

# An Enduring Mission



SOCIAL RESPONSIBILITY REPORT

# FY 2008 SOCIAL RESPONSIBILITY REPORT

## TABLE OF CONTENTS

A MESSAGE FROM CHW PRESIDENT/CEO LLOYD H. DEAN . . . . .	1
CATHOLIC HEALTHCARE WEST PROFILE . . . . .	2
REPORTING . . . . .	3
Contact . . . . .	3
Assurance . . . . .	3
Audits . . . . .	3
GOVERNMENT AND MANAGEMENT PRACTICE . . . . .	5
Governance Structure . . . . .	5
Standards for Mission Integration . . . . .	5
Organizational Structure for Ecology . . . . .	5
Environmental Achievement Awards . . . . .	7
HEALTH, SAFETY AND ENVIRONMENTAL INITIATIVES . . . . .	9
Our Patients . . . . .	11
Our People . . . . .	14
Our Purchases . . . . .	19
Our Buildings . . . . .	21
Our Waste . . . . .	24
COMMUNITY ENGAGEMENT . . . . .	28
Advocacy . . . . .	28
Community Benefit Programming . . . . .	29
Community Grants . . . . .	30
Community Investments . . . . .	30
Foundation for International Health . . . . .	31
Ecology in the Community . . . . .	31

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



*Catholic Healthcare West was founded to preserve an enduring mission: furthering the healing ministry of Jesus. For more than a century, through good times and bad, people have relied on our hospitals to meet their medical and spiritual needs. Our mission, vision and values continue to compel us to address the underlying causes of disease, including social and environmental dangers.*

Over the past months, the world has experienced a financial crisis that is both unprecedented and unnerving. While we are not immune to today's economic realities, CHW remains in a strong position to deliver on its mission. Despite the challenges represented by the falling investment markets, rising unemployment and cuts to government and managed care reimbursement rates, we are focused on what we can control: serving our patients and communities by providing the very best quality care and the most compassionate service.

Even in these challenging times we can report several accomplishments during FY 2008. The quality of the care we provide is among the top third 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 \$160 million, which will be reinvested in our healing ministry. During the course of the year we provided \$967 million in charity care, community benefits, and unreimbursed patient care. In addition, we have invested over \$9.1 million at below market rate interest to community-based organizations working to improve the quality of life in low-income communities. We continue to make significant progress, yet face ongoing challenges in environmental and social responsibility. Key events include:

- ❖ We have escalated our advocacy for health care system reform and formed effective partnerships with community-based organizations.
- ❖ We are moving forward with initiatives to support and help create food systems that are ecologically sound, economically viable, and socially responsible.

- ❖ We have joined with other hospitals, Health Care Without Harm and Practice Greenhealth to found the Global Health and Safety Initiative.
- ❖ We had achieved our long time goal of reducing total landfill waste (solid waste plus medical waste) to less than or equal to 15-pounds/adjusted patient day for three consecutive years. However, for the second year our waste volumes increased, this year to 17.2-pounds/adjusted patient day, largely driven by unacceptable waste volumes at four of our largest facilities. Causes and corrective actions are discussed later in this report.
- ❖ As a member of the California Climate Action Registry, we are committed to assessing, publicly reporting, and setting goals to reduce greenhouse gas emissions that contribute to global warming and climate change. Though we do have a plan in place, to date we have not been successful in having our emissions data verified by a third party certifier.

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

# CATHOLIC HEALTHCARE WEST PROFILE

Catholic Healthcare West (CHW) is a not-for-profit health care system headquartered in San Francisco, California with 41 facilities serving communities in California, Arizona and Nevada. Our mission, vision and values drive our commitment to social and environmental responsibility.

## OUR MISSION

Catholic Healthcare West is committed to furthering the healing ministry of Jesus Christ. 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, West Midwest Community, Omaha, Nebraska
- ❖ Sisters of St. Francis of Penance and Christian Charity, Redwood City, California

CHW STATISTICS	2004	2005	2006	2007	2008
Assets	\$6.4 b	\$7.2 b	\$8.6 b	\$10.5 b	10.9 b
Net Operating Revenue Annualized	\$5.4 b	\$6.0 b	\$6.7 b	\$7.5 b	8.4 b
Net Income Annualized	\$246 m	\$348m	\$438m	\$891 m	170 m
Number of Acute Care Facilities	40	40	41	41	41
Acute Care Beds	6,969	6,782	6,860	8,539	8,660
Skilled Nursing Beds	1,197	1,061	906	982	955
Physicians	7,475	7,617	7,817	9,688	9,754
Employees	36,889	37,105	37,284	42,845	44,851
% Workforce Unionized	56%	56%	57%	56%	57%
Acute Patient Care Days	1.7 m	1.7 m	1.7 m	1.7 m	1.8 m
Community Benefits & Care of the Poor*	\$567 m	\$623m	\$803m	\$922m	\$967m

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

For more information regarding CHW’s Consolidated Financial Statements [click here](#).

## REPORTING

As the first health care system in the nation to endorse the [Ceres Principles](#), a model code of environmental conduct, CHW issued its first environmental report in 1997. Our twelfth annual report, for fiscal year July 1, 2007 to June 30, 2008, demonstrates our efforts to implement meaningful programs and recognizes our opportunities for improvement. This report represents our fifth year of integrating components of the [Global Reporting Initiative Standards for Sustainability Reporting \(GRI\)](#). We have included a [GRI Content Index](#), based on the G3 standard. The content index indicates where GRI reporting components can be found in the CHW report. This year we expanded our reporting on our economic impacts as well as our patient quality and safety initiatives.

### 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 [susan.vickers@chw.edu](mailto:susan.vickers@chw.edu). More information on CHW can be found at [www.chwhealth.org](http://www.chwhealth.org).

### Assurance

In order to ensure that CHW is adequately and consistently implementing its programs, and that the information presented herein is an accurate representation of our activities and impacts, a range of checks and balances have been integrated into our systems including:

- ❖ **Ceres Stakeholder Team Review:** 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.
- ❖ **Health, Safety and Environmental Audits:** CHW, through Corporate Office sanctioned site visits by our Ecology Coordinator, continues to monitor our environmental health and safety programs. Approximately one third of our facilities are

visited each year. 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. Identification of specific, measurable goals and objectives toward environmental excellence
4. Collection of key data to enable us to measure our progress
5. Status of regulatory compliance

### Audits

Internal audits conducted by each facility 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. 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 (an independent Corporate managed team) conducts two to four day audits that evaluate a hospital's compliance against Joint Commission, Department of Health Services (DHS), Occupational Safety and Health Administration (OSHA), Centers for Medicare and Medicaid Services (CMS), National Fire Protection Association (NFPA) and (Environmental Protection

Act (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.

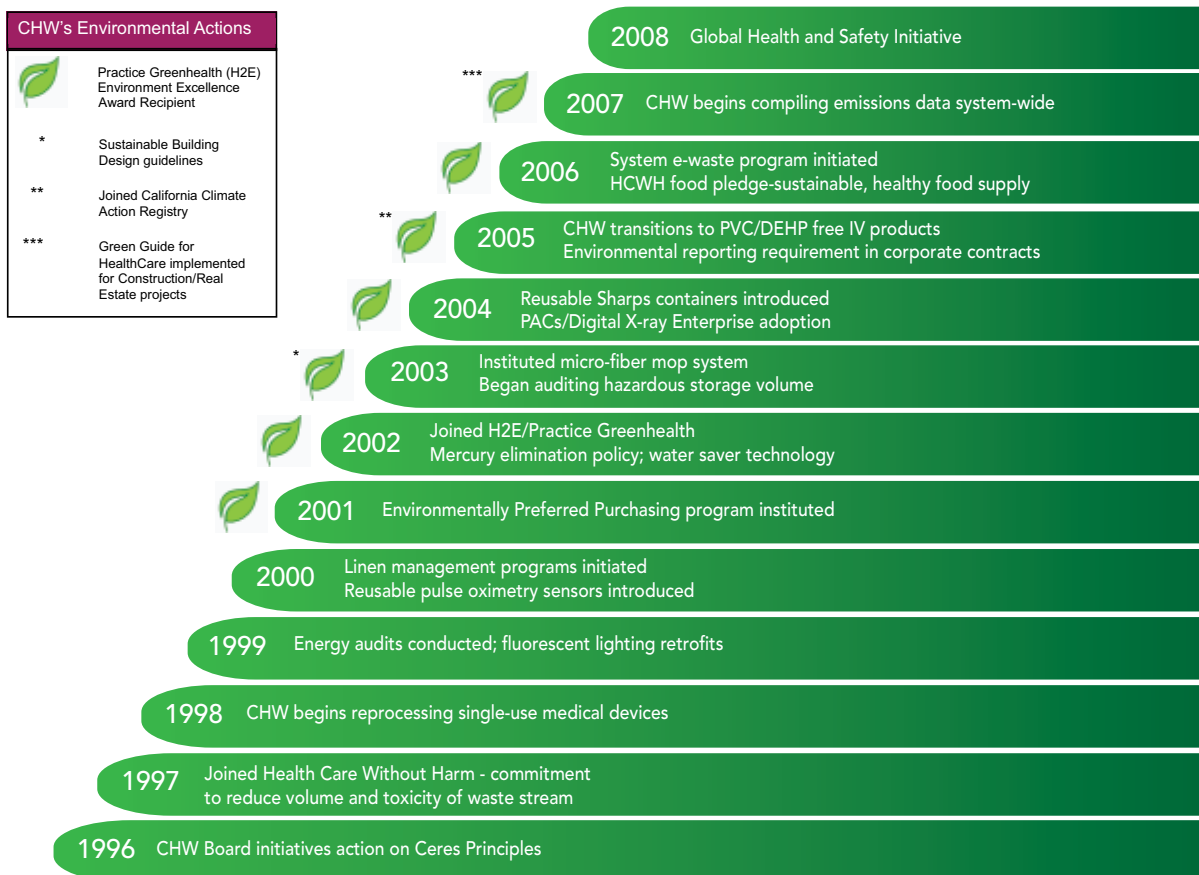
- ❖ Hazardous Waste Audits: A systemwide hazardous waste audit was conducted in FY 2003. One third of the facilities audited found no deficiencies.

The other two thirds reported a range of problems that fell into four categories:

1. Materials not properly labeled
2. All required inspections not performed
3. Hazardous waste storage area not properly outfitted or maintained
4. 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. Thirteen (13) 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.

## Our Environmental Actions



# GOVERNMENT AND MANAGEMENT PRACTICE

## Governance Structure

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. In 1996 the Board initiated CHW's commitment to ecology through its endorsement of the Ceres Principles for Environmental Responsibility. The Board sets annual and long-term goals for patient care, employee satisfaction, social and financial performance. Achievement of those goals informs management's incentive compensation.

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 CHW's Corporate Members, Board of Directors and Executive Management at ([www.chwhealth.org/who we are](http://www.chwhealth.org/who we are)).

## 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 thirteen 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 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 Green Summit for all the EcoContacts and other interested staff was conducted in March 2008, with about 80 attendees.



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 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. 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. A comprehensive chemicals policy is in development.

### 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 their 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?*



## Environmental Achievement Awards

Facility	Award	Program Area of Award
Catholic Healthcare West	Silver Anvil Award of Excellence from the Public Relations Society of America	For an advocacy/public relations campaign focused on increasing caregiver communication and patient satisfaction.
St. Joseph's Medical Center, Stockton, CA	2006, 2007 & 2008 Practice Greenhealth Environmental Leadership Circle Award  2006 & 2008 Waste Reduction Awards Program (WRAP) from the State of California  2008 P3 Stewardship Award – Stockton Area Chamber of Commerce	Practice Greenhealth's premier award given annually to facilities that are setting the "industry standard" for environmental programs and policies  Leadership in waste management and recycling  Leadership in waste management and recycling
Sequoia Hospital, Redwood City, CA	2008 Practice Greenhealth Environmental Leadership Circle Award  2008 Waste Reduction Awards Program (WRAP) from the State of California	Practice Greenhealth's premier award given annually to facilities that are setting the "industry standard" for environmental programs and policies  Leadership in waste management and recycling
Mercy San Juan Medical Center, Carmichael, CA  Saint Mary's Regional Medical Center, Reno, NV	2008 Practice Greenhealth Partner Recognition Award.	Practice Greenhealth's award given to facilities that improve upon their waste reduction and pollution prevention programs.
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	2008 Practice Greenhealth Partner for Change Award	Practice Greenhealth's award given to facilities that have made significant and sustainable progress toward preventing pollution and reducing waste

Facility	Award	Program Area of Award
Mercy General Hospital, Sacramento, CA	2005, 2006, 2007, 2008 EPA Best Workplace For Commuters Award  2004 & 2008 Practice Greenhealth Partner for Change Award  2008 California Fit Business Gold Award Winner	Employee commuting programs that reduce employee trips to work, which reduces pollution.  Practice Greenhealth's award given to facilities that have made significant and sustainable progress toward preventing pollution and reducing waste  Employee programs that improve employee health and fitness
St. John's Pleasant Valley Hospital, Camarillo, CA  St. John's Regional Medical Center, Oxnard, CA	2008 Practice Greenhealth Making Medicine Mercury Free Award	Mercury Elimination Leadership Program
Saint Francis Memorial Hospital	Energy Coalition Certificate	PG&E certificate given for participating in PG&E Power Curtailment days and for practicing smart energy management for a healthy energy future in 2008
Dominican Hospital, Santa Cruz, CA	1999-2008 Waste Reduction Awards Program (WRAP) from the State of California  2008 Practice Greenhealth Environmental Leadership Circle  2008 Santa Cruz Clean Ocean Business Award	Leadership in waste management and recycling  Practice Greenhealth's premier award given annually to facilities that are setting the "industry standard" for environmental programs and policies  Certificate of recognition for 5-year compliance with the City's Best Management Practices to prevent site run-off

## HEALTH, SAFETY AND ENVIRONMENTAL 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.

### Summary of Goals (Core Indicators)

Goals	Status as of 6/30/08	FY 2009 Indicator	FY 2010 Indicator
<b>REPORTING</b>			
Involve all CHW facilities in environmental and sustainability reporting	All but one facility (St. Joseph's Hospital and Medical Center, Phoenix, AZ) 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	Achieved equal to or better than the national average in all publicly reported measures	Achieve the top quartile in all publicly reported measures	TBD
Continuously improve patient satisfaction with care	Achieved 73rd percentile nationally for patient satisfaction	Achieve 75th percentile in inpatient satisfaction and the national average or better in emergency satisfaction	TBD
<b>OUR PEOPLE</b>			
Promote employee safety by focusing on prevention	Compared to our goal of Total Injury Rate 6.78 per 100 FTEs and Indemnity Injury Rate 1.69, achieved FY08 results of Total Injury Rate 6.35 per 100 FTEs and Indemnity Injury Rate 1.51	Maintain Total Injury Rate of 6.35 per 100 FTEs and Indemnity Injury Rate of 1.51	Maintain Total Injury Rate of 6.35 per 100 FTEs and Indemnity Injury Rate of 1.51
<b>OUR PURCHASES</b>			
Increase use of reusable products in CHW facilities through the Ascent reprocessing system and the BioSystems reusable sharps containers	\$4.3 million and 63 tons of waste saved (as compared to \$1.8 million and 40 tons last year); 35% of Original Equipment Manufacturer (OEM) approved items reprocessed.  Reached 97% compliance on eligible facilities using reusable sharps containers	Achieve a savings of \$5.4 million and 65 tons of waste saved and 50% of OEM approved items reprocessed.  Achieve 100% compliance of eligible facilities using reusable sharps containers	Achieve a savings of \$6.5 million and 70 tons of waste saved and improve the percentage of OEM approved items reprocessed by 3% per year.  Sustain 100% use of reusable sharps containers in facilities where service is available.

Goals	Status as of 6/30/08	FY 2009 Indicator	FY 2010 Indicator
Reduce use of medical supplies containing PVC	Converted nearly all I.V. bags to the PVC-free alternative where available	Determine if any other forms of PVC can be eliminated from the hospital environment.	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	312 individual sustainable food activities in progress.	Increase by 20% the number of sustainable food activities in CHW.  Have all Food & Nutrition Departments complete the Green Guide to Healthcare self-certification questionnaire by June 30, 2009.	Improve the number of sustainable food activities by 10% as measured by the GGHC certification program.
<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 numerical 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 2009.	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 17.2 pounds/adjusted patient day	Return to normalized land filled waste disposal volume at or below 15 pounds per adjusted patient day by focusing efforts on 4 largest waste generators	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 or other disposal firm with similar environmental credentials.	Achieve 100% compliance.	Achieve and maintain 100% compliance.

*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.*

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**

#### **Excellence in Patient Care**

Throughout the Catholic Healthcare West network, whether we're treating a spinal injury, preventing community-acquired pneumonia, or delivering babies, we work hard to provide excellent care with compassion. This means addressing the physical needs of our patients, as well as their emotional and spiritual needs in ways that help to improve the quality of life.

#### **Accountable for Quality**

Every person who walks through our doors deserves to receive the highest quality care, delivered with compassion. Because of this commitment, Catholic Healthcare West is a strong advocate for measuring the quality of care delivered at the nation's hospitals and publicly reporting performance. Doing so helps us all deliver better care and helps patients make informed decisions about the services they receive.

Catholic Healthcare West participates in a number of public measurement and reporting programs. One such program is the [Hospital Quality Alliance \(HQA\) Initiative](#), which is jointly sponsored by the Joint Commission (the organization that accredits medical facilities), the Centers for Medicare and Medicaid Services (CMS), the American Hospital Association (AHA), and the National Quality Forum (NQF).

The HQA measures treatment for four conditions – acute myocardial infarction, 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. We are pleased to report that Catholic Healthcare West hospitals continue to achieve high levels of performance in these measures, coming in at or above the national average reported by HQA.

#### **Five Million Lives and Surviving Sepsis Campaigns**

We also work in collaboration with other organizations that share our commitment to quality care. As part of our partnership with the Institute for Health Improvement (IHI), all of Catholic Healthcare West's hospitals are participating in IHI's [Five Million Lives Campaign](#) and the [Surviving Sepsis Campaign](#). We have joined with hundreds of hospitals around the country in these campaigns, which require the consistent delivery of specific, evidence-based treatments and processes that are known to improve patient outcomes.

The *Five Million Lives Campaign* is a voluntary initiative to improve patient safety through the establishment of rapid response teams (clinical teams that bring critical care expertise to all units of the hospital), clinical practices that prevent ventilator-associated pneumonia, and evidence-based care for those suffering from heart failure and heart attacks. Catholic Healthcare West is meeting the goals of the campaign and we're proud to report that our hospitals have fully implemented all of the recommended strategies for strengthening patient safety.

Likewise, our participation in the *Surviving Sepsis Campaign* is resulting in improved care for patients. Sepsis is an overwhelming infection of the blood that kills up to 210,000 people nationwide every year. In our first year of participation in the campaign we are pleased to report that we have reduced mortality for patients with severe sepsis by 25 percent, and seen a direct cost reduction of \$10.5 million.

#### **National Patient Safety Goals**

The [National Patient Safety Goals \(NPSGs\)](#) are goals that have been identified by the Joint Commission as

essential steps toward improving the safety of patient care. The Joint Commission has formulated the goals based upon information and data they have received through the sentinel event reporting process. Healthcare facilities nationwide have reported a variety of sentinel events to the Joint Commission. This national database is then reviewed and analyzed so that various causal factors to the events can be identified. Based on the identification of the causal factors, various strategies or goals are established. The goals are then categorized as NPSGs. Each goal is comprised of various steps, the implementation of which serves to insure safe practices and processes throughout a variety of areas.

The NPSGs are an increasingly important component of the Joint Commission survey process. NPSG compliance has accounted for approximately thirty-three percent of the Requirements for Improvement (RFIs) received by CHW facilities during the survey process. As a result, compliance with successful implementation of the NPSGs is a focus area for Patient Safety and Risk Services and for all CHW facilities.

Our facilities have implemented the following strategies to improve their compliance with NPSG and further minimize risk to patients:

- ❖ Extensive education of each NPSG by department managers and senior leadership in patient care areas
- ❖ A video for widespread education on the Universal Protocol
- ❖ Tracking tool for department managers to evaluate their progress to full compliance
- ❖ Training of special teams within each facility to “swap audits” with nearby hospitals

The goal of these varied strategies is to help facilities effectively implement the required NPSGs that will then impact and improve patient care and mitigate risks to all patients.

### Palliative Care

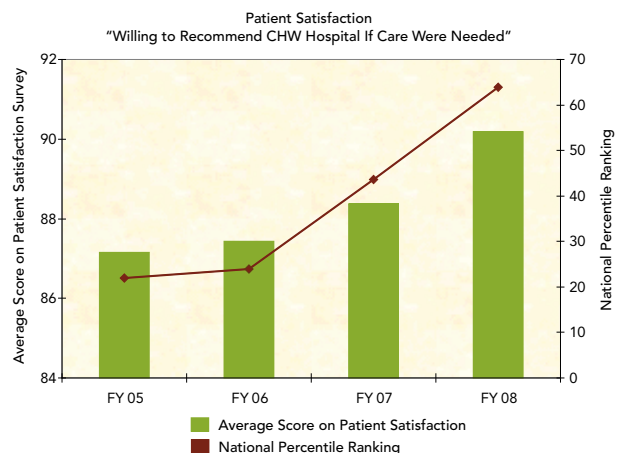
Providing comprehensive care to our patients is fundamental to our mission and values. This is especially important when treating those who are

facing life threatening or terminal illnesses. Catholic Healthcare West has one of the most advanced palliative care programs in the nation, providing treatment programs and care planning for patients and their families. Palliative care teams are active at all Catholic Healthcare West hospitals and have provided advanced care planning to more than 80 percent of terminally ill patients, compared to 70 percent nationally. This important work is one of the ways that we are fulfilling the needs and expectations of our patients and their loved ones. Through our commitment to understand and meet patient preferences we can ensure that the final moments of life are as full of life as possible.

### Patient Satisfaction

Service excellence is another part of the quality equation. Ask any patient about the quality of their health care and they are likely to talk about their experience of that care – about the doctors and nurses, about the way they were treated, about whether or not they were kept informed about their condition and their treatment program. For patients, quality is personal.

Every month we survey patients who were discharged from our hospitals or emergency rooms regarding the care they received from us. We are proud to report that Catholic Healthcare West is in the 73rd percentile nationally for patient satisfaction. Our improvements in patient satisfaction over the last several years are a testament to the care and commitment of all our physicians and employees, who daily provide excellent care while also seeking out ways to help alleviate fear, enhance care and comfort, and decrease wait times and delays.



## Sustainability Snapshot

### The Pursuit of Excellence – Perinatal Services (Maternal Health)

The Pursuit of Excellence initiative is focused on establishing and sustaining a culture of safety for mothers and babies during their delivery and recovery at a CHW hospital. This three year initiative has included work related to team training of staff and physicians (MedTeams®), monthly Executive Walk-Rounds involving senior leadership, certification of skills in the interpretation and communication of fetal monitor findings and continual review and discussion of patient related events.

Final results demonstrate all hospitals were successful in implementation of these strategies. Specifically, hospital presidents conducted monthly Executive WalkRounds to identify and address safety concerns from the frontline staff and immediately correct. In addition, over 3,600 employees and physicians were trained in MedTeams® principles which has improved communication between and among care providers thus reducing unanticipated harm to patients. Further success is demonstrated by the fact that over 1,200 nurses and physicians participated in the National Certification Corporation (NCC) certification test to improve skills in the interpretation of fetal monitoring strips.

The results indicated that 26 hospitals (72%) achieved a score of 60% or better and ultimately, this initiative resulted in a significantly higher level of safety for mothers and newborns.



#### Perinatal Safety Improvement Coalition

The Perinatal Safety Improvement Coalition (PSIC) is a system wide multi-disciplinary team including Perinatologists and Obstetricians, Perinatal Vice Presidents, Nurse Directors and Managers and staff from Patient Safety and Risk Services. The purpose of the PSIC is to address clinical issues and create strategies to support and implement best practice models in the perinatal service area. The PSIC serves to further enhance the foundational work created by the efforts of the Pursuit of Excellence initiative.

Facilities are implementing the elective induction bundle as outlined by the Perinatal Project designed by the Institute for Healthcare Improvement (IHI). This bundle focuses on developing clinical guidelines for the induction of labor that will lead to improved outcomes for mothers and infants.

#### Perinatal Medication Safety Initiative

Delivery of safe drugs to the mother and newborn is of utmost concern. A baseline survey was conducted in February 2007 that evaluated how five high-risk medications, which are commonly used in the perinatal setting, are stored, prescribed, prepared, dispensed, accessed, and administered. There was variation in practice across the system.

CHW's Pharmacy Council formed a Perinatal Medication Safety Task Force who created safe practice recommendations for the following five medications: Heparin in the neonatal intensive care unit, Pitocin® (oxytocin), epidural analgesia, Cytotec® (misoprostol) and magnesium sulfate. Professional practice standards support the recommendations that were made. This initiative includes switching to standard concentrations of premixed solutions, providing visual cues to nurses, building in redundancy through double checks where necessary, and limiting the number of protocols for administration of the medication in an effort to reduce variation. The goal is full implementation by all facilities by June 2009.

## 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 30,000 employees who are represented by twelve 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 2008 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. For more information regarding CHW employees [click here](#).

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.

*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



## Workplace Diversity

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

Minority Representation	2004	2005	2006	2007	2008
Corporate Board	5	6	5	5	5
	36%	40%	31%	31%	26%
Hospital Board	67	104	107	136	146
	20%	23%	23%	30%	39%
Corporate Officers	3	4	5	5	2
	38%	50%	56%	56%	40%
Managers	633	658	508	423	452
	21%	23%	21%	19%	20%

## Advancement of Women

Corporate Board	6	6	9	9	9
	43%	40%	56%	56%	47%
Hospital Board	103	144	160	166	146
	32%	32%	34%	37%	39%
Corporate Officers	3	3	4	4	9
	38%	38%	44%	44%	47%
Managers	2064	2029	1584	1451	1521
	70%	71%	68%	67%	66%

*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 or origin. All strands are integral to the whole, yet each retains an individuality that enriches the beauty of the cloth.*

- World Health Organization

*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.*

### **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 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. Survey results are shared with all employees, and each facility seeks employee input in developing improvement plans.

At the end of the 2008 fiscal year, 81 percent of our employees reported that they feel they are part of an effective organization, exceeding our previous score of 79 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 2008 would not be possible without our employees, we continued our program of sharing the organization's success in achieving metric goals for patient care, employee satisfaction, social and financial performance with those who contributed to it. In fiscal year 2008, 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 Safety: Preventing Lifting Injuries**

During FY 2008, CHW continued to focus on improving employee safety through injury prevention efforts. The system-wide injury rate for FY 2008 continued to trend favorably with the total injury rate being below that of the prior fiscal year. The reduction in employee injuries reflects an ongoing focus by facilities to maintain a safe environment for CHW employees, patients and visitors.

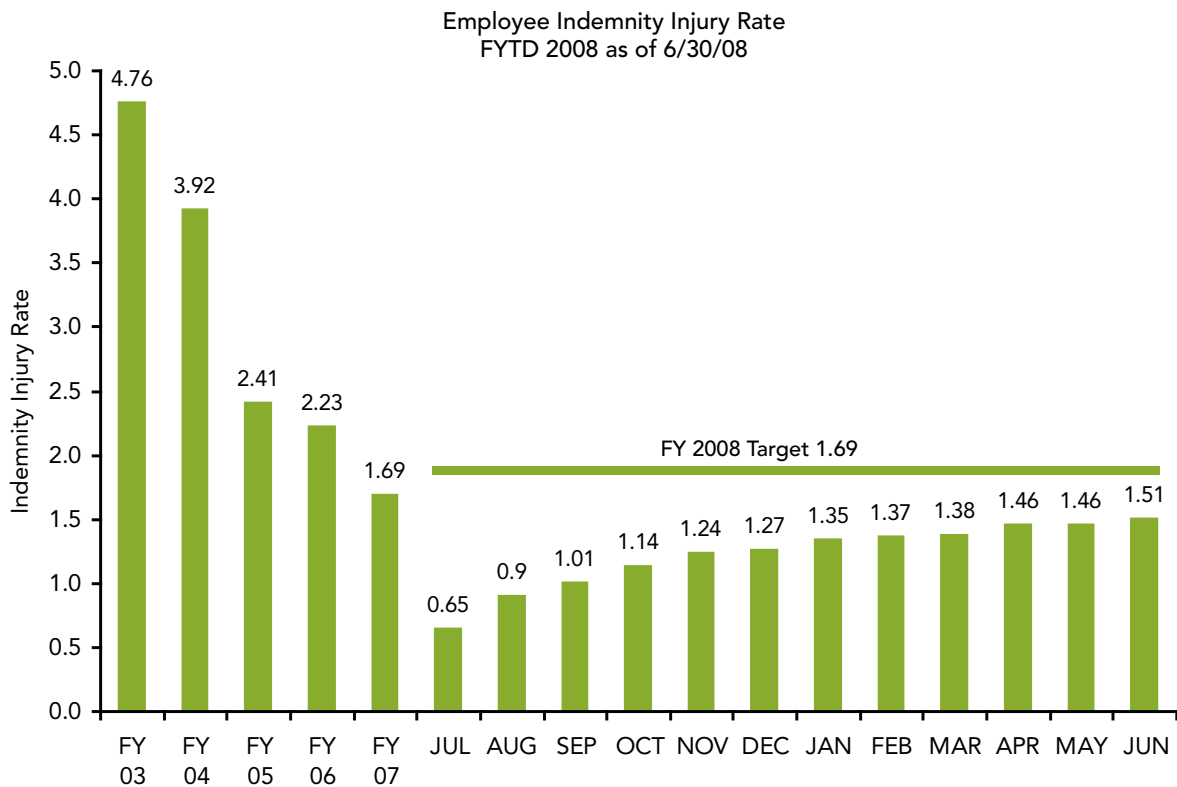
In particular, CHW continues to focus efforts on preventing employee injuries incurred while lifting moving and transferring patients. Department of Labor information indicates that patient care workers are more "at risk" for back injuries than any other profession in the United States. The healthcare environment has presented increasing challenges in terms of the need for safe patient handling. A recent study at the University of California indicated that 79% percent of nurses in California are over 40 years old and 17% are over 60 years old. In addition, statistics indicate that patients are getting heavier: the average weight of adult men and women has increased by 25 pounds over the last 40 years.

CHW began implementing a safe patient handling program through the purchase and use of lifting equipment at its facilities in 2005. Six facilities have completed the implementation of the program: Saint Francis Memorial Hospital, Glendale Memorial Hospital and Health Center, St. Elizabeth Community Hospital, St. Bernadine Medical Center, Mercy Gilbert and Mercy Medical Center Mt. Shasta. The efforts of the facilities have resulted in a significant reduction in the number of employee injuries. For example, at Saint Francis Memorial Hospital the number of patient lifting claims has been reduced from 19 injuries in FY 2005 to only one injury in FY 2008. In addition to preventing injuries, it is estimated that the savings to these facilities is approximately \$1.9M through FY 2008.

During FY 2008, CHW Corporate Risk Services worked with Sequoia Hospital in implementing safe patient handling at the facility including the training of all personnel on nursing units and those involved in patient transport and lifting. Sequoia used the “Get-A-Lift” Training Program, which utilizes experienced nurses to conduct the training and educational sessions on the use of the lift equipment. The “Get-A-Lift” program also focuses on assessing the needs of individual nursing units for equipment and insuring that equipment is accessible and available for use on the units and in the hospital. In addition to Sequoia

Hospital, Glendale Memorial Hospital continued its efforts in training employees through the “Get-A-Lift” program in FY 2008.

In FY 2009, CHW will continue to focus on reducing patient lifting injuries by providing cost effective training approaches. CHW Risk Services will be sponsoring a certification program for facility personnel comprised of a two-day intensive training course conducted by the distributor of the Liko Inc. lifting equipment. California Hospital, Chandler and St. Joseph’s Medical Center are expected to participate in this program.



*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.*



## 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 (SCM) 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 (GPO) 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, that do not contain PVC/DEHP.

By implementing the B. Braun 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

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. 98% of CHW hospitals have converted to latex-free examination gloves.

### 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 FY2008 CHW logged in more than 63 tons of medical waste diversion through our reprocessing programs and realized a savings of \$4.3 million.

### Laboratory Equipment

Currently ten of our facilities use L.E.S.S. (Laboratory Environment Support Systems Incorporated) 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.

## Reusable Sharps Containers

Presently, 31 CHW member hospitals and 16 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 FY 2008, through this program alone CHW eliminated 151 tons of red plastic and 24 tons of corrugated packaging containers from being manufactured and land-filled. The average cost savings by hospital is approximately 15% per year of sharps container purchasing, disposal and management. CHW is also investigating the use of similar containers for pharmaceutical wastes.

## 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. In FY 2008 CHW increased our system's food service environmental/sustainable programs by 30%. The FY 2009 goal is to have all CHW Food & Nutrition Departments complete the Green Guide to Healthcare self-certification questionnaire by June 30, 2009.

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:

- ❖ All facilities are working to source locally grown produce.
- ❖ 90% of the facilities are purchasing dairy products produced locally and without unnecessary chemicals and hormones.
- ❖ Numerous sites are offering a "Fair Trade" coffee in their retail areas.
- ❖ 13 facilities are moving to eliminate Styrofoam and plastic ware by implementing potato based.
- ❖ 3 facilities are creating on site gardens to grow their own organic food.

## Sustainability Snapshot

### Taking Action for Sustainable Food Production

In recognition of the serious health and environmental concerns raised by the production of genetically engineered sugar, as well as meat and dairy produced with animal clones, CHW is promoting sustainable food production practices, in part by seeking alternatives to these foods. Among the concerns CHW is raising about genetically engineered and cloned foods are genetic contamination, increased pesticide use, animal cruelty, and the deep ethical and moral issues associated with these untested new technologies. With respect to food production, CHW is advocating for public policies that meet the following safeguards:

- ❖ Before marketing, GE food or food from animal cloning must be fully evaluated through independent, peer-reviewed studies for any effects on human health, animal welfare and the environment.
- ❖ Foods with GE ingredients and foods from animal cloning must be labeled
- ❖ GE seeds and plants are rigidly separated from other seeds and plants so that natural foods are protected from contamination.
- ❖ GE patent holders are held legally liable for contamination of non-genetically engineered crops and growers are protected when their crops are contaminated by GE crops.

Our aim is to promote alternative approaches that produce foods that are safer and healthier for our patients, staff, and visitors and that can sustain the farmers and food producers in our communities.

- ❖ 2 are implementing on site composting programs.
- ❖ All sites are working to reduce the amount of bottled water being purchased and used in their facilities.

### Recovery of Surplus Supplies and Equipment

During FY 2008 Supply Chain Management established a partnership with MedShare International to recover and redistribute surplus supplies and equipment from CHW hospitals. These devices are sent to economically developing countries. CHW hospitals have donated the following through Med Share:

- ❖ 69 Exam Tables (6 have already been sent to Owerri, Nigeria.)
- ❖ 2 birthing beds
- ❖ 2 hospital beds
- ❖ 9 stools
- ❖ 80 mattresses/surfaces
- ❖ 22 defibrillators
- ❖ 13 crash carts

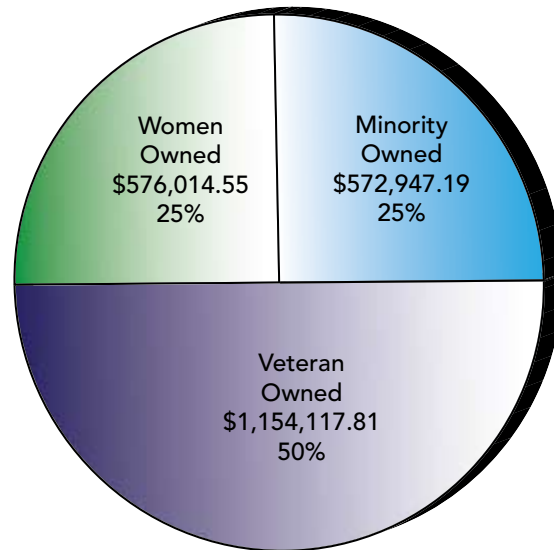
Sequoia and Dominican Santa Cruz Hospitals began a reuse program in September to collect opened unused medical supplies from the Operating Room, Cath Laboratory, Labor & Delivery, Cardiac Surveillance Unit, and Med Surgical Orthopedic Oncology. Supply Chain Management coordinates the supply logistics for CHW's medical missions to Guatemala.

### Supplier Diversity

CHW has a strong commitment to inclusion and our supplier diversity program focuses on developing and sustaining supplier relationships reflecting the diversity of the communities we serve. Supply Chain Management actively participates on the Diversity Committee of our Group Purchasing Organization. Our GPO works with diverse suppliers to increase contract penetration and develop strategic partnerships (currently about 2% of total GPO volume).

Supply Chain Management is developing a relationship with Pride Industries, a not-for-profit company that hires developmentally disabled employees. We encourage our vendors to use Pride Industries as a second-tier assembler of kits and trays.

CHW's current, tracked annual spending with diversity suppliers is \$2.3 million.



### Our Buildings

The buildings we design and build fundamentally impact the lives of our patients, staff and public. We have an opportunity and an obligation to actively develop solutions and make use of global standards to make a positive impact on improving the built environment. We are doing this through the CHW Project Delivery Model Healthy Building Initiative.

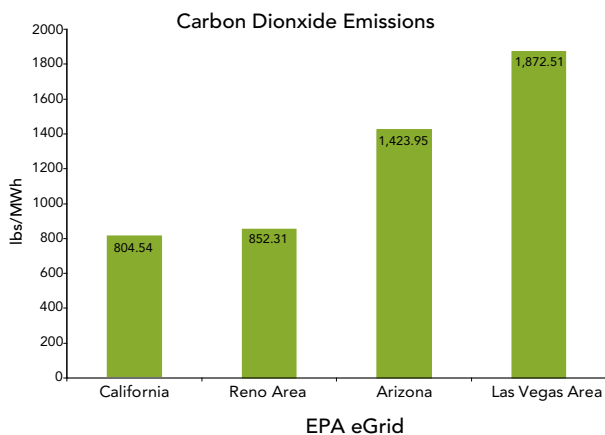
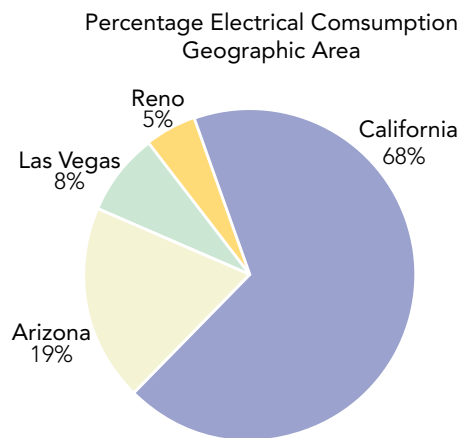
Our goals include:

- ❖ Increasing the energy and water efficiency of our buildings
- ❖ Improving the healing environment and promoting spiritual wellness
- ❖ Improving patient, staff and public safety
- ❖ Designing for sustainability

CHW requires that each facility creates an environment conducive to healing in its design of internal and external space, use of art, gardens, music, private space, and technology and that each facility has a chapel or designated spaces available for reflection, prayer and/or worship. Buildings are designed to reduce patient safety incidents- slips and falls, hospital acquired infections, and medication errors and to reduce employee safety incidents and improve working conditions and satisfaction.

Green design not only makes a positive impact on public health and the environment, it also reduces operating costs, enhances building and organizational marketability, potentially increases occupant productivity, and helps create a sustainable community. Integrated design leads to understanding the building as a set of interrelated and interdependent systems where a single design decision can trigger multiple systemic improvements. Interactive designs allow for collaboration between design professionals and owners to identify goals, facts needs, concepts and solutions. Click on the topics below to learn more about our efforts to reduce our carbon footprint.

- ❖ [Energy use](#)
- ❖ [Tracking greenhouse gases](#)
- ❖ [Water use](#)
- ❖ [Sustainable design](#)



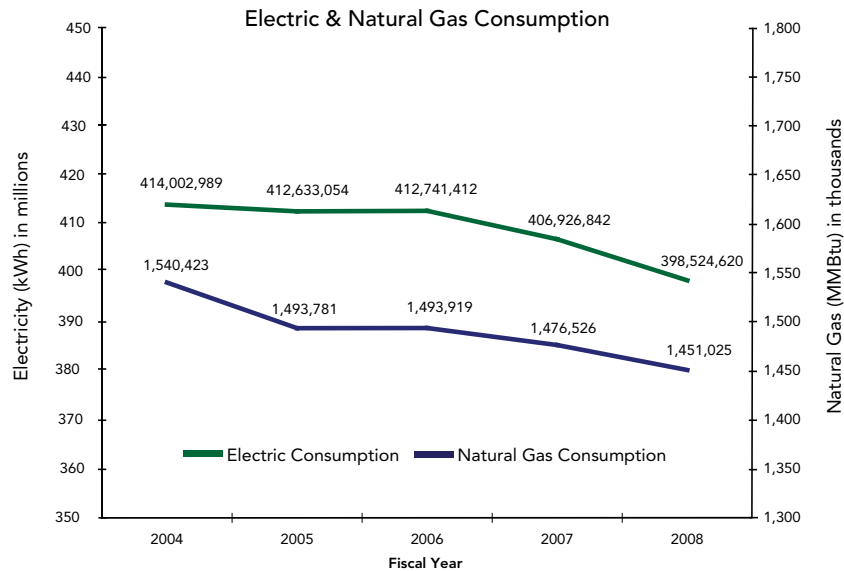
### Sustainability Snapshot: Promoting Renewable Energy Programs

In collaboration with CHW's Real Estate Department, Marian Medical Center, Santa Maria, CA completed a landfill gas fueled 1.05 MW generation plant capable of producing 80% of the hospital's electric needs. The multi-year partnership between the hospital, landfill, and developer made both environmental and economic sense.

The generation facility is maintaining a 96% uptime and producing approximately 7.2 million kWh using methane gas, which would otherwise, would be "flared off". Using the Commercial Energy Consumption survey (CEC's) authored by the Department of Energy (DOE), these reductions equate to electricity sufficient to power approximately 640 homes.

Equally attractive is the project's economics. This developer-funded project was structured as a power purchase agreement such that the cost of power under the agreement is less than from the local utility company across all time of use periods.

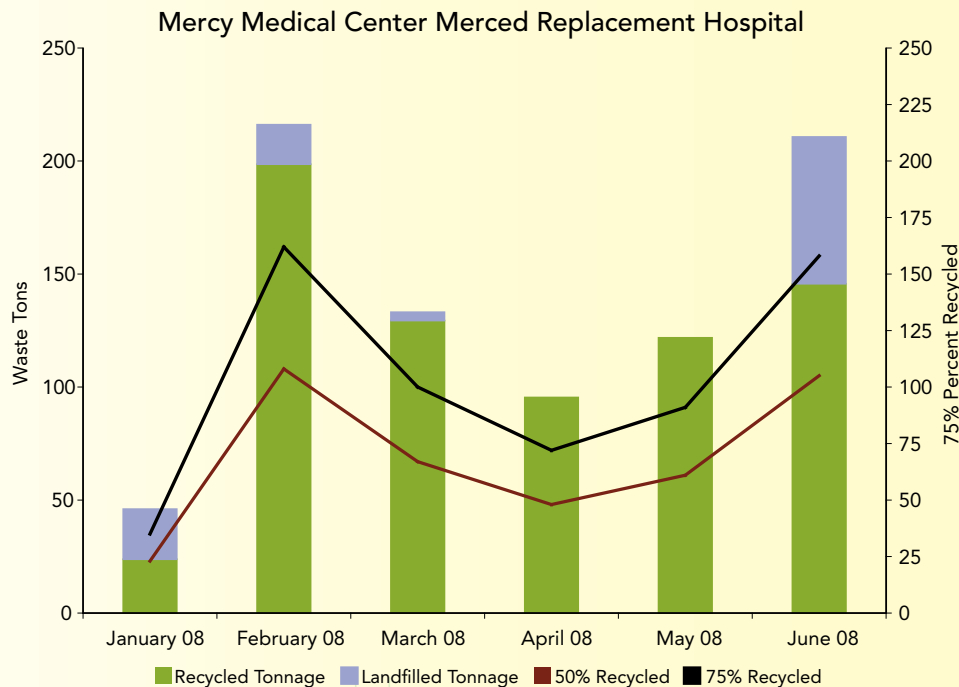




### Sustainability Snapshot: Impact of Construction Materials Recycling

Mercy Medical Center Merced in Merced, CA is in construction with a replacement hospital with 185 beds and project cost of \$260M. Construction began in November 2006.

Merced Replacement hospital reported construction materials recycled during the construction phase of the project from January 2008 through June 2008. The amount of diverted materials for this period was 715 tons. Each month met the GGHC Materials & Resources credit 2.1 Construction Waste Management Divert 50% from Disposal. Four of the six months met the GGHC Materials & Resources credit 2.2 Construction Waste Management Divert 75% from Disposal.



Percentage numbers on top of the columns is percent of material recycled.  
Average percent recycled from Jan. 08 to June 08 is 87%.

## 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, though much progress is being made as discussed in the previous section. Building design and lack of space hinders recycling within some of our older campuses.

CHW has generated 15.8 pounds of non-hazardous waste and 1.4 pounds of medical waste for a total of 17.2 pounds of total waste per adjusted patient day (#/apd) that is disposed of via landfill. This represents an increase from previous years, where we had achieved our goal of 15 #/apd. It is an 8% decrease from our baseline year 2000 numbers, but is nonetheless a disappointment.

### 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. For more information [click here](#).

Year	Total Land Filled Waste (lbs/adjusted patient days)	% 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%
2008	17.2	8%

Waste Type	Waste Volume (lbs)	% of Waste Stream
Solid Waste	44,600,000	68%
Medical Waste	3,800,000	6%
Hazardous Waste	63,000	<1%
Recycled Waste	17,000,000	26%
Total	65,463,000	100%

### 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.

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.

Some of our medical waste management techniques are described below. For more information click on the topic below.

- ❖ [Reusable sharps containers](#)
- ❖ [Operating room liquid waste management](#)
- ❖ [Home generated sharps and pharmaceutical wastes](#)

### Hazardous Waste

Hazardous waste volumes average about 1,700 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 about 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.

For more information click on the topics below.

- ❖ [Chemical waste reduction](#)
- ❖ [Chemical storage](#)
- ❖ [Universal wastes](#)
- ❖ [Pharmaceutical waste disposal](#)
- ❖ [Mercury elimination](#)
- ❖ [E waste](#)

### Sample Waste Management Practices

For examples of waste management practices at our facilities [click here](#).

### Environmental Regulatory 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.

### SUSTAINABILITY SNAPSHOT:

#### Our Commitment to the Global Health and Safety Initiative

CHW is a founding member of the Global Health and Safety Initiative (GHSI), a sector-wide collaboration to transform the way that healthcare designs, builds and operates its facilities as well as the products healthcare uses within those facilities. GHSI aims to build a learning community and leverage the expertise of its partners to support evidence-based improvements at the intersection of patient safety, worker safety and environmental sustainability. GHSI is working to build a movement in healthcare that marries safety and sustainability and puts healthcare leaders at the center of a global awareness to support healthy people in healthy communities on a healthy planet.

*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: 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.
- ❖ St. Joseph’s Medical Center in Stockton has comprehensively embraced reduce, reuse, and recycling. They have not only implemented programs for paper (176 tons), plastic, glass (0.6 tons) and aluminum, but have also embraced blue wrap (0.8 tons), shrink wrap (1.7 tons), sharps (27.8 tons) and pharmaceutical (2.5 tons) containers, construction debris (28 tons), grease (3.2 tons), plastic baby bottles, pallets (65.5 tons), ink jet cartridges, batteries (4.7 tons), fluorescent bulbs, green waste (11.1 tons), isolation gowns, medical equipment (through MedShare), cardboard (116 tons), scrap metal (7.4 tons), and e-waste (4.7 tons). They use 100% post consumer waste recycled paper, maintain a worm composting bin, and are even collecting home generated sharps from the community. This represents a 29% recycling rate. What waste does get into the dumpster is further sorted at the transfer station to remove any stray recyclables before the remainder finally goes to the landfill.
- ❖ 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.
- ❖ The majority of CHW’s Environmental Services (EVS) Departments have moved to stocking SCA paper supplies due to the eco-friendly attributes of this product. SCA is not just another paper and tissue company. SCA (Svenska Cellulosa Aktiebolaget), a Swedish paper company, strives for the lightest environmental footprint possible. This is not something new for SCA; it defines SCA’s culture. Recently, SCA was recognized as the 2nd greenest company in the world by The Independent, which is associated with Ethical Investment Research Services. SCA manufactures 100% recycled paper products using holistic processes that embody their entire operation. They recycle more than 700,000 tons of paper annually, of which 200,000 tons are post-consumer. They run highly efficient factories using a chlorine-free bleaching process and use reclaimed water in their production saving enough water to fill the Empire State Building 18 times! All packaging is made of recycled content, and is printed and labeled with vegetable and soy-based inks.



*“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*

## 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.

### Advocacy

#### Public Policy Advocacy

CHW's public policy and advocacy efforts support the sustainability of the the healing ministry. In collaboration with the hospital community, key environmental and advocacy organizations, elected officials and select government agencies, CHW has worked to advance policies designed to improve human and environmental health. To that end, CHW engages in a broad spectrum of legislative and community advocacy activities at local, state, and national arenas—analyzing and researching policy proposals; educating the public and lawmakers about health and health care industry impacts; mobilizing CHW's grassroots network; and building and strengthening community partnerships and coalitions. Click on the key policy priorities to learn more:

- ❖ [Ecology](#)
- ❖ [Access to Care/Health Care System Reform](#)
- ❖ [Quality of Care and Patient Safety](#)
- ❖ [Social Justice](#)
- ❖ [Workforce](#)

#### Socially Responsible Investing And Shareholder Advocacy

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 2008 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 26 companies on corporate governance, social and environmental policies and practices. Click on the key policy priorities to learn more

- ❖ [Access to Health Care](#)
- ❖ [Toxics in Products and Packaging](#)
- ❖ [Disclosure of Political Contributions](#)
- ❖ [Promoting Diversity](#)
- ❖ [Human Trafficking](#)
- ❖ [Climate Change](#)

Of the 26 shareholder proposals filed, 12 went to a shareholder vote and received enough support to meet SEC thresholds for returning to the proxy next year. Thirteen proposals were withdrawn when the companies agreed to take significant action to address shareholder concerns. One proposal was withdrawn to avoid a SEC no-action letter. The overall success rate was 90%, well above the program's benchmark (80% of proposals receive sufficient shareholder support to meet SEC thresholds or result in significant corporate action).

## 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. For more information on Community Benefit Reports [click here](#)

### 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.

### 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, 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.



Address inequities impacting individual and community health, promoting human dignity and justice at every stage of life, and recognizing the interdependence of all things.

## Community Grants

Through the 2008 Community Grants Program, CHW hospitals contributed \$3,049,086 to make grant awards to 196 projects. The funds supported community based initiatives to provide chronic disease management and preventive services. Some examples include:

- ❖ **Access to Healthcare Network – Reno, NV**  
CHW’s grant will be used to increase access to primary and specialty care services for uninsured Nevada residents.
- ❖ **Childhelp Inc. – Scottsdale, AZ**  
CHW funds will be used to support efforts on prevention, intervention and community outreach.
- ❖ **Asian Pacific Women’s Center – Los Angeles, CA**  
CHW’s grant will be used to provide affordable transitional housing and supportive services to survivors of domestic violence.
- ❖ **Crisis Pregnancy Center – Redding, CA**  
CHW funds will be used to support services for homeless women and families experiencing the demands of unplanned pregnancy.
- ❖ **Glendale Community Free Health Clinic - Glendale, CA**  
CHW’s grant will be used to provide through residential, vocational and educational programs the opportunity for adults with developmental disabilities to participate in community life and attain independence.
- ❖ **Healthy Aging Association - Modesto, CA**  
CHW funds will be used to help older Americans live longer, healthier, more independent lives by promoting increased physical activity and sound health and nutrition practices.
- ❖ **Home of Neighborly Services – San Bernardino, CA**  
CHW’s grant will be used to fund cultural and educational programs for children and their families that will enhance the quality of life by addressing obesity and cardiovascular disease.

## Community Investments

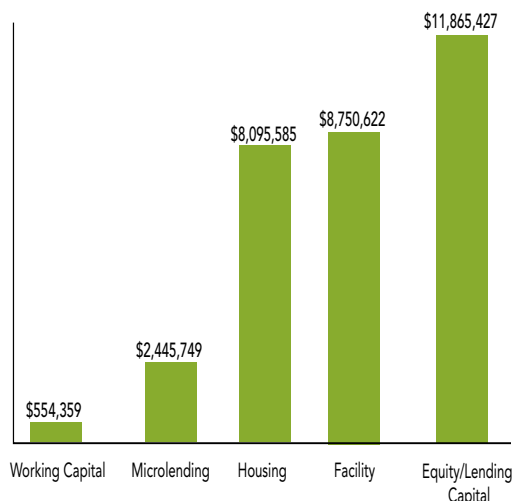
CHW’s Community Investment Program was created to expand access to capital for those who have been historically underserved. Community Investments are below-market interest rate loans to nonprofit organizations that are working to improve the health and quality of life in their communities. CHW borrowers 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

### Investing Activity FY 2008

Number of Outstanding Investments	68
Number of Investments Paid in Full	3
Total Amount Outstanding	\$31.7 M
Total Guarantees Outstanding	\$911,000
Total Reserved	\$295,000

- ❖ 250 units of low income housing built in Red Bluff, Ventura, Stockton, Sacramento, Phoenix and San Luis Obispo
- ❖ Seven new non-profit facilities to be built in San Francisco, Sacramento and Phoenix
- ❖ New investments \$7.1 million;
- ❖ Renewals and extensions \$3.8 million;
- ❖ Loans paid in full \$2.5 million

### CHW Current Investments at 6/30/08





## Foundation for International Health

The growing need for sustainable health care services in international communities, coupled with CHW's mission, values and heritage gives the organization a unique opportunity to expand our ministry into international communities, especially in support of our Sponsoring Congregations' ministries in many countries throughout the world. Established in 2006, the Catholic Healthcare West Foundation for International Health is guided primarily by CHW's mission, vision and values. Its charter is to advance a collaborative healing ministry that alleviates unnecessary suffering by promoting self-sustaining communities, providing education, and supporting health care services to people in need.

## 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. [Click here](#) for examples of community activities with an ecological focus.

## 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.

## Sustainability Snapshot: Going Forward in Guatemala: Plans for 2008-2010

The most immediate barriers to good health in the impoverished communities surrounding Esquipulas are lack of access to clean water and the prevalence of dust and smoke. CHW FIH is committed to focusing on the following programs that will address these issues:

- ❖ Clean water project. Establish a water catchment and/or filtering system in common community areas (i.e. schools, clinics, churches) that can provide for access to clean drinking water obtained from rainwater and tin roof run off. Provide smaller scale systems (vats or jugs) to individual households using the same rain catchment process and/or filtering system. The catchment and filtering system is easy to introduce, develop and, most importantly, sustain based on similar successful models used throughout the developing world.
- ❖ Wood burning non-ventilated cooking stoves. Another major health issue is upper respiratory problems, including asthma and bronchitis caused in part by the use of unventilated wood burning cooking stoves in homes. We are exploring partnerships with several organizations that have developed solutions to eradicate this problem (solar stoves, simple venting systems, etc.).
- ❖ Permanent Health Promotion Sites. Due to a lack of permanent exam tables, shelving, medical supplies and equipment, the medical mission teams had to beg, borrow and make do with what ever could be found in order to work most efficiently. CHW will collaborate with our own hospitals and other partners to collect the needed items to permanently stock the various clinic locations with basic items that will be permanently available for both CHW and GHM's group visits and can be utilized by the in country health professionals who staff these sites daily.
- ❖ Expand our relationship with the Guatemala government. CHW will also expand our relationships in Guatemala with the government and the in-country medical personnel who are located throughout this area to further ensure self-sustaining improvement in the health status of these communities.



### CHW Medical Foundations

- Dominican Medical Foundation, Santa Cruz
- Mercy Medical Group, Sacramento
- Sequoia Medical Group, Redwood City
- 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 Louis 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



## GLOBAL REPORTING INITIATIVE

GRI Indicator	Description	Section
Vision & Strategy		
1.1	Statement from most senior decision maker	CEO Message
1.2	Description of key impacts, risks, opportunities	CEO Message; Health, Safety & Environmental Initiatives
Profile		
2.1	Name of the organization	Profile
2.2	Major products	Profile
2.3	Operational structure	Governance and Management Practice
2.4	Location of headquarters	Reporting
2.5	Countries of operation	Profile
2.6	Nature of ownership	Governance and Management Practice
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	Health, Safety & Environmental Initiatives
Report Scope & Boundary		
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; Health, Safety & Environmental Initiatives
3.12	GRI Content Index	Reporting
3.13	Assurance	Reporting
Governance		
4.1	Governance Structure	Governance and Management Practice
4.2	Is Chair also Executive Officer ?	Governance and Management Practice
4.3	Number of independent board members ?	Governance and Management Practice
4.4	Mechanisms for providing input to board	Governance and Management Practice
4.5	Linkage between compensation and performance	
4.6	Conflicts of interest	Governance and Management Practice

4.7	Determining qualifications of board members	Governance and Management Practice
4.8	Mission Statements	Profile
4.9	Procedures for board governance	Governance and Management Practice
4.10	Process for evaluating board's performance	Governance and Management Practice
4.11	Precautionary approach	Governance and Management Practice
4.12	External Initiatives	Health, Safety & Environmental Initiatives; Community Engagement
4.13	Memberships	Health, Safety & Environmental Initiatives; Community Engagement
4.14	Stakeholders	Community Engagement
4.15	Selection of Stakeholders	Health, Safety & Environmental Initiatives; Community Engagement
4.16	Stakeholder engagement	Community Engagement
4.17	Key topics raised by stakeholders	Health, Safety & Environmental Initiatives; Community Engagement
Management Approach & Performance Indicators		
Economic Performance Indicators		
EC1	Economic data	Profile
EC2	Financial implications and risks of climate change	CEO Message
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	Health, Safety & Environmental Initiatives
EC7	Local hiring practices	
EC8	Public infrastructure impacts	
EC9	Indirect economic impacts	
Environmental Performance Indicators		
EN1	Total materials used other than water, by type	
EN2	Percentage of materials used that are recycled	Health, Safety & Environmental Initiatives
EN3	Direct energy use	Health, Safety & Environmental Initiatives
EN4	Indirect energy use	
EN5	Energy saved due to conservation	Health, Safety & Environmental Initiatives
EN6	Energy efficiency or renewable energy projects	Health, Safety & Environmental Initiatives
EN7	Reduction of indirect energy use	
EN8	Water use	Health, Safety & Environmental 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	Health, Safety & Environmental Initiatives
EN17	Indirect greenhouse gas emissions	Health, Safety & Environmental Initiatives
EN18	Initiatives to reduce greenhouse gas emissions	Health, Safety & Environmental Initiatives
EN19	Ozone-depleting substances	
EN20	Air emissions	Health, Safety & Environmental Initiatives
EN21	Water discharges	
EN22	Waste	Health, Safety & Environmental Initiatives
EN23	Significant spills	Health, Safety & Environmental Initiatives
EN24	Hazardous Waste	Health, Safety & Environmental Initiatives
EN25	Water bodies impacted by runoff	None
EN26	Impacts of products and services	Health, Safety & Environmental Initiatives
EN27	Products and packaging reclaimed	Health, Safety & Environmental Initiatives
EN28	Monetary fines paid	Health, Safety & Environmental Initiatives
EN29	Transportation impacts	
EN30	Environmental protection expenditures	
Social Performance Indicators: Labor Practices and Decent Work		
LA1	Breakdown of workforce	Health, Safety & Environmental Initiatives
LA2	Employment creation and job turnover	
LA3	Benefits provided to full time employees vs. part timers	
LA4	Percentage of employees in unions	Health, Safety & Environmental Initiatives
LA5	Minimum notice period regarding operational changes	
LA6	Employees formally represented in overseeing H&S programs	Governance and Management Practice
LA7	Health and safety reporting	Health, Safety & Environmental Initiatives
LA8	Disease counseling	Health, Safety & Environmental Initiatives
LA9	H&S topics covered in formal agreements	
LA10	Training	Health, Safety & Environmental Initiatives
LA11	Long term training opportunities	Health, Safety & Environmental Initiatives
LA12	Performance reviews	Governance and Management Practice
LA13	Composition of board and employees	Governance and Management Practice; Health, Safety & Environmental Initiatives
LA14	Male versus female salaries	
Social Performance Indicators: Human Rights		
HR1	Human rights clause in investments	Community Engagement
HR2	Human rights within supply chain	Health, Safety & Environmental Initiatives

HR3	Training on human rights issues	
HR4	Incidents of discrimination	
HR5	Freedom of association	Health, Safety & Environmental Initiatives
HR6	Child labor	
HR7	Forced labor	
HR8	Security personnel trained in human rights	
HR9	Incidents involving indigenous people	None
Social Performance Indicators: Society		
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	
Social Performance Indicators: Product Responsibility		
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	Health, Safety & Environmental 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

SUMMER 2008

EARTHCARE is a 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. [www.CHWHealth.org/About\\_Us/Community\\_Health](http://www.CHWHealth.org/About_Us/Community_Health)



## FOOD FOR THOUGHT

Food & Nutrition (F&N) Departments across CHW are busy supporting the system's sustainability goals through a variety of programs. Did you know that CHW was the first hospital system to sign the Healthcare Without Harm Healthy Food Pledge? 127 hospitals across the country have now signed as well. CHW has also developed a Food Vision Statement that provides a framework for our food purchasing and production practices. A few of the notable programs in the works: Facilities:

- have been encouraged to reduce the amount of bottled water in their sites. The majority of CHW sites have already made some headway with bottled water reductions. The CHW F&N Council will be further defining this goal and put a % reduction to the bottled water expense for FY09.
- are decreasing the amount of Styrofoam being used in the cafeterias.
- are supporting our local produce agreements in order to provide fresh, local sourced products.
- are working with our vendors to identify products available that are Trans Fat Free.
- are offering healthy menu options in their cafeterias.

As new programs are implemented, information will be sent to all staff so everyone is aware of the sustainability efforts of the Food & Nutrition Council.



## SCA TISSUE

### GREEN IS MORE THAN A COLOR!

The majority of CHW's Environmental Services (EVS) Departments have moved to stocking SCA paper supplies due to the eco-friendly attributes of this product. SCA is not just another paper and tissue company. SCA, a Swedish paper company, strives for the lightest environmental footprint possible. This is not something new for SCA; it defines SCA's culture. Recently, SCA was recognized as the 2<sup>nd</sup> greenest company in the world by The Independent, which is associated with Ethical Investment Research Services.

Environmental Choice, a North American third party agency, certifies all SCA products as having minimal environmental impact.

SCA manufactures 100% recycled paper products using holistic processes that embody their entire operation. They recycle more than 700,000 tons of paper annually, of which 200,000 tons are post-consumer. They run highly efficient factories using a chlorine-free bleaching process and use reclaimed water in their production saving enough water to fill the Empire State Building 18 times! All packaging is made of recycled content, and is printed and labeled with vegetable and soy-based inks.

When it comes to being green, SCA realizes it's much more than just a color.



## GREENLIGHT ON CHANDLER REGIONAL AND MERCY GILBERT MEDICAL CENTERS

Chandler Regional Medical Center and Mercy Gilbert Medical Center have teamed up with Chandler-Gilbert Arc to begin a new recycling program as these Arizona hospitals continue to enhance their environmental efforts. The nonprofit agency Arc was offered a contract by CHW to begin recycling glass, plastic bottles, and aluminum cans. Chandler-Gilbert Arc, which provides training and support to adolescents and adults with developmental disabilities, will be in charge of picking up the recyclables. "I often encounter the entourage of people from the Chandler-Gilbert Arc program as they roam the halls in search of recycle cans," reports Marty Breeden, VP of Mission Integration. "This program is employing at least sixteen people with limited job skills, yet they do an excellent job under the supervision of Arc. There is a very healthy competition between our two hospitals to see which can fill the recycle container first." Breeden credits the CHW Mission Standards for driving this effort. "Read Standard #13," he said. "It says CHW partners with others to advance ecological initiatives." And so we are.



## PRACTICE GREENHEALTH 2008 ENVIRONMENTAL EXCELLENCE AWARDS

Ten CHW facilities were honored by Practice Greenhealth (formerly, Hospitals for a Healthy Environment, H2E) at the CleanMed Conference in Pittsburgh on May 20, 2008.

### Environmental Leadership Circle Continuing Status

Dominican Hospital  
St. Joseph's Medical Center, Stockton

### Environmental Leadership Circle Inductee

Sequoia Hospital

### Partner for Change Award

St. John's Pleasant Valley Hospital  
St. John's Regional Medical Center  
St. Bernardine Medical Center  
Mercy General Hospital  
St. Elizabeth Community Hospital

### Making Medicine Mercury Free Award

St. John's Pleasant Valley Hospital  
St. John's Regional Medical Center

### Partner Recognition Award

Saint Mary's Regional Medical Center, Reno  
Mercy San Juan Medical Center

In honor of every award winner, Practice Greenhealth has teamed up with *Trees for the Future* to plant 100 trees in each winner's name. More than 15,000 trees will be planted in India. To view an 8-minute video from *Trees for the Future*, click on [www.h2e-online.org](http://www.h2e-online.org). We celebrate all CHW facilities and their continued commitment to engage in meaningful and sustainable environmental improvements.

## SPOTLIGHT ON ECO-CHAMPION



**Roselli Tria, OP, Saint Mary's Regional Medical Center, Reno, Nevada**

Sister Roselli Tria, OP, a member of the Dominican Sisters of San Rafael, is this quarter's eco-champion for her dedication to increase environmental stewardship in CHW hospitals and her work to motivate others to join those efforts. She holds a bachelor's degree in Electrical Engineering and a master's degree in Pastoral Ministries. She has worked as a product safety engineer as well as a sales engineer. Last fall, she was the Environmental Coordinator at St. Joseph's Medical Center in Stockton, California and in January, moved to Saint Mary's Regional Medical Center to spearhead their environmental program. Sister Roselli values her work as Environmental Coordinator because it combines the use of her technical background with her passion for environmental stewardship.

"Sister Roselli has been a wonderful resource", says John Kendle, Director of Operations, Support Services at St. Joseph's Medical Center, Stockton. "Sister's ability to gather, formulate and understand data has been invaluable. According to Mike Johnson, Director of Community Benefits, "Sister Roselli is a tremendous asset to the environment of Saint Mary's and northern Nevada. She has very quickly infused herself into the culture and rallied the troops to take quick and positive action on many environmental fronts. We are truly blessed to have her with us and look forward to her becoming a Nevadan."

## RESOURCES

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

[www.Earth911.org](http://www.Earth911.org)

[www.h2e-online.org](http://www.h2e-online.org) Practice Greenhealth (formerly Hospitals for a Healthy Environment, H2E)

---

*The bulletin was created by a subcommittee of Ecocontacts: Pat Burdullis, Supply Chain, Phoenix; Milissa Chanice, St. Joseph's Phoenix; John Kendle, St. Joseph's Stockton; Mary Ellen Leciejewski, Dominican; Debi Simon, Sequoia, St. Mary, Saint Francis; Roselli Tria, Saint Mary's Regional Medical Center, Reno; Susan Vickers, SF Corporate Office.*



# EARTHCARE

CHW's Ecology Bulletin

FALL 2008

EARTHCARE is a 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. [www.CHWHealth.org/About\\_Us/Community\\_Health](http://www.CHWHealth.org/About_Us/Community_Health)



## MEDSHARE INTERNATIONAL

Did you know that U.S. hospitals discard over 5,000 tons of waste every day? Much of the surplus is opened, but unused medical supplies. Often times, this surplus is put into landfills or incinerated. Lack of medical supplies and equipment is a major global healthcare problem. The mission of MedShare International is to bridge the gap between our surplus and the need to improve healthcare around the world. This organization provides supplies to underserved healthcare institutions in the U.S. and 74 countries throughout the world.

CHW has joined MedShare in its mission. In September, MedShare began collecting useable surplus medical supplies and equipment from Sequoia Hospital, St. Joseph's, Stockton and Dominican Hospital. These items are taken to their recycling and distribution center in San Leandro, CA where volunteers from the community weigh, track, sort, label and prepare the materials for shipment. From there the donated product will be shipped to healthcare communities in economically developing countries that have little or no medical resources.

Medical teams and local clinics can also visit the San Leandro facility and be provisioned with needed supplies for their mission abroad or their local communities. MedShare tracks the measurable environmental impact for each hospital. To date, they have diverted 1 million cubic feet from the landfills.

Chuck Haupt, Executive Director of the Western Region recently returned from a mission to Lesotho, Africa. He reports that MRSA is rampant and that their #1 request is for sheets.

Realizing the vast amount of material being thrown away, Chuck added "there's a sense of urgency involved here. I want to get started at the 'speed of love'". Given that CHW has a similar mission, our partnership with MedShare is perfect to positively impact the lives of the underserved in our local communities throughout the world and to promote the overall health of our community.



## FOOD FOR THOUGHT

The CHW Food & Nutrition (F&N) Departments continue to source, produce and serve healthy food that is fresh, supports a sustainable agriculture system and follows the guidelines of CHW F&N Food Vision statement. The F&N Council goal for FY09 is to have all CHW Food & Nutrition departments complete the Green Guide for Food Service self certification assessment by June 2009. This project will provide the council with excellent information on programs, products and services in place within CHW sites that support our Food Vision statement. On October 23rd, Healthcare Without Harm hosted a conference call with the F&N Managers to introduce and review the self assessment tool. The call was attended by 30 facilities within CHW. As we move forward with the assessment, information will be shared throughout the system. It is exciting to see how many programs are currently in place within our Food Service Departments. Promoting healthy eating options as well as supporting a sustainable agriculture system are becoming routine protocols for our facilities.

## SPOTLIGHT ON ECO-CHAMPION



**Ron Sanchez, Sequoia Hospital, Redwood City, CA**

Ron Sanchez joined Sequoia Hospital in 2005 when recycling was in its early stages and not capturing all that it could. As the Director of Environmental Services, Ron wanted to increase the amount being recycled. With over 20 years of waste experience, Ron put together an innovative new recycling program and now, just three years later, Sequoia recycles 48% of all waste. As a result of Ron's efforts, Sequoia Hospital was recently inducted into the Practice Greenhealth *Environmental Leadership Circle* and Ron was selected for the *Stephanie Davis Waste Reduction Award and Scholarship*.

Going green is often expensive, but Ron has found a way to save Sequoia money and increase how much waste is recycled. Ron finds organizations which will take Sequoia's waste for free. For example, Sequoia used to pay \$5000 a quarter for battery recycling until Ron found JKL Recycling which will take the batteries at no charge. Even better, some of Sequoia's waste items such as metal, aluminum and copper, are now being sold to recycling plants, creating a positive cash flow. One day, Ron would like to hire a full time employee to run the green program, whose paycheck would be the result of money saved and earned through recycling.

Ron's most successful program to date is in the cafeteria. By replacing one 40-yard container with a 20-yard container and four additional 5-yard containers marked aluminum, glass, plastic, and cardboard, up to 50% of waste is now recycled. The idea behind all Ron's systems is that they must be easy to use.

Ron's short-term goal is to recycle 80% of Sequoia's waste and his five year goal is to be at zero waste. Ron presented his green initiatives at the "Green Guide for Healthcare" conference in San Antonio, Texas on September 9, 2008. Thank you, Ron!

## TURN OFF THE KEY--BE IDLE FREE



The *Turn Off the Key – Be Idle Free* movement is taking hold in cities in the United States and Canada who are recognizing the potential health risk around the schoolyard due to idling cars. Many drivers and parents keep their engines running when dropping off or picking up their kids from school. There are a number of problems associated with idling vehicles. We breathe the contaminated air. The tailpipe exhaust contains

more than forty hazardous air pollutants like nitrogen oxides (NOx) and carbon monoxide (CO). Children are more susceptible to health risks from breathing exhaust in part because their lungs are still developing. It's expensive. In addition, idling wastes fuel and damages vehicle engines, produces greenhouse gas emissions which contributes to pollution and climate change.

Our lifestyles are having a major impact on the environment. We must reduce our greenhouse gas (GHG) emissions. We can start by changing our attitudes and behaviors now. Let's pledge to turn off our engines when standing still for more than 10 seconds. Ask family and friends to stop idling so we can all breathe easier. *Remember, idling gets you nowhere.*

For more information go to:

<http://www.edf.org/page.cfm?tagID=22292>



## PLASTICS

Have you ever wondered what the numbers inside the "chasing arrows" mean? This system is called the SPI (Society of Plastics Industry) Material Container Code. The numbers identify the resin used in manufacturing the plastic material. The codes are:

- 1 – polyethylene terephthalate (PETE)
- 2 – high density polyethylene (HDPE)
- 3 – polyvinyl chloride (PVC or vinyl)
- 4 – low density polyethylene (LDPE)
- 5 – polypropylene (PP)
- 6 – polystyrene (PS)
- 7 – other.

The overwhelming majority of plastic packaging is made with one of the resins identified in codes 1 to 6. The use of code 7 indicates that the product is made with a resin other than the six listed above, or is made of more than one resin used in combination. This voluntary system was developed by the Society of Plastics Industry twenty years ago to assist in plastics recycling. In general, it seems that a number 1 or a number 2 symbol is the lowest common denominator when it comes to recycling. Most every recycling program can handle items with those codes. Check your local municipality for items numbered 3 through 7. For more details, go to:

<http://www.plasticsindustry.org/AboutPlastics/content.cfm?ItemNumber=825&navItemNumber=1124>

*The bulletin was created by a subcommittee of Ecocontacts: Pat Burdullis, Supply Chain, Phoenix; Milissa Chanice, St. Joseph's Phoenix; John Kendle, St. Joseph's Stockton; Mary Ellen Leciejewski, Dominican; Debi Simon, Sequoia, St. Mary, Saint Francis; Roselli Tria, Saint Mary's Regional Medical Center, Reno; 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.*

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

- |                               |                               |
|-------------------------------|-------------------------------|
| • Vending                     | • Food Waste                  |
| • Dairy Purchasing            | • Dishware                    |
| • Catering                    | • Produce                     |
| • Education and Communication | • Meat and Poultry Purchasing |
| • Model Programs              | • 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.

## Energy Use

We are engaged in a variety of energy and water conservation programs aimed at reducing consumption thereby decreasing our carbon footprint. While making strides in reducing energy and water consumption, 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 current regulatory requirements. CHW is actively involved in systemwide capital and operational energy retrofit programs aimed at reducing current energy and water consumption, shifting electric loads to off peak periods, and 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 in addition to designing new campuses and major building additions to be more energy efficient. Identified conservation projects are expected to decrease electric consumption by 69M kWh (17%), natural gas consumption by 137K MMBtu (9%), and water consumption by 19M gallons as compared to our 2001 baseline. These programs will significantly reduce “greenhouse gases” through improved energy efficiency and further demonstrate CHW’s commitment to environmental stewardship.

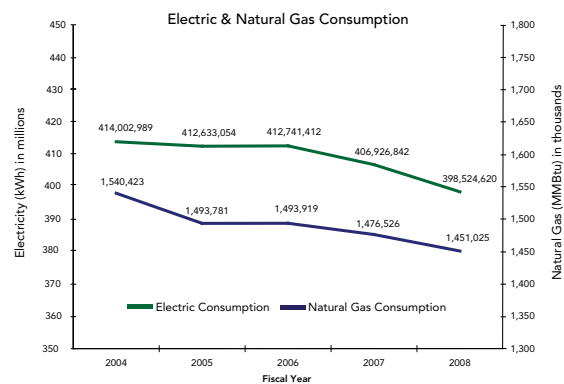
Traditional energy and/or water conservation projects have been completed at St. Joseph’s Hospital and Medical Center, Phoenix; St. Mary Medical Center, Long Beach; St. Mary Medical Center, San Francisco; Bakersfield Memorial Hospital, Bakersfield; Mercy Southwest Hospital, Bakersfield; Mercy General Hospital, Sacramento; an assisted care building in Sacramento; and two medical office buildings. Additionally, we have twelve operational energy efficiency programs in place and four additional programs being reviewed for implementation. Operational energy programs are tailored toward increasing energy efficiency through improved control of energy consumption. Operational energy projects typically require limited capital dollars and involve operational changes of existing equipment including: enhanced control through building automation systems, improved control and distribution of heating, ventilation, and air conditioning, improvements to steam distribution system and steam traps, and staging of equipment to decrease electric demand and increase serviceable life of equipment.

Cogeneration plants to produce electricity and cap-

ture 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 Medical Center, San Francisco; St. Joseph’s Hospital, Stockton; Mercy Southwest Hospital, Bakersfield; and Bakersfield Memorial Hospital, Bakersfield. Construction is nearing completion at an additional natural gas driven cogeneration plant at St. Bernardine Medical Center, San Bernardino and is expected to be operational October 2008. In September 2007, we completed our first renewable generation project at Marian Medical Center in Santa Maria. This generation equipment is fueled using methane from a nearby landfill. Prior to starting the generation plant, methane gas was being flared at the local landfill, its heat content being lost and its carbon emissions entering the atmosphere.

The following graph trends our electrical and natural gas consumption for the past five years. Consumption numbers have been normalized for weather conditions using heating and cooling degree days and adjusted due to changes in square footage resulting from recent acquisitions and dispositions in addition to campus expansion projects.

Electric consumption has decreased from FY 2007 to FY 2008 by 2.0% and natural gas consumption has decreased by 1.7% during same period.



## 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 GHG 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 2006 Global Warming legislation, AB 32. The Registry assists companies with calculating, reporting, and certifying emissions and ultimately reducing the level of GHGs 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 <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 follows:

- ❖ 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 was successful in having all our facilities report greenhouse gas emissions

attributed to carbon dioxide using 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 and again in calendar year 2007, 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

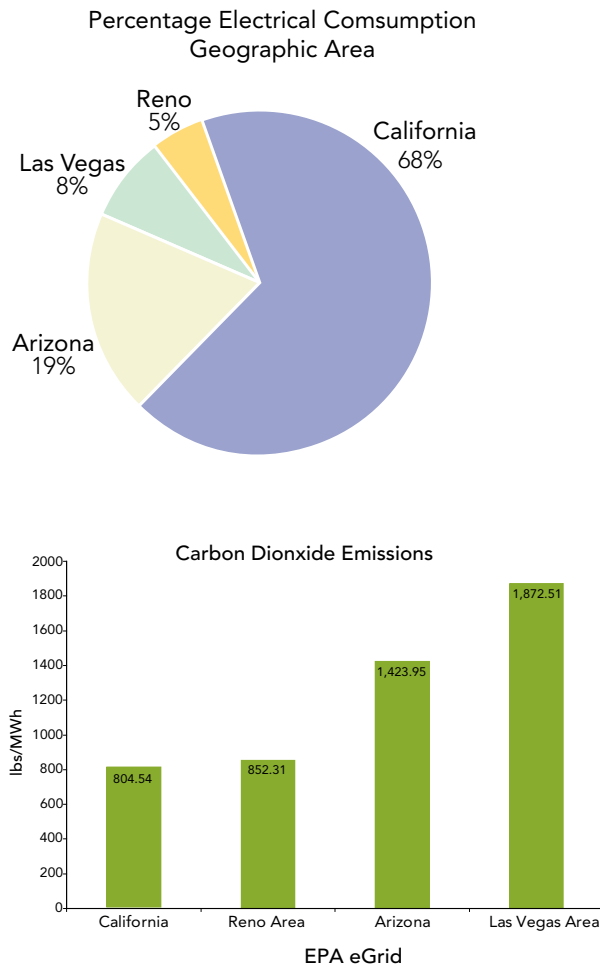
Unfortunately, due to some reporting errors and missing data, we **have not yet succeeded in having our data verified by a third party certifier**. This year we will take the following steps to become certified:

- ❖ Facilities will have all data for electric, natural gas, fuel oil, automobile gasoline, propane, and cogeneration output and collected and sent to Corporate Real Estate (CRE) by March 31, 2009.
- ❖ CRE will review all data and follow up with site specific questions by April 30, 2009.
- ❖ Site specific questions will be accurately responded to no later than May 30, 2009
- ❖ Data will be uploaded into CARROT by CRE no later than June 15, 2009
- ❖ Certifier will have access to electronic data in CARROT and hardcopy invoices by June 30, 2009
- ❖ Certification will occur no later than September 20, 2009.

Once certified, data will be publicly reported and goals will be set for reducing green house gases in coming years. Even though we have not yet achieved certification, in the interest of open disclosure the following two charts provide our best information on our current energy use and green house gas emissions statistics. It is interesting to note that the vast majority of our GHG emissions come from our Nevada and Arizona facilities, even though these facilities make up only a small percentage of our system. Power plants in these two states are much more

heavily reliant on coal, which is significantly dirtier than the natural gas predominantly used in California's power plants.

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 Green Guide for Health Care™ and various guidelines contained in CHW's Project Delivery Model.



## Water Use

We have continued our request that all facilities report on the amount of water used at their facilities. While this data has been surprisingly difficult to capture (some facilities are not even metered by their providers), 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 2008 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 normalized for patient loads, we are early in understanding our water usage profiles. We continue to evaluate 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 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 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.

## Sustainable Design

Recognizing the relationship between 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 consider the life-cycle impacts of our design and construction standards, selection of materials and equipment and maintenance practices.

We incorporate, where environmentally and economically feasible, natural and renewable energy flows. Additionally, CHW requires 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 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) continues to utilize the Green Guide for Health Care™ (GGHC) as part of 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.

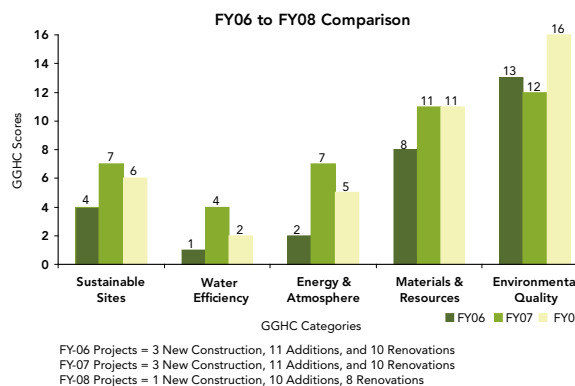
Green Guide for Health Care™ provides the health care sector with a voluntary, self-certifying metric toolkit of best practices that designers, owners, and operators can use to guide and evaluate their progress towards high performance healing environments. ([www.gghc.org](http://www.gghc.org))

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 2008 Corporate Real Estate Design & Construction Projects

GGHC score sheets were completed on 19 FY 2008 capital construction projects. The GGHC score sheet is utilized by the project design team to document the goals for the project and is updated periodically throughout the planning and design phases. Total Construction Opportunity points from the GGHC score sheet are 96 points. Our FY 2008 projects ranged between 21 and 54 construction points with a system average of 40 points.

The chart represents a comparison of scores in the GGHC key elements from FY 2006 to FY 2008. Integrated Design is not shown on the chart as the two items in this element are considered required. GGHC has an additional element called Innovation in Design where a total of 4 points can be achieved for exceptional performance above the GGHC goals or for items not addressed by the GGHC. During FY 2008, seven of the 19 projects scored one point in Innovation in Design.

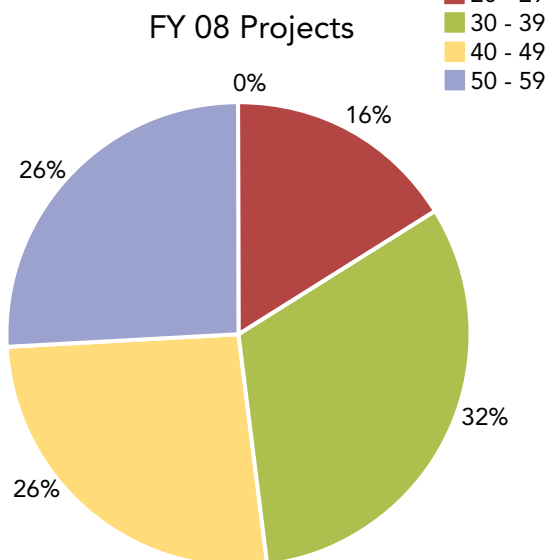
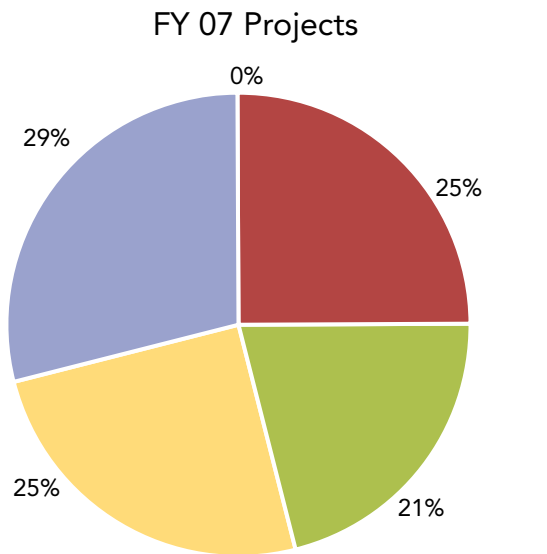


Between FY2007 and FY 2008 we noticed the following variations:

- ❖ The system average score increased by 3 points;
- ❖ 16% of the projects scored in the 20 to 29 point range versus 25% in FY 2007, meaning a higher percentage of projects are scoring in the larger point ranges;
- ❖ 32% of the projects scored in the 30 to 39 point range versus 21% in FY 2007.

The table and pie charts represent the difference between the FY 2007 GGHC score results and the FY 2008 results.

Score Range	FY07		FY08	
	# of Projects	%	# of Projects	%
10 - 19	0	0%	0	0%
20 - 29	6	25%	3	16%
30 - 39	5	21%	6	32%
40 - 49	6	25%	5	26%
50 - 59	7	29%	5	26%
<b>Total</b>	<b>24</b>	<b>100%</b>	<b>19</b>	<b>100%</b>



Part of the review of our sustainable design program in FY 2008 was to analyze how we can institute ways to measure and document the tangible effects of this program. CRE has implemented a Design Guidelines database, which includes the sustainable design

elements that should be incorporated into capital construction projects. A metric has been established for each element. Starting in FY 2009, each project will be able to document within the database the individual items that will be included in that project. This will allow us to measure what sustainable design elements are being integrated into the capital construction projects and how effective the program is overall.

In FY 2008 we began documenting the efforts of recycling construction materials from projects under construction. This falls under the category of Construction Waste Management in the Materials and Resources element of the GGHC. Portions of materials such as concrete, metal, wood, paper and cardboard, wallboard, and drywall that can be recycled are diverted from the landfill. CRE will continue to support construction materials recycling throughout all projects that are under construction and will continue to document the progress.

### Future Opportunities

The CRE department continues to analyze Sustainable Design and the GGHC program. GGHC has been working with the USGBC on establishing the LEED for Healthcare program. We will analyze LEED for Healthcare in FY 2009 in conjunction with our current sustainable design efforts.

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.

### Non Hazardous Waste

CHW has generated 15.8 pounds of non-hazardous waste and 1.4 pounds of medical waste for a total of 17.2 pounds of total waste per adjusted patient day (#/apd) that is disposed of via landfill. This represents an increase from previous years, where we had achieved our goal of 15 #/apd. It is an 8% 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 infrastructure our California facilities have. That being said, Saint Mary’s Regional Medical Center in Reno, Nevada, did achieve waste volumes much closer to our 15#/apd than any of the other Nevada and Arizona facilities. This gives us hope that improvements can be made in the other non-California facilities. In addition to those facilities discussed above, Bakersfield Memorial produced a disproportionate amount of waste.

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 large facilities to bring their waste numbers in line with other CHW facilities and our goals.

Year	Total Land Filled Waste (lbs/adjusted patient days)	% 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%
2008	17.2	8%

Besides the land filled waste discussed above, the two other main components of our waste stream are hazardous waste and recycled materials. The table shows the total (non-normalized) amount of waste we generate and how those wastes are distributed.

Currently about 26% of our total waste stream is recycled. These percentages are consistent with previous year’s data.

Waste Type	Waste Volume (lbs)	% of Waste Stream
Solid Waste	44,600,000	68%
Medical Waste	3,800,000	6%
Hazardous Waste	63,000	<1%
Recycled Waste	17,000,000	26%
Total	65,463,000	100%

In order to reduce waste to the landfill, several of our facilities, including Marian 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. As discussed elsewhere in this report, many facilities also use MedShare, a third party organization that specializes in moving excess medical equipment to third world countries for reuse.

### Reusable Sharps Containers

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. We are also investigating a similar type of container for disposing of pharmaceutical wastes.

#### Operating Room Liquid Waste Management

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, known as 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.

#### Home Generated Sharps and Pharmaceutical Wastes

As of September 1, 2008, the California legislature made it illegal to dispose of home generated sharps in the trash, though in doing so they failed to provide people with practical disposal alternatives. It is still legal, though not advisable, for home-generated pharmaceuticals to be disposed of in the trash or down the drain. Though we are not required to do so, many CHW facilities now 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.

#### Chemical Waste Reduction

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.

#### Chemical Storage

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.

#### Universal Wastes

Batteries and fluorescent tubes are known in California as "Universal Waste", and are a subset of hazardous waste. These wastes are banned from landfill 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.

### Pharmaceutical Waste Disposal

CHW facilities, as required by law, have specific protocols for disposing of pharmaceutical wastes that are created in the facilities. These protocols ensure that excess and expired drugs are properly sorted, cannot fall into unauthorized hands, and are properly disposed of.

### Mercury Elimination

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 man-

agement 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 purchase the most environmentally sound and energy efficient products available, 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.

Quick Stats on E-Waste	FY 2006	FY 2007	FY 2008
Total Assets Dispositioned	8,694 IT Assets	7,955 IT Assets	11,700 IT Assets
Lbs of Landfill Avoidance	203,851.15 lbs	211,173.63 lbs	282,512.75 lbs
<ul style="list-style-type: none"> <li>• Recycled into raw components for reuse</li> <li>• Remarketed</li> </ul>	<ul style="list-style-type: none"> <li>• 142,922.61 lbs</li> <li>• 60,928.54 lbs</li> </ul>	<ul style="list-style-type: none"> <li>• 115,170.19 lbs</li> <li>• 95,797.63 lbs</li> </ul>	<ul style="list-style-type: none"> <li>• 178,687.60 lbs</li> <li>• 103,825.15 lbs</li> </ul>
Computers Dispositioned	1,784 Computers	1,409 Computers	1,943 Computers
<ul style="list-style-type: none"> <li>• Remarketed</li> <li>• Recycled</li> </ul>	<ul style="list-style-type: none"> <li>• 835 Computers</li> <li>• 949 Computers</li> </ul>	<ul style="list-style-type: none"> <li>• 792 Computers</li> <li>• 617 Computers</li> </ul>	<ul style="list-style-type: none"> <li>• 818 Computers</li> <li>• 1,125 Computers</li> </ul>
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.	St. Joseph's Medical Center, Stockton: 21,333 lbs.
Hospital that has processed the most assets	St. Joseph Medical Center, Stockton: 1,647 IT Assets	California Hospital Medical Center: 631 IT Assets	Mercy San Juan, Sacramento: 1,044 IT Assets
Location that has contributed the most to landfill avoidance:		Phoenix Business Service Center: 18,289 lbs.	Phoenix Business Service Center: 20,451 lbs.
Location that has processed the most assets		Phoenix Business Service Center: 906	Phoenix Business Service Center: 1,587

## Sample Waste Management Practices

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> <li>• Sponsors a Franciscan Store that offers used items for reuse to employees and volunteers. This past year, the store gave 2,906 items for reuse.</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>• An OR nurse collects the kitchen's empty plastic strawberry baskets which are reused as containers for other fruits and vegetables at her sister's local produce stand.</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 to departments with excess items can publicize this and departments looking for items can review prior to purchasing new.</li> <li>• Eliminated water bottles at all meetings and encouraging use of tap water in the cafe;</li> <li>• Installed energy efficient hand blowers in restrooms to reduce paper towel use;</li> <li>• Transitioning from wipes to hands-free, alcohol-based cleansing product in automatically activated, dispensers.</li> </ul>
Saint Mary's Regional Medical Center, Reno, NV	<ul style="list-style-type: none"> <li>• Implemented paper, plastics, and aluminum recycling in the Medical Center and in 6 community locations;</li> <li>• Increased the amount of wood pallets recycled by recycling special-size pallets;</li> <li>• Sterile processing conversion to using hard cases instead of disposable wraps for surgical instruments;</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 community shuttle program.</li> <li>• Reduced bottled water usage and provided reusable mugs to employees</li> <li>• Support active bicycle club to reduce air pollution.</li> </ul>
California Hospital Medical Center, Los Angeles	<ul style="list-style-type: none"> <li>• Established contract with company to refurbish or reconstruct old furniture for reuse</li> </ul>
Community Hospital of San Bernardino	<ul style="list-style-type: none"> <li>• Eliminated bottled water purchases</li> <li>• Switched to non-toxic cleaning products</li> </ul>
Glendale Memorial Hospital, Glendale, CA	<ul style="list-style-type: none"> <li>• Uses recycled water to operate the hospital's cooling towers.</li> </ul>

<p>Mercy Medical Center Mt. Shasta, Mt. Shasta, CA</p>	<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>
<p>Arroyo Grande Community Hospital, Arroyo Grande, CA</p>	<ul style="list-style-type: none"> <li>Donated inserts from x-ray films given to the schools in the area for art projects</li> <li>Eliminating Styrofoam from the cafeteria</li> <li>Eliminated bottled water from meetings</li> </ul>
<p>Mercy &amp; Mercy Southwest Hospitals, Bakersfield, CA</p>	<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>
<p>St. Mary's Medical Center, San Francisco, CA</p>	<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>Eliminated use of water bottles at meetings.</li> </ul>
<p>Mercy Medical Center Redding, Redding, CA</p>	<ul style="list-style-type: none"> <li>Reuses plants in landscaping that need to be moved by re-planting them in another part of the landscape.</li> <li>Donates furniture and other reusable items to staff to take home instead of sending to the landfill.</li> <li>Saves packaging materials and re-uses it when sending items out. Wood pallets are often set out for staff to take home and use.</li> <li>Implemented the use of biodegradable patient belongings bags.</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 old toner cartridges, recycles them and in return receives monetary compensation.</li> </ul>
<p>St. Elizabeth Community Hospital, Red Bluff, CA</p>	<ul style="list-style-type: none"> <li>Eliminated sale of plastic water and soda bottles (estimated 22,500 bottles eliminated)</li> <li>Conducted e-waste event for employees and the community.</li> <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>
<p>Sequoia Hospital, Redwood City, CA</p>	<ul style="list-style-type: none"> <li>Commenced Green Waste recycling.</li> <li>Eliminated ETO sterilizer unit.</li> <li>Commenced blue wrap recycling with a company, which will make new pallets from the material.</li> </ul>

Woodland Healthcare, Woodland, CA	<ul style="list-style-type: none"> <li>• Donated surplus medical equipment and supplies for use overseas.</li> <li>• Eliminated use of bottled water in meetings</li> <li>• Began using recyclable utensils at café.</li> </ul>
St. Bernadine Medical Center, San Bernardino, CA	<ul style="list-style-type: none"> <li>• Construction contracts require that as much material is recycled as possible.</li> <li>• Our pharmacy works with vendors that provide reusable delivery containers, and these containers are sent back to the company for reuse.</li> <li>• Worked with our local community to donate excess inventory. 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 & Mercy Gilbert Medical Center, Gilbert, AZ	<ul style="list-style-type: none"> <li>• Assisted local Police and Fire Departments with disposal of their hazardous waste, and participated on citywide Hazardous Waste Committee.</li> <li>• Partnered with Arizona Retarded Citizens to develop plastic, aluminum, and glass recycling program</li> <li>• Implemented reusable cups for all employees</li> </ul>
French Hospital Medical Center, San Luis Obispo, CA	<ul style="list-style-type: none"> <li>• Donated Cath Lab to a teaching hospital in Peru; Used hospital beds were also transferred for reuse rather than disposal;</li> <li>• Recycled 2400 tons of asphalt from parking lot repavement project.</li> </ul>
St. Joseph's Medical Center, Stockton, CA	<ul style="list-style-type: none"> <li>• Working with AquaRecycling on the possibility of installing a Water Reclamation System that would reclaim 80% of our wastewater from our laundry services. We anticipate reclaiming 600,000 gallons/month.</li> <li>• Commenced worm composting</li> <li>• Implemented reusable pharmaceutical containers</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>• Purchased a large worm bin for composting which will be able to accept 200 to 300 pounds of food waste per week. The vermicompost will be used to amend and nourish our garden beds.</li> <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>

## Ecology

During FY 2008, CHW successfully collaborated with leading California environmental organizations to support the passage of legislation that would ban phthalates (chemicals that make plastic soft) from children's products. Following this victory, two bills were introduced in the 2008 legislative session that would give California authority to monitor the use of chemicals in everyday products, create a public online database of information on these chemicals, and also design a process to evaluate and, if necessary, regulate chemicals of concern in consumer products. Leading environmental and advocacy organizations have come to rely on CHW's leadership to advance a comprehensive chemical policy solution.

CHW recognizes that the entire chemicals management system in this country is broken and in need of massive overhaul. While CHW is supportive of state's incremental efforts to eliminate toxic chemicals from consumer products, CHW wholeheartedly endorsed the launching of the first-in-the-nation Green Chemistry Initiative. Led by the California Department of Toxic Substances Control, the Initiative is a state-wide effort designed to lead a broad public process to gather ideas that could fill information and safety gaps about chemicals, develop overall policy goals and identify and recommend policy options. CHW provided a legitimate voice in the debate, raising awareness about the issue both from a provider and also business perspective, encouraging the state to lead the nation in the development and implementation of a comprehensive chemical policy.

In FY 2008, CHW received numerous requests to present at national conferences, state forums, and industry seminars to share with various providers, environmental groups, vendors, and key decision makers across the health care supply chain about CHW's commitment on sustainability and efforts to advance eco-justice.

As co-founding member of the Global Health and Safety Initiative, a newly formed organization committed to building a social movement within health-care to improve patient safety, workplace safety, and environmental safety and sustainability, CHW also led efforts to develop and build consensus on chemicals, climate/energy, and food policies. CHW was actively involved with the Business NGO Working Group for Safer Chemicals and Sustainable Materials, furthering a new type of collaboration that brings business and environmental organizations together

to advance policy initiatives that accelerate the development and use of safer chemicals and sustainable materials while supporting the transition to a safer, healthy economy.

## Access to Care/Health Care System Reform

The need for comprehensive health care system reform has never been more critical. While there exist various reasons why the health care system is broken, the facts remain—the uninsured population and the cost of healthcare continue to increase. According to current estimates, 47 million people in America are without basic health care coverage. Many millions more are underinsured and struggling with rising premium costs. CHW believes health care is a basic human right and a social value that should be considered an essential building block for a just and free society. Guided by CHW's Health Care Reform Principles ([http://www.chwhealth.org/Who\\_We\\_Are/Advocacy](http://www.chwhealth.org/Who_We_Are/Advocacy)), CHW is positioned to advance reform efforts, and to protect and expand access under the current system.

Both at the national and state levels, CHW led efforts to expand and broaden the base of support for health care system reform and greater health care access. As member of the Herndon Alliance (HA), a partnership of 85 organizations strong, CHW supported the development of various health care reform proposals and messaging tools, as well as implemented strategies that focus the health reform debate. HA helped to inform Presidential campaign efforts by disseminating and assisting in the use of its research, findings, communication resources, and health narratives.

Federal health reform efforts continue through the Partnership for Quality Care (PQC), a program established by CHW in conjunction with the Service Employee International Union (SEIU) and Kaiser Permanente. PQC hosted a conference in Washington, D.C. that explored the importance of improving chronic disease management if reform is to be successful. This was the first time that CHW has been a primary sponsor of a Washington, D.C. policy conference. The goal of the conference was to demonstrate how better chronic disease care could increase quality and reduce costs for the 20% of all patients who account for 70% of all health care expenses.

To advance CHW's commitment to health reform, CHW coordinated and hosted a Congressional briefing on the second annual CHW Health Security

Index (HSI). The HSI is a composite measure of the level of concern and vulnerability the American public expresses in their ability to manage their health and to access and afford quality health services. Moreover, CHW hosted its first national health reform policy summit in San Francisco. The Health Care Leadership Summit hosted a gathering of national health thought leaders and explored the role of “compassion” in the national reform debate.

Against enormous odds, Governor Arnold Schwarzenegger and Assembly Speaker Fabian Nunez promoted the passage of California’s health reform legislation. Along with the Governor’s Office, Legislative leadership and the hospital community, CHW played a major roll to move the reform measure forward. CHW led the hospital community in supporting the hospital provider fee, a key provision that generated new sources of funds to support expansion of access, which kept the reform legislation viable. CHW also facilitated hospital and legislative negotiations on balance billing and cost and quality transparency measures. Finally, CHW participated in the broadest coalition of effected parties, Together for Health Care, which included hospital, physician, insurance, business, and labor and consumer groups. Though the bill failed passage, the legislation and rich debate have established a clearer path toward reform.

CHW’s involvement in Healthy San Francisco (HSF) remained the centerpiece of CHW’s local relationship and service building activity. HSF continues to receive national recognition as a successful initiative to promote universal access. As of July 2008, HSF had enrolled over 18,000 members and anticipated enrollment growing. CHW continues to co-lead the HSF community advisory committee providing program oversight and comment.

### Quality of Care and Patient Safety

Providing the best possible care in a healing, safe, and compassionate environment is a commitment CHW hospitals make to the communities they serve. In recent years, the quality of care provided to patients in hospitals has been an increasing area of focus in the political and community arenas. Policymakers are calling for greater transparency and information about hospital pricing and performance. While there is no general agreement regarding the value of sharing information that is useful to consumers, much of the policy debate focuses on providing appropri-

ate pricing information and fair and valuable quality data to the public. CHW hospitals participate in a variety of quality improvement programs – all aimed at supporting evidence-based, consensus-based and statistically valid measures, to increase patient safety, provide appropriate clinical care and explore new advances in medicine and medical technology. As CHW advocates for a transformed health care system, it is also committed to efforts aimed at addressing health disparities, infection control, as well as preventive and palliative care.

In CHW’s national efforts to promote culturally and linguistically competent services, CHW successfully advocated for action on H.R. 3014, the Health Equity and Accountability Act of 2007. As members of a broad-based national coalition, CHW urged Congress to have a hearing on health disparities, which was held by the House Ways and Means Committee.

At the state level, CHW worked in Arizona for the passage of a new infection reporting legislation that will establish an advisory board in lieu of creating a new public reporting process. Also in Arizona, CHW successfully advocated for a measure that enhances emergency medical services and protocols.

In California, CHW advocated for a bill that allows California to make advances in health information technology by conforming state law to federal regulations. Moreover, CHW, along with the hospital community, supported efforts to harmonize new legislation with existing infection control initiatives and participated in the development of new requirements on hospitals relating to screening, control, tracking and reporting of hospital acquired infections (HAI). CHW also mobilized its grassroots network on three end-of-life care bills under consideration by the California Legislature, supporting two of the three measures that advance quality of care and palliative care efforts.

In Nevada, CHW received a Silver Anvil Award of Excellence from the Public Relations Society of America for an advocacy/public relations campaign focused on increasing caregiver communication and patient satisfaction in a CHW emergency room. CHW also partnered with the Nevada office of Health and Human Services on a demonstration project designed to implement health information technology standards among hospitals and physician offices with the final goal of creating a national network where patient records can be accessed no matter where the patient travels.

## Social Justice

As CHW's mission focuses on a commitment to delivering compassionate, high quality, affordable health care, it also calls for serving and advocating for those who are poor, vulnerable, and disenfranchised. The organization's core values of dignity and justice compel CHW to pay particular attention to those most in need and to recognize the interdependence of all things. CHW is committed to furthering the healing ministry within the walls of its hospitals and in the communities it serves.

CHW held this commitment by partnering with others in the community to improve the quality of life. CHW signed on as partner of Catholic Charities U.S.A.'s Campaign to Reduce Poverty, raising awareness to serve those who are poor, and to improve public policies, including access to health care that strengthen and support families. CHW worked to address obesity and poor nutrition, homelessness, housing and care for mental health patients, living and sustainability issues. CHW also sponsored the California Pan Ethnic Health Network's statewide conference, "Voices for Change: Advocacy Solutions for a Healthy California."

CHW has participated in numerous activities and initiatives to advance the CHW Corporate Members' Principles on Immigration Reform. Though no major legislation was introduced to advance comprehensive reform at the national level, CHW worked to promote legal and fair immigration that allows workers and their families to enter the country. At the state level, CHW advocated against proposed California state budget cuts that would negatively impact immigrant communities and their health; participated with various groups in Arizona to monitor and help shape revisions to the Legal Arizona Workers Act which imposes criminal sanctions for business that hire undocumented immigrants. CHW continues to advocate for the rights of immigrants, and a comprehensive approach to addressing the failing immigration system.

## Workforce

CHW caregivers are front line ambassadors of CHW's commitment to the communities we serve. However, current workforce trends challenge CHW's mission. Severe workforce shortages, particularly in nursing, the allied fields, pharmacy, and in primary care physicians, have had an impact on hospital operations. In addition, hospitals are faced with insurmountable

numbers of regulations requiring nurse-patient ratios and rest period rules. CHW is committed to supporting a diverse workforce with the tools and resources they need and to recruit staff to provide high-quality, medically-appropriate, compassionate care.

To address these issues, CHW embarked on several partnerships within the industry to find solutions. For example, CHW participated in the California Hospital Association (CHA)'s Workforce Committee to collaborate with others to find ways to address workforce shortages. Representatives from CHW Office of Public Policy and Advocacy, as well as Human Resources, were part of this committee. The Workforce Committee developed legislative recommendations to mitigate shortages and facilitated cross-industry partnerships with other healthcare providers and education representatives to find innovative ways to train a diverse allied and pharmacy workforce.

CHW had legislative victories in the passage of two bills that were enacted into law. One measure specifies admission criteria for competitive registered nursing programs in California Community Colleges, and the other clarifies and makes adjustments to two state nurse student loan programs.

In addition, CHW worked with industry partners to address "meals and breaks" issue by working through CHA in a business roundtable coalition that stood united in seeking clarification and an overall fix. Unfortunately, the measure was held in the Senate. However, because of the coalition's work with Legislators, no other industry-specific fixes were passed. Through cross functional and industry partnerships, CHW is positioned to meet workforce needs and address critical workforce issues.

## Access to Health Care

The faith community continues 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 asking companies to endorse principles for health system reform developed by the Institute of Medicine, an arm of the National Academy of Science, was filed at 36 companies. The principles stipulate that health insurance should be universal, continuous, affordable to individuals and families, and affordable and sustainable for society. Shareholders offered the proposal in an effort to draw the nation's largest corporations deeper into a debate over the future of health care, fast emerging as one of the most important issues in domestic policy. The Securities and Exchange Commission, shifting its long held position that health care proposals relate to the company's ordinary business and need not be included in the proxy, told companies they must allow shareholders to vote on a proposal for universal health insurance coverage. CHW engaged with 8 companies who agreed to develop and/or adopt principles for health system reform similar to those of the Institute of Medicine.

## Toxics in Products and Packaging

In the wake of high profile toy and pet food recalls and growing public concern about chemicals in baby bottles, cosmetics, and other products, a record 21 resolutions on toxic chemicals and product safety were introduced by corporate shareholders during the 2008 proxy season. This compares to just 13 such resolutions in 2007 and 12 in 2006. The 2008 toxic chemicals/product safety resolutions addressed numerous chemicals of concern, including polyvinyl chloride (PVC) packaging and products, nanomaterials and other chemicals in cosmetics, PFOA used in manufacture of nonstick pans and other products, brominated flame retardants, and pesticides. Over half of the 2008 resolutions, including a proposal

at **JCPenney** that CHW co-sponsored with Domini Social Investments, were withdrawn as a result of cooperation by companies who reported actions taken or planned, provided other information, or agreed to other actions outlined by concerned shareholders. CHW's proposal at **Kroger** received 38% shareholder support.

## Disclosure of Corporate Political Contributions

Shareholders seeking more oversight of corporate political giving filed proposals at multiple 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.

In response to CHW's proposal, **General Motors** has developed a political contributions disclosure and accountability policy that includes board oversight and reporting including disclosure of trade association dues used for lobbying activities. Over 14% of GM shareholders supported the proposal. A similar proposal at **Wyeth**, led by the Adrian Dominican Sisters, received over 27% shareholder support. Given the positive responses of over 50 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 to promote diversity in the workplace, **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.” **Wyndham** has 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.

### 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 limit financing for coal-burning projects. CHW cofiled a proposal at **Exxon Mobil** asking the company to set targets for reductions in greenhouse gas emissions. The proposal received 30% support, including that of CalPERS and members of the Rockefeller family. A similar proposal at **Chevron** received 14% support. A proposal at **KB Homes** was withdrawn when the company agreed to institute and disclose energy efficiency initiatives. A proposal at **Citigroup** called on the company to declare a moratorium on financing coal exploration and production projects, especially those employing mountain top removal technologies. Slightly more than 3% of shareholders (the amount necessary for the proposal to be returned to the proxy next year) supported the proposal.

Ecology Activities	
Facility	Community Ecology Activity
Mercy & Mercy South-west Hospitals, Bakersfield, CA	<ul style="list-style-type: none"> <li>• Conducted quarterly E-waste disposal events for staff.</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> <li>• Maintained membership on the Keep Bakersfield Beautiful (KBB) Recycling Sub-Committee.</li> </ul>
Mercy San Juan Medical Center, Carmichael, CA	<ul style="list-style-type: none"> <li>• Collected home-generated sharps</li> <li>• Provided incentives for Van Pooling.</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>• Supported local Farmer’s market program.</li> <li>• Donated 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. Glendale Memorial now employs one of the individuals, hired by City Community Services.</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> <li>• Collected home generated sharps</li> <li>• Assisted local police with disposal of hazardous waste</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> <li>• Participated in PG&amp;E power curtailment program and Spare the Air Program.</li> </ul>

<p>Mercy Medical Center Redding, CA</p>	<ul style="list-style-type: none"> <li>• Partner in the Healthy Shasta. Included are efforts aimed at helping to create safe routes for bicyclists and pedestrians; connectivity within cities and neighborhoods whereby community design would support healthy and active lifestyles;</li> <li>• Conducted annual “Brown Bag Program”, to collect brown paper bags for re-use by the Shasta Senior Nutrition Program. They use the bags to deliver food community members.</li> <li>• Sponsored “Market fest”, a community summertime out-of-doors gathering of fun, food and music weekly in downtown Redding.</li> <li>• Adopted a local Middle School.</li> <li>• Sponsored a “Fun Run” to raise funds to create a new park.</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>
<p>St. Elizabeth Community Hospital, Red Bluff, CA</p>	<ul style="list-style-type: none"> <li>• Sponsored a community-wide Health Faire, Earth Day recognition event, and anti-smoking events.</li> <li>• Handed out reusable Chico bags to reduce the use of plastic bags.</li> <li>• Initiated a collection of eyeglasses and books for donation to local charities and to our troops in Iraq.</li> <li>• Collected home-generated sharps.</li> <li>• Sponsored a thermometer exchange to remove mercury from the community.</li> </ul>
<p>Sequoia Hospital, Red- wood City, CA</p>	<ul style="list-style-type: none"> <li>• Conducted Health and Wellness Classes.</li> <li>• Held regular neighborhood meetings.</li> <li>• Limited vendor delivery hours to reduce noise in the community.</li> <li>• Participated in Chamber of Commerce</li> <li>• Held an Earth Day Fair and Earth Garden</li> </ul>
<p>Mercy Medical Center Mt. Shasta, Mt. Shasta, CA</p>	<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> <li>• Sponsored weight loss challenge for employees.</li> </ul>
<p>St. Joseph’s Medical Center Stockton</p>	<ul style="list-style-type: none"> <li>• Implemented home generated sharps collection program</li> <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>

Community Hospital of San Bernardino, CA	<ul style="list-style-type: none"> <li>• Collected gently used household items, non-perishable food items and clothing to be re-distributed through Catholic Charities.</li> <li>• Formed an employee cycling club that advocates on behalf of the sport of bicycle riding for purposes of reducing air pollution, and promoting physical fitness.</li> </ul>
St. Bernardine Medical Center	<ul style="list-style-type: none"> <li>• Held a community mercury thermometer exchange.</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>• Sponsored Master Gardeners organic growing seminar</li> <li>• Conducted Smoking Cessation programs and Health Fair conducted</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>• Working with Traffic Solutions of Santa Barbara County, the hospital has begun a program to reduce the number of vehicles on the road in the day-to-day commute to work. Each employee who uses an alternative commuting method receives \$2.00 per day.</li> <li>• Held an environmental fair entitled, “Turn Over a New Leaf – Partners for the Environment Fair” for all associated with Marian. The fair had various environmental exhibits.</li> <li>• Marian is a co-sponsor of the Green Gardener Program, a ten week training session for landscapers/gardeners covering topics on soils, mulch, composting, Integrated Pest Management, pruning, efficient irrigation practices and more;</li> <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>• Adopted a local Park.</li> <li>• Sponsored a free distribution of energy saving Compact Fluorescent Lights (CFLs).</li> </ul>
Woodland Healthcare, Woodland, CA	<ul style="list-style-type: none"> <li>• Donated excess medical equipment</li> <li>• Held Annual Wellness Fair</li> <li>• Implemented carpooling incentive programs</li> <li>• Accepted home generated sharps</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>• Provided free disposal of sharps, toner cartridges, batteries, and expired pharmaceuticals for the community.</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 Alerts from the hospital flagpole.</li> <li>• Working with Urban Tree Association.</li> <li>• Assisted the public in securing appropriate containment and disposal of home-generated medical waste through the Merced County Environmental Health Program.</li> <li>• Adopted patient care bags that are reusable and biodegradable</li> <li>• Collected cell phones for reuse by seniors</li> </ul>
Mark Twain St. Joseph's Hospital, San Andreas, CA	<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>
St. Mary Medical Center, Long Beach, CA	<ul style="list-style-type: none"> <li>• Assisted in community Graffiti removal program</li> <li>• Allowed charitable organizations to collect recyclables</li> <li>• Donated used supplies to non-profit schools</li> <li>• Participated in Earth day and recycle Long Beach.</li> </ul>
French Hospital Medical Center, San Luis Obispo, CA	<ul style="list-style-type: none"> <li>• Sponsored Earth Day events and Rideshare programs.</li> <li>• Created the interior of the Hearst Cancer Resource Center with environmentally and patient friendly materials, such as cork flooring, a conference table made from bamboo strands, glass tiles made from recycled glass that can be recycled again and window coverings that allow light in and block out heat and glare</li> </ul>
Arroyo Grande Community Hospital, Arroyo Grande, CA	<ul style="list-style-type: none"> <li>• Sponsored Earth Day event focused on bicycle safety and plastic bag elimination</li> <li>• Educated employees on 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> <li>• Developed community drop off for eyeglasses and cell phones for reuse in the community.</li> </ul>
Mercy Hospital of Folsom	<ul style="list-style-type: none"> <li>• Sponsored Family Wellness fair and participated in Intel's Family Day</li> <li>• Sponsored 26th Annual Nature Run.</li> <li>• Donated 400 bowls to Loaves and Fishes.</li> </ul>
Dominican Hospital Santa Cruz, CA	<ul style="list-style-type: none"> <li>• Participated in beach clean-up day</li> <li>• Integrated local Downs Syndrome students into organic garden activities</li> </ul>

<p>Saint Mary's Regional Medical Center, Reno, NV</p>	<ul style="list-style-type: none"> <li>• Developed a Community-based program to reduce the use of tobacco and the exposure to second hand smoke. The program trains medical and dental professionals on the need to and methods how they can encourage patients to attempt tobacco cessation.</li> <li>• Provided 3000 enrollees in nutrition program with certified farmer's market coupons. This entitles the enrollees with no cost access to locally grown produce at two community farmers' markets as part of their food supplement program.</li> </ul>
<p>Numerous Facilities</p>	<ul style="list-style-type: none"> <li>• Purchased locally grown produce</li> <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>