

An Enduring Mission



SOCIAL RESPONSIBILITY REPORT

FISCAL YEAR 2010

This page left intentionally blank.

FY 2010 SOCIAL RESPONSIBILITY REPORT

TABLE OF CONTENTS

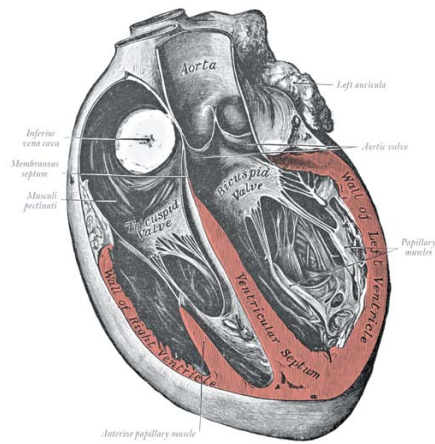
A MESSAGE FROM CHW PRESIDENT/CEO LLOYD H. DEAN	1
CATHOLIC HEALTHCARE WEST PROFILE	2
REPORTING	4
GOVERNANCE AND MANAGEMENT	5
OUR PATIENTS	7
OUR PEOPLE	11
OUR PURCHASES	15
OUR BUILDINGS	19
OUR WASTE	22
COMMUNITY ENGAGEMENT	26

Note

This report was created to be read on-line. Detailed analysis follows page 27; electronic links are provided within the text, as well as navigation back to the core document.

Fig. 12:

H E A R T



Shouldn't America come up with a health care system that has one?

If you believe, as we do, that health care is a basic human right, then universal health care is a must. It'll take the best minds from many fields to make it a reality, but it's imperative that we do so. A system that guarantees access to medical care will make our country stronger. And a system founded on compassion will make our country better. Join the conversation on how best to put the "care" back in health care at blog.chwHEALTH.org.



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 compel us to address the underlying causes of disease, including social and environmental dangers.

The past year has been one of challenge and opportunity for CHW and for our nation. We enthusiastically engaged in the national debate on health system reform and applauded passage of the Patient Protection and Affordable Care Act as a significant step toward universal access to health care in our country. Included in this report are three advertisements we placed in major publications to spark thought and dialogue.

We developed a strategic, operational and financial plan, Horizon 2020, which serves as a roadmap that will help us fulfill our mission over the next ten years and a framework for service area planning in anticipation of the changing environment in health care.

Thanks to the faith, hard work and dedication of all members of the CHW family, CHW remains in a strong position to deliver on its mission. Through a combination of careful planning, long-term focus and efficient operations, we have avoided broad workforce reductions. Even as we worked to restrain costs and preserve our capital, we honored our commitments to our communities by completing key projects, among them new hospital towers at Mercy San Juan Medical Center in Carmichael, St. Joseph's Medical Center in Stockton, and the new Mercy Medical Center Merced.

During FY 2010 we continued to serve a growing number of patients across our system while improving the quality of the care we provide and increasing the levels of satisfaction our patients report with the care they receive. We are especially proud of our sepsis prevention program that has saved 800 lives and reduced costs by \$21 million over two years. We provided \$1.3 billion in charity care, community benefits, and unreimbursed patient care. In addition, we have approved over \$51.7 million in below market rate interest loans 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.

- ❖ Our disease prevention programs focused on populations with disproportionate unmet health related needs are helping persons with chronic conditions avoid hospitalizations.
- ❖ In FY 2010 we reduced our waste generation to 16.0-pounds/adjusted patient day, still shy of 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, but a 14% decrease from our baseline year 2000 numbers, and a 3% improvement over last year.
- ❖ We recognize the public health impacts of climate change and advocate for legislation to address it. We are committed to assessing, publicly reporting, and setting goals to reduce our own greenhouse gas emissions. 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 40 facilities serving communities in California, Arizona and Nevada. Our mission, vision and values drive our commitment to social and environmental responsibility. For CHW sustainability includes providing excellent care in a manner that optimizes patient outcomes, enhances patient and employee safety and minimizes environmental impact. Following is a description of our profile and our strategic, operational and financial plan, Horizon 2020, which serves as a roadmap that will help us fulfill our mission over the next ten years and as a framework for service area planning.

OUR MISSION

Why We Exist

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

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

OUR VALUES

What We Believe In

- ❖ Dignity
- ❖ Collaboration
- ❖ Justice
- ❖ Excellence
- ❖ Stewardship

OUR VISION

What We Aspire To Be

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

OUR ASPIRATIONAL GOALS

How We Maintain Focus

Deliver the right care at the right place, cost, and time for every patient	Measurement: CHW will achieve top decile quality performance at all care sites
Become America’s best health system at which to work	Measurement: CHW is recognized nationally and locally as the best place to work and practice
Become the healthcare system most valued nationally as a leader, partner, and successful model of reform	Measurement: CHW will triple the size of the organization and individuals served as measured by a tripling of net revenue

STRATEGIES

How We Will Extend Our Mission, Live Out Our Values, and Realize Our Vision

- ❖ Quality: Implement changes and initiatives necessary to raise CHW’s clinical quality, patient safety, and service measures to top decile performance nationally
- ❖ Cost: Implement changes in CHW’s clinical and administrative processes that lower CHW’s costs below Medicare reimbursement levels
- ❖ Growth: Grow our healing ministry by expanding access and market share within existing service areas, entering new service areas, and significantly expanding our community based wellness, ambulatory, and non-acute services
- ❖ Integration: Offer patients the full spectrum of care, from prevention to post acute, through the development of health plan capacity, new partnerships, greater physician alignment, and Accountable Care Organizations. Through clinical integration, build new partnerships among physicians and our hospital systems, improve our outcomes on hospital pay for performance measures, and establish a competitive advantage across our service areas

- ❖ **Connectivity:** Develop industry-leading levels of electronic connectivity with and between our physicians, nurses and patients to achieve superior service experiences, higher quality outcomes, and more efficient care delivery and management
- ❖ **Leadership:** Strengthen CHW as an organization through new investments in employees and physicians, a more active role in advocacy and public policy, continued development of a culture of innovation and collaboration, and a greater role for foundations in raising community funds to help build and maintain the programs, structures and systems necessary to maintain healthy communities

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

For a listing and map of CHW facilities [click here](#) or turn to page 69.

CHW STATISTICS	2005	2006	2007	2008	2009	2010
Assets	\$7.2 b	\$8.6 b	\$10.5 b	\$10.9 b	\$11.1b	\$11.8b
Net Operating Revenue Annualized	\$6.0 b	\$6.7 b	\$7.5 b	\$8.4 b	\$9.0b	\$9.4b
Net Income Annualized	\$348m	\$438m	\$891 m	\$170 m	(\$126 m)	\$485 m
Number of Acute Care Facilities	40	41	41	41	41	40
Acute Care Beds	6,782	6,860	8,539	8,660	8,800	8,800
Skilled Nursing Beds	1,061	906	982	955	900	900
Physicians	7,617	7,817	9,688	9,754	9,800	10,000
Employees	37,105	37,284	42,845	44,851	54,000	55,000
% Workforce Unionized	56%	57%	56%	57%	58%	58%
Acute Patient Care Days	1.7 m	1.7 m	1.7 m	1.8 m	1.8m	1.8m
Community Benefits & Care of the Poor*	\$623m	\$803m	\$922m	\$967m	\$1.2 b	\$1.3 b

* 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](http://www.chwhealth.org/CHW_Information/Financial_Information/index.htm) or go to http://www.chwhealth.org/CHW_Information/Financial_Information/index.htm



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 fourteenth annual report, for fiscal year July 1, 2009 to June 30, 2010, demonstrates our efforts to implement meaningful programs and recognizes our opportunities for improvement. This report represents our seventh 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.

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. Click on the following or turn to page 28 for more information.

- ❖ [Ceres Stakeholder Team Review](#)


- ❖ [Health, Safety and Environmental Audits](#)
- ❖ [CHW Risk Services Audits](#)
- ❖ [Hazardous Waste Audits](#)

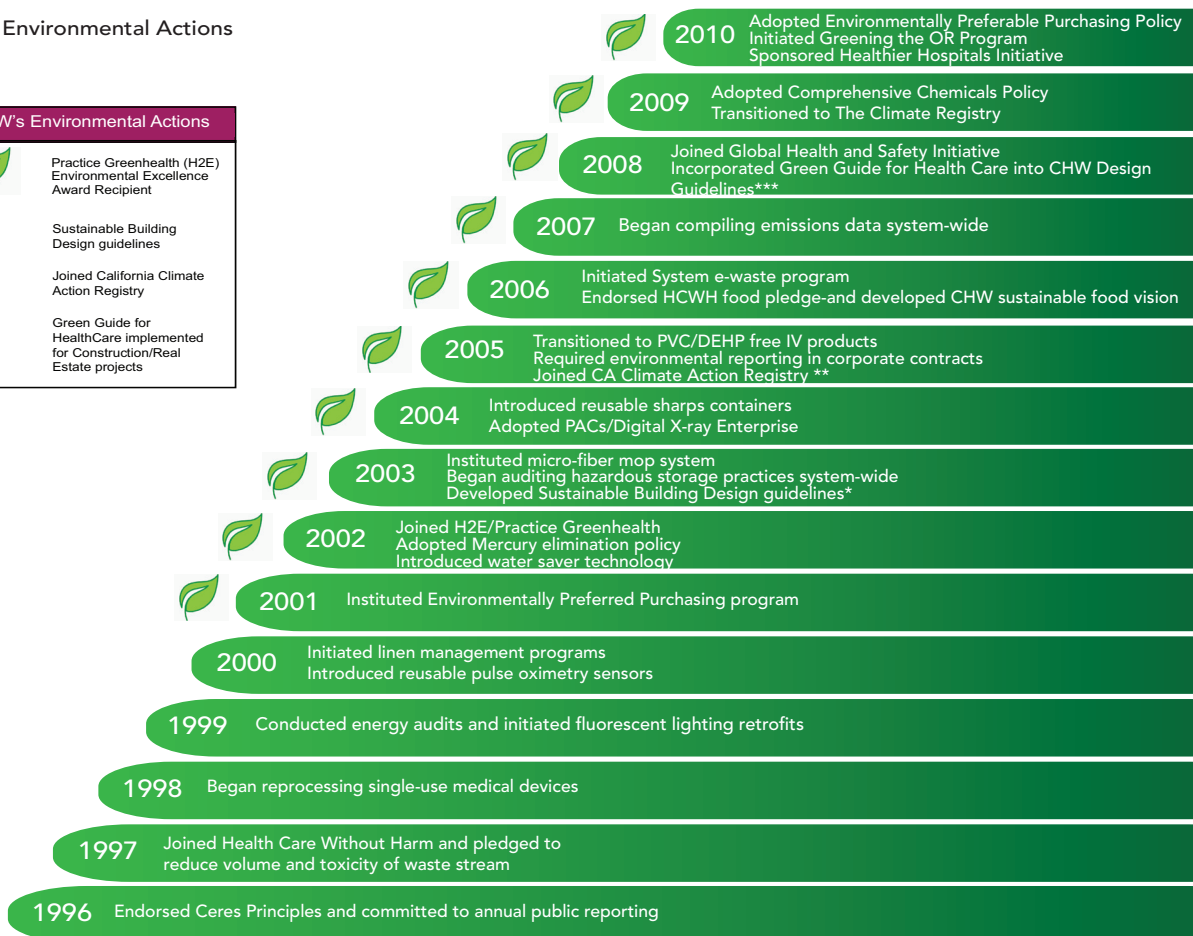
Following is a discussion of each of the indicators we believe is relevant and material to our organization, including past commitments, current status, and goals for the future. In addition to assessing patient care and employee safety initiatives, these indicators assess the impacts of what we purchase,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

Contact

Sister Susan Vickers, RSM is CHW's Vice President for Community Health and the system-wide point of contact for our sustainability report. Sister Susan can be reached at 415.438.5511 or susan.vickers@chw.edu. More information on CHW can be found at www.chwHEALTH.org.

Our Environmental Actions

CHW's Environmental Actions	
	Practice Greenhealth (H2E) Environmental Excellence Award Recipient
*	Sustainable Building Design guidelines
**	Joined California Climate Action Registry
***	Green Guide for HealthCare implemented for Construction/Real Estate projects



GOVERNANCE AND MANAGEMENT

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.

Governance Structure

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

The Corporate Members, representing each of the Sponsoring Congregations, in conjunction with the Board of Directors and management, safeguard the legacy and traditions of all hospitals operated by CHW. The Corporate Members appoint the CHW President/CEO upon recommendation of the Board.

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

The Executive Management Team (EMT) 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:

Learn more about CHW's Corporate Members, Board of Directors and Executive Management at www.chwhealth.org/who we are.

Management Structure

Currently 12 individuals comprise the Executive Management Team; each team member leads a particular function ranging from mission and values integration and care management to information technology and finance. Hospital presidents (service area leaders) are accountable to designated EMT members for hospital operations and strategic

planning. An Executive Council is comprised of individuals with content expertise in a range of areas vital to the organization's success.

Governance and Management Practice

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 goals cited in the *Our Patients* and *Our People* sections of this report have been explicitly approved by the Board. In addition the Board has set goals for finance and community benefit. Other goals included in this report were developed by particular departments engaged in the work. In 1996 the board initiated CHW's commitment to ecology through its endorsement of the Ceres Principles for Environmental Responsibility.

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

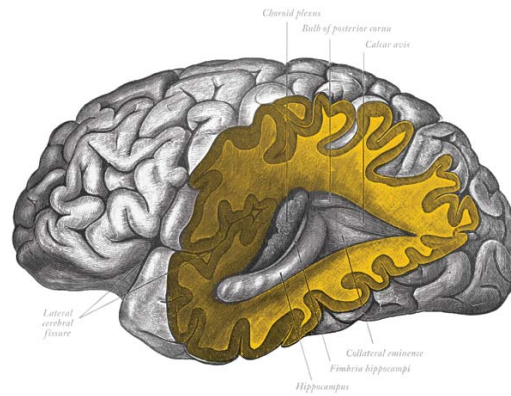
CHW regularly provides ethics and justice education for its employees and governance members and maintains a comprehensive compliance program.

Click on the following or turn to page 30 for more information on CHW's Governance and Management Practice:

- ❖ [Standards for Mission Integration](#)
- ❖ [Organizational Structure for Ecology](#)
- ❖ [Environmental Principles and Policies](#)
- ❖ [Precautionary Approach](#)
- ❖ [Employee Involvement](#)
- ❖ [FY 2010 Environmental Awards](#)

Fig. 3:

B R A I N



Shouldn't we all be using it to find ways to lower health care costs?

Every day, the world of medicine makes advances in healing the sick. But what good are those breakthroughs if people can't afford to take advantage of them? At CHW, we're making steps in the right direction: we offer one of the country's most generous financial assistance policies, and we subsidize free clinics. We also work to head off illness through innovative outreach programs on preventive care. We believe everyone has a right to health care. Today, that's just an idea. If we put our heads together, it could become a reality. Let's share our thinking at blog.chwHEALTH.org.



OUR PATIENTS

Goals	Baseline	FY 2010 Target/Actual	FY 2011 Target
<u>Excellent Care</u> Continuously improve patient care outcomes	Achieved 93% compliance in all publicly reported HQA measures in FY 2008	Target: Achieve >95% compliance in all publicly reported measures Actual: Achieved 96% compliance	Target: Achieve 96% compliance in all publicly reported measures
<u>Excellent Care</u> Reduce 30-day, all cause (except scheduled re admissions) Medicare readmission rate for patients over 64 with principal diagnosis of AMI, CHF or pneumonia	Calendar Year 2009 16.8% Medicare readmission rate	Target: NA	Target: Reduce 30-day Medicare readmission rate to 15.1%
<u>Palliative Care</u> Continuously improve patient outcomes and patient and family experience with Palliative Care	80% of patients eligible for advance care planning received same, against a target of 70%	Target: Achieve advance care planning for 80% of patients at 85% of hospitals Actual: Achieved advance care planning for 80% of patients at 83% of hospitals	Target: Achieve advance care planning for 90% of patients at 100% of hospitals
<u>Patient Experience</u> Continuously improve patient satisfaction with care in Emergency Dept	Scored at 30th percentile in patient satisfaction with ED Care in FY 2008	Target: Achieve 75th percentile in patient satisfaction with ED care Actual: Achieved 60th percentile	Target: Achieve 75th percentile in patient satisfaction with ED care
<u>Patient Experience</u> Improve percentile ranking for the Discharge Instructions and Communications about Medications components of the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey	Baseline 2010: Medication Composite – 42nd percentile Discharge Composite – 53rd percentile	Target NA	Target Achieve 65th percentile
<u>Patient Safety</u> Continuously improve compliance with National Patient Safety Goals	Baseline: Less than 40% of hospitals achieved 6 or more NPSGs	Target: 70% of hospitals achieve 6 out of 10 NPSGs Actual: 97% of hospitals achieved 6 out of 10 NPSGs	Target: 80% of hospitals achieve 6 out of 10 NPSGs

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. 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 with a combined composite score of 96%.

We are launching an initiative to reduce by 25% the 30-day, all cause (except scheduled readmissions) readmission rate for patients over 64 with principal diagnosis of acute myocardial infarction (AMI), congestive heart failure (CHF) or pneumonia.

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 Experience

Service excellence is another part of the quality equation. Ask any patient about the quality of their healthcare 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. After achieving close to top quartile quality in our inpatient perceptions of care in the last fiscal year, we focused our efforts on our patients who are seen and discharged from our emergency departments. We are very pleased with our improvements in this area in the last year. Performance increased substantially going from the 30th percentile nationally FY2008 to the 60th percentile in FY2009, a level we maintained in FY 2010. This is 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.

Additionally, we are focusing on improving our patients' satisfaction with the instructions they receive regarding follow-up care and the medications prescribed upon their discharge from the hospital. We will use data reported through the HCAHPS Survey developed by the Center for Medicare/Medicaid Services. The [HCAHPS](#) website describes the survey as "...the first national, standardized, publicly reported survey of patients' perspectives of hospital care. HCAHPS (pronounced "H-caps"), also known as the CAHPS® Hospital Survey, is a survey instrument and data collection methodology for measuring patients' perceptions of their hospital experience. While many hospitals have collected information on patient satisfaction for their own internal use, until HCAHPS there was no national standard for

collecting and publicly reporting information about patient experience of care that allowed valid comparisons to be made across hospitals locally, regionally and nationally.

National Patient Safety Goals

The **National Patient Safety Goals (NPSGs)** are ten goals that have been identified by the Joint Commission as essential processes that must occur to assure safer outcomes for patients. The Joint Commission has identified NPSGs based upon information obtained from serious adverse events (“sentinel events”). This national database is then reviewed and analyzed in such a way that causal factors for each event are identified.

The NPSGs are an important component of the Joint Commission survey process at each hospital. While all CHW hospitals have full accreditation from the Joint Commission, a few of the findings from the Joint Commission included noncompliance with the NPSGs. Full compliance with NPSGs means patients are far less likely to experience unintentional harm during their hospitalization. Hospitals have

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

- ❖ Extensive advanced training for managers to sustain safe practices and coach employees on unsafe processes
- ❖ Customized on site consultations from the system office team of experts
- ❖ Sharing of patient stories when NPSGs were not followed

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

Safety Initiatives to Improve Patient Outcomes

The Patient Safety Team in the CHW system office partners with the senior leadership at the hospitals to identify system wide initiatives that mitigate, if not eliminate, unnecessary harm to patients. Following is a list of the system wide initiatives that are being implemented:

Safety Initiatives to Improve Patient Outcomes

Just Culture	Hospital senior leadership, including directors and managers, are in the process of attending training based on the “Just Culture” model of David Marx. The “Just Culture” provides an algorithm on how to manage employees involved in serious adverse events in a fair and just manner. Serious events are often the result of failed systems, not individuals. Currently 45% of the hospitals have fully adopted this model.
Safety Attitude Questionnaire	Employees have been invited to “score” their departments and hospitals in terms of safety and team work by completing a 38 item questionnaire. Hospitals are achieving a 75% participation rate.
Perinatal Safety	The Maternal and Child Services throughout CHW have partnered with their physicians to implement the evidence based practices identified through the Institute for Healthcare Improvement. There are several system wide safety initiatives to assure the best possible outcomes for mothers and newborns.

For CHW sustainability includes providing excellent care in a manner that optimizes patient outcomes...

Sustainability Snapshot:

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* 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. Through the IHI's Surviving Sepsis campaign, for example, we have saved an estimated 800 lives, reduced mortality for severe sepsis by 33 percent, and reduced costs by \$21 million over the last two years.



Sustainability Snapshot:

Healthier Hospitals Initiative

In collaboration with three environmental NGOs (Healthcare Without Harm, Practice Greenhealth and Center for Health Design) and five health systems (Advocate Health Care, HCA, Kaiser Permanente, MedStar Health, and Partners Healthcare), CHW is sponsoring the *Healthier Hospitals Initiative* (HHI) to help speed the healthcare sector toward environmental responsibility. The goal is to provide health benefits to patients, staff and the community by reducing emissions and pollutants that are increasingly linked to chronic diseases .

The HHI agenda, a framework for sustainability in health care, calls on hospitals to:

- ❖ Improve environmental health and patient safety by engaging in environmentally preferred purchasing and building practices.
- ❖ Reduce health care's use of natural resources and generation of waste.
- ❖ Encourage and incorporate sustainability and safety as essential elements in the organization's culture.

By working collectively, the health care sector can leverage its purchasing power to reduce toxic chemicals and get manufacturers and suppliers to respond with safer, cost effective alternatives.

<http://www.youtube.com/watch?v=vY4ohVzrMkg>

OUR PEOPLE

Goals	Baseline	FY 2010 Target/Actual	FY 2011 Target
Increase the number of leadership positions filled with candidates from diverse racial or ethnic backgrounds	>25% positions filled with diverse candidates in FY 2008	Target: 25% positions filled with diverse candidates Actual: 22% positions filled with diverse candidates	Target: 25% positions filled with diverse candidates
Increase the number of leadership positions filled by internal candidates	67% positions filled internally in FY 2008	Target: 70% positions filled internally Actual: 56% positions filled internally	Target: 70% positions filled internally
Reduce overall employee turnover rate FY11 goal focuses on reducing overall employee turnover within the first 12 months of employment	11.99% overall turnover rate in FY 2008	Target: 10% overall turnover rate Actual: 7.9% overall turnover rate	Target: 10% 1 year overall turnover rate
Reduce RN turnover rate	11.86% RN turnover rate in FY 2008	Target: 10% RN turnover rate Actual: 8.4% RN turnover rate	Target: 10.2% RN turnover rate
Promote employee safety by focusing on prevention	1.524 Indemnity Injury rate in FY 2009	Target: 1.397 Indemnity Injury rate Actual: 1.247 Indemnity rate	Target: Indemnity Injury Rate 1.397 system-wide At least 70% of the hospitals that exceed the targeted injury rate shall implement the "Employee Safety Bundle". (See FY 2011 Safety Initiatives)

Employer of Choice

Our employees are the reason our healing ministry continues to succeed. The care and compassion delivered by the more than 54,000 women and men of Catholic Healthcare West have established this organization as among the best in the nation. CHW is committed to providing our employees with the tools and resources they need to grow and to cultivating and promoting a rewarding work environment that encourages career growth, supports continuing education, and promotes a healthy work/life balance.

We strive to be the place where employees choose to come and fulfill their calling.

Through a rigorous focus on establishing and maintaining employment programs and practices that will attract, engage, and retain employees to CHW, during FY 2010 we realized significant improvement in key measures associated with employee turnover, vacancy rates, and retention, exceeding our system targets in each of these areas. Based on our analysis we will refine our focus and during FY 2011 work toward reducing the turnover of employees within the first

year of employment. We will specifically evaluate and modify our selection and on-boarding processes to ensure individuals hired into CHW demonstrate the skills, knowledge and behaviors that are aligned with our core competencies.

A Best Place to Work

In addition to providing employees with competitive wages and employee benefits, performance recognition, and safe and supportive workplaces, we offer career growth opportunities and an open environment where our employees have a voice in contributing to the overall health of their communities.

To ensure we are living up to the commitments we made to our people, we regularly solicit feedback from our employees to learn about their work experiences and how they see our values integrated into their workplace. The results are shared with all employees and used to support our ongoing culture of excellent service. We are pleased to share that in our 2010 year-end survey of almost 40,000 employees throughout CHW, we achieved an 82 percent favorable score indicating they feel they are part of an effective organization. Further, we received 82 percent favorable score to the question “I would recommend CHW to a friend as a good place to work.” Lastly, employees responded with an 82 percent favorable score to the question regarding CHW accomplishing the mission of compassionate healing, advocacy, and building healthier communities.

During the last year several CHW facilities were recognized as a best place to work in their communities, based primarily on employee feedback about their work experience at CHW. Several others received national recognition through Modern Healthcare’s Best Places to Work in Healthcare competition, named as a top 100 healthcare organization in the nation. Because these recognitions are votes of confidence by our employees, they are uniquely valuable. They confirm what we have always known – that Catholic Healthcare West is a special place to work because of the remarkable people who have chosen to be part of our healing ministry.

As our ministry grows to meet the challenges of a changing environment we know that only the quality of care our people provide will see us through. We aspire to be America’s best health system at which to work and practice.

[Click here](#) for more information or turn to page 33.

Workplace Diversity

Catholic Healthcare West (CHW) is an Equal Opportunity Employer. It is the policy of CHW, including its System Offices and all of its facilities to be fair and impartial in all interactions with applicants and employees. At CHW, it is our policy to prohibit discrimination based upon race, color, age, sex, sexual orientation, marital status, ethnic or national origin, disability, veteran status, citizenship status or any other criteria prohibited by law. Specific policies regarding harassment—including sexual harassment—and those addressing the needs of individuals with disabilities, provide critical support to our goals of ensuring equal employment opportunity and providing an optimal work environment for all employees. CHW is committed to providing a work environment that is free from unlawful harassment.

CHW will make a good faith effort to familiarize all employees with these policies and ensure that managers and staff know that any complaint received will be thoroughly investigated and appropriately resolved. We expect each employee and particularly, each employee with supervisory or managerial responsibility, to actively support CHW’s commitment to equal employment opportunity.

As part of the hiring process, CHW will verify each new employee’s identity and authorization to work in the United States as required by law. All offers of employment are conditioned upon receipt of satisfactory evidence of an employee’s identity and legal authorization to work in the United States. It is CHW’s policy to treat all individuals equally during the Form I-9 employment eligibility verification and reverification process.

Through our Fellowship Program and our Internship Program we continue our efforts to increase the representation of minorities in leadership and other critical positions throughout Catholic Healthcare West.

CHW champions the dignity and well-being of all persons without regard to age, gender, sexual orientation, culture, race, ethnicity, economic, immigration or employment status. We believe our patients have a right to considerate, respectful and nondiscriminatory care from doctors, health plan representatives and other health care providers. Patients must not be discriminated against in the marketing, enrollment or delivery of health care services, based on race,

ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation or source of payment.

In addition we continue our activities related to the CHW Qualified Medical Interpreter Program which provides a minimum standard for testing and training for CHW employees who wish to become medical

interpreters. Currently, we have 174 employees that have successfully completed this program and are qualified (28% re-qualified during the past year) to interpret at any CHW facility in high use languages such as Spanish, Russian, Vietnamese, Tagalog, Cantonese, Mandarin or Korean.

Minority Representation	2005	2006	2007	2008	2009	2010
Corporate Board	6	5	5	5	5	5
	40%	31%	31%	26%	26%	28%
Hospital Boards	104	107	136	146	134	143
	23%	23%	30%	39%	44%	44%
Corporate Officers	4	5	5	2	6	7
	50%	56%	56%	40%	60%	63%
Managers	658	508	423	452	472	461
	23%	21%	19%	20%	20%	19%

Advancement of Women

Corporate Board	6	9	9	9	9	9
	40%	56%	56%	47%	47%	50%
Hospital Boards	144	160	166	146	128	134
	32%	34%	37%	39%	41.8%	41.6%
Corporate Officers	3	4	4	4	4	5
	38%	44%	44%	40%	40%	45%
Managers	2029	1584	1451	1521	1541	1607
	71%	68%	67%	66%	65%	65%

“Climate change will be the defining issue for health systems in the 21st century. Health professionals have the knowledge, cultural authority and responsibility to protect health from climate change.”

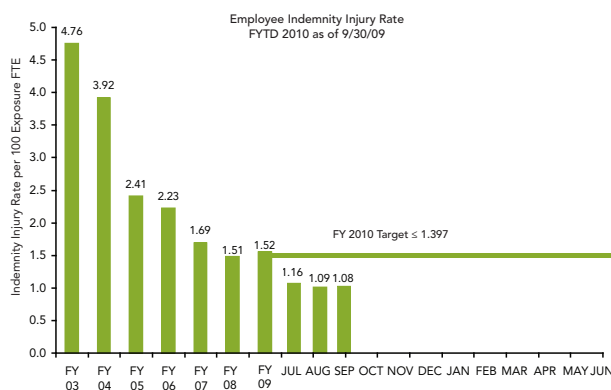
- World Health Organization

Employee Safety FY 2010 Initiatives

Over the past five years, CHW has reduced the number of employee injuries by 50%. In 2005, CHW experienced 2.41 injuries per 100 FTE (Full Time Equivalents). As a result of continued focus on prevention and safety in the workplace, CHW's FY 2010 injury rate was 1.247. The FY 2010 results exceeded the system-wide goal of 1.397 per FTE.

These results were achieved through a targeted approach of working with facilities that had high injury rates. CHW Risk Services worked closely with the ten identified facilities to provide resources to supplement the facilities injury prevention initiatives, provided assistance with improving employee safety and reducing program costs. The ten facilities were selected based on their historical injury rate results or their potential for high frequency of injuries. CHW conducted periodic on-site visits with each hospital in conjunction with injury prevention consultants from CHW's workers' compensation claims administration partner, Sedgwick CMS. These facilities were provided additional training and consulting resources to assist them in providing training and reducing injuries. Five of the targeted facilities that were part of the focused program achieved their facility specific targets and 65% of all facilities showed improvement in their programs.

The following graph shows the eight year trend and FY 2011 as of 11/30/10, for the indemnity rate.



For CHW sustainability includes providing care in a manner that enhances patient and employee safety...

Employee Safety FY 2011 Initiatives

The goals for FY2011 are to continue to focus on improving workplace safety, especially in facilities with higher indemnity injury rates. Indemnity injuries are those injuries where employees take time off work. Hospitals that ended FY2010 with an indemnity rate above the FY2010 "target goal", or rise above that rate in any quarter in FY2011 must implement an "employee safety bundle". The safety bundle consists of two elements: 1) performing an Employee Safety Root Cause Analysis within 45 days of a new indemnity injury; and 2) conducting monthly employee safety "walk arounds".

The Employee Safety Root Cause Analysis requires that each indemnity injury be carefully reviewed by the facility workers' compensation manager and operational management to identify the root cause of the incident. The review must be documented in the claims management system and includes analysis of the issues surrounding the incident on several dimensions, including analysis of human factors and policy/procedures. Action plans are developed based on the analysis as a way of preventing similar incidents from reoccurring. Facilities have found this process to be helpful and the ongoing reduction in injuries supports its value as an injury prevention tool.

The second element of the employee safety bundle that is being implemented in FY 2011 is the management safety "walk rounds". A member of the hospital management team and the workers' compensation manager at the facility perform a monthly review and inspection of the facility to identify employee safety issues and areas of potential improvement. The monthly process is documented and areas of improvement are identified, along with specific follow up items.

[Click here](#) or turn to page 33 for more information on safety initiatives.

OUR PURCHASES

Goals	Baseline	FY 2010 Target/Actual	FY 2011 Target
Increase use of reusable products in CHW facilities through the Ascent Reprocessing System	\$2 million in savings/ 13,635 lbs diverted from waste stream in FY 2008	Target: \$6,000,000/140,000 lbs Actual: \$5.4m/162,000 lbs	Target: \$6.0 million/140,000 lbs annually
Create an environment for patients, employees and visitors free from hazards posed by chemicals	Develop and seek approval for a comprehensive chemicals policy	Target: Policy developed and approved Actual: Policy developed and approved 1/5/2009	Target: Develop and implement strategies and metrics for promoting and using products with environmentally preferable chemicals
Support and promote food systems that are ecologically sound, economically viable and socially responsible	In FY 2008 required that annual Food & Nutrition Council goals will include targets to improve and enhance CHW's environmental/sustainability	Target: Develop 2 Environmental in-service programs for F&N Managers and also provide four education opportunities for the managers to improve knowledge in this area. Actual: Substituted conference calls highlighting environmental sustainability issues for in-service programs	Target: Reduce Styrofoam usage within CHW FS Departments by 20%. Measure progress of this goal by the spend on Styrofoam through US Foodservice (CHW Prime FS Vendor). Current annual spend is \$580,000
Going Green in the Operating Room	Annual Surgical Services Council goals will include environmental goals that decrease waste and support reuse in the operating room	Target: N/A Actual: N/A	Target: Develop & implement environmentally focused goals with metrics in 80% of our facilities by March 2011

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.

Environmentally Preferable Purchasing

CHW has developed an environmentally preferable purchasing policy for the purchase of all goods and services. This policy demonstrates our commitment to purchasing products and services that are inherently safer to human and environmental health and that address environmental impacts throughout their lifecycle.

CHW's environmentally preferable purchasing policy, implemented through its Supply Chain Management department, covers many elements, including evaluation of a product's:

- ❖ Energy and water efficiency
- ❖ Durability
- ❖ Packaging
- ❖ Reusability
- ❖ Manufacturing process (e.g. use of hazardous materials or ozone depleting chemicals)
- ❖ Hazardous/toxic materials
- ❖ Recycling potential/disposal options/recycled content
- ❖ Ergonomics
- ❖ Ease of Maintenance

Members of the Supply Chain Management (SCM) Team carefully select goods and services that reduce the quantity and toxicity of our waste; the team works to find alternatives to products containing such persistent bioaccumulative toxic compounds as Bisphenol-A and halogenated flame retardants.

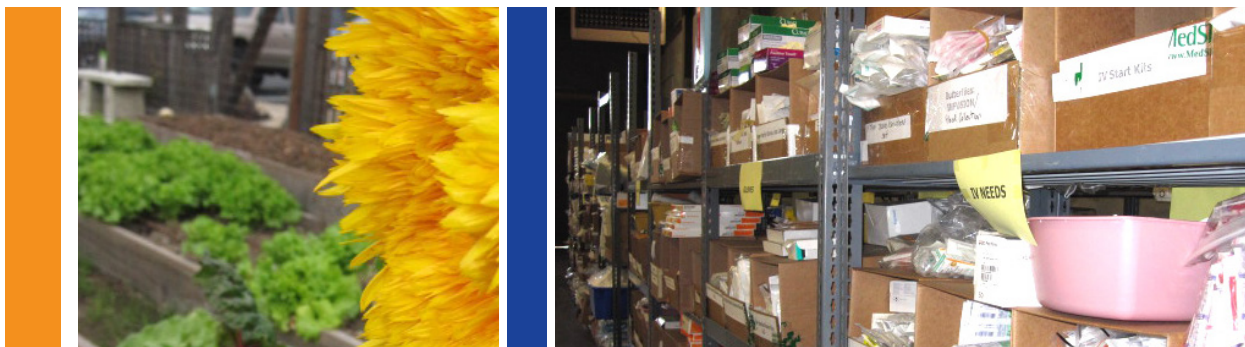
Our purchasing policy pursues several environmental goals. First, we seek to reduce waste at its source by

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.

The Supply Chain Management 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.

Click on the topics below or turn to page 34 to learn more about our purchases.

- ❖ [Pharos Pilot Project](#)
- ❖ [Environmentally Preferable Electronics](#)
- ❖ [PVC/DEHP](#)
- ❖ [Reprocessing Practices](#)
- ❖ [Going Green in the Operating Room](#)
- ❖ [Laboratory Equipment](#)
- ❖ [Reusable Sharps Containers](#)
- ❖ [Food Service](#)
- ❖ [Supplier Diversity](#)



CHW FOOD & NUTRITION SERVICES VISION STATEMENT

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

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

CHW aspires to develop a healthy food system.

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

Together these will promote health and protect quality of life.

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

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

CHW Food & Nutrition Council

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

Sustainability Snapshot:

CHW prepares for the future of patient care with an electronic health record system

CHW is adopting an electronic health record (EHR) system that will improve the way we deliver quality care to our patients and streamline work processes, while continuing to assure patient privacy and confidentiality. This important initiative is called the EHR Alliance, and it encompasses thousands of dedicated physicians, clinicians and other experienced professionals across CHW working together to develop a state-of-the-art EHR that includes clinical and business applications. The EHR will provide a digital health history of patients receiving care at our hospitals. There are many benefits to EHR. Multiple caregivers will be able to share a patient's medical history at the same time, leading to improved communication across channels, decreased redundant charting, and fewer repeated tests and procedures for patients. Additionally, caregivers will receive immediate alerts on patient allergies and medication interactions, increasing overall patient safety and satisfaction. Not to mention, EHR will reduce the usage of paper and printing, and improve our connectivity to physician offices and clinics. The requirement for an EHR was put to the forefront of the national healthcare agenda with the American Recovery and Reinvestment Act (ARRA). Under this act, healthcare providers will receive funding incentives for adoption of an EHR starting in 2011; those who do not adopt an EHR will be penalized after 2015. But ARRA is not the reason CHW began the pursuit of EHR for our patients. The benefits of implementing an EHR align with CHW's Ministry Transformation goals by:

- ❖ Improving patient care and safety -- it will aid in putting CHW in the top quartile for quality and safety
- ❖ Initiating future cost savings, improving revenue capture, and providing data to drive financial success
- ❖ Positioning the organization as an employer of choice with advanced technology -- it will provide our clinicians, staff and physicians with tools they need to do their job effectively.

Developing a system-wide EHR is one of the biggest initiatives ever undertaken by CHW. It is an effort that engages participation from all levels of the organization as it affects teams across our hospitals, physician offices and the communities we serve. This is much more than an information technology project—it is an effort to change the future of our organization and healthcare delivery.



OUR BUILDINGS

Goals	Baseline	FY 2009 Target/Actual	FY 2010 Target/Actual	FY 2011 Target
Assess, reduce, and report greenhouse gas emissions	CY 2007 Greenhouse Gas emissions (Baseline will be adjusted to first year of certified data once available)	Target: Submit and certify 2008 emissions data Actual: Emission data submitted; unable to obtain certification due to data gaps	Target: Submit and certify CY 2009 emissions data Actual: Collected and submitted CY 2009 emission data which is not yet certified	Target: Submit and certify CY 2010 emissions data
Reduce water consumption	TBD	N/A	N/A	Target: Collect, trend, and report water consumption for each hospital
Investigate the Pharos Software application and subscription services	Investigate Pharos software application in FY2010	Target: NA	Target: Determine best use and fit within the design guidelines by 2/1/10 Actual: Investigated Pharos Software and determined that there is not a current fit	Target: Based on Pharos' recent alignment with GreenSpec, reevaluate in FY 2011 to determine if there is a fit within the design guidelines
Promote viable sustainable opportunities in major construction projects	Construction projects completed between FY 2006 through FY 2008	Target: Provide sustainable design report for hospitals completing design development in FY 2009 Actual: Report completed September 2009 and reviewed with team	Target: Provide sustainable design report for hospitals completing design development in FY 2010 Actual: Report completed and reviewed with team	Target: Complete sustainability review and report findings for 100% of major construction projects at design development phase

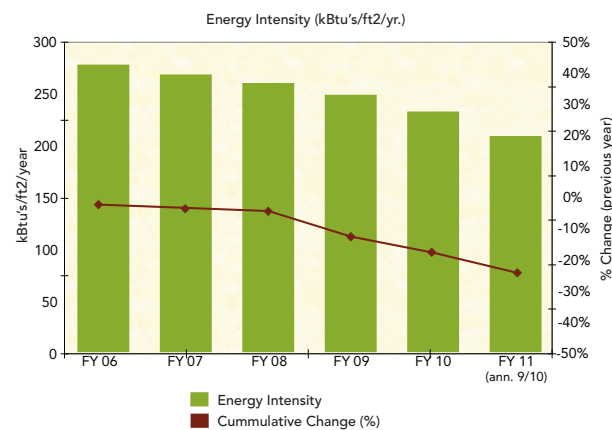
Recognizing the relationship between human health, environmental quality and building related activities, CHW seeks to align building design, operations and construction with our environmental commitment.

Energy Use

Catholic Healthcare West (CHW) is engaged in a variety of energy conservation programs aimed at reducing electric and natural gas consumption and, concurrently, greenhouse gas emissions. These conservation programs have a direct impact on our carbon footprint and demonstrate Catholic Healthcare West's continued commitment to environmental sustainability. Despite continual energy challenges associated with aging equipment, new clinical and informational technology needs, (with higher electrical demands and heat loads), and higher ventilation ratios with current building codes, CHW continues to achieve year over year reductions in energy consumption.

For the past several years, CHW has been tracking electric and natural gas consumption at each hospital, normalizing for climate zone, building type, and clinical service lines. This data is used to compare each hospital's energy intensity in kBtu's per square foot per year to hospital averages within the Commercial Building Energy Consumption survey (CBECS). Comparing each hospital's energy intensity against nationally recognized benchmarks provides an initial indication as to the type of conservation opportunity, approximate size of energy conservation program, and establishes a level of prioritization for each of the conservation programs.

The chart below trends CHW's average energy intensity (kBtu's/ft²/year) over the past five years and projected energy intensity for FY 2011 based on conservation projects underway:



Energy intensity has decreased 7.2% from FY 2009 to FY 2010 for a three year cumulative decrease of 13.2%. Energy conservation and sustainability

projects underway are expected to further decrease energy intensity through FY 2011 and FY 2012. Click on the following or turn to page 37 for more information.

- ❖ [Operational Energy Efficiency Program](#)
- ❖ [Capital Energy Conservation Program](#)
- ❖ [Renewable Energy Program](#)
- ❖ [Tracking Greenhouse Gases](#)
- ❖ [Water Use](#)

Sustainable Design

Recognizing the relationship between human health, environmental quality, and building related activities, the goal of sustainable design guidelines are to maximize opportunities for integrative, cost-effective adoption of green design and construction strategies, emphasizing human health as a fundamental evaluative criterion for building design, construction, and operational strategies. Utilizing innovative approaches and techniques for green design and construction, the design guidelines concentrate on sustainable building and facility actions that are practical and cost-effective during the planning, design and construction of a capital construction project.

System Goals for all Projects

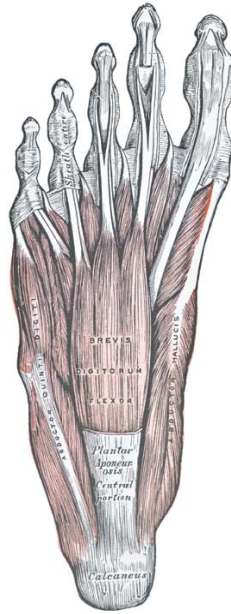
- ❖ Minimize life-cycle costs through resource selection management
- ❖ Reduce resource consumption: energy, water, land, and materials
- ❖ Reduce resource waste: energy, water, and materials
- ❖ Incorporate facility design to limit source and waste reduction.
- ❖ Create a healthy environment for building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

Click on the following topics or turn to page 40 for more information.

- ❖ [Current Procedures](#)
- ❖ [FY 2010 Major Capital Construction Projects](#)
- ❖ [Design Guidelines](#)
- ❖ [Construction Recycling](#)
- ❖ [Future Opportunities](#)

Fig. 9:

F O O T



Can a health care company find ways to tread more lightly on the planet?

Why shouldn't hospitals be doing their part to protect the environment? We think they should. That's why we're implementing changes across our family of hospitals that reduce energy consumption and waste without sacrificing patient care. It's clear that a healthier planet makes for healthier people, and that's our foremost goal, so we'll keep looking for ways to do more when it comes to wasting less. To contribute your own thoughts on how we can collectively put our best foot forward where health care is concerned, visit blog.chwHEALTH.org.

Catholic Healthcare West is California's largest not-for-profit hospital system. We are sponsored by seven congregations of women religious. Our 50,000 employees and 9,500 physicians provide quality health care at 41 hospitals in Arizona, California, and Nevada. chwHEALTH.org



Catholic Healthcare West

OUR WASTE

Goals	Baseline	FY 2009 Target/Actual	FY 2010 Target/Actual	FY 2011 Target
Reduce the volume of our land filled waste stream	Averaged 17.2 pounds/adjusted patient day in FY 2008	Target: 15 lbs/APD Actual: 16.5 lbs/APD	Target: 15 lbs/APD Actual: 16.0 lbs/APD	Target: 15 lbs/APD
Responsibly manage the disposal of e-waste from CHW facilities	62% of facilities compliant with Remedtech contract or other disposal firm with similar environmental credentials	Target: 100% compliance. Actual: 76% compliance	Target: 100% compliance. Actual: 89% compliance	Target: 100% compliance
Store and dispose hazardous waste in an environmentally responsible manner	No significant deficiencies noted in audited facilities	Target: No significant deficiencies at 100% of audited facilities Actual: Target met (13 facilities audited)	Target: No significant deficiencies at 100% of audited facilities Actual: Target met (15 facilities audited)	Successful program is in place. This goal will be deleted from future reports

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 waste, 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 more and more jurisdictions offer C&D recycling services. Building design and lack of space hinders recycling within some of our older campuses.

In FY 2010, CHW generated 14.8 pounds of non-hazardous waste (compared to 15.2 pounds last year) and 1.2 pounds of medical waste (compared to 1.3 pounds last year) for a total of 16.0 pounds of total waste per adjusted patient day (#/apd) that is disposed of via landfill. This represents an increase from our lowest years (2004-2006), where we had achieved our goal

of 15 #/apd. On the plus side, it is a 14% decrease from our baseline year 2000 numbers, and a 3% improvement over last year. We are taking actions to return to our goal of 15#/apd.

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%
2009	16.5	11%
2010	17.2	8%

“We will be known forever by the tracks we leave.”

Dakota Proverb

Waste Type	Waste Volume (lbs) in 2008	Waste Volume (lbs) in 2009	Waste Volume (lbs) in 2010	% of Waste Stream
Solid Waste	44,600,000	43,900,000	42,400,000	67%
Medical Waste	3,800,000	3,500,000	3,500,000	5%
Hazardous Waste	63,000	64,500	129,027	<1%
Recycled Waste	17,000,000	18,300,000	18,800,000	29%
Total	65,463,000	65,764,500	64,800,000	100%

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](#) or turn to page 43.

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.

One facility did receive a “notice to comply” following a recent medical waste inspection. Noncompliant items included:

- ❖ A syringe protruding from a sharps container
- ❖ Several containers lacking proper labeling
- ❖ Storage area not properly locked
- ❖ Pharmaceutical waste not properly segregated from other wastes

All of the deficiencies were corrected at the time of the inspection. A random follow-up inspection to ensure ongoing compliance will be conducted within the year.

For more information on some of our medical waste management techniques click on the following or turn to page 43:

- ❖ [Operating room liquid waste management](#)

Hazardous Waste

Hazardous waste volumes typically average about 3,500 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 seven 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, and some large cleanup projects increased the amount of hazardous waste we generated this past year. Click on the following or turn to page 43 for more information.

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

Sample Waste Management Practices

For examples of waste management practices at our facilities [click here](#) or turn to page 46.

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 waste compliance issues that met the standard for reporting to outside regulators were identified at our facilities this past year.

SUSTAINABILITY SNAPSHOT:

Bridging the Gap Between Surplus and Need

According to Health Care Without Harm, U.S. hospitals discard over 5,000 tons of waste every day. Much of the surplus is opened, but unused medical supplies. Oftentimes, this surplus is put into landfills or incinerated. Lack of medical supplies and equipment is a major global health-care problem. The mission of organizations that CHW works with such as Flying Docs, Med XS, PROJECT C.U.R.E. and MedShare International is to bridge the gap between our surplus and the need to improve healthcare around the world.

One of the organizations that CHW works with PROJECT C.U.R.E (Commission on Urgent Relief & Equipment) has delivered medical relief to needy people in more than 120 countries. Another organization, MedShare International, collects surplus medical supplies and equipment from hospitals, medical distribution companies and individuals, and then redistributes them to qualified healthcare facilities and safety net clinics in the U.S. and over 80 countries throughout the world.

CHW has joined MedShare International in its mission, regularly collecting useable surplus medical supplies and equipment from Sequoia Hospital, St. Joseph's Hospital and Medical Center 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 is 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. Collaborating in this innovative reuse program CHW has given over 40,000 pounds to MedShare to be shared. Donated items include crash carts, hospital beds, stools, defibrillators, shelving, exam tables, gurneys and wheelchairs.

Our work with these organizations and others like them positively impacts the lives of the underserved in our local communities and throughout the world.

*“The deeper we burrow into our soil, the more we renew ourselves...
the more we are local, the more we are likely
to rise to the forefront of the universal.”*

- Pablo Neruda



SUSTAINABILITY SNAPSHOT:

Feeding Neil's Pigs

At Mercy San Juan, the Nutrition and Food Services department is diverting some of its food waste to feed Neil Stuckey's pigs. Neil is a patient transporter at Mercy San Juan. He has a farm in Rio Linda and was looking for a source of healthy and free food for his pigs. The foodservice workers put the fruit and vegetable trimmings into separate garbage bins which they decorated with "pig pictures." Neil picks up these trimmings at the end of his shift. Mercy San Juan started out in September 2010 by saving fruit and vegetable trimmings which amounted to about 60 pounds daily. In December, they expanded their efforts and now save leftover food from their cafeteria and patient trayline, about 180 pounds daily. Neil tells his co-workers that the pigs especially love lasagna, Mexican food and soup, and though Neil mixes all the leftover food with their pig chow, they will root around and eat those favorite items first. The Nutrition staff were fortunate to be able to eat the fruits of their labor at their annual staff holiday party. The management team purchased one of Neil's smaller pigs and had it prepared in a traditional Filipino lujon. They all agreed, that piggy was tasty!

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.

At the local level, each hospital develops and annually updates a [community benefit plan](#) that addresses unmet health priorities identified in collaboration with community stakeholders. The community health priorities are integrated into the hospital's strategic planning and budgeting processes to assure adequate resources are devoted to planning, developing, managing and reporting community benefit initiatives. A multi-disciplinary Ecology Committee at each hospital, in addition to setting annual ecology goals, also identifies opportunities to partner with the community on ecological initiatives.

Systemwide CHW offers the following support and programs. Click on the following or turn to pages 49-60 for more information.

- ❖ CHW's [Office of Public Policy and Advocacy](#) directs and facilitates public policy initiatives.
- ❖ CHW's [shareholder advocacy program](#) addresses a range of issues that affect the broader health of the community.
- ❖ CHW system office plans, develops, coordinates and oversees system [community benefit initiatives](#), and is responsible for educating CHW employees and system/local Board members about community benefit initiatives.
- ❖ CHW's [Community Grants Program](#) encourages and helps sustain partnerships with other non-profit organizations that are working to improve the health status and quality of life of the communities served by CHW hospitals.
- ❖ CHW's [Community Investment Program](#) provides loans at below market rate interest to non-profit organizations committed to increasing access to jobs, housing, education, social services, and healthcare for people in low-income communities.
- ❖ CHW's [Foundation for International Health](#) expands our ministry into international communities.
- ❖ CHW's [ecology initiative](#) assures that we manage our operations in a manner demonstrably protective of human health and Earth, and partner with others in its community to advance a range of ecological priorities.

Sustainability Snapshot

On March 23, 2010 President Barack Obama signed into law the Patient Protection and Affordable Care Act, the culmination of a long, arduous, and successful journey on the road to health care reform in the United States.

For a quarter century, Catholic Healthcare West has been advocating for meaningful reforms to our nation's health system consistent with our mission and values. We are delighted that this new law puts us on a path to provide access to health care to tens of millions of more people and to make that care more affordable for all.

Over the past year, Catholic Healthcare West intensified its efforts to achieve meaningful reform. We worked closely with the Obama Administration and Congress to influence the design of the legislation and publicly voiced our support to keep the reform effort moving forward.

Many of our employees labored long and hard to build support for health care reform. From organizing town hall meetings in local communities, to reaching out to public officials in local districts and in Washington, and to building support among the people and communities we serve, these efforts all mattered and culminated in the shaping of the most dramatic health care reform this country has seen in forty years.



We believe that all creation is God’s gift and that we live on our home,
Earth, with reverence and responsible care.”

-Sisters of Mercy of the Americas

Reporting

Ceres Stakeholder Team Review

Each year we review a draft of this report with a Ceres Stakeholder Team of coalition representatives and peer reporters and make an effort to integrate feedback from the review in the published version. We use additional suggestions as we prepare future reports. The major recommendations from the FY 2009 Report review and our response follow.

FY 2009 Stakeholder Input	FY 2010 CHW Response
Define accountability of board and EMT for sustainability goals	Expanded discussion of governance and management structure and process
Strengthen data collection and verification	Continued efforts to strengthen data collection and verification by contracting with third parties to assist with energy and waste data collection
Expand discussion of health system reform and its implications	Included discussion of CHW's newly adopted strategic plan, Horizon 2020
Use data collection, goals, targets and lessons learned to drive consistent performance across all facilities	Continued efforts to drive consistent performance across all facilities with significant progress in patient care and patient safety measures
Enhance section on diversity and inclusion by including EEO and LGBT policies	Included policy statements

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 system-wide 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

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 Agency (EPA) standards. This assessment consists of a review of the hospital's management plans, policies and procedures, training records, drills and exercises, safety committee activities, performance improvement measures, patient care practices, medical staff functions, human resource activities and a physical inspection of the facility. At the end of the assessment senior leadership, directors, managers, and staff are presented with the findings. Any areas that need improvement, along with areas that are found

to be in non-compliance, are noted. The hospital is requested to design an action plan that specifies the necessary measures to ensure all identified deficiencies are addressed and plans for improvement are developed.

Hazardous Waste Audits

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

- ❖ Materials not properly labeled
- ❖ All required inspections not performed

- ❖ Hazardous waste storage area not properly outfitted or maintained
- ❖ Eye wash stations not inspected regularly

None of the identified deficiencies rose to the level of requiring reporting to regulatory agencies, and all deficiencies were quickly corrected. Thirteen (13) facilities were re-audited in the past year. While this is a program area that requires ongoing vigilance, audit results for the past two years were significantly improved over previous years, with few if any deficiencies noted at the facilities audited. Periodic audits will continue to ensure that no “backsliding” occurs.



Governance & Management

Standards for Mission Integration

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

Organizational Structure for Ecology

Local hospital cross-functional teams, known as Environmental Action Committees (EACs), are responsible for coordinating ecological initiatives and are the cornerstone of our success. Meeting regularly, 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 November 2010, with about 60 attendees.

A system-wide cross functional team was formed in FY 2010 to facilitate discussion of departmental ecology initiatives and to consider possible system-wide goals.

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 system-wide policy is reviewed annually and was last updated in 2010. The CHW board has also issued a mercury elimination policy and a sustainable design policy. A comprehensive chemicals policy was approved in FY 2009 and an environmentally preferable purchasing policy in FY 2010.

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.

“If we have no peace, it is because we have forgotten
that we belong to each other.”

- Edward O. Wilson

Environmental Achievement Awards

Facility	Award	Program Area of Award
Catholic Healthcare West, San Francisco, CA	System for Change Award	The System for Change Award recognizes health systems that are working cohesively to gather data, set system goals, benchmark, and share successes in environmental performance.
Dominican Hospital, Santa Cruz, CA	2010 Practice Greenhealth Environmental Leadership Circle Award	Practice Greenhealth's premier award given annually to facilities that are setting the "industry standard" for environmental programs and policies.
Sequoia Hospital, Redwood City, CA		
St. Joseph's Medical Center, Stockton, CA		
St. Bernardine Medical Center, San Bernardino, CA	2010 Practice Greenhealth Partner for Change with Distinction Award	Practice Greenhealth recognizes healthcare facilities that have achieved improvements in their mercury elimination, waste reduction, and pollution prevention programs beyond the Partner for Change basic criteria. This includes at least a 15% recycling rate, a more extensive sustainability program, and a show of leadership in the local community and/or in the health care sector.
St. John's Regional Medical Center, Oxnard, CA		
Chandler Regional Medical Center, Chandler, AZ	2010 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.
Community Hospital of San Bernardino, CA		
Mercy General Hospital, Sacramento, CA		
Mercy Medical Center, Mt. Shasta, Mt. Shasta, CA		
Northridge Hospital Medical Center, Northridge, CA		

Facility	Award	Program Area of Award
Sierra Nevada Memorial Hospital, Grass Valley, CA St. Rose Dominican Hospitals, Rose de Lima Campus, Henderson, NV St. Rose Dominican Hospitals, San Martin Campus, Las Vegas, NV St. Rose Dominican Hospital, Siena Campus, Henderson, NV	2010 Practice Greenhealth Partner Recognition Award.	Practice Greenhealth's award given to facilities that improve upon their waste reduction and pollution prevention programs.
Dominican Hospital, Santa Cruz, CA St. Joseph's Medical Center, Stockton, CA	2010 Waste Reduction Awards Program (WRAP) from the State of California	Leadership in waste management and recycling
St. Joseph's Hospital and Medical Center, Phoenix, AZ	Ascent Healthy Hospital Award	Ascent Healthcare Solutions award given for outstanding performance in reducing envi- ronmental harm and improving overall hospital quality through medical device remanufacturing and reprocessing.
Mercy/Mercy Southwest, Bakersfield, CA	Department Award For Giving People Purpose	Award given by Bakersfield As- sociation of Retarded Citizens for employing their members to pick up recycling items.

“There can be no purpose more enspiriting than to
begin the age of restoration, reweaving the wondrous diversity
of life that still surrounds us.”

- Edward O. Wilson

Our People

Recognizing Employee Contributions

In recognition of the fact that our successes in 2010 would not be possible without our employees, we continued our practice of sharing the organization's success with those who are responsible for it. In fiscal year 2010, eligible full- and part-time employees not participating in an incentive plan received a cash award to acknowledge their contributions to the ministry. This year CHW gave more than \$10 million in awards to more than 40,000 employees.

Investing in Career Growth

CHW continues its tradition of investing in its employees through tuition reimbursement programs, employer-paid dependent health care coverage, continuing education and in-house education courses and programs. [Click here](#) to learn more.

CHW continued its efforts to build a pipeline and to invest in the next generation of caregivers through promoting and educating students on various health professions, providing a repository for information with links to professional, local, state and federal organizations for the respective health professions, and partnering with local colleges and universities. Through grant funds, scholarships, forgivable loans and internship programs, we are helping to train registered nurses, clinical lab scientists, pharmacists, respiratory therapists, radiology technicians and other critical positions.

In addition CHW continues its partnership in the Joint Employer Education Fund with the Service Employees International Union. This fund supports courses and services such as career counseling, job-to-job training,

and education programs for nurses and other technical or professional staff to move up in their careers.

Preventing Patient Handling Injuries

CHW is dedicated to ongoing efforts to provide a safe and healthy environment for our patients and employees. With patient care workers at risk of injury while performing manual lifting, repositioning and transferring of patients, the implementation of the Safe Patient Handling Program (SPHP) has contributed greatly in reducing the frequency of lifting and physical movement injuries. The Safe Patient Handling Program provides patient lift equipment and devices rather than manually lifting of patients. Since 2005, thirteen facilities have purchased patient lift equipment and have implemented the Safe Patient Handling Program. Risk services will continue to provide resources for the education and training to the facilities to assist in sustaining the utilization of equipment and "no manual" lift culture.

Educational Conference

CHW Risk Services sponsored an educational conference for the workers' compensation coordinators at the Marriott Fisherman's Wharf in San Francisco in October 2010. In keeping with our ongoing support to the facilities, the conference offered valuable sharing of best practices, successful safety program initiatives, and injury prevention implementations. A selection of facilities participated in the presentations and conference discussion panel. Special guest speakers provided valuable industry data and new ideas for a successful program. A representative from our third party administrator, Sedgwick CMS, presented an update and overview of OSHA recordkeeping/recording requirements.



Our Purchases

Pharos Pilot Project

CHW is participating in [Healthy Building Network's](#) Pharos Pilot Project. The Pharos Pilot Project is a software tool that makes it easier for purchasers to identify and buy “green” building materials. In addition, it assists hospitals digest and compare a wide range of product and manufacturer data against the user’s own values, identify deficiencies in the market, frame discussions with manufacturers to guide product improvement, and hasten the pace of the materials selection process by pooling collective abilities to obtain vital information about products. This information will generate scores for the products on a scale of one to ten. Scores improve as a product moves closer to the ideal. Scores relate to the following four categories: High Hazard Toxics, Renewable Energy, Renewable Materials, Indoor air quality/user exposure. As a Partner in Pharos, CHW will have access to scores and information provided by manufacturers in order to make informed decisions in design, specification, and purchasing. We will purchase products that are better for people and planet and send a clear and powerful signal to the market for change. Healthy Building Network will be working with P3 Partners to test and utilize these capacities as the year progresses.

Environmentally Preferable Electronic Products

We recognize that the electronic equipment we use has the potential to adversely affect humans and environmental health. CHW is addressing these concerns through our support of Health Care Without Harm’s Guidance Document for Environmentally Preferable Information Technology Products. In so doing, CHW has formalized its commitment to strive to purchase environmentally preferable electronic products. This will include purchasing Electronic Product Environmental Assessment Tool ([EPEAT](#)) registered products. EPEAT is a system that helps purchasers evaluate, compare and select electronic products based on their environmental attributes. The system currently covers laptops, desktops, & monitors. It is expanding to include televisions & imaging equipment (copiers, printers, scanners, faxes). Registered products are rated Gold, Silver or Bronze depending on the percentage of 28 optional criteria they meet above the baseline criteria. CHW has been buying IT products that qualify as EPEAT gold standard for most Dell and HP purchases. Approximately 6500 PCs were pur-

chased last year and 99.4% were EPEAT gold. We also strive to promote the responsible use of electronic products; ensure proper disposal of electronic products; and influence our IT vendor partners to do their part in meeting the initiatives of this document. We use our purchasing power to signal the electronics supply chain of our desire for safer and environmentally preferable chemicals, products and technologies through requests for information, requests for proposals and other product and purchasing procedures. Additionally, CHW is participating in the EPEAT Environmentally Sensitive Materials (ESM) Subcommittee, funded in part by the U.S. EPA. This subcommittee is developing standards for TVs and Imaging equipment. Expected release date for the standards is 2011. Through our participation, CHW hopes to lend its voice as a purchaser and environmental steward in support of the most protective electronic standards for the environment and human health. These actions will help shape the environmental agenda and give voice to our mission and core values.

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

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 electro-physiology catheters, orthopedic burrs, bits and blades, trocars, arthroscopic instruments, 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 FY2010 CHW eliminated 162,650 lbs of medical waste from the waste stream at a fiscal savings of \$5,437,495.

Going Green in the Operating Room (OR)

As CHW continues to look at ways to promote environmental sustainability, reduce inefficiencies in healthcare, increase quality while improving worker and patient safety, and decrease cost, the focus in the operating room environment becomes a priority. CHW, in collaboration with Practice Greenhealth, is examining green OR interventions and developing environmental goals with this focus. These goals will include: reprocessing of single use devices, developing metrics for medical equipment and supply donation, and researching use of dye-free towels, eco-drapes, and reusable gowns and linens. These projects are the beginning of a long-term collaboration with Practice Greenhealth and CHW facilities around Greening the OR.

Practice Greenhealth's [Greening the OR Initiative](#), launched just five months ago, has been adopted by more than 55 hospitals and healthcare facilities in the United States. Hospitals and medical centers from New York to California have signed on. The green OR effort is aimed at cutting waste in operating rooms, one of the more resource-intensive areas in a hospital. Practice Greenhealth notes that as much as 56 percent of operating room budgets are for supplies. In comparison, operating salaries account for about 35 percent of OR budgets. And ORs generate about 20 to 30 percent of hospitals' total waste. Much of the waste thrown out by ORs is disposed of as regulated medical waste even though a substantial portion of the material can be handled in nonregulated waste streams. Disposal of regulated medical waste costs 10 to 15 times more than regular waste. Most operating room supplies are thrown out after one use even though reuse may be an option.

Laboratory Equipment

Currently fifteen 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 \$150K annually, but more important is the fact that thousands of plastic tubes will not be sent to the landfill.

Reusable Sharps Containers

Presently, all CHW member hospitals, with the exception of our hospitals in Southern Nevada where service is not available, 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 2010, through this program alone CHW eliminated 537 tons of red plastic and 19.4 tons of corrugated packaging containers from being manufactured and land-filled. The use of reusable containers also prevented CO2 emissions equal to 22,348 gallons of gasoline during FY2010. 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 (F&N) 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 2009 100% of CHW F&N Managers completed the Green Guide to Healthcare self-certification questionnaire to provide CHW with a good baseline on Environmental/Sustainable Food Service programs. The results of the assessment revealed that our FY 2010 goals needed to be focused on education. The FY 2010 goal was to provide CHW F&N Managers with two in-service lesson plans to educate facility staff on the current environmental issues and to provide four education opportunities to be offered to F&N Managers to broaden their knowledge on current and new initiatives in this area. The education opportunities were made available for the F&N Managers through several conference calls. One of these calls featured The Balanced Menu Program.

For FY 2011 the F&N Departments will reduce the use of Styrofoam in their operations by 20%. The progress of this goal will be measured by purchases of Styrofoam through US Foods (CHW's prime vendor).

Current annual spend for F&N purchases of Styro-foam is \$580,000.

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.
- ❖ Facilities are working to reduce the use of Styro-foam in their operations. They are moving to a more environmentally friendly product such as paper or a biodegradable option.
- ❖ Two facilities have or are creating on-site gardens to grow their own organic food.
- ❖ Two facilities are implementing on-site composting programs.
- ❖ Several sites are working towards using off site facilities for composting.
- ❖ All sites are working to reduce the amount of bottled water being purchased and used in their facilities.
- ❖ Several facilities have implemented Farm Stand Programs to make “local” produce available to staff and customers. Numerous facilities are exploring the possibility to start these programs.

Supplier Diversity

CHW’s commitment to diversity is well established in our workforce and culture. We also need to promote the economic prosperity of the communities where we operate by actively encouraging business relationships with women-owned business enterprises (WBEs), minority-owned business enterprises (MBEs) and small businesses (SBEs).

Supply Chain Management is committed to supplier diversity by ensuring specific business enterprises have equal and fair access towards developing business relationships with CHW. Our supplier diversity program focuses on developing and sustaining supplier relationships reflecting the diversity of the communities we serve.

Diversity spend increased from 2 to 4% of our supply and purchased services expense in FY 2009. In order to align our metrics with other health systems, we now include SBE (small business entity) as diversity spend. CHW’s FY 2010 diversity supplier spend increased by more than \$25M over FY2009 even though the percentage, relative to overall supply and services spend, remained constant at 4%.

In FY 2011, we will establish more structure around bid award criteria to include the consideration of diversity, environmental and U.S.-based manufacturing. In addition, we will work with our top 5 vendors to document their second tier diversity spend.

Collaborative discussions have begun with senior leadership and a few vendors to join forces to bolster the economic development of the communities that CHW serves, especially those in HUB (historically underutilized business) Zones. We believe that an opportunity exists to convert under-utilized manufacturing capacity to medical supply manufacturing. Establishment of production facilities in underserved communities has the following goals:

- ❖ Provide greater health coverage through employment of populations located in distressed communities.
- ❖ Decrease the vulnerability of our hospitals’ supply lines during periods of natural disaster or international interruptions.
- ❖ Reduce long-term overall costs, financial and environmental, associated with manufacturing and transporting supplies.

Our Buildings

Operational Energy Efficiency Program

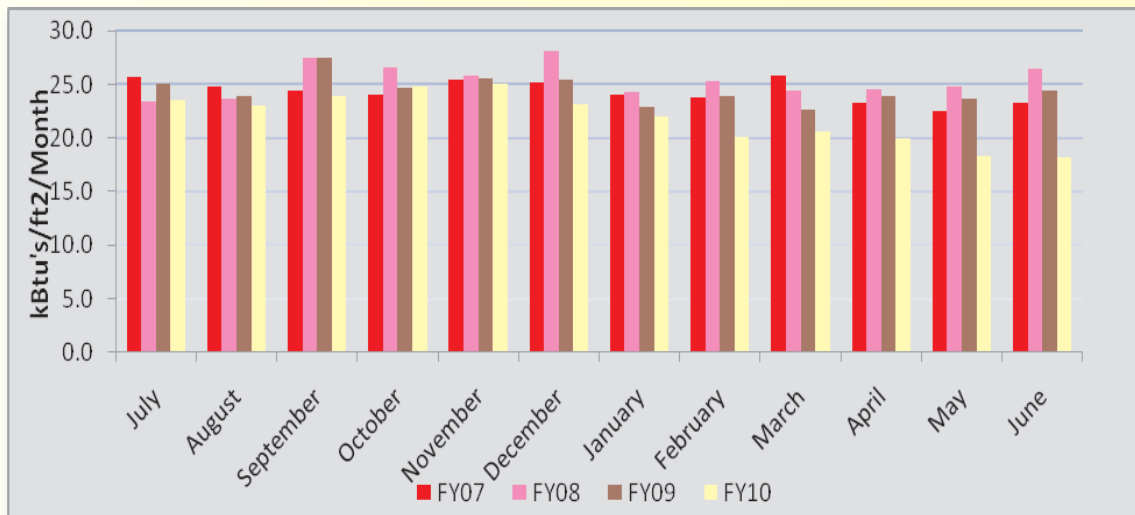
CHW's three phase energy strategy begins with an operational energy efficiency program focused on improving the energy efficiency of existing mechanical, electrical, and plumbing equipment and systems. Hospitals where equipment and systems have been determined to be operating outside the original design intent participate in an operational energy program through one of CHW's energy service providers. This program is focused on retro commissioning of

existing equipment and systems with the intent to maximize energy efficiency of existing equipment and systems. Typical operational energy efficiency measures identified in this phase include, but are not limited to, airside and waterside reset strategies, functionality of two and three way valves, condition of steam traps, functionality of building automation system, chiller and boiler operational strategies, and simultaneous heating and cooling. Energy reductions have ranged between 5% and 15% of total energy consumption at the 19 hospitals where projects have been implemented.

SUSTAINABILITY SNAPSHOT: Operational Energy Efficiency Program

In collaboration with CHW's Corporate Real Estate Department, St. Rose Dominican Hospital, Siena Campus, Henderson, NV completed an operational energy efficiency program. The 24-month program identified and corrected simultaneous heating and cooling issues, added automated control, and balanced supply air.

The chart below depicts monthly energy intensity per square foot (electric & natural gas) over a 4 year period. Improvements were particularly remarkable given that the facility is less than 10 years old.



Energy and environmental benefits are as follows:

- ❖ Annual Cost Saving – \$145K
- ❖ Electric reduction – 574K kWh
- ❖ Natural gas reduction – 152K therms
- ❖ CO2 reduction – 1,134 Metric tons
- ❖ Equivalency – 165 automobiles driven 20K miles per year @ 25 MPG

Capital Energy Conservation Program

The second phase of CHW’s energy strategy is to evaluate existing mechanical, electrical, and plumbing equipment prioritizing the replacement of equipment at, or near the end of its useful life. This evaluation process consists of annual infrastructure assessments completed by each hospital documenting condition of equipment and estimated cost of replacement.

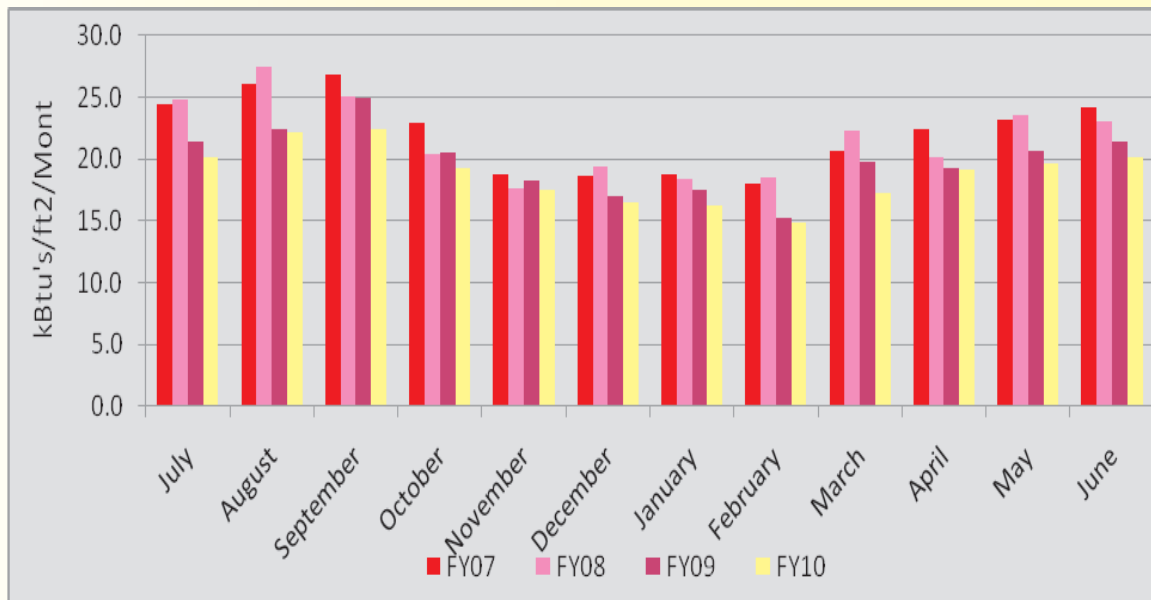
Cost/benefit analysis is conducted on each piece of equipment, and projects are evaluated for potential

rebates and incentives. This program provides two significant benefits; 1) reduces energy consumption and carbon emissions while minimizing the potential of equipment downtime and possible interruption to service line operations and 2) minimizes the need for rental equipment while equipment is rebuilt or replaced. Typical conservation measures identified in this phase include, but are not limited to, replacement or rebuilding of chillers, cooling towers, boilers, air handler units, and building automation systems.

SUSTAINABILITY SNAPSHOT: Capital Energy Conservation Program

St. Joseph’s Hospital Medical Center located in Phoenix, Arizona completed a two phase energy retrofit program investing in the replacement or rebuilding of mechanical and electric equipment nearing the end of its useful life.

The chart below depicts monthly energy intensity per square foot (electric & natural gas) over a 4 year period.



Energy and environmental benefits are as follows:

- ❖ Annual Cost Savings – \$512K
- ❖ Electric reduction – 4.3M kWh
- ❖ Natural gas reduction – 94K therms
- ❖ CO2 reduction – 3,055 Metric tons
- ❖ Equivalency – 455 automobiles driven 20K miles per year @ 25 MPG

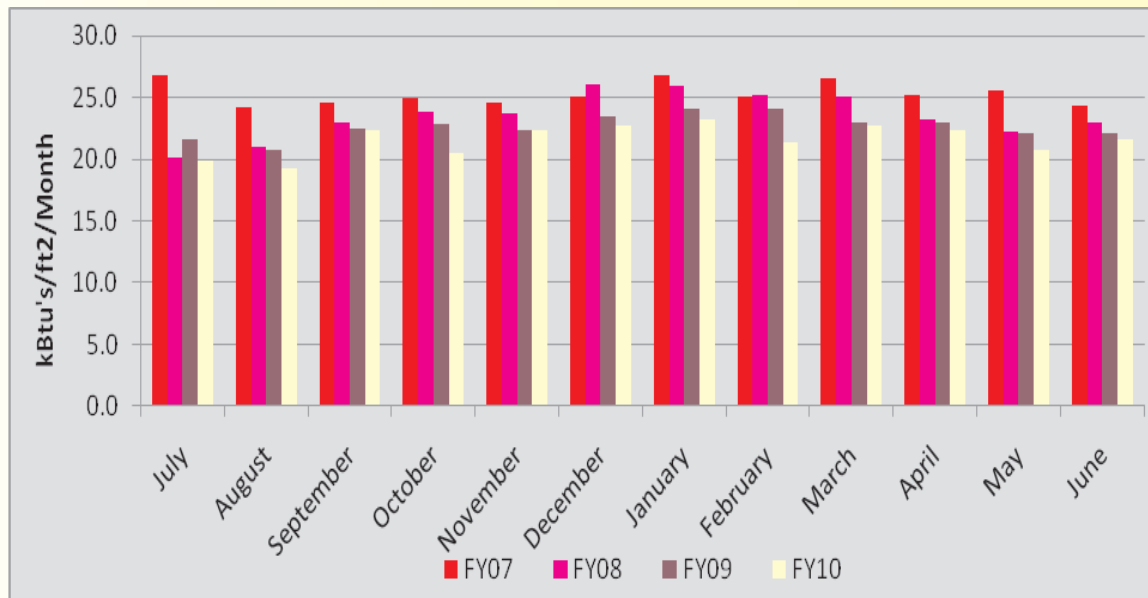
Renewable Energy Program

The third phase of our energy strategy is the evaluation and assessment of renewable technologies. While not materially reducing energy consumption, renewable projects reduce greenhouse gases, more specifically carbon dioxide, since energy is produced through more environmentally friendly processes.

Renewable projects are considered after operational energy programs are implemented to reduce the potential of overbuilding renewable projects at hospitals with above average energy consumption. Renewable projects include cogeneration projects where waste heat recovery is at least 70%, landfill or methane gas projects, solar hot water, photovoltaic, and fuel cell projects.

SUSTAINABILITY SNAPSHOT: Renewable Energy Project

In collaboration with CHW's Corporate Real Estate Department, St. Bernardine Medical Center, San Bernardino, CA completed a 2.1 MW generation plant capable of producing 90% of the hospital's electric needs. The two engine power plant captures waste heat from the engine block, intercooler, and exhaust and is used to produce chilled water through a 600 ton absorption chiller.



Energy and environmental benefits are as follows:

- ❖ Annual Cost Savings \$694K
- ❖ Electric reduction – 16.6M kWh
- ❖ Natural gas increase – 486K Therms
- ❖ CO2 reduction – 2,870 Metric tons
- ❖ Equivalency – 420 automobiles @ 15K per year

Tracking Greenhouse Gases

Catholic Healthcare West has reported carbon dioxide emissions through the California Climate Action Registry (CCAR) for three consecutive years. Although a California voluntary program, CHW is proud to have participated in all three states where CHW operates. Beginning with calendar year 2006, again in calendar year 2007, and most recently in calendar year 2008, CHW reported production of carbon dioxide. During calendar year 2008, CHW reported production of 269K metric tons of carbon dioxide attributed 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

CHW transitioned to [The Climate Registry](#) for Greenhouse Gas reporting in calendar year 2009. The Climate Registry is a broader Greenhouse Gas registry serving all of North America. Beginning with calendar year 2009, reporting obligations were expanded to all 6 Kyoto gases. CHW completed calendar year 2009 reporting by December 31, 2010.

CHW has an agreement with Johnson Controls, Inc. to input our electric and natural gas consumption data into their software tool E2MS. This software based tool will be used to report electric and natural gas consumption in addition to production of greenhouse gases.

Water Use

For the fifth consecutive year, water consumption data indicates that consumption has decreased year over year for a total reduction of 11% from FY 2005 through FY 2010. CHW's average hospital consumes between 25 and 35 million gallons of water per year with a significant amount of this water lost through evaporation and drift in cooling towers.

CHW hospitals have reduced water usage through retrofitting of existing fixtures, improved landscaping choices, steam trap repairs, and implementation of water saving technology in the x-ray film developing process and kitchen processes. Facilities located in areas such as natural deserts are designed to meet state and local low water use requirements. For instance, Mercy Hospital of Folsom re-landscaped the

healing garden, planted climate appropriate plants and a drip irrigation system to reduce water usage. St. Joseph's Hospital in Phoenix installed 5 waterless urinals as a test pilot which reduced water consumption by approximately 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 include the purchase and installation of about 300 devices which are attached to wet film processors to reduce the consumption of water needed to develop quality x-rays and the conversion of single pass sterilization to multi-pass. Once fully implemented, this program is expected to save 140,000,000 gallons of water annually, or about 90% of the total water currently used for x-ray production and reduce wastewater production. Additionally, many facilities are moving to digital x-rays, which do not require water for film processing.

CHW continues to evaluate better methods for collecting water data to better understand the water usage profile at each hospital and has established a goal to collect this data and begin reporting usage in fiscal year 2011.

Current Procedures

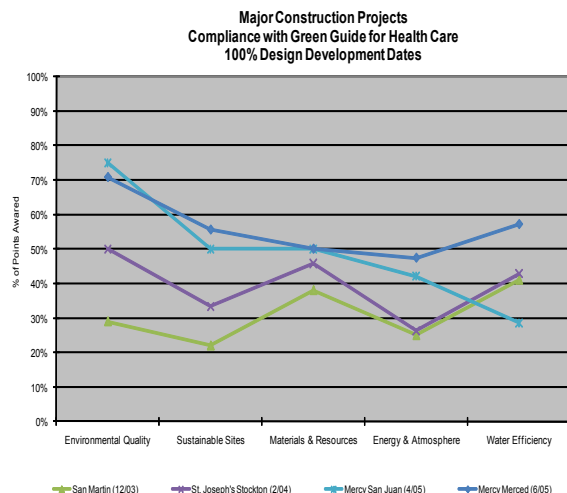
CHW continues to utilize the [Green Guide for Health Care™](#) (GGHC) and [LEED](#) as reference documents for continuing development of its own internal sustainable design guidelines. The guidelines minimum requirements for Medical Office Space will satisfy the equivalent of LEED Silver Certification. These guidelines provide a detailed approach to integrating, to the maximum extent practical, sustainable design elements into project planning, design, and construction activities. The key elements are: Integrated Design, Sustainable Sites, Water Efficiency, Energy & Atmosphere, Material & Resources, and Environmental Quality.

FY 2010 Major Capital Construction Project

Major capital construction projects in FY-2010 consisted of projects in construction or agency review. Review of the sustainable design guidelines and incorporation of the GGHC elements were completed on these projects during the design phase process.

The chart following demonstrates how four major construction projects scored post construction using

the Green Guide for Health Care across the categories of Environmental Quality, Sustainable Sites, Materials & Resources, Energy & Atmosphere, and Water Efficiency and the year over year improvements.



Design Guidelines

Corporate Real Estate has developed a comprehensive database of design guidelines to inform project teams of the minimum requirements and design criteria to be incorporated into the design and construction documents. These guidelines provide reliable detailed requirements aimed at achieving positive clinical, environmental and regulatory outcomes. In FY 2010, the process began where a project could generate a report based on project specific parameters listing the design guidelines recommendations for that specific project. The project team then reviewed and determined which guidelines could be incorporated into the specific project. Once those guidelines are identified, the design guidelines database is updated with the project specific information. This process allows measurement of different sustainable design elements that are being integrated into the projects and how effective the program is overall.

Design Guidelines Goals

- ❖ Maximize opportunities for integrative, cost-effective adoption of green design and construction strategies
- ❖ Emphasize human health as a fundamental evaluative criterion for building design, construction, and operational strategies
- ❖ Utilize innovative approaches and techniques for green design and construction

The design guidelines concentrate on sustainable building and facility actions that are practical and cost-effective during the Planning, Design and Construction of a Capital Construction Project.

Construction Recycling

Throughout FY 2010, Corporate Real Estate continued documenting the efforts of recycling construction materials from active major capital construction projects. Recycling efforts fall under the category of Construction Waste Management in the Materials and Resources section 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 was able to capture a full year of recycling efforts for FY 2010 and will continue to promote future construction materials recycling.

Future Opportunities

The Corporate Real Estate department continues to analyze sustainable design, the GGHC program and LEED. GGHC has been working with the USGBC on establishing the LEED for Healthcare program. CHW continues to analyze LEED for Healthcare as it develops, in conjunction with our current sustainable design efforts.

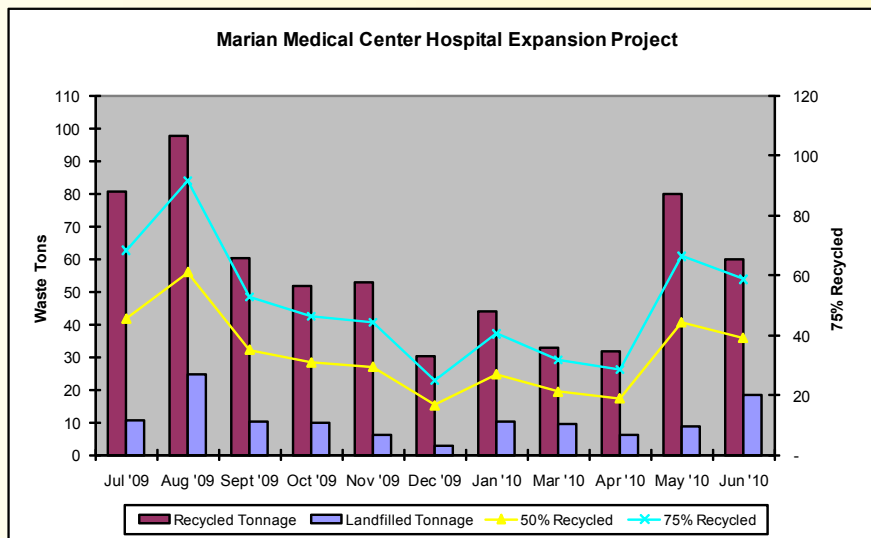
CHW will strive to meet as many of the sustainable design guidelines as can be cost effectively implemented within future construction projects. Each project is unique and therefore sustainable design goals will be evaluated and based on the specific scope of the construction work to be performed. CHW is committed to environmental protection and conservation and creating “greener” high performance facilities.



SUSTAINABILITY SNAPSHOT: Impact of Construction Materials Recycling

Construction began at Marian Medical Center in Santa Maria, CA in April 2009 with completion expected January 2013. The construction project includes a patient tower expansion project with 178 med/surg beds.

The Marian Medical Center Hospital construction team has recorded construction materials recycled from July 2009 through June 2010. The amount of materials recycled for this 12 month period was 621 tons equating to 84% of total waste materials collected. Each month met the GGHC Materials & Resources credit 2.1 Construction Waste Management Divert 50% from Disposal and also the Materials & Resources credit 2.2 Construction Waste Management Divert 75% from Disposal.



Our Waste

Non-Hazardous Waste

Statistically we were impacted 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 15#/apd than any of the other Nevada and Arizona facilities, and those other facilities showed some improvement as well. This gives us hope that improvements can be made. In addition, Mercy General (Sacramento), Mercy Redding, Mercy Bakersfield, and Bakersfield Memorial produced a disproportionate amount of waste. One of our strategies 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%
2009	16.5	11%
2010	16.0	14%

Besides the land filled waste discussed above, the two other main components of our waste stream are hazardous waste and recycled materials. Total waste generation and solid waste disposal are both down, while our recycling rate is currently about 29% (up from 26% two years ago).

In 2010, Practice Greenhealth issued its second Sustainability Benchmark Report. Practice Greenhealth should be commended for this effort, and CHW is pleased that we played a role and supported this effort. The report provides statistics on 138 environmentally engaged hospitals likely to be among top performing facilities in the nation. Practice Greenhealth divided their datasets into those facilities that

won their Partner for Change (PFC) Award and those that won their highest honor, the Environmental Leadership Circle (ELC) Award.

Significantly, CHW's performance in waste management compares well to these other programs. For instance, the report finds that PFC Award winners on average recycle 24% of their waste stream, while ELC Award winners recycled 36%. CHW is at 29%. Similarly, the report finds that PFC facilities produce 16.9#/apd solid waste, and ELC facilities produce 13.3 #/apd. CHW is at 14.8#/apd). The report finds that PFC facilities produce 1.9 #/apd medical waste, and ELC facilities produce 1.6 #/apd. CHW is at 1.2#/apd.

In summary, it is fair to say that hospitals in the PFC category are good performers, and those in the ELC category are even better. For solid waste and recycling, CHW finds itself between the two groups (statistically better than the PFC group but not up to par with the ELC group). In the medical waste category CHW is better than both groups.

The report also provides information on other ecology programs, including Environmentally Preferred Purchasing, Green Building, Waste Minimization, Reduction of Single Driver Commuting, and various other activities, all of which are in existence at some level at CHW.

Medical Waste

Operating Room Liquid Waste Management

In past years a handful of CHW facilities piloted a new waste management system in the operating room. This system, known either as Neptune or Dornoch, depending on the brand, 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. Unlike the old system, canisters are reused instead of being discarded. CHW considers this initiative a success, and the system is now deployed in 25 of our facilities.

Hazardous Waste

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. Haz-Mat coordinators inspect hazardous chemical waste areas weekly, and licensed haulers and 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.

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

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

E Waste

CHW recognizes the relationship between human health, environmental quality and computer related activities. The improper disposal of electronic waste (primarily computers) is of great concern to us. We successfully completed one of our goals to establish a comprehensive electronics management program to address improved procurement and end-of-life management practices, which protect data and comply with federal, state, and local regulations. Working with the computer industry, our Information Technology Consultant, and other interested groups, we have implemented a contract with Redemtech, an [E-steward certified](#) vendor, 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.

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 protected, 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 have chosen Redemtech as the right company to ensure that our e-waste will be disposed in an ecologically sound manner. Redemtech dispositioned over 19,000 computer assets for us, a large increase over previous years. This increase is attributed to additional hospitals adopting Redemtech. Currently 89% of our facilities are using Redemtech, compared to 76% in the previous year. Additionally, implementation of Electronic Health Records required updating of a significant amount of our equipment.

Recycle

Reuse

E-Waste Recycling		Resale, Redeployment & Charitable Donation	
Units	Weight	Units	Weight
32,627	604,662	12,592	352,273

E-Waste Metals

Steel	Aluminum	Copper	Brass	Br w/ Au	Stainless
229,380	25,693	12,001	867	320	2,578
Elect Brds	Plastic	CRT	Glass	Bulb	Battery
62,456	155,800	119,540	3	3	239

Carbon Offset & Landfill Credit

Demand Reduction	Recycle	Reuse	Units
Energy	933,780	33,953,819	Kwh
Crude	2,648	95,197	Barrel (55 gals)
Landfill Space	3,159	703	Cubic Yards

Environmental, Landfill Natural Resource Reductions

Less CO2	2,881	Tons
Air contamination prevented	143,153	Tons
Landfill diversion	956,936	Pounds
Virgin Materials	906,971	Pounds
Water pollution prevented	1,279,079	Gallons

E-Waste Soluble Recycling

Toxic Metals		
389	Mercury	Mgs
85	Antimony	Kgs
-	Arsenic	Kgs
27	Barium	Kgs
-	Beryllium	Kgs
.07	Cadmium	Kgs
.9	Chromium	Kgs
.9	Cobalt	Kgs
5,609	Copper	Kgs
85	Lead	Kgs
-	Molybdenum	Kgs
2	Nickel	Kgs
-	Selenium	Kgs
3	Silver	Kgs
-	Thallium	Kgs
-	Vanadium	Kgs
96	Zinc	Kgs
-	Tin	Kgs
-	Platinum	Kgs
1,532	Aluminum	Kgs
-	Palladium	Kgs
-	Iron	Kgs
7,445	Total	Kgs

E-Waste Units	
Bulk Item	367
Desktop	5,491
Handheld	37
Hard Disk	13,115
Laptop	164
Miscellaneous	3,981
Monitor	5,139
Part	22
Printer	2,684
Server	248
Tower	1,379
Total	32,627

Calculation Period: December 2005 - April 2010



Measuring Our Green Impact

Energy Savings



Electricity to power 6,343 houses/yr

Greenhouse Gas Reduction



Removing 812 cars from road/yr

Hazardous Waste Reduction

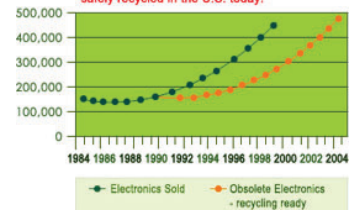


Weight of 8,059 bricks

Generation of Electronics (U.S.)

(in thousands of units)

500 MILLION electronic units are waiting to be safely recycled in the U.S. today!



E-Waste Toxic Components and their Damage to Human Health

Toxic Materials	Birth Defects	Brain Damage	Heart, Liver, Lung & Spleen Damage	Kidney Damage	Nervous/Reproductive System Damage	Skeletal System Damage
Barium		X	X			
Cadmium	X		X	X	X	X
Lead	X	X		X	X	
Lithium	X	X	X	X	X	
Mercury	X	X	X			
Nickel	X		X	X	X	
Palladium	X	X	X			
Rhodium			X			
Silver	X	X	X	X	X	

Without safe recycling, most of these toxic components will end up in land fill — poisoning the soil and water.

Sample Waste Management Practices

Saint Mary's Regional Center Medical Center, Reno, NV	<ul style="list-style-type: none"> Implemented paper, plastics, and aluminum recycling in the Medical Center and in 6 community locations Increased the amount of wood pallets recycled by recycling special-sized pallets Converted to using hard cases instead of disposable wraps for surgical instruments
St. Rose Dominican Hospital, Henderson, NV	<ul style="list-style-type: none"> Recycles cooking oil bi-products to make bio-fuel Installed ground water sensors that decrease water use by detecting water content, and stopping sprinklers if watering is not needed Implemented water only carpet cleaning to eliminate need for chemicals in the cleaning process
Mercy General Hospital, Sacramento, CA	<ul style="list-style-type: none"> Implemented community shuttle program; increased alternative commuting by 10% Reduced bottled water usage and provided reusable mugs to employees Supports active bicycle club to reduce air pollution
California Hospital Medical Center, Los Angeles, CA	<ul style="list-style-type: none"> Established contract with company to refurbish or reconstruct old furniture for reuse Started a cell phone recycling program
Community Hospital of San Bernardino	<ul style="list-style-type: none"> Eliminated bottled water purchases Switched to non-toxic cleaning products Donates excess medical supplies to underserved countries overseas
Glendale Memorial Hospital, Glendale, CA	<ul style="list-style-type: none"> Uses recycled water to operate the hospital's cooling towers
Mercy Medical Center Mt. Shasta, Mt. Shasta, CA	<ul style="list-style-type: none"> Continued to purchase environmentally friendly material when possible, including low energy electrical fixtures, low water plumbing fixtures, and high efficiency utilities Eliminated bottled water from cafeteria and vending machines
Arroyo Grande Community Hospital, Arroyo Grande, CA	<ul style="list-style-type: none"> Eliminated Styrofoam from the cafeteria by using biodegradable plates and cups Eliminated bottled water from meetings Donated excess food to the People's Kitchen for feeding the hungry
Mercy & Mercy Southwest Hospitals, Bakersfield, CA	<ul style="list-style-type: none"> 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 Developed community drop off for eyeglasses and cell phones for reuse in the community

St. Mary's Medical Center, San Francisco, CA	<ul style="list-style-type: none"> • 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% • Eliminated use of water bottles at meetings • Distributed to patients/visitors lightly used magazines donated by staff
Mercy Medical Center Redding, Redding, CA	<ul style="list-style-type: none"> • Reuses plants in landscaping that need to be moved by re-planting them in another part of the landscape • Donates furniture and other reusable items to staff to take home instead of sending to the landfill • Saves packaging materials and re-uses it when sending items out. Wood pallets are often set out for staff to take home and use • Implemented the use of biodegradable patient belongings bags • Donated old computers to Bishop Quinn High School 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
St. Elizabeth Community Hospital, Red Bluff, CA	<ul style="list-style-type: none"> • Eliminated sale of plastic water and soda bottles (estimated 22,500 bottles eliminated) • Conducted e-waste event for employees and the community; also collects home generated sharps • Modified landscaping to include drought resistant plantings • Worked with community to develop recycling program at local fairgrounds for major events
Sequoia Hospital, Redwood City, CA	<ul style="list-style-type: none"> • Limits delivery hours to reduce noise impacts on neighbor residences • Diverted 1.5 tons of excess supplies to Medshare, who forwards them on to developing countries • Commenced Green Waste recycling • Commenced blue wrap recycling with a company, which will make new pallets from the material
Woodland Healthcare, Woodland, CA	<ul style="list-style-type: none"> • Donated surplus medical equipment and supplies for use overseas • Eliminated use of bottled water in meetings • Began using recyclable utensils and fiber trays in the café • Transitioning to 100% rechargeable batteries
St. Bernardine Medical Center, San Bernardino, CA	<ul style="list-style-type: none"> • Specified that construction contracts require that as much material is recycled as possible • Awarded priority to vendors who offer smaller packaging, less Styrofoam fillers or can assist with recycling • Worked with local community to donate excess inventory to KidCare International

St. Joseph's Hospital & Medical Center, Phoenix, AZ	<ul style="list-style-type: none"> • Held two “facility swap meets” to promote the sharing of excess resources, environmental awareness, and to minimize what otherwise would have been landfilled • Replaced irrigation system and modified landscaping to reduce water use
Chandler Regional Hospital, Chandler, AZ & Mercy Gilbert Medical Center, Gilbert, AZ	<ul style="list-style-type: none"> • Assisted local Police and Fire Departments with disposal of their hazardous waste, and participated on citywide Hazardous Waste Committee • Partnered with Arizona Retarded Citizens to develop plastic, aluminum, and glass recycling program • Provided meeting rooms with filtered water to eliminate need for bottled water
French Hospital Medical Center, San Luis Obispo, CA	<ul style="list-style-type: none"> • Donated Cath Lab to a teaching hospital in Peru; used hospital beds were also transferred for reuse rather than disposal • Created a “fit-friendly” campus to encourage employee health, including a walking path, healthy menu, and a smoke free campus
St. Joseph's Medical Center, Stockton, CA	<ul style="list-style-type: none"> • Commenced food waste composting program • Implemented reusable pharmaceutical containers • 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
Dominican Hospital, Santa Cruz, CA	<ul style="list-style-type: none"> • Donated surplus supplies and equipment to underserved hospitals overseas through MedShare, thereby diverting 1500 pounds from the landfill • Operates a biodiesel powered vehicle as a mobile clinic • Purchased a large wormbin for composting which accepts 200 to 300 pounds of food waste per week • Harvested over 4000 pounds of produce from the onsite garden • Approved reuse of existing carpet tile through Milliken's Earthsquare program. The existing tiles will go through washing, fiber shearing and re-dyeing processes, and then be delivered to a customer in Florida
Mercy Medical Center, Merced, CA	<ul style="list-style-type: none"> • Recycled kitchen oil for fuel • Purchased biodegradable patient bags • Implemented reusable plates and utensils in the cafeteria • Displayed Air Quality Index Flags to raise awareness of air quality

“Take care of the things that take care of you.”

- Unknown

Public Policy Advocacy

In identifying public policy and advocacy priorities, CHW asks:

- ❖ How will CHW's involvement in the issue contribute to CHW's Mission and Vision?
- ❖ Is the issue sufficiently important to the healing Ministry to warrant involvement?
- ❖ Will CHW's involvement in the issue add value to the debate and make a difference?
- ❖ Does the issue preserve or diminish CHW's ability to:
 - Provide access to compassionate, high-quality, affordable care?
 - Fulfill CHW's not-for-profit mission and maintain its Catholic or Catholic-sponsored identity?
 - Directly provide or facilitate care of the poor, vulnerable, and disenfranchised?
 - Promote justice, social accountability, and care for and stewardship of the environment?

Following is information on CHW's 2010 public policy advocacy priorities and initiatives.

Access to Care/Comprehensive Health Care System Reform

Advance CHW Health Care Reform Principles, to promote universal access, improve quality, stabilize financing, and improve accountability.

- ❖ Achieved successful passage of federal health care reform legislation with the help of grassroots advocacy tactics including strategic collaborations with existing and new community advocacy partners, utilizing CHW-Grassroots alerts to mobilize Policy Advocacy Liaisons and other community and hospital leadership and engaging local communities through hosting town halls to discuss health care reform.
- ❖ Highlighted the importance of safety net hospitals to elected officials by hosting Congressional Representatives, Legislators and staff as well as engaging with chambers of commerce committees to help shape public policy in favor of hospitals covering the underserved and uninsured. This strategy reduced the level of disproportionate

share hospital (DSH) cuts slated to be part of the health reform package.

- ❖ Shaped health care reform implementation through meetings with CHW's Congressional Delegation in Washington D.C. by curbing the cuts identified through geographic variation, keeping value based purchasing programs budget neutral and allowing hospitals to be conveners of an Accountable Care Organization.
- ❖ Shaped California's 1115 waiver proposal to recognize the vital role private safety net providers play in the provision of Medi-Cal services throughout the state.

Fiscal Solvency

Advocate for adequate reimbursement, and guard against efforts to cut payments ensuring the viability of the health care ministry.

- ❖ Through advocacy efforts and formal comments, prevented more than \$30 million reduction in payments in the FFY 2010 Inpatient Prospective Payment System (IPPS) payments.
- ❖ Successfully stopped the creation of a harmful hospital provider fee in Arizona that would have taxed hospitals without providing funding for health services.
- ❖ Successfully passed legislation to establish a hospital provider fee in California. The fee will be used to draw down enhanced federal matching funds and will bring much-needed additional funds to CHW to supplement Medi-Cal hospital payments.
- ❖ Worked with legislators and the Nevada Hospital Association during a special session of the legislature to eliminate a proposed cut to Medicaid reimbursements, which would have cost millions in losses to CHW Nevada hospitals.

Not-for-Profit Issues/Financial Assistance to Low-Income Uninsured/Community Benefit

Support meaningful industry reforms by promoting efforts to increase accountability of not-for-profit hospitals while emphasizing health improvement, and economic and social benefits provided to communities, as well as advancing transparency in the provision of community benefit, financial assistance, charges to the uninsured, and debt collection.

- ❖ Raised the community profile of Chandler Hospital and Medical Center through the

facility's involvement in the Home Rule election on behalf of the City of Chandler and worked directly with East Valley community leaders to develop a plan for increased community involvement.

- ❖ In collaboration with Access to Healthcare Network in Nevada, provided education materials to Nevada's Congressional delegation regarding CHW's role with the network in providing dental services to low income children.

Quality of Care, Patient Safety and Satisfaction

Support efforts that promote optimal health outcomes, patient safety, and satisfaction.

- ❖ In collaboration with Keep Antibiotics Working, The Union of Concerned Scientists, and more than 350 health, consumer, agricultural, environmental, and other organizations endorsed the Preservation of Antibiotics for Medical Treatment Act. Also, established a new relationship with the Pew Charitable Foundation to secure congressional sponsorships of the bill.
- ❖ Mobilized CHW Grassroots to successfully advocate for a change in the definition of "hospital based eligible professional" reflected in the Meaningful Use proposed regulation, making it easier for physician partners in the outpatient setting to qualify for EHR incentive payments.
- ❖ Successfully worked with the LA City Attorney Office to advance understanding and best practices of homeless discharge processes, led work to protect and promote California Hospital Medical Center's ability to care for the poor and vulnerable in the Safety Zone Area in Downtown Los Angeles.

Social and Eco-Justice Issues/Community and Environmental Health

In collaboration with advocacy partners and allies, seek to address social and eco-justice issues, while promoting community and environmental health.

- ❖ Re-established CHW's relationship with the US Conference of Catholic Bishops (USCCB) Justice for Immigrant Campaign and worked with the Sisters of Mercy Immigrant Advocacy Group as well as Catholic Health Association and community partners, NILC and NCLR, to advance comprehensive immigration reform.

- ❖ Advanced the introduction of federal legislation to reform the Toxic Substance Control Act (TSCA), the primary law governing industrial chemicals, which has not been updated since 1976. As an active member in the Business-NGO Working Group for Safer Chemicals and Sustainable Materials joined forces with Kaiser to extend the voice of health care systems to downstream users. Together, we have met with key state and legislative and congressional members, and the US Environmental Protection Agency. At the state level CHW commented on the development of regulations to implement California's Green Chemistry legislation (AB 1879)
- ❖ Collaborated with the California Center for Public Health Advocacy to support their Healthy Cities Campaign to promote healthy nutrition and obesity prevention initiatives.
- ❖ Mobilized Grassroots Advocacy to advance legislation to improve upon California's anti-human trafficking laws. The bill directs fines assessed for human trafficking to community-based organizations serving minor victims of human trafficking. The bill was signed into law.
- ❖ Worked to mobilize CHW and facility endorsement of the campaign against Proposition 23, which would have repealed AB 32 (Global Warming Solutions Act of 2006).

Workforce Development

Promote legislation to expand the health care workforce, sustain education funding and eliminate barriers.

- ❖ Successfully advocated for the reauthorization of the Nurse Reinvestment Act, which supports nurse education.
- ❖ Worked with the Arizona Department of Commerce staff, Governor's staff and legislative leaders to include graduate medical education as part of a job creation package.

Political Contributions and Lobbying

As a nonprofit organization, CHW is prohibited by US law from contributing to candidates political campaigns. Within certain restrictions, we are allowed to advocate for/against issues that affect our mission and operations. Annually, the CHW Board of Directors Strategy and Planning Committee approves public

policy and advocacy priorities. Occasionally, CHW makes contributions to initiative/issue campaigns that align with our priorities. The Executive Management Team reviews and approves those expenditures. CHW and related entities made a total

of \$1,550,375 in contributions used for lobbying purposes to the following organizations in FY 2009. FY 2010 expenditures will not be available until later in 2011.

Lobbying Firm or Other Organization	Amount Paid Related to Lobbying Activities >\$1000	Purpose
Alliance of Catholic Healthcare	33,150	Portion of membership dues used for lobbying activities
American Hospital Association	94,537	Portion of membership dues used for lobbying activities
American Medical Rehabilitation Providers Association	1,118	Portion of membership dues used for lobbying activities
Budget Reform Now	15,000	Contribution for props 1a 1f Special Elections May 2009
California Healthcare Coalition	25,000	Media & Public awareness campaign activities
California Hospital Association	657,577	Portion of membership dues used for lobbying activities
Catholic Health Association	48,286	Portion of membership dues used for lobbying activities
Cerrell Associates	3,386	Public affairs issue and relationship management
Committee to Rebuild SF General Hospital	25,000	Contribution to Support Prop A
Goodman Schwartz LLC	64,000	Consultant-Government Relations
Griffen Crowley Group	54,999	State Issues Lobbying
Innovative Federal Strategies	38,454	Federal Appropriations Lobbying
National Healthcare Association	1,977	Portion of membership dues used for lobbying activities
Nevada Hospital Association	4,472	Portion of membership dues used for lobbying activities
Nevada Hospital Association	11,661	Healthcare & general business legislation representative
Polsinelli Shalton Flanigan	124,036	Federal Appropriations Lobbying
Private Essential Access Community Hospitals Inc. (PEACH)	66,000	Healthcare Initiatives
Safety First - "Yes" on Measure B	10,000	Measure B
The Ferraro Group	85,800	Government Affairs
The Margolin Group, Inc.	1,500	Trauma Center Coalition
The National Group, LLP	62,719	Lobbying activities to secure Federal Funds
Waypoint Advisors LLC	120,000	Healthcare & general business legislative representation

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 2010 Proxy Season, in collaboration with the members and associates of the [Interfaith Center on Corporate Responsibility](#), CHW engaged 25 companies on the following corporate governance, social and environmental policies and practices that impact the health of individuals, communities and our planet.

Access to Health Care

As the US Congress dealt with comprehensive health reform legislation, members of the Interfaith Center on Corporate Responsibility (ICCR) continued to engage corporations asking that they endorse principles for health system reform developed by the Institute of Medicine, an arm of the National Academy of Science and use those principles to analyze health reform proposals and inform their lobbying positions. The principles stipulate that health insurance should be universal, continuous, affordable to individuals and families, and affordable and sustainable for society. CHW joined discussions with five companies on the issue of health reform. **ATT, Bristol Myers Squibb, Johnson and Johnson, Pfizer and Wal-Mart** agreed to develop and/or adopt principles for health system reform similar to those of the Institute of Medicine and reported to shareholders on their lobbying positions.

Environmental Responsibility and Disclosure

Climate change remains a critical concern of shareholders 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, address issues associated with coal ash disposal and hydraulic fracturing, and limit financing for mountaintop removal coal projects. CHW co-filed a proposal at **Exxon Mobil** asking the company to set targets for reductions in greenhouse gas emissions. The proposal received 27.20% support, including that of CalPERS and members of the Rockefeller family. Dialogue

continues with **Chevron** where the company agreed to set goals for reductions in greenhouse gas emissions for both operations and products.

While the international climate change treaty negotiations in Copenhagen were disappointing, and the US Senate has yet to bring meaningful climate change legislation to a vote, incorporating environmental and social liabilities into the financial considerations of corporate business operations is gaining widespread acceptance among investors and corporations globally. Investors associated with the Investor Environmental Health Network (IEHN) filed resolutions addressing hydraulic fracturing at ten oil and gas companies. Hydraulic fracturing, or fracking, is a process which is used to extract reserves of natural gas from underground pockets. The process requires the injection under extreme pressure of as much as 7.5 million gallons of water per well, together with toxic chemicals, to crack open rock and allow the natural gas to flow to the surface. CHW co-filed with the New York State Common Retirement Fund a resolution on fracturing at **Cabot Oil & Gas** that received a 35.9% vote.

CHW and Green Century Investments withdrew a proposal at **Xcel Energy** when the company agreed to disclose on its website procedures for storing and disposing of coal ash. Coal ash is a waste product of the coal burning process that contains arsenic, mercury, lead, and other toxins, and is usually stored in landfills, impoundment ponds, or abandoned mines. A December 2008 dam breach at a Tennessee Valley Authority (TVA) coal ash pond released 1.1 billion gallons of coal ash sludge over more than 300 acres in eastern Tennessee.

Human Rights

A resolution at **Halliburton** asking the company to develop and implement a human rights policy received over 36.92% shareholder support, enough to return to the proxy for a fifth consecutive year. Similar resolutions at **Chevron, Hewlett Packard** and **Nucor** were withdrawn when the companies agreed to develop and disclose policies on human rights for operations worldwide.

Human trafficking is a growing problem, with 800,000 to 900,000 people, mainly women and children, trafficked within or across international borders every year. Fifty thousand people are trafficked into the United States alone. As human trafficking becomes more of a concern, faith-based

investors have used their investments to make their voices heard on this issue. CHW recently signed on to a letter encouraging patrons and sponsors of the 2010 World Cup to address human trafficking at the games. Instances of human trafficking typically multiply wherever there are large gatherings of persons.

Inclusion of Women and Minorities on Corporate Boards

In collaboration with the Evangelical Lutheran Church in America, CalSTERS, and Calvert Investments, CHW filed proposals at three companies whose boards of directors included no women or persons of color. **PMC Sierra, Intuitive Surgical** and **EOG Resources** agreed to amend their governance documents to incorporate a commitment to ensuring the inclusion of underrepresented populations. The revised documents are posted on the companies' websites.

Program Results

Of the 25 corporate engagements during the 2010 proxy season, twelve took the form of ongoing dialogues monitoring a company's progress in implementing policy and achieving specified goals. Of the thirteen shareholder proposals filed, four went to a shareholder vote and received enough support to meet SEC thresholds for returning to the proxy next year. One proposal failed to attract the necessary 10% shareholder support. Eight proposals were withdrawn when the companies agreed to take significant action to address shareholder concerns. The overall success rate was 96%, well above the program's benchmark (80% of proposals receive sufficient shareholder support to meet SEC thresholds or result in significant corporate action). Through these shareholder advocacy initiatives, CHW uses its ownership consistent with its core values to foster positive change in the way a company does business, effectively achieving both a societal and a fiscal return on investment.

“We who carry our cause in our hearts are
the only ones ready to run every risk.”

- Rigoberta Menchú

Community Benefit

We believe that health cannot be defined simply as the absence of disease. Rather, it is the sum of our overall physical, mental and spiritual well being. This holistic thinking underlies CHW's Community Benefit efforts in which the success of any hospital involves more than the treatment of individual patients. Working collectively and partnering with others, CHW seeks to enhance the overall health of the communities we serve – both within and beyond our hospitals' walls – in order to diminish health disparities, lower health care costs, increase access to care, and ultimately improve the quality of life for the residents of our communities.

The Challenge

On March 23, 2010 President Barack Obama signed a healthcare reform bill into law. In the wake of that historical day, the work of implementation is now upon us, for a vision of a new and just society is simply not sufficient enough - it will be essential to transform health care services as we know them today. In reality, our journey to realize the reform in healthcare has only just begun.

In light of healthcare reform and the development of CHW's strategic plan, Horizon 2020, it is important that CHW reflect upon how we provide community benefit now and how we will provide it in the future. The current trends in community benefit expense reflect distressing increases, the result of growing demand for care by the uninsured and underinsured, and also the rising cost of healthcare today. These trends, which are influenced greatly by the current economic environment, have significant implications to financial performance and have the potential of changing even more dramatically as healthcare reform is implemented.

With Medicaid's massive expansion in the new system, public payers will make up a greater portion of hospital revenue. While the reduction in charity care this represents is good news in the short term, the below cost reimbursement rates of government payers will challenge hospital economics in the longer term, unless providers develop lower cost delivery models, and unless the demand for costly hospital and emergency care services is ultimately reduced for patients whose healthcare needs would be better served at a different, and possibly more appropriate, level of care.

Despite the good work being done by our facilities in responding to the health priorities of their communities, the community benefit demand grows in many service areas. In FY 2009, the healthcare needs of more than 2.2M patients resulted in an un-reimbursed expense to CHW of more than \$1 billion dollars, representing 13.6% of the organization's expenses and an increase of more than 100% from just five years ago.

While we recognize that there are many reasons for this increase, after an analysis of the system trends it became clear that defined steps needed to be taken at the local level to not only address the pressing needs of the community and the subsequent growth in expense; but also to deal with the resulting significant financial exposure for our healthcare ministry. Our research in this area has helped us to conclude that a strategic approach for the immediate demand, as well as for the changes to come under health reform, must be multi-faceted and multi-disciplinary.

Our Response

In light of the rising expense trends, which imply the unmet care needs of our communities, as well as the financial exposure for many of CHW's markets, Operations staff, in collaboration with Community Benefit, worked with each facility to develop individual comprehensive plans to address the current and projected health-related needs of the most vulnerable populations.

The strategies proposed, which follow a tactical course for responding to the uncompensated and under-compensated care crisis, fall into four distinct categories: reducing the revenue impact, re-allocating the cost burden, re-envisioning inpatient medical care and advocacy. The plans submitted by the facilities include efforts already underway or in planning stages to address each of these categories.

Additionally, the recent efforts in community benefit to address ambulatory care sensitive conditions through evidence-based disease self-management education programs has laid a foundation for a broader disease management strategy, which will be essential in an era of healthcare reform. Across the system we have seen an average 86% decrease in hospitalizations for persons participating in CHW community-based disease management educational programs. Though these successes are laudable, the current trends in community benefit expense,

coupled with the expectations of the new health-care reform laws, will require a multi-faceted and multi-disciplinary approach by CHW.

A new metric goal in community benefit for FY2011-FY2013 seeks to institutionalize evidence-based chronic disease self-management programs

as an essential component of a broader disease management strategy. With focus on disproportionate unmet health-related need populations, these programs will help CHW confront the challenges of continuing to care for the uninsured/underinsured populations.

SUSTAINABILITY SNAPSHOT: Partnering with Community Clinics

Health care reform legislation is not only driving more integrated care models but is also striving to ensure that safety net services are in place to provide care for the uninsured and underinsured populations. These efforts are creating an environment that is ripe for further development and expansion of hospital and community clinic relationships. In meeting the challenges posed by health reform, and in keeping with the vision of Horizon 2020 to stand in partnership with our patients, employees and physicians to improve the health of all communities served, Saint Francis Memorial Hospital and the Mercy Sacramento hospitals have taken approaches to care coordination and referral that are both meeting the challenge and crystallizing the vision.

Optimizing partnerships with community health centers and related care providers, the two programs are helping to ensure better access to higher quality, lower cost, more appropriate and coordinated care for vulnerable patient populations. Saint Francis Memorial Hospital and the Mercy Sacramento hospitals are working effectively to develop new models of care delivery by creating links between the hospital and the community to better meet the primary care needs of their patients. Utilizing identification of community health assets, electronic referral tools, shared practice models, and more, Saint Francis Memorial Hospital and the Mercy hospitals of Sacramento are making a positive impact on health and care delivery in ways that anticipate the health reform landscape. Both have implemented similar programs in two different environments to connect patients using emergency services to community clinics for their primary care. Reduction of avoidable hospital readmissions and ED visits is an opportunity to improve quality of care, reduce costs and maximize judicious use of human and material resources. Nationally, programs with these aims have shown a significant impact in the care of vulnerable populations.

Known as the Patient Navigator Program and the Community Health Referral Network, these programs were developed independently to address a similar need in their respective communities. Each of the programs:

- ❖ Established networks of clinic providers who are available to patients;
- ❖ Employ a specialist (navigator or referral specialist) who provides a human interface between the patient and the clinic provider;
- ❖ Use hospital electronic health records enhanced by health information exchange technology; and
- ❖ Focus on patients either without, or with an underutilized, primary care or medical home relationship.

Community Grants

Through the 2010 Community Grants Program, CHW hospitals contributed \$3,620,581 to make grant awards to 215 projects.

The 2010 CHW Community Grant funding supported community based initiatives to provide access and preventive services. Some examples include:

Access to Healthcare Network – Reno, NV

CHW’s grant will be used to enroll and coordinate care for individuals/families referred from the Saint Mary’s Redfield and Sun Valley Clinics.

The Shade Tree – Las Vegas, NV

CHW funds will be used to provide residents with preventive medical care to include pre-natal care, well-baby check-ups and women’s health issues.

Neighbors Who Care – South Chandler, AZ

CHW’s grant will be used to provide door-to-door transportation services for homebound or physically limited older adults.

Valley Community Clinic – North Hollywood, CA

CHW funds will be use to provide basic primary medical care and health services in a school-based clinic. Services will include treatment of minor illnesses, urgent care, first aid, chronic illness treatment, medication, teen services, immunizations, physical exams and insurance enrollment assistance.

Ventura County Medical Resource – Oxnard, CA

CHW’s grant will be used to provide free medical-dental care to low income, uninsured immigrant Latinos.

Al-Shifa Clinic – San Bernardino, CA

CHW funds will be used to fund Project Access a community based effort to increase free of charge primary health care, basic dental care, and some specialty care to the indigent, underserved, uninsured and under-insured.

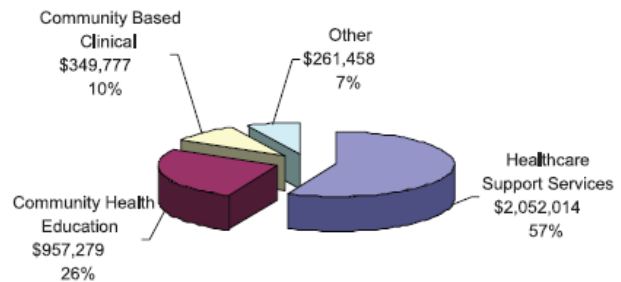
The Effort Inc. – Sacramento, CA.

CHW’s grant will be used to fund Safe Ground initiative - a project to build a safe and healthy living environment for homeless individuals and families, while working to place them in permanent housing.

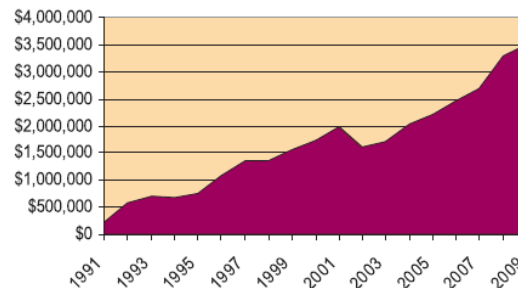
Westside Neighborhood Clinic – Long Beach, CA

CHW’s grant will be used to fund the bilingual counseling program to address the mental health challenges of domestic violence victims.

CHW 2010 Community Grants Awarded \$3.6 million



Community Grants Awards 1991 – 2010 \$35 million



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 2010

Number of Outstanding Investments	76
Number of Investments Paid in Full	4
Total Amount Outstanding	\$37.4 M
Total Amount Approved	\$51.7 M
Total Guarantees Outstanding	\$721,737

- 330 units of low income housing to be built in Henderson and Las Vegas
- Two new non-profit facilities to be built in San Francisco and Long Beach
- New investments \$12.9 million; Renewals and extensions \$11.8 million; Loans Paid in full \$3.9 million.
- Activated, for the third year, the California Community Health Centers Emergency Revolving Loan Fund, a \$26 million fund that brought Sutter, Mercy Partnership Fund, California Health Foundation, NCB Capital and Nonprofit Finance Fund as partners. The Emergency Revolving Loan Fund since inception has helped 40 community clinics and protected over 500,000 patients from losing health care access.

CHW approved Community Investments to five new borrowers in fiscal year 2010:

Henderson – Accessible Space: Investment of \$1,125,000 towards the construction of 60 units of affordable rental housing.

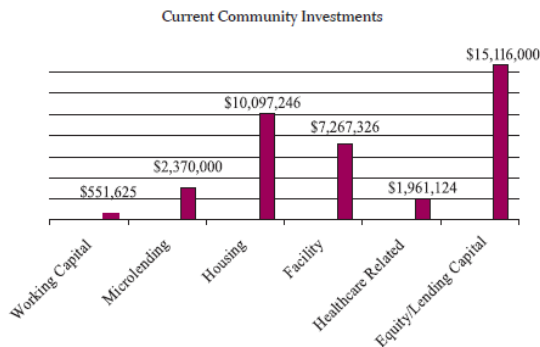
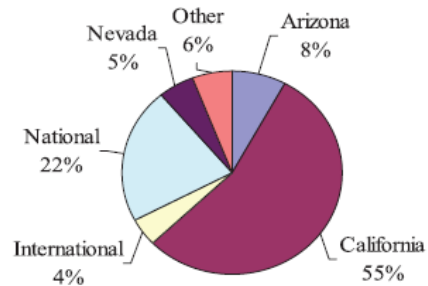
Las Vegas – Nevada Hand: Loan for \$862,500 toward the construction of 270 units of senior housing.

Reno – Nevada Microlending Initiatives: Investment of \$150,000 for small business lending.

Long Beach – North East Community Center: Investment of \$1,632,747 toward financing new Federal Qualified Health Center.

San Francisco – Mission Neighborhood Center: Investment of \$642,000 Certificate of Deposit to provide capital towards green loans.

CHW Community Investment Geographic Distribution
ITD 6/30/2010 \$128 million



Foundation for International Health

The increasing need for sustainable health care services in international communities, coupled with CHW's mission, values and heritage allows the organization a unique opportunity to expand our ministry into international communities.

Established in 2006, the Catholic Healthcare West Foundation for International Health (CHW FIH) is guided by CHW's mission, vision, and values.

FY 2010 Highlights & Progress

CHW is a national leader in community benefit. The Foundation for International Health is benefiting from this successful model and applying the same evidence based approach to our work in international communities. CHW FIH works closely with all in-country stakeholders – government, Catholic Church, clinical, and community leaders – to identify the health needs of the community, develop sustainable programs, and advocate for social change that meet those needs.

Highlights of the year include:

- ❖ Third Annual Medical Mission to Esquipulas, Guatemala: In November 2009, CHW sent its third annual medical mission team to Esquipulas, Guatemala. The mission continued to support the ministries of the Sisters of Mercy of the Americas and the Sisters of Charity of the Incarnate Word while expanding our in-country relationships with the Guatemala Health Ministry, Benedictine monks at the Basilica in Esquipulas, public and private medical communities, Universidad de San Carlos de Guatemala medical school, and community leaders. It was also a continuation of our collaboration with Catholic Health East's Global Health Ministry (GHM).

Twenty-six caregivers and administrative staff were selected from a pool of over one hundred applicants. The 2009 team represented thirteen CHW hospitals and three regional business offices. Three separate clinics were conducted each day, including a pediatric clinic. The team cared for over 1,000 patients. The team continued to provide direct primary medical care, physical, occupational therapy and nutrition

consultations, medications, and supplies to the residents of impoverished communities surrounding Esquipulas. Members of the team also provided education and training in general first-aid, nutrition, and physical therapy to members of the pastoral health community.

This year saw CHW's first 40' container of equipment and supplies delivered to our partners in Guatemala. Nearly all of the contents of the container were donated by our own CHW hospitals and are now in use at the Centro Salud and Clinica San Luis in Esquipulas and the General Hospital in Chiquimula.

The medical missions continue to be supported entirely through the generosity of CHW employees, physicians, friends and family. Employees donate through cash, payroll deduction or PTO donations. Although only a limited number of employees are able to travel to Guatemala each year – the mission is made possible through the participation and support of many, many members of the CHW family.

- ❖ Catholic Consortium for International Health Care (CCIHC): Through the Catholic Consortium for International Health Care (CCIHC), CHW collaborates on a daily basis on all issues surrounding our work. Since January 2010 a primary region of focus has been the rebuilding of Haiti - initially on immediate relief efforts (all CHW hospitals donated supplies and equipment and employees, family and friends contributed tens of thousands of dollars) and then on the coordinated rebuilding efforts for the Catholic health system in general, and Hospital St. Francis de Sales in particular.

A major success last year was working with the Catholic Health Association of the U.S. (CHA) Board of Trustees to establish a new full-time director position within CHA to focus specifically on international health care. In April of this year, CHA's new Senior Director for International Outreach was hired from within the ranks of CCIHC. Already this new position has strengthened our work with CHA and the international health community. In May 2010, CHW was selected to serve on CHA's new International Outreach Advisory Committee. CHW was also selected by CRS and Catholic Medi-

cal Mission Board to participate in developing the strategy for rebuilding the Catholic health network for Haiti.

The CCIHC Steering Committee recently secured funding from a private foundation for an initial study to determine the impact of current surplus medical supply and equipment redistribution programs in the developing world and to identify opportunities for Catholic health care to collaborate to maximize the stewardship of resources, program efficiencies, effectiveness and sustainability.

- ❖ Partnership with MedShare International: CHW has expanded our partnership with MedShare and in FY11 will send three 40' containers in support of our international projects. In collaboration with CHW Supply Chain and Ecology initiatives, we will soon expand the number of CHW hospitals participating in MedShare's regular collection of surplus supplies from three to twelve. This expansion will allow us to increase our service and support to both the international and domestic communities we serve. In FY 2010 CHW hospitals contributed more than 50,000 lbs. of surplus supplies and equipment to MedShare International.

This win-win partnership offers an environmentally responsible alternative to adding to land fill while offering communities in the developing world access to supplies and equipment that are desperately needed.

- ❖ Aid for Haiti: After the devastating earthquake in January 2010, CHW hospitals and employees joined the rest of the world in an outpouring of support. Led by CHW Supply Chain and in partnership with MedShare International, CHW hospitals donated supplies and equipment to fill a 40' container bound for Port-au-Prince, Haiti. In addition, CHW made immediate and significant donations to Catholic Relief Services and to Global Health Ministry to aid in

the reconstruction of the Hospital St. Frances de Sales in Port-au-Prince – the largest Catholic hospital in Haiti. Hospital St. Francis de Sales was 90% destroyed in the earthquake, and many of the clinical staff were killed. Throughout the winter and spring, CHW employees continued to contribute to a specially established CHW Haiti Fund to help rebuild the hospital.

Looking Forward: Plans for 2010-11

- ❖ Clean water: The most common and immediate barrier to good health in impoverished communities throughout the developing world continues to be lack of access to clean water. CHW is piloting a collaborative program with local non-profit partners in Guatemala and in the United States. We are implementing community water catchment and filtering systems in the communities of Esquipulas and Chiquimula and facilitating training workshops to be conducted by local partners in order to teach the building techniques and principals to the wider communities.
- ❖ Health Training and Education: Teaching our international partners how to better provide for their own health care needs is at the core of our ministry. In October 2010 CHW will conduct an all day education and training day for the 33 nurses who serve the 50,000 residents of Esquipulas. The nurses and selected local medical students will then work along side the CHW clinicians throughout our medical mission. Local healthcare leaders have determined session topics and CHW clinicians and health educators have developed curriculums and materials. In addition, throughout the mission we will offer education to individual patients including well baby care, personal hygiene, general nutrition and the importance of clean water.

Ecology in the Community FY 2010

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 include:

- ❖ 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. The following are some examples of community activities with an ecological focus:

Facility	Community Ecology Activity
Mercy & Mercy Southwest Hospitals, Bakersfield, CA	<ul style="list-style-type: none"> • Donated excess food to local programs • Maintained membership on the Keep Bakersfield Beautiful (KBB) Recycling Sub-Committee to strengthen eco-efforts and commitments to “Green Living” • Donated furniture for local community programs • Participated in community based recycling program with proceeds benefiting those who are disadvantaged.
Mercy San Juan Medical Center, Carmichael, CA	<ul style="list-style-type: none"> • Hosted a Farmers Stand
Mercy General Hospital, Sacramento, CA	<ul style="list-style-type: none"> • Collected home-generated sharps • Hosted Mercy Fall Classic & Fitness Expo to promote bicycling and walking • Offered a Community Shuttle • Sponsored a bike ride to support the preservation of the American River Parkway
St. Joseph’s Hospital Medical Center, Phoenix, AZ	<ul style="list-style-type: none"> • Donated medical supplies and equipment to Project Cure, whose mission is to deliver medical supplies around the world
Glendale Memorial Hospital & Health Center, CA	<ul style="list-style-type: none"> • 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
St. John’s Regional Medical Center & St. John’s Pleasant Valley, Oxnard, CA	<ul style="list-style-type: none"> • Donated food from hospital food services for the poor in the community through the St. John’s Health Ministries Programs. • Collected eyeglasses and donated to Lyons Club for reuse • Collected magazines for patients and guests to read. Magazines are recycled after they are outdated. • Collected home-generated sharps
Saint Francis Memorial Hospital, San Francisco, CA	<ul style="list-style-type: none"> • Offered Patient Belonging and SFMH Logo Bags at community events which contain 100% recycled content

Facility	Community Ecology Activity
St. Mary's Medical Center, San Francisco, CA	<ul style="list-style-type: none"> • Participated in community health fairs (contributions are always environmentally friendly in terms of production and use), improving the general health of our community • Participated in the annual Christmas Gifting program to children in the Hamilton House, a Homeless Shelter on Hayes Street where 300 children were provided with gifts; donors were encouraged to give unopened items their own children may have received; e.g. regifting. • Became a member of Interfaith Power and Light dedicated to lessening negative impact on the environment. • Celebrated Earth Day with the community by providing eco-related reading materials, quizzes, prizes, cake and organic fruit to all who attended
St. Bernardine Medical Center, San Bernardino, CA	<ul style="list-style-type: none"> • Donated old tennis shoes from staff through Nike's Reuse-A-Shoe Program • Collected cell phones for reuse and recycling through cellphonesforsoldiers.com • Partnered with Goodwill Industries to reach out to the community and our staff to provide a way to dispose of over 2 1/1 tons of items such as home computers and TV's, microwaves and other items that our local waste hauler no longer accepts. Goodwill Industries recycled all parts and provided work to our special needs community. • Hosted an Earth Day celebration, promoting and educating around West Nile virus, recycling efforts, back yard and container gardening to over 500 visitors & staff. Community members were invited to bring in over the counter or old prescription medication for proper disposal
Sierra Nevada Memorial Hospital, Grass Valley, CA	<ul style="list-style-type: none"> • Teamed up with American Cancer Society to host "Look Good...Feel Better Program" • Co-Sponsored bike ride fundraisers with KNCO Radio • Offered free skin and prostate cancer screenings and free blood pressure checks to the community • Participated in the Barbara Schmidt Millar Triathlon for Cancer Awareness
Marian Medical Center, Santa Maria, CA	<ul style="list-style-type: none"> • Adopted a local Park in which the local Girl Scout Troop cleared the park of leaves and litter and brought it back to Marian where it was sent to be composted. • Hosted a successful Environmental Fair entitled "It's Easy Being Green" with over 23 exhibitors represented including California Conservation Corps, the City of Santa Maria Utilities, Santa Barbara County Traffic Solutions and Trader Joe's
St. Rose Dominican Hospitals, Henderson and Las Vegas, NV	<ul style="list-style-type: none"> • Active participation in community Go Green programs and in local government Green Chip program
Northridge Hospital Medical Center, Northridge, CA	<ul style="list-style-type: none"> • Provided free disposal of fluorescent bulbs, mercury thermometers and sharps from the community • Donated medical equipment and supplies to the Flying Doctors

Facility	Community Ecology Activity
Mercy Medical Center Merced - Dominican Campus - Community Campus	<ul style="list-style-type: none"> • Displayed the daily Air Quality Index colored flags and signs for the benefit of staff, patients, and visitors in conjunction with the Asthma Coalition • Participated in our community's Cinco de Mayo celebration with a demo to display our waste reduction activities and encourage recycling • Promoted our Green Team's activities to over 6,000 community members who attended our open house • Provided poster presentations at our hospital campuses on global warming, reducing one's carbon footprint, solar energy, and the Great Pacific Plastic Patch
St. Mary Medical Center, Long Beach, CA	<ul style="list-style-type: none"> • Donated cardboard recycling proceeds to Beacon House of Long Beach • Offered free community health fair and screenings • Supported New Life Beginnings (Expecting Mothers Shelter)
French Hospital Medical Center, San Luis Obispo, CA	<ul style="list-style-type: none"> • Sponsored for the 5th consecutive year the American Heart Association's Start Program that encourages local businesses to provide incentives for employees to get fit and healthy by walking • Provided access for the community to the Fitness Zone and American Heart Association walking paths on campus • Partnered with the San Luis Obispo Rideshare program that helps to seek alternatives to single person commuting
Arroyo Grande Com- munity Hospital, Arroyo Grande, CA	<ul style="list-style-type: none"> • Conducted Ecology Awareness education to our community at large
Dominican Hospital, Santa Cruz, CA	<ul style="list-style-type: none"> • Procured a "green mobile clinic" for an outreach program. The van has been constructed with green materials. It has 2 exam rooms. This is a great educational "experience" for the community • Offered opportunities for the community to work and play in the hospital garden • Accepted home-generated sharps for disposal
Saint Mary's Regional Medical Center, Reno, NV	<ul style="list-style-type: none"> • Largest participant in Great Basin Basket Community Supported Agriculture (CSA) program • Presented at the annual Nevada Small Farms Conference on Saint Mary's CSA and integration with Saint Mary's WIC Program • Participated in the Nevada Hospital Association's "Health Hospitals" initiative, an alliance of hospitals to promote environmental action by medical service providers

Facility	Community Ecology Activity
Mercy Medical Center Mt. Shasta, Mt. Shasta, CA	<ul style="list-style-type: none"> Sponsored the Fourth of July Fun Run which supports the Mt. Shasta Beautification Project which has planted many trees and flowers in the community over the years and continues to improve our community environment Provided health screenings at the county fair, discovering 10 probable cancers and 31 abnormal glucose, cholesterol, breathing and blood pressure checks Partnered with Siskiyou Opportunity Center, a work training facility for adults with disabilities, to handle our recycling with proceeds going to the Opportunity Center
St. Joseph's Medical Center, Stockton, CA	<ul style="list-style-type: none"> Member/participant of the San Joaquin County Green Team, Stockton Chamber or Commerce Guest speaker at the Environmental Sustainability conference and the UC Davis Re-usable Linen/Textiles conference
St. Elizabeth Community Hospital, Red Bluff, CA	<ul style="list-style-type: none"> Initiated a program whereby the Tehama Landfill and Recycling center, the Tehama county District Fairgrounds Manager and PATH (Poor and the Homeless), developed a recycling program for large events that are held at the fairgrounds. PATH male clients, the recycling ambassadors, place recycling bins at events, supervise the use of the recycling containers and organize and sort the materials for recycling. PATH then transports the recycled materials for redemption. The money is used by the PATH program for funding needs. Contributed to the Recycle the Warmth annual clothing drive. The hospital provides a collection box in Café Raymond to recycle gently used coats and blankets for the Red Bluff homeless community
Sequoia Hospital, Red- wood City, CA	<ul style="list-style-type: none"> Instituted deliveries only after 7:30 AM until 8:00 PM in order to reduce noise Engaged all 4th grade classes in the area to help them realize that exercise, eating right, and no smoking leads to a healthy life Accepted home generated sharps for disposal
California Hospital Medical Center, Los Angeles, CA	<ul style="list-style-type: none"> Participated at the L.A. Marathon Volunteers from our Hope Street Center participated in a trash pick-up event held twice a year in our community
Community Hospital of San Bernardino, San Bernardino, CA	<ul style="list-style-type: none"> Provided in-kind operational facilities for Catholic Charities who recycle our community's donated items which includes useable household furniture, appliances, computers, and food items Donated medical equipment and supplies to those in underserved countries. Participated in the "100 tree planting program"
Chandler Regional Medi- cal Center, Chandler, AZ	<ul style="list-style-type: none"> Participated in a program with SRP, our local electrical utility provider, to provide solar energy to small businesses Continued to use Arizona Retarded Citizens as a contractor to empty and clean recycling containers located throughout the facility on a daily basis Donated medical supplies and equipment to Project Cure, whose mission is to deliver medical supplies around the world

Facility	Community Ecology Activity
Mercy Hospital of Folsom, Folsom, CA	<ul style="list-style-type: none"> • Participated in an Annual Christmas Toy Drive held at 2 local CHW Clinics to raise money to buy gifts for those in need • Partnered with the local High School on a project called “Every 15 Minutes” which is a drunken driving awareness taped by the students enacting an accident using our ED which includes a helicopter landing and the patients family arriving on the scene. This video is shared with the students at the High School to raise awareness and is an annual event for our facility
Numerous Facilities	<ul style="list-style-type: none"> • Purchased locally grown produce • Participated in local area litter and graffiti removal programs • Collected used needles from anyone in the community to ensure proper disposal • Sent old but usable medical equipment to communities and countries in need of such equipment • Delivered excess food to homeless assistance programs • Participated in Habitat for Humanity housing construction projects

Emergency Preparedness

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

nuclear agents. California facilities have participated in statewide drills, which included a chemical exposure event and a radiation (dirty bomb) terrorist event.

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

GLOBAL REPORTING INITIATIVE

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
Profile		
2.1	Name of the organization	Profile
2.2	Major products	Profile
2.3	Operational structure	Governance and Management
2.4	Location of headquarters	Profile
2.5	Countries of operation	Profile
2.6	Nature of ownership	Governance and Management
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	Governance and Management
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
3.12	GRI Content Index	Reporting
3.13	Assurance	Reporting
Governance		
4.1	Governance Structure	Governance and Management
4.2	Is Chair also Executive Officer ?	Governance and Management
4.3	Number of independent board members ?	Governance and Management

4.4	Mechanisms for providing input to board	Governance and Management
4.5	Linkage between compensation and performance	Governance and Management
4.6	Conflicts of interest	Governance and Management
4.7	Determining qualifications of board members	Governance and Management
4.8	Mission Statements	Profile
4.9	Procedures for board governance	Governance and Management
4.10	Process for evaluating board's performance	Governance and Management
4.11	Precautionary approach	Governance and Management
4.12	External Initiatives	Community Engagement
4.13	Memberships	Community Engagement
4.14	Stakeholders	Community Engagement
4.15	Selection of Stakeholders	Community Engagement
4.16	Stakeholder engagement	Community Engagement
4.17	Key topics raised by stakeholders	Community Engagement

Management Approach & Performance Indicators

Economic Performance Indicators

EC1	Economic data	Profile
EC2	Financial implications and risks of climate change	Our Buildings
EC3	Coverage of defined benefit plan obligations	
EC4	Financial assistance from government	Community Engagement
EC5	Entry level wages compared to minimum wage	
EC6	Spending on locally based suppliers	Our Purchases
EC7	Local hiring practices	Our Purchases
EC8	Public infrastructure impacts	
EC9	Indirect economic impacts	

Environmental Performance Indicators

EN1	Total materials used other than water, by type	Our Waste
EN2	Percentage of materials used that are recycled	Our Waste
EN3	Direct energy use	Our Buildings
EN4	Indirect energy use	
EN5	Energy saved due to conservation	Our Buildings
EN6	Energy efficiency or renewable energy projects	Our Buildings
EN7	Reduction of indirect energy use	

EN8	Water use	Our Buildings
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	Our Buildings
EN17	Indirect greenhouse gas emissions	Our Buildings
EN18	Initiatives to reduce greenhouse gas emissions	Our Buildings
EN19	Ozone-depleting substances	Essentially Eliminated
EN20	Air emissions	Our Buildings
EN21	Water discharges	
EN22	Waste	Our Waste
EN23	Significant spills	Our Waste
EN24	Hazardous Waste	Our Waste
EN25	Water bodies impacted by runoff	None
EN26	Impacts of products and services	Our Waste
EN27	Products and packaging reclaimed	Our Waste
EN28	Monetary fines paid	Our Waste
EN29	Transportation impacts	Community Engagement
EN30	Environmental protection expenditures	

Social Performance Indicators: Labor Practices and Decent Work

LA1	Breakdown of workforce	Our People
LA2	Employment creation and job turnover	Our People
LA3	Benefits provided to full time employees vs. part timers	
LA4	Percentage of employees in unions	Profile
LA5	Minimum notice period regarding operational changes	
LA6	Employees formally represented in overseeing H&S programs	Governance and Management
LA7	Health and safety reporting	Our People
LA8	Disease counseling	Our People
LA9	H&S topics covered in formal agreements	Our People
LA10	Training	Our People; Community Engagement
LA11	Long term training opportunities	Our People; Community Engagement
LA12	Performance reviews	Governance and Management
LA13	Composition of board and employees	Governance and Management

LA14	Male versus female salaries	
Social Performance Indicators: Human Rights		
HR1	Human rights clause in investments	Community Engagement
HR2	Human rights within supply chain	Our Purchases
HR3	Training on human rights issues	Community Engagement
HR4	Incidents of discrimination	
HR5	Freedom of association	Community Engagement
HR6	Child labor	Community Engagement
HR7	Forced labor	Community Engagement
HR8	Security personnel trained in human rights	Community Engagement
HR9	Incidents involving indigenous people	Community Engagement
Social Performance Indicators: Society		
SO1	Impacts on communities	Community Engagement
SO2	Bribery and corruption	Community Engagement
SO3	Training on corruption	Community Engagement
SO4	Incidents of corruption	
SO5	Political lobbying and contributions	Community Engagement
SO6	Value of political contributions	Community Engagement
SO7	Legal Actions	
SO8	Fines	
Social Performance Indicators: Product Responsibility		
PR1	Product life cycle analysis	Our Patients
PR2	H&S incidents with products and services	Our Patients
PR3	Products subject to labeling requirements	
PR4	Incidents regarding labeling	
PR5	Measuring customer satisfaction	CEO Message; Our Patients
PR6	Truth in advertising	
PR7	Incidents in advertising non-compliance	
PR8	Customer privacy complaints	Our Purchases
PR9	Fines associated with goods and services	

CHW Medical Foundations

- Dominican Medical Foundation, Santa Cruz
- Mercy Medical Group, Sacramento
- Mercy Imaging Centers, Sacramento
- Sequoia Medical Group, Redwood City
- Sequoia Physicians Network, Redwood City
- Sierra Nevada Medical Group, Grass Valley
- St. Joseph's Medical Group of Stockton
- Woodland Clinic Medical Group

CHW Acute Care Facilities

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

