4	Percentage of employees in unions	Global Health & Safety Initiatives
LA5	Minimum notice period regarding operational changes	
LA6	Employees formally represented in overseeing H&S programs	Governance & Management
LA7	Health and safety reporting	Global Health & Safety Initiatives
LA8	Disease counseling	Global Health & Safety Initiatives
LA9	H&S topics covered in formal agreements	
LA10	Training	Global Health & Safety Initiatives
LA11	Long term training opportunities	Global Health & Safety Initiatives
LA12	Performance reviews	Governance & Management
LA13	Composition of board and employees	Governance & Management; Global Health & Safety Initiatives
LA14	Male versus female salaries	
<b>Social Performance Indicators: Human Rights</b>		
HR1	Human rights clause in investments	Community Engagement
HR2	Human rights within supply chain	Global Health & Safety Initiatives
HR3	Training on human rights issues	
HR4	Incidents of discrimination	
HR5	Freedom of association	Global Health & Safety Initiatives
HR6	Child labor	
HR7	Forced labor	
HR8	Security personnel trained in human rights	
HR9	Incidents involving indigenous people	
<b>Social Performance Indicators: Society</b>		
SO1	Impacts on communities	Community Engagement

SO2	Bribery and corruption	
SO3	Training on corruption	
SO4	Incidents of corruption	
SO5	Political lobbying and contributions	Community Engagement
SO6	Value of political contributions	
SO7	Legal Actions	
SO8	Fines	
<b>Social Performance Indicators: Product Responsibility</b>		
PR1	Product life cycle analysis	
PR2	H&S incidents with products and services	
PR3	Products subject to labeling requirements	
PR4	Incidents regarding labeling	
PR5	Measuring customer satisfaction	Global Health & Safety Initiatives
PR6	Truth in advertising	
PR7	Incidents in advertising non-compliance	
PR8	Customer privacy complaints	
PR9	Fines associated with goods and services	

**HAZARDOUS WASTE MANAGEMENT**  
**SELF-ASSESSMENT**

The following Self-Assessment Checklist is designed to assist you in evaluating your hazardous waste locations for regulatory deficiencies. Objective completion of the checklist should provide you with a good understanding of the regulatory requirements and an evaluation of your hazardous waste locations against these requirements. The checklist is a series of questions derived from the regulatory standards. "NO" answers should serve as "red flags" and can be viewed as opportunities for improvement. "Yes" answers indicate compliance.

Please remember that once you are aware of deficiencies in your hazardous waste locations, you must resolve issues identified within a reasonable time frame. The most preventable deficiencies are often administrative in nature (i.e., placing correct hazardous waste labels on containers, correct waste area signs, writing in accumulation start dates, etc.).

After you complete the checklist, with the corrective actions annotated, forward it by e-mail to the facility President, Laurie Schwartz ([lschwartz@chw.edu](mailto:lschwartz@chw.edu)), Sr. Susan Vickers ([svickers@chw.edu](mailto:svickers@chw.edu)) and Mona Boboc ([mboboc@chw.edu](mailto:mboboc@chw.edu)).

Facility Reporting: \_\_\_\_\_ Date: \_\_\_\_\_

Name of person completing checklist: \_\_\_\_\_

**Inspections and Tours**

Tour and inspect all hazardous waste generating departments, satellite collection areas, and waste accumulation areas to answer the following:

**Yes    No    N/A**

**Waste Generating Departments**

- |     |     |     |   |
|-----|-----|-----|---|
| ___ | ___ | ___ | 1. Have all wastes in each generating department been classified as hazardous or non-hazardous? |
| ___ | ___ | ___ | 2. Is all waste generating departments maintaining appropriate spill equipment and supplies?    |
| ___ | ___ | ___ | a. Are spill kits appropriately maintained for wastes accumulated in the departments?           |
| ___ | ___ | ___ | b. Are spill kits sized appropriately?  |



- \_\_\_ \_\_\_ \_\_\_ c. Has staff been trained on correct spill clean-up procedures?
- \_\_\_ \_\_\_ \_\_\_ d. Is there a written departmental spill response procedure?
- \_\_\_ \_\_\_ \_\_\_ e. Does it correspond with the facility's spill response plan?

**Satellite Collection Areas**

3. All satellite collection areas are maintained as follows:

- \_\_\_ \_\_\_ \_\_\_ a. Wastes are under the direct control of the generating departments?
- \_\_\_ \_\_\_ \_\_\_ b. Waste collection point is at or near the point of generation?
- \_\_\_ \_\_\_ \_\_\_ c. Satellite collection waste area is limited to one 55-gallon drum or 1 quart of acutely or extremely hazardous waste?
- \_\_\_ \_\_\_ \_\_\_ d. Containers, once full, are transferred to main accumulation area within 3 days and **re-labeled with new accumulation date?**
- \_\_\_ \_\_\_ \_\_\_ e. Satellite collection areas are inspected daily?

4. Containers are properly labeled with the following:

- \_\_\_ \_\_\_ \_\_\_ a. The words " Hazardous Waste"?
- \_\_\_ \_\_\_ \_\_\_ b. Accumulations start date? (Note: containers must be re-labeled with new start date once moved to main accumulation area. **DO NOT just cross-out old date and write in new date. RE-LABEL**)

5. Containers are maintained in good condition:

- \_\_\_ \_\_\_ \_\_\_ a. Containers are compatible with wastes stored in them?
- \_\_\_ \_\_\_ \_\_\_ b. Containers are kept tightly closed during storage, except when adding or removing waste?
- \_\_\_ \_\_\_ \_\_\_ c. Containers, once full are transferred to main

accumulation area within 3 days and re-labeled with new accumulation start date?

**Primary Accumulation Area(s)**

6. Accumulation areas are maintained as follows:

- \_\_\_ \_\_\_ \_\_\_ a. Area is secured and protected from the elements?
- \_\_\_ \_\_\_ \_\_\_ b. Secondary containment system is in-place?
- \_\_\_ \_\_\_ \_\_\_ c. Waste is stored on-site for no longer than 90 days from accumulation start date? **NOTE: If small quantity generator (i.e., less than 1000 kg/260 gallons of waste per month or less than 1 kg/1 qt of acutely hazardous waste per month) this time limit is extended to 180 days from accumulation start date.**
- \_\_\_ \_\_\_ \_\_\_ d. Area is located at least 50 feet from the property if ignitable (flammable) or reactive waste is stored?
- \_\_\_ \_\_\_ \_\_\_ e. Signage, visible from 25 feet, in *English, Spanish, and any other language predominant in the area reading:*  
  
“Danger: Hazardous Waste Storage Area”  
“Unauthorized Personnel Keep Out”
- \_\_\_ \_\_\_ \_\_\_ f. Means for emergency communications (e.g., telephone, two-way radio)
- \_\_\_ \_\_\_ \_\_\_ g. Emergency eyewash station and deluge shower if appropriate (i.e., waste formalin handling, etc.)?
- \_\_\_ \_\_\_ \_\_\_ h. Fire suppression equipment on hand?
- \_\_\_ \_\_\_ \_\_\_ i. Spill clean-up materials on hand and appropriately sized for potential spills or leaks?

7. Containers are properly labeled with the following: (**use indelible ink only**)

- \_\_\_ \_\_\_ \_\_\_ a. the words “Hazardous Waste”?
- \_\_\_ \_\_\_ \_\_\_ b. name and address of generator?
- \_\_\_ \_\_\_ \_\_\_ c. composition and physical properties of waste (e.g., solid, liquid, gaseous)?
- \_\_\_ \_\_\_ \_\_\_ d. hazardous properties of the waste (e.g., flammable, corrosive, toxic, reactive)?
- \_\_\_ \_\_\_ \_\_\_ e. Accumulations start date?

8. Containers are maintained in good condition:

- \_\_\_ \_\_\_ \_\_\_ a. containers are compatible with wastes stored in them?
- \_\_\_ \_\_\_ \_\_\_ b. containers are kept tightly closed during storage, except when adding waste?
- \_\_\_ \_\_\_ \_\_\_ c. adequate aisle space is maintained (min. 24”) to allow for inspection of containers?
- \_\_\_ \_\_\_ \_\_\_ d. flammable containers are properly grounded?
- \_\_\_ \_\_\_ \_\_\_ e. Berms or other effective means separates incompatible wastes?
- \_\_\_ \_\_\_ \_\_\_ f. storage area is inspected weekly with proper documentation maintained?

# EARTHCARE

CHW's Ecology Bulletin

WINTER 2007

EARTHCARE is our source of information on the ecological work of CHW hospitals, updates on system developments and projects, and resources to help all of us further our mission of partnering with others to improve quality of life.



## PAPER RECYCLING

Who would have thought a stack of computer paper could have so much impact on the environment? The paper industry, in fact, is the third greatest contributor to global warming emissions, according to the Green Guide. The average American uses an astonishing 730 pounds of paper products a year. Unfortunately, a scant 5% of paper consumed nationally is currently made from recycled pulp, according to Conservatree, a nonprofit organization.

Hospitals generate more than 300 million tons of solid waste per year. Paper accounts for 45% of an average hospital's waste stream.

Why do we recycle? Consider this! We've already lost 95% of our old-growth forests. Even today, 90% of the printing paper we consume in America is made from virgin trees. Recycling reduces demand for virgin logs and pulp. The virgin paper industry is the largest industrial water user in the country. Although we are a "water world", less than 2% of all the water on Earth is suitable for human consumption. Most of that 2% is trapped in glaciers and snow packs. According to the EPA, if we make paper from paper, we reduce the energy needed to produce paper from virgin pulp by 40%. One ton of 100% recycled paper saves the life of 17 trees. That's pretty impressive. But that's not all. Recycled paper causes 74% less air pollution and 35% less water pollution. One ton of recycled paper eliminates 2.5 ton of carbon dioxide (CO<sup>2</sup>) and eliminates 3.3 cubic yards of landfill space.

We can do all that just with paper. Imagine what we could do if we recycled everything that was recyclable. In CY2006 almost 20% (or \$2 million dollars) of CHW Corporate Express purchases were for recycling projects (mainly paper). It makes sense to take advantage of this opportunity to protect our environment and improve our quality of life.

### Strategies for paper use reduction

- Use your corporate intranet and shared drives to the greatest extent possible.
- Send internal reports electronically or on disk.
- Conduct business with customers and suppliers on-line, using the Internet or a corporate extranet.
- Pare down your distribution lists.
- Purchase printers and copiers capable of printing on both sides.
- Put forms on-line.



## WASTE REDUCTION AWARDS PROGRAM (WRAP) 2006 AWARDS

Six CHW facilities – Arroyo Grande Community Hospital, Dominican Hospital, Mercy Medical Center, Redding, Sequoia Hospital, St. Elizabeth Community Hospital, St. Joseph Medical Center, Stockton -- were honored with the WRAP Award for their outstanding efforts to reduce waste. The Waste Reduction Awards Program is administered by the California Integrated Waste Management Board. All businesses and private nonprofit organizations with California facilities are

encouraged to apply. We celebrate all CHW facilities and their continued commitment to engage in meaningful and sustainable environmental improvements.

The 2007 application will be posted within the next few months at [www.ciwmb.ca.gov/WRAP](http://www.ciwmb.ca.gov/WRAP)



## FOOD & NUTRITION SERVICES OPERATIONS COUNCIL REPORTS STRONG RECYCLING EFFORTS

The Food & Nutrition Services Operations Council Ecology Task Force conducted a survey recently to determine the level of participation among CHW foodservice departments in recycling efforts. Hospitals were asked to report on whether or not they recycle aluminum and tin cans, food oil/grease, cardboard, paper, wax boxes, toner cartridges and batteries.

The response was overwhelmingly positive, according to Eric Jensen, task force leader and Manager of Nutrition Services at Mercy Hospital of Folsom. "Every facility is actively engaged in recycling. All who use oil for frying recycle that oil, and every facility recycles paper, cardboard and toner." Slightly fewer facilities recycle tin or aluminum cans due to space limitations and the labor required to rinse out the containers.

The Ecology Task Force is also studying the availability of biodegradable plates, cups and flatware; researching the labeling standards of meats as hormone/antibiotic-free; and educating peers about biodegradable versus disposable products and their impact in landfills.

### Resources:

Website: [www.AmericanPIE.org](http://www.AmericanPIE.org)

Website: [www.h2e-online.org](http://www.h2e-online.org)

Newsletter: New sustainable food listserve and food service director oriented newsletter  
<http://www.noharm.org/us/food/listserv>

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The bulletin was created by a subcommittee of Ecocontacts: Leslie Jackson, Mercy Redding; John Kendle, St. Joseph's Stockton; Mary Ellen Leciejewski, Dominican; Debi Simon, Sequoia, St. Mary, Saint Francis; Sini Sujanan, PHX; Susan Vickers, SF Corporate Office.

## SPOTLIGHT ON ST. BERNARDINE

### St. Bernardine Creates Good Will

St. Bernardine Medical Center partnered with Goodwill Industries this year to reach out to the community and staff to provide a way to dispose of home computers, TV's, microwaves and other items that their local waste hauler no longer accepts. According to St. Bernardine's Ecocontact, Kathy Morehead, "This was very successful and the staff appreciated the coordination of a pick-up right on site so they could bring their waste to work and load it on the Goodwill Truck. This also helped the community with a donation to local Goodwill Industries stores, where they recycle all parts and provide work to their special needs community." Employees at St. Bernardine recycled over two tons of items from home and from the local community.

## SPOTLIGHT ON ECO-CHAMPION

### Madeline Sanders, Dominican Hospital, Santa Cruz

The concept of stewardship has been around as a CHW core value for a long time. Recently however we have started to hear more about the concept of *environmental* stewardship. So what is this exactly? Environmental stewardship is defined as a personal choice to care for the planet on behalf of others, even when it isn't required by law or regulation. We consider not only this generation but also future generations far into the future- a concept known as intergenerational equity. This means that every generation has the right to inherit the same diversity in nature as enjoyed by previous generations. When we care for the environment through recycling or other conservation efforts we are "saving up" for the future and the future of our loved ones. This is a good thing!

# EARTHCARE

CHW's Ecology Bulletin

Fall 2006

**EARTHCARE is your source for information on the ecological work of CHW hospitals, updates on system level developments and projects, and resources to help all of us further our mission of partnering with others to improve our quality of life.**

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## CHW CONTRACTS WITH REDEMTECH

CHW currently possesses nearly 20,000 computers. Perhaps you have one sitting on your desk right now! Disposal of these computers has become not only a CHW issue, but also a world-wide problem. As the rate of obsolescence accelerates, so does the difficulty in dealing with old equipment. Where does it all go? About 80% of U.S. electronic scrap ends up in landfills in developing countries in Asia, South America or Africa. To make matters even worse, some of this equipment arrives at the landfills containing private information, including financial and health records.

In collaboration with our Information Technology vendor (PEROT Systems), CHW signed a contract with Redemtech to serve as our single source for electronic equipment disposal. This comprehensive electronics management program addresses end-of-life management practices that protect data and comply with federal, state, and local regulations. Redemtech is a signatory of the Electronic Recycler's Pledge of True Stewardship, committing itself to the high environmental and social justice goals of the Pledge with a strong focus on preventing export of e-waste to developing countries. Redemtech is committed to the reuse of electronic assets and to considering recycling as an option only after all possible means of reuse have been applied.

## Since January 1, 2006

- 5,105 CHW assets (computers, printers, monitors, etc.) have been processed
- 0% of CHW computers have been exported or land filled
- 83,933 lbs. have been sold/reused
- 51,602 lbs. have been recycled to their raw materials

For more information on how to dispose of computers at your hospital, contact your facility's CHW IT Site Leader.

## HOSPITALS FOR A HEALTHY ENVIRONMENT (H2E) 2006 AWARDS

In 2006 CHW was awarded the H2E Champion for Change Award celebrating CHW successes in improving healthcare's environmental performance. Two CHW facilities – St. Joseph's, Stockton and Dominican Hospital, Santa Cruz – were honored for the first time, with the Environmental Leadership Award. Three CHW facilities – Sequoia, Redwood City, St. Bernardine Medical Center, San Bernardino, and St. Mary's Medical Center, San Francisco – were honored as Partners for Change in recognition of their efforts to engage in meaningful and sustainable environmental improvements.

## SPOTLIGHT ON MARIAN

### LEAF IT TO US AT MARIAN MEDICAL CENTER

Allergies and asthma are on the rise at epidemic rates because we are not surrounded by "pure and

holy air” but rather a polluted environment. Marian Medical Center, as a healthcare provider, has decided to do what it can to contribute to a healthier environment. One such effort put forward by the Partners for the Environment Committee of Marian was to endorse, as much as possible, an allergy free landscaping practice. The medical center recently opened an annex to its Emergency Department and surrounding this new facility is 99% allergy free landscaping. Many people come to the Emergency Room for treatment of respiratory conditions and in order to avoid exacerbating their respiratory conditions, Marian employs allergy free landscaping. This project was realized by the efforts of Dennis Daniel, Partners for the Environment Committee member, and John Humann, the landscaper.

St. Francis would be pleased with this environmental action of Marian, as it demonstrates a respect for our Mother Earth!

### SPOTLIGHT ON ECOCONTACT

#### **John Kendle, St. Joseph’s Medical Center, Stockton**

John Kendle, Director of Support Services for St. Joseph’s, says that last September he was asked to chair an Environmental Stewardship Committee by Sr. Abby Newton, O.P., Vice President of Mission Services. “I honestly didn’t have a clue what was wanted, what to do or how to get there,” says Kendle. “I didn’t have any experience with environmental issues and only had a vague idea of what recycling was or could be.” Most industries have finite waste products suitable for reclamation,” Kendle claims, but adds, “healthcare, on the other hand, produces multiple lines of waste that, put in landfills, will most assuredly create noticeable harm for future generations. We can easily imagine healthcare as having the greatest opportunity to do great things for the environment of any industry. It’s up to us to get it done.”

“Imagine, if every hospital, every Medical Center would reduce the amount of waste headed for the landfills by just 10% what a difference we could make. The time is now,” Kendle says, “and besides, it is the right thing to do.”

### WHY RECYCLE?

Recycling is a commitment to add value to a resource that otherwise would be discarded. Recycling provides many advantages:

- Recycling employs 1.1 million people in the US, generating annual payrolls of nearly \$37 billion (about as many jobs as the auto industry).
- Recycling conserves natural resources from domestic and imported sources such as timber, water, and mineral ores.
- Recycling prevents pollution caused by manufacturing from virgin resources. Mining and other extraction industries create more toxic waste than all other industry combined.
- Recycling saves energy.
- Recycling keeps the cost of aluminum cans much lower than it would be otherwise. (That’s why Alcoa and others advertise for recycling.)
- Without recycled paper, the US paper industry would not be able to compete globally.
- Recycling engenders a sense of community involvement and responsibility.

### Buy Recycled

All sorts of everyday products are made from recycled materials, but to keep recycling working to help the environment, the public must continue to purchase those products. Make it a practice to look for and buy products made from recycled materials.

### What to Recycle?

What is it with the little numbers in the recycling arrows? The numbers on your bottles tell you from what kind of plastic the bottle is made. For information on what is recyclable in your facility, call your facility’s ecocontact.




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The bulletin was created by a subcommittee of Ecocontacts: Leslie Jackson, Mercy Redding; John Kendle, St. Joseph’s Stockton; Mary Ellen Leciejewski, Dominican; Debi Simon, Sequoia, St. Mary, Saint Francis; Susan Vickers, SF Corporate Office.

## CHW FOOD & NUTRITION SERVICES VISION STATEMENT

*CHW recognizes that food production and distribution systems have wide ranging impacts on the quality of ecosystems and their communities, and so;*

*CHW recognizes that healthy food is defined not only by nutritional quality, but equally by a food system which is economically viable, environmentally sustainable and which supports human dignity and justice, and so;*

*CHW aspires to develop a healthy food system.*

- We will work within our system to develop policies, procedures, supply contracts and education for staff, patients, and suppliers.
- As a healthcare system, we understand our role in health promotion and will effectively communicate and model healthy food choices and programs across our organization and local/ national communities.
- We will work to promote and source from producers and processors who uphold the dignity of family, farmers, workers and their communities and support sustainable and humane agriculture systems.
- We will encourage labeling that tells where a food is from and how it was produced.
- We will work within our system and with our suppliers and distributors to maximize locally sourced foods that are free of unnecessary hormones, pesticides, antibiotics and which protect biodiversity.
- We will work with our suppliers to promote sustainable food transportation systems and will source, when appropriate, local foods and those, which minimize inherent transportation impacts.
- We will ensure that food waste is minimized and beneficially reused, and support the use of food packaging and products which are ecologically protective of our environment.

*Together these will promote health and protect quality of life.*

CHW recognizes that realizing this vision statement will require attention and sustained efforts touching every aspect of our nutritional services:

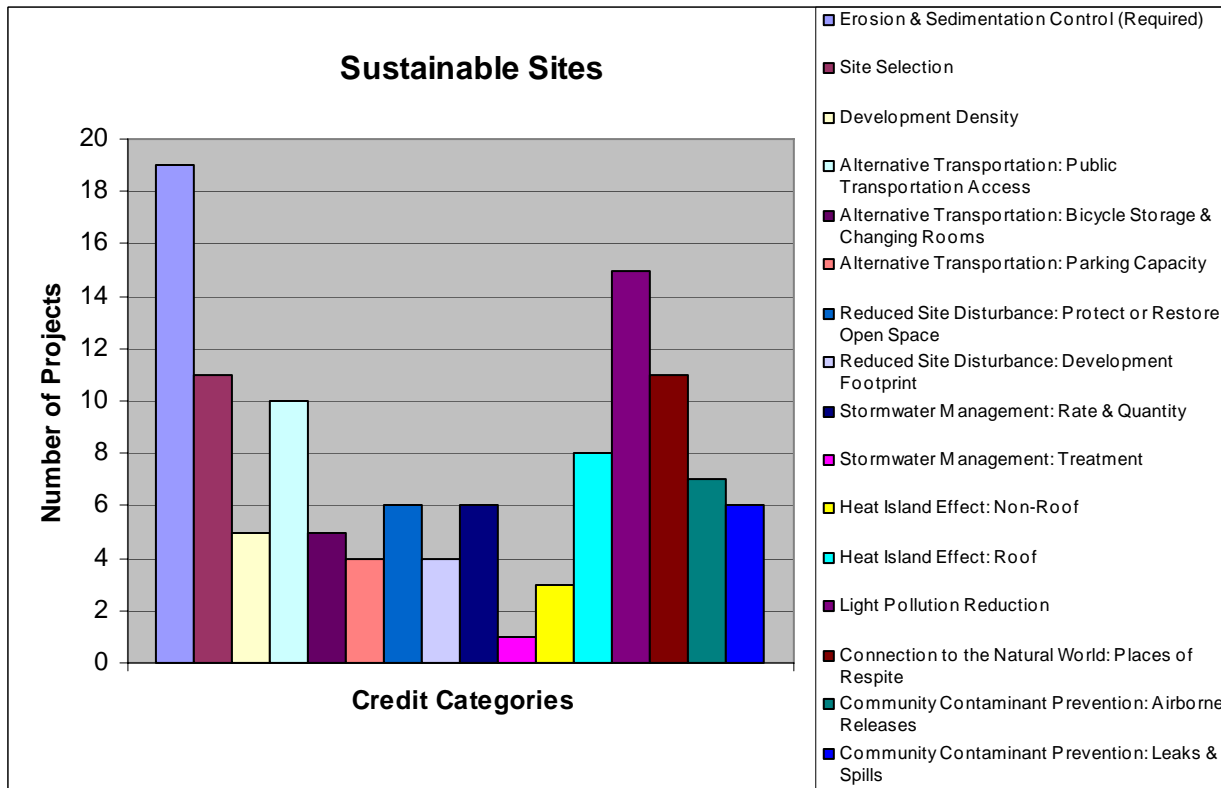
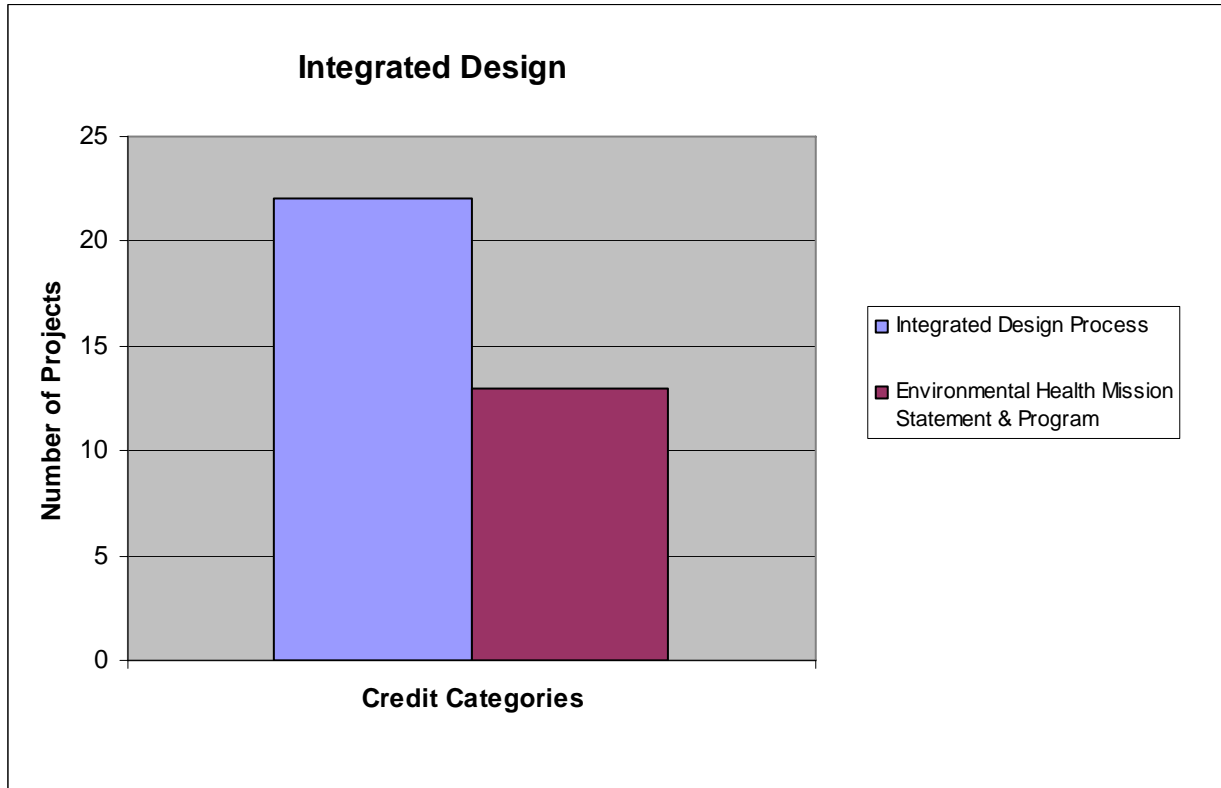
- Vending
- Dairy Purchasing
- Catering
- Education and Communication
- Model Programs
- Food Waste
- Dishware
- Produce
- Meat and Poultry Purchasing
- Local Sourcing

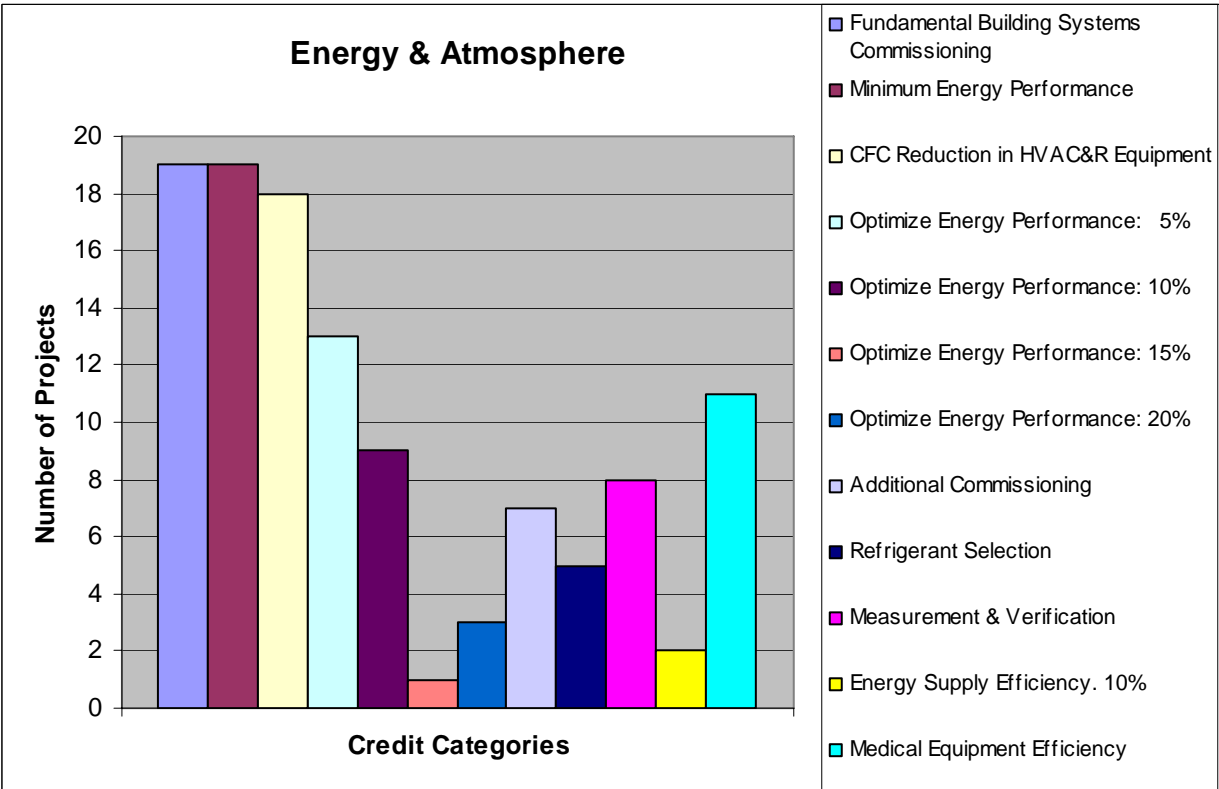
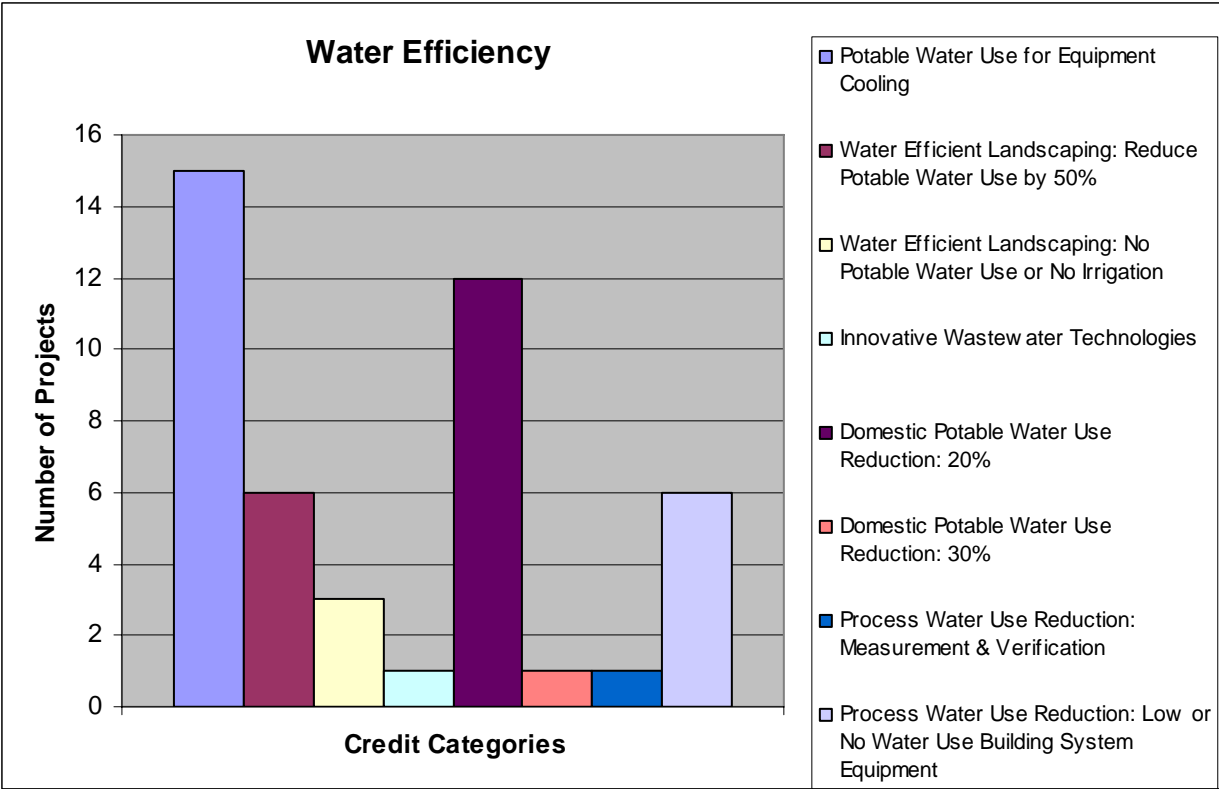
### ***CHW Food & Nutrition Council:***

Annually, the CHW Food & Nutrition Council will adopt strategic goals consistent with the Food & Nutrition Services Vision Statement. These goals will be communicated to all CHW Food & Nutrition Managers. The Council will monitor the progress that each facility makes towards the annual goals and include the results in the annual council report.

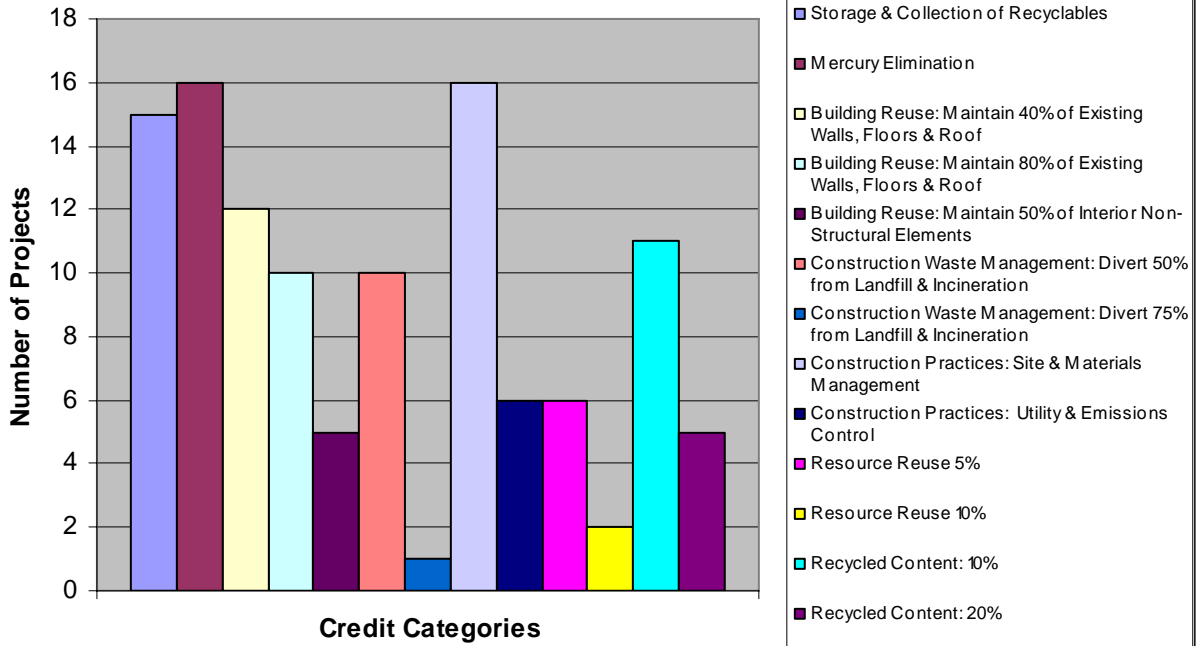


# Detail Score by Sustainable Design Element

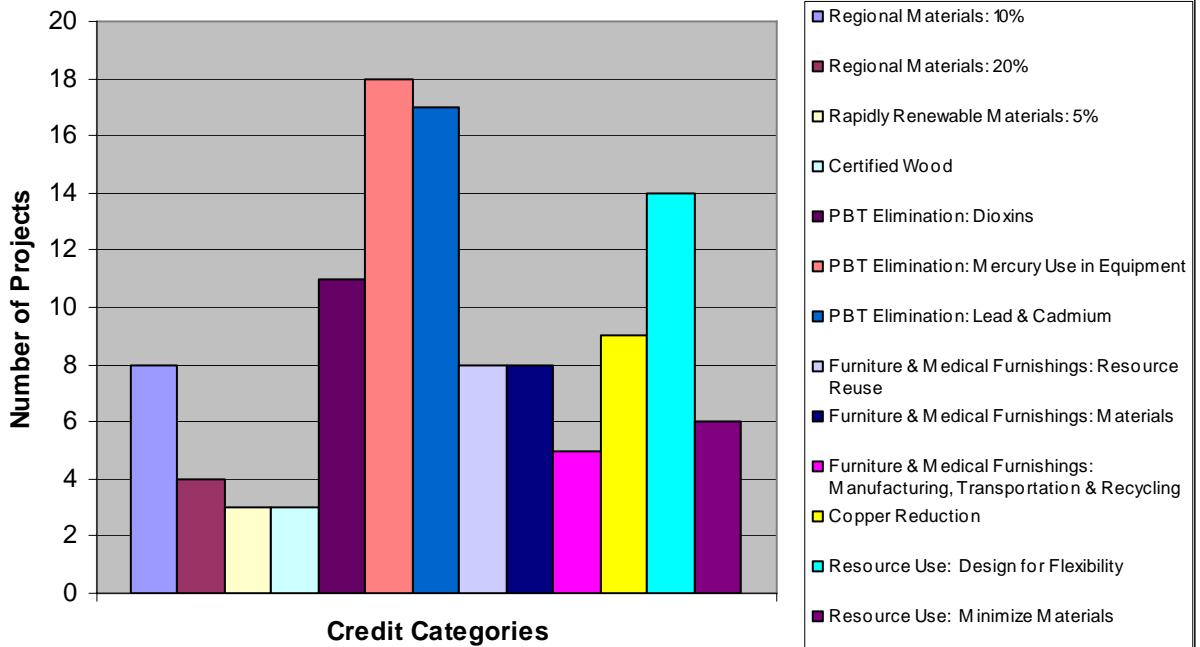




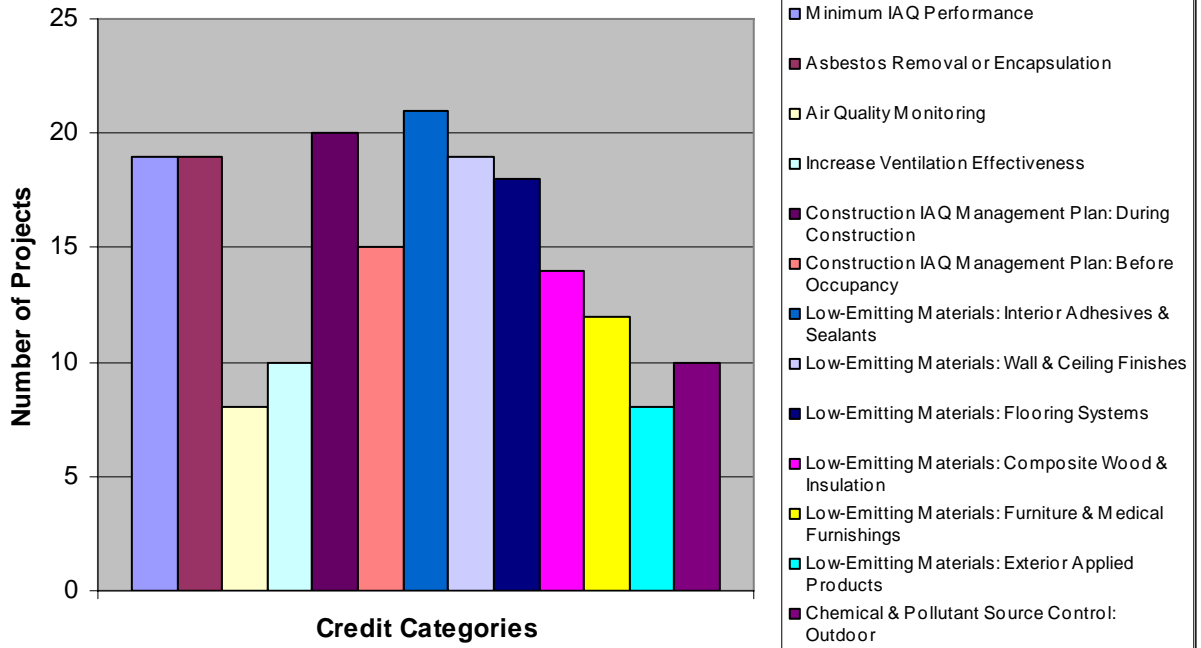
**Materials & Resources - Chart 1**



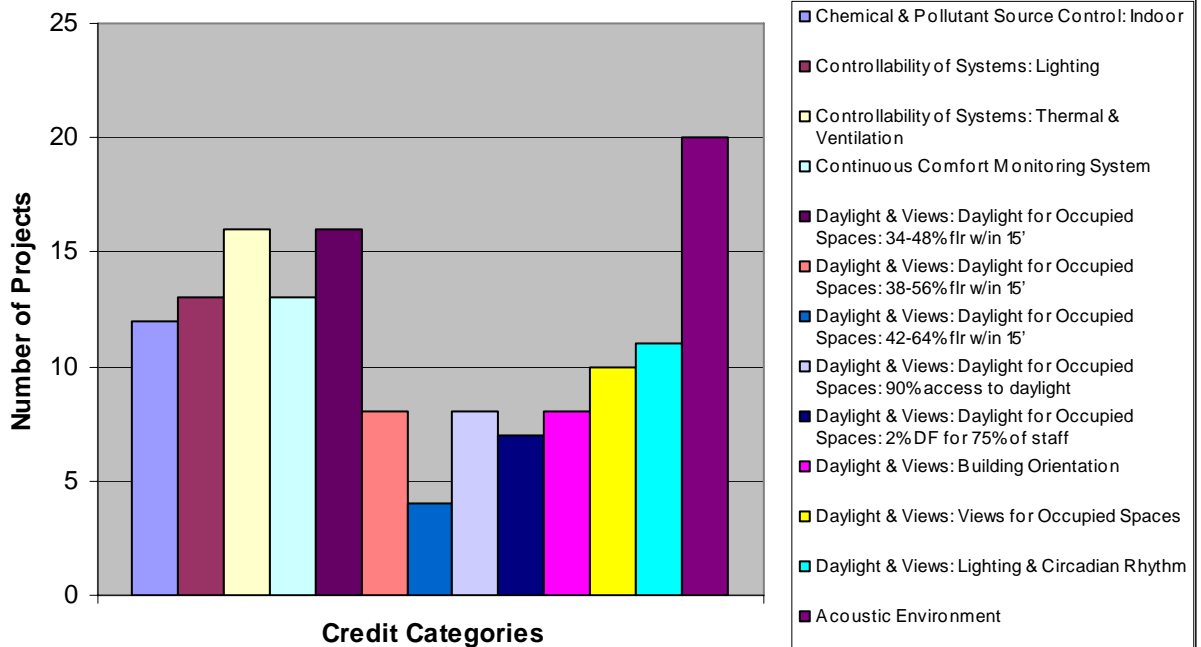
**Materials & Resources - Chart 2**



**Environmental Quality - Chart 1**



**Environmental Quality - Chart 2**



Between FY-06 and FY-07, we noticed the following variations:

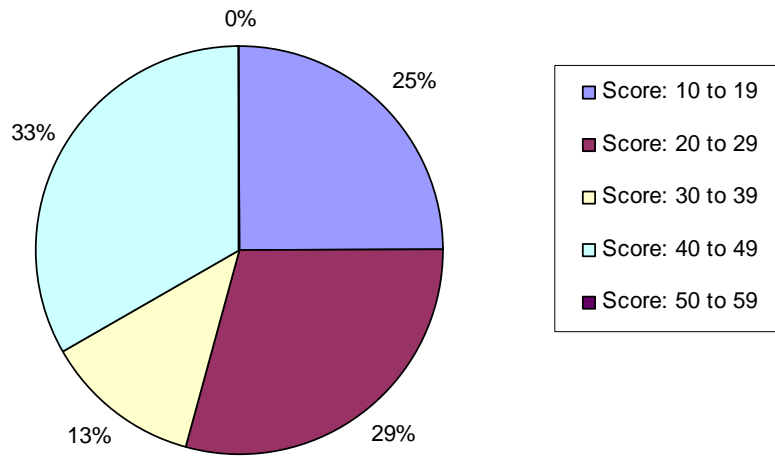
- the system average score increased by 8 points;
- we now have projects scoring in the 50 to 59 point range;
- there were no longer projects scoring in the 10 to 19 point range;
- 54% of the projects scored above 40 points versus 33% in FY-06.

The tables and pie charts below represent the difference between the FY-06 GGHC score results and the FY-07 results.

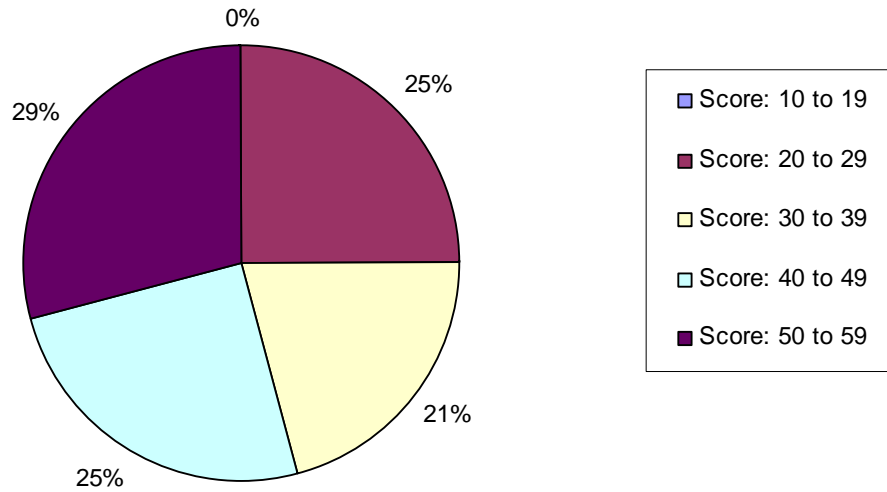
FY-06 Projects		
Score Range	Number of Projects	Percentage
Score: 10 to 19	6	25%
Score: 20 to 29	7	29%
Score: 30 to 39	3	13%
Score: 40 to 49	8	33%
Score: 50 to 59	0	0%
Total	24	100%

FY-07 Projects		
Score Range	Number of Projects	Percentage
Score: 10 to 19	0	0%
Score: 20 to 29	6	25%
Score: 30 to 39	5	21%
Score: 40 to 49	6	25%
Score: 50 to 59	7	29%
Total	24	100%

### FY-06 GGHC Score Results



### FY-07 GGHC Score Results



# Health Care Reform



access to health care is a basic human right



Catholic Healthcare West  
CHW

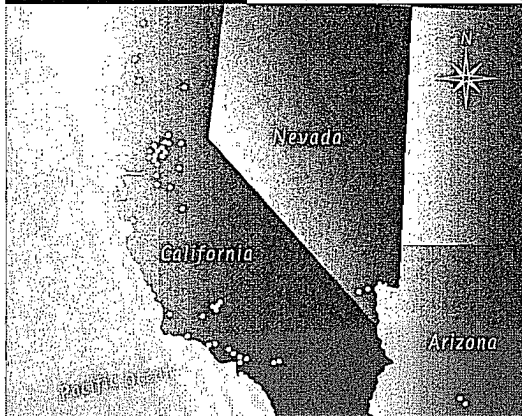
## Catholic Healthcare West

### Committed To Care, Advocating For Change

We are a faith-based, mission-driven organization. Our founding congregations charge us with the responsibility to serve our patients and to advocate on their behalf. Doing so enables us to be both a presence and a proactive agent for change in our communities.

To this end, our four key health care reform principles must be addressed if the U.S. system of providing care is to substantially improve. Our goal is to establish a health care system that is accessible to all people, is financially sound, focuses on quality and improves government accountability.

#### CHW HOSPITALS



- ▶ One of the western United States' leading health care systems, with hospitals in California, Nevada and Arizona
- ▶ California's largest not-for-profit hospital system
- ▶ Network of more than 6,000 physicians and approximately 36,000 employees
- ▶ Provides care to more than 4 million people annually
- ▶ Contributes more than \$350 million annually in community benefits and care for the poor

Access to care should never be in doubt

The current health care system c

Health care must be reform

## Effective health care reform must be b

### Universal Access

**Health care is a basic human right and should be available to all.**

- ▶ Every person has a fundamental right to be treated with dignity, which includes the right to adequate health care.
- ▶ Access to care is steadily eroding amid reduced coverage and scaled back funding.

### Stable Financing

**Financing should be sufficient to assure that access is sustainable.**

- ▶ A financially sound system structured within a long-term orientation should be established.
- ▶ Financial resources must be used efficiently and all sectors of society need to share the responsibility for a sustainable, universal health care system.



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cannot be sustained.  
ed. And it must be reformed now.

ased on the following principles:

### Improved Quality

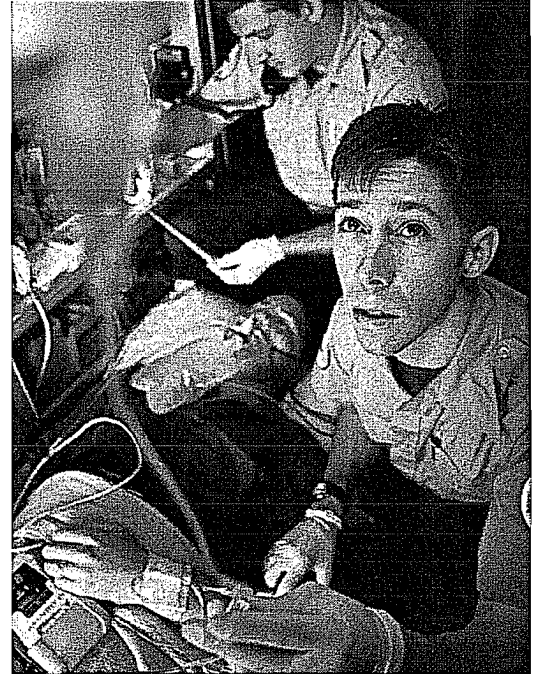
**An appropriate continuum of health care services should be provided in a compassionate manner while being measured and reported.**

- ▶ A standard health benefit package needs to be established that provides for a healthful life and assures that all fundamental health care services are available to everyone.
- ▶ Services should be provided in a patient-centered environment, supported by scientifically-based methods.

### Improved Accountability

**Government should be accountable for assuring that health care is fully available, financed, improved and provided within a pluralistic system.**

- ▶ Local, state and federal governments need to take greater responsibility for the effects their decisions have on the health care system.
- ▶ Government agencies must insure that their decisions maintain access to care, provide for adequate financing, ensure quality services and support diversified, community-based care.



## Catholic Healthcare West

### Our Sponsors

Sisters of Mercy, Auburn Regional Community,  
Auburn, California

Sisters of Mercy, Burlingame Regional Community,  
Burlingame, California

Sisters of St. Dominic of Adrian, Michigan,  
Adrian, Michigan

Sisters of Charity of the Incarnate Word, Houston, Texas

Dominican Sisters of San Rafael, San Rafael, California

Dominican Sisters of Kenosha, Wisconsin, Kenosha, Wisconsin

Sisters of St. Francis of Penance and Christian Charity,  
Redwood City, California

### Our Mission, Vision, and Values

#### Our Mission

Catholic Healthcare West and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- ▶ delivering compassionate, high-quality, affordable health services;
- ▶ serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- ▶ partnering with others in the community to improve the quality of life.

#### Our Vision

Catholic Healthcare West, serving the western United States, strives to be a spiritually oriented and community focused health care system passionate about improving patient care, enhancing work life quality and collaborating with others to create a just health system.

#### Our Values

Catholic Healthcare West is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

**Dignity** – Respecting the inherent value and worth of each person.

**Collaboration** – Working together with people who support common values and vision to achieve shared goals.

**Justice** – Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.

**Stewardship** – Cultivating the resources entrusted to us to promote healing and wholeness.

**Excellence** – Exceeding expectations through teamwork and innovation.



Catholic Healthcare West  
CHW

185 Berry Street, Suite 300  
San Francisco, CA 94107-1739

For more information about Catholic Healthcare West's Health Care Reform Policy, contact our office of Public Policy and Advocacy at (415) 750-5939

**CHW Corporate Sponsors**  
**Resolution to Action: Immigration Reform**  
**April 2006**

*“When aliens reside with you in your land, do not oppress them. You shall treat the aliens who reside with you no differently than the natives born among you; have the same love for them as for yourself; for you too were once aliens in the land of Egypt. I, the Lord, am your God.”*

*Leviticus 19: 33-34*

**Experience**

The dignity of the human person is foundational to Catholic social tradition. Public policy that does not uphold this value is unjust.

There are too few legal channels for immigration under our current system. As a result, each year thousands of individuals cross the border without documentation or overstay their visitor visas. These undocumented immigrants come to the United States in search of a better life for themselves and their families. They come to meet the need for low-skilled work in the hospitality, agriculture and service industries.

Deportation, or the fear of it, breaks apart families and forces hardworking people into the shadows of society. Currently, legal workers whose immigration status ties them to only one employer are vulnerable to exploitation. It is our moral obligation to find a solution to the human problem, one that protects the basic human rights of people involved.

**Social Analysis**

It is now estimated that 11 to 12 million persons living in the United States today are undocumented immigrants. According to the National Immigration Forum, immigrants annually contribute some \$10 billion more to the United States economy than what they cost in social services.

These undocumented immigrants are one segment of the population that comes to our CHW emergency rooms to seek critical care that in many instances could have been prevented or treated earlier. Because of fear, lack of insurance coverage, and lack of appropriate health care access, they often wait until their condition has escalated to an urgent/emergent level. Our CHW mission calls us to care for all those who walk through our doors. It is of great concern that the undocumented status of these individuals drives them to care that could have been handled in a more appropriate primary setting with far better outcomes and fewer longer-term health impacts to the individual.

Immigration reform is one element to beginning true health care reform. We know that many undocumented parents don't enroll their children, who are citizens, in government-sponsored health insurance (e.g. Medicaid and Healthy Families) because the parents are afraid that their illegal status will be discovered.

## **Resolution**

We, the corporate sponsors of CHW, join together to call upon President Bush and our elected officials in Congress to enact comprehensive immigration reform legislation that establishes a safe and humane immigration system consistent with our values. Our faith tradition teaches us to welcome our brothers and sisters with love and compassion.

We call for immigration reform because each day in our health care ministries we witness the human consequences of an outmoded system.

We call upon our elected officials to enact legislation that includes the following:

1. The creation of paths to legal residency or citizenship for current undocumented immigrants contributing to the country.
2. Reforms of legal processes for workers and their families to enter our country and work in a safe, legal and orderly manner.
3. Reforms in our family-based immigration system to significantly reduce waiting times for separated families who currently wait many years to be reunited.
4. Border protection policies that are consistent with humanitarian values and with the need to treat all individuals with respect, while allowing the authorities to carry out the critical task of identifying and preventing entry of persons who seek to cause harm to the United States and its citizens, as well as pursuing the legitimate task of implementing American immigration policy.

## **Call to Action**

We, the corporate sponsors of CHW, join together to continue to call to action the leadership and employees who work in all our health care ministries to lend the CHW voice to the immigration debate.

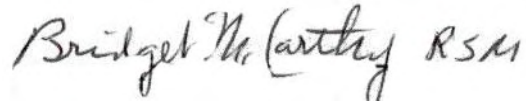
We request the following:

1. Continued response to advocacy efforts advanced by CHW.
2. Seek opportunities in your communities to discuss the impacts of an unjust immigration system to the health of the overall community. Find ways to give a face to the undocumented immigrant struggling to access health care.
3. Find opportunities to publicly express support and dialogue for comprehensive immigration reform.
4. Provide educational materials to internal and external audiences regarding comprehensive immigration reform.

We, the signed below, do so resolve:



Sister Patricia Simpson, OP  
Chair, CHW Corporate Members  
Dominican Sisters of San Rafael  
San Rafael, CA



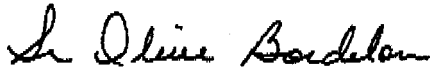
Bridget McCarthy, RSM  
Sisters of Mercy of the Americas  
Auburn Regional Community  
Auburn, CA



Diana Bader, OP  
Sisters of St. Dominic of Adrian, Michigan  
Adrian, MI



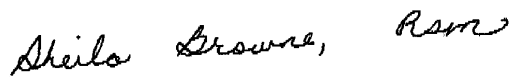
Patricia Rayburn, OSF  
Sisters of St. Francis of Penance and  
Christian Charity  
Redwood City, CA



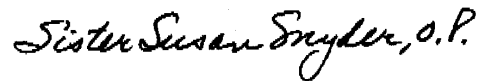
Olive Bordelon, CCVI  
Sisters of Charity of the Incarnate Word  
Houston, TX



Judy Rimbey, OP  
Sisters of St. Dominic of Adrian, Michigan  
Adrian, MI



Sheila Browne, RSM  
Sisters of Mercy of the Americas  
Auburn Regional Community  
Auburn, CA



Susan Snyder, OP  
Dominican Sisters of Kenosha, Wisconsin,  
Kenosha, WI



Diane Grassilli, RSM  
Sisters of Mercy of the Americas  
Burlingame Regional Community  
Burlingame, CA