

# Sustaining Our Healing Ministry

**FY 2011**  
***Social Responsibility Report***

# FY 2011 Social Responsibility Report

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*I believe there is nothing more important than the work we all are doing to redefine human health to include a healthy environment, a healthy planet....*

*We know the real bottom line in the sustainability debate is not cost versus benefit; it is harm versus health....*

~Lloyd H Dean~  
CleanMed 2011

# A Message From Dignity Health President/CEO Lloyd H. Dean

At Dignity Health we recognize the interdependence between human health and the environment we live in. How we contribute to the quality of life and the environment in our communities has always been a key measure of our success and it will continue to be so as we move forward.

As we mark our twenty-fifth anniversary as a health care system, we remain focused on sustaining our healing ministry by advancing our Horizon 2020 goals and strategies. In January 2012 we announced changes in our governance structure and name that will better position us to welcome new partners in a changing health care landscape. We chose our new name, Dignity Health, because dignity has been one of our core values. It is deeply embedded in our culture and clearly describes who we are and what we stand for. Our new governance structure more accurately reflects our current composition of both religiously sponsored and community sponsored hospitals.

During fiscal year 2011 we, like the nation, were impacted by the continuing economic downturn and experienced both successes and challenges:

- Despite declining revenue from government sponsored patients, we ended the fiscal year on a positive basis and delivered \$ 1.4 billion in charity care, community benefits, and unreimbursed patient care.
- We surpassed both our patient safety and our employee safety goals.
- We announced long term goals for increased energy efficiency and reduced greenhouse gas emissions.
- The level of change we have experienced as an organization has impacted employee retention and engagement, but we have listened to our employees' concerns and have developed and deployed multiple strategies to improve satisfaction.

At Dignity Health we strive to manage our resources and advance our healing ministry in a manner that benefits the common good now and in the future. Despite today's challenges I see this as time of great hope and opportunity for the future of health care and for environmental sustainability. I want to acknowledge and thank the vibrant women and men who have devoted their energy and passion to the initiatives described in this report.

Lloyd H. Dean



President and CEO

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## Standards and Scope

As the first health care system in the nation to endorse the [Ceres Principles](#), a model code of environmental conduct, Dignity Health issued its first environmental report in 1998. Our fourteenth annual report, for fiscal year July 1, 2010 to June 30, 2011, demonstrates our efforts to implement meaningful programs and recognizes our opportunities for improvement. This report represents our eighth year of integrating components of the [Global Reporting Initiative Standards for Sustainability Reporting \(GRI\)](#). We have included a [GRI Content Index](#), based on the G3.1 standard, level B, self-declared. The content index indicates where GRI reporting components can be found in the Dignity Health report.

## Assurance

In order to ensure that Dignity Health 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.

- 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 2010 Report review and our response follow.

FY 2010 Stakeholder Input	FY 2011 Dignity Health Response
Define sustainability more concretely and link goals and performance to that definition.	Included discussion of how goals and performance relate to Dignity Health's definition of sustainability.
Incorporate more long-term, concrete, measurable, time-bound metrics, goals and targets.	Strengthened discussion of goals and targets and how they are set.
Include discussion of ethics.	Included discussion of ethics in business decisions and patient care.
Provide more context on the steps taken to achieve goals.	Incorporated more discussion on the context and materiality of performance goals and targets.

- Health, Safety and Environmental Audits: Dignity Health, 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 engineers to review all hospital areas. The wide range of subjects covered in Dignity Health's audit shows that concern for an excellent hospital environment overlaps with Dignity Health'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.
  - Risk Services Audits: Dignity Health's Risk Services group (an independent Corporate managed team) conducts two to four day audits that evaluate a hospital's compliance against Joint Commission, California Department of Health (CDH), 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.

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 Dignity Health'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@dignityhealth.org](mailto:susan.vickers@dignityhealth.org). More information on Dignity Health can be found at [www.dignityhealth.org](http://www.dignityhealth.org)

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# Dignity Health Profile

Dignity Health, formerly known as Catholic Healthcare West, 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 Dignity Health 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 plan, Horizon 2020, which serves as a roadmap that will help us fulfill our mission over the next decade.

## Our Mission

Dignity Health 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

- Dignity
- Collaboration
- Justice
- Excellence
- Stewardship

## Our Vision

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.

## Horizon 2020 Goals

## Measurement

Deliver the right care at the right place, cost, and time for every patient

Dignity Health will achieve top decile quality performance at all care sites

Become America's best health system at which to work

Dignity Health is recognized nationally and locally as the best place to work and practice

Become the health care system most valued nationally as a leader, partner, and successful model of reform

Dignity Health will triple the size of the organization and individuals served as measured by a tripling of net revenue



## Horizon 2020 Strategies

- **Quality:** Implement changes and initiatives necessary to raise Dignity Health's clinical quality, patient safety, and service measures to top decile performance nationally
- **Cost:** Implement changes in Dignity Health's clinical and administrative processes that lower Dignity Health'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 Dignity Health 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

For more information regarding Dignity Health's Consolidated Financial Statements [click here](#)

For a listing and map of Dignity Health facilities [click here](#)

Dignity Health STATISTICS	2006	2007	2008	2009	2010	2011
Assets	\$8.6 b	\$10.5 b	\$10.9 b	\$11.1b	\$11.8b	\$13.1 b
Net Operating Revenue Annualized	\$6.7 b	\$7.5 b	\$8.4 b	\$9.0b	\$9.4b	\$10.6 b
Net Income Annualized	\$438m	\$891 m	\$170 m	(\$126 m)	\$485 m	\$961 m
Number of Acute Care Facilities	41	41	41	41	40	40
Acute Care Beds	6,860	8,539	8,660	8,800	8,800	8,800
Skilled Nursing Beds	906	982	955	900	900	800
Physicians	7,817	9,688	9,754	9,800	10,000	10,000
Employees	37,284	42,845	44,851	54,000	55,000	55,500
% Workforce Unionized	57%	56%	57%	58%	58%	60%
Acute Patient Care Days	1.7 m	1.7 m	1.8 m	1.8m	1.8m	1.8m
Community Benefits & Care of the Poor*	\$803m	\$922m	\$967m	\$1.2 b	\$1.3 b	\$1.4 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.



# Governance, Management And Ethics

As health care 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 health care and how we do business.

## Governance and Management Structure

The Board of Directors includes health care 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 Leadership Team (ELT) is charged by the 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.

The Operations Leadership Council comprises ten service area leaders who are directly involved with the Executive Leadership Team in goal setting, planning, and decision making. They have responsibility for developing and implementing strategies for improving quality and reducing costs.

Members of Dignity Health's governance and management make conflict of interest declarations on an annual basis.

Learn more about Dignity Health's Board of Directors, Executive Leadership Team and Operations Leadership Council at [www.dignityhealth.org/who we are](http://www.dignityhealth.org/who-we-are).

## Governance and Management Practice

The board, in consultation with the Executive Leadership Team, determines the critical issues facing the organization and sets annual and longer-term goals for patient care, employee satisfaction, social and financial performance. Achievement of those goals informs management's incentive compensation. Horizon 2020 establishes the long term goals and strategies considered fundamental to the organization's continued viability. The board and management adjust annual targets based on the previous year's performance.

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 and indicators included in this report were determined material to Dignity Health's sustainability initiatives by particular departments engaged in and responsible for the function.

- **Environmental Principles and Policies:** In 1996, Dignity Health’s Board of Directors issued our first environmental policy based on the Ceres Principles. Key personnel from each of Dignity Health’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 Dignity Health 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 Principle:** Dignity Health 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. Dignity Health 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 deficiencies or errors as they see them. To ensure that our staff is qualified to carry out their 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.

## Ethics and Compliance

At Dignity Health, our five core values are the foundation for all our programs in ethics and compliance. Respect for the dignity of the person shapes all we do for patients and our interactions with their families. Our adherence to regulations governing billing, coding, contracting, and research stems from a commitment to stewardship, justice and excellence in our work. Collaboration with others—colleagues, government agencies, vendors, other providers—provides the ground in which our work takes root.

As an organization founded by Catholic religious women, we bring these values to all the work we do, whether it is at the bedside or in the business office. The Catholic tradition of using the gift of reason to think our way through our ethical obligations is strong at Dignity Health. We take our responsibility to ask the right questions and to promote integrity both in patient care and business practices very seriously. Our [Standards for Mission Integration](#) make that responsibility clear.

Ethics Committees at each hospital meet regularly to educate and provide consultation services to caregivers, and patients or families who identify an ethical conflict in their care.

Consistent with our values, Dignity Health is also committed to ethical business practices compliant with all applicable laws and regulations. We have developed extensive compliance and business ethics programs that are designed around the standards for such programs as articulated in the Federal Sentencing Guidelines for Organizations as well as the risks that we face as a provider of health care services. These programs are implemented across the Dignity Health care settings, including hospitals, clinics, home health agencies and other business locations of Dignity Health. Among other things, these programs ensure that employees and physicians are legally eligible and qualified to provide care, that our employees are educated about our program, that they receive periodic training regarding the

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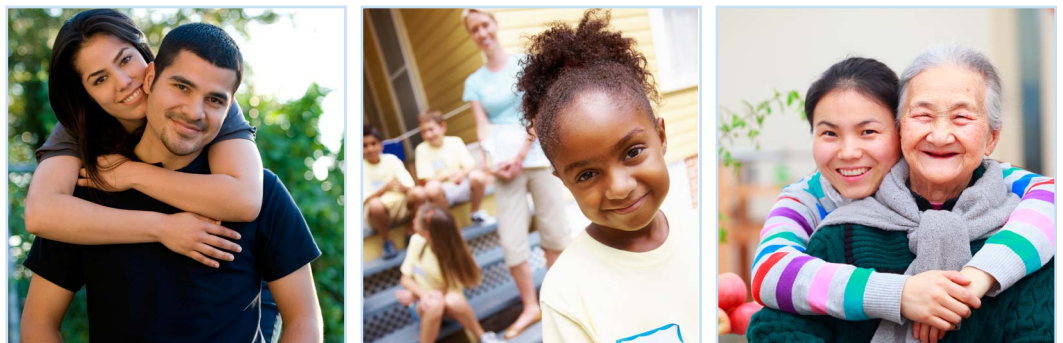
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laws, rules and standards that apply to their individual work, and that there are a variety of mechanisms – including anonymous mechanisms – that allow employees to ask questions or raise concerns about ethical issues or possible non-compliance with the laws or Dignity Health policy. Moreover, the program also includes monitoring and auditing processes designed to measure our compliance, a commitment to promptly remediate non-compliance (including restitution where we have been overpaid) and regular reports to senior management and the Audit & Compliance Committee of Dignity Health’s board on our progress in executing the programs.

Health care is by far the most highly regulated segment of the U.S. economy, and complying with the plethora of constantly changing laws and regulations is a challenge for Dignity Health and most similarly situated providers. However, our processes to ensure that we monitor and implement program changes, and our efforts to continuously assess compliance, have contributed significantly to reducing our risk of non-compliance. Dignity Health is a best practice leader in this context through its use of objective metrics and the fact that a compliance scorecard based on these metrics (which is tied to a hospital president’s participation in the annual incentive program) is used to measure how well each hospital executes the program.

Dignity Health is committed to making all of our business decisions based upon ethical principles, values and integrity. This careful attention to business ethics, in turn, supports the quality of our patient care by providing the right mechanisms for investigating any concerns employees or patients may have and for identifying potential weaknesses in internal systems and management.

Because the health care environment is complex and changing, sometimes there are situations requiring resolution that seem to (or actually) put Dignity Health’s core values in conflict—the closing of a program or the anticipated use of a new technology, for example. At those times, we use a [structured, reflective process](#) for deliberating that allows time to consider the various options in light of our values, and make a decision that supports them.





*“The wholeness of the world can only be restored one heart at a time.”*

*✧ Rachel Naomi Remen ✧*

# Our Patients

Providing quality, affordable care, accessible to all, is critical to Dignity Health's viability – indeed it is critical to the sustainability of the U.S. health system.

## Quality

Throughout the Dignity Health network, whether we are treating a spinal injury, preventing community-acquired pneumonia, or delivering babies, we work hard to provide excellent care with compassion. Dignity Health 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.

We participate 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. Twelve of these measures will be included in the CMS Value Based Purchasing Program (VBP) beginning in Federal Fiscal Year 2013. CMS will withhold a percent of payment to be earned back through an accumulation of points that will be based upon performance in measures of quality. Hospitals that earn the most points will be eligible to receive more than the amount held back and hospitals with the least amount of points will lose the money held back. We are pleased to report that Dignity Health hospitals continue to achieve high levels of performance in these measures with a combined composite score of 97%. We set high targets to maintain the quality and further improve the consistency of care we provide to our patients in these important clinical conditions.

## Palliative Care

Dignity Health's palliative care programs are dedicated to providing excellent care for patients with life-limiting illness. Palliative care services engage physicians, nurses, social workers, chaplains and other caregivers in providing multi-professional care that seeks to decrease pain and suffering, whether physical, mental, social or spiritual, and to enhance quality of life. Often first engaging end-of-life patients and concerns, palliative care is evolving to address patient and family issues that arise when a chronic life-limiting illness or condition is first diagnosed—sometimes years before a terminal stage of the illness develops. In the eight years of its Palliative Care Initiative, Dignity Health has tracked quality measures in order to assess the effectiveness of its programs.

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Dignity Health's expectations for FY2011 required that hospitals achieve top quartile outcome goals for improving care for the seriously ill and dying, including advance

care planning goals oriented toward helping patients establish goals of care. The system average mean at year end for Advance Care Planning for eligible patients was 88.08% compared to the FY2010 rate of 80.49%, a notable improvement in documentation of conversations with patients that communicated prognosis and addressed spiritual concerns. However, the 2011 top quartile quality goal for Advance Care Planning, measured on an annual cumulative basis, fell short of the 90% goal for eligible patients by almost 8 points with the system mean at 82.33% on a rolling cumulative basis. Failure to document discussions regarding prognosis and assessment of spiritual care were the primary elements that contributed to the shortfall. Each hospital with a score of less than 90 received a system analysis indicating the factors contributing to the gap between their score and the goal, with recommended actions for improvement in FY2012.

## Patient Centered Care

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

We recognize that we must partner with, not merely serve, patients. Consequently, Dignity Health provides meaningful venues for patients and their families to provide input. Every hospital has established a Patient and Family Advisory Council (PFAC). These Councils serve as the “patient voice” in hospital decision-making and are comprised of recent patients, their families, staff and leadership. Patients and their families help establish priorities; provide critical insights regarding patient needs and concerns; participate in new program development; encourage patient and family involvement; and strengthen communication between patients, families and caregiver teams.

Dignity Health participates in the national Hospital Consumer Assessment of Healthcare Providers Survey ([HCAHPS](#) [pronounced “H-caps”]) process that is tied to reimbursement through the VBP program described above. The VBP will withhold payment from hospitals that do not achieve patient experience scores in the range between the 50th and 100 percentile.

The HCAHPS 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.

Dignity Health continues to perform at close to the top quartile in the patient’s overall assessment of the hospital (percent of patients who rate the hospital 9 or 10 on a 10 point scale), which is the result of initiatives we have had in place since FY 2007. In FY 2011, CHW focused on patient experience in areas that were likely to impact patient safety as well. These are the HCAHPS dimensions of communication around medications and discharge information. We improved substantially in these two areas, bringing the average performance from below the 50th percentile to close to the 65th percentile.

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For Dignity Health sustainability includes providing excellent care in a manner that optimizes patient and employee safety and minimizes environmental impact.

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## Patient Safety

The [National Patient Safety Goals](#) (NPSG) 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 the NPSG 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 NPSG are an important component of the Joint Commission survey process at each hospital. Full compliance with NPSG means patients are far less likely to experience unintentional harm during their hospitalization. We 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 NPSG were not followed

The ultimate goal of these varied strategies is to help facilities effectively implement the required NPSG that will then impact and improve patient care and eliminate unnecessary risks to all patients. We have achieved our three year goal with 100% of our hospitals reporting compliance with at least six of the NPSG.

The National Patient Safety Goals involved specific actions from all care providers. We learned that directly improving patient outcomes and enhancing the analysis of data improves the culture of safety at a hospital. Accomplishing compliance with each of the NPSG has required system level leadership and expertise and extreme dedication from hospital leadership. The Patient Safety Team in the Dignity Health system office partners with the senior leadership at the hospitals to identify system wide initiatives that mitigate, if not eliminate, unnecessary harm to patients.

In FY2012 Dignity Health hospitals will focus on safety initiatives in emergency care and perinatal care.

Emergency Departments (EDs) play critically important roles in hospitals and the communities they serve. Dignity Health’s EDs evaluate and treat more than one million patients annually. EDs are also one of the highest risk areas of hospitals due to the high volume of patients, unexpected surges of activities, high acuity of illness and dependence on multiple ancillary services. Unjustified clinical variation can lead to adverse events for patients and increased litigation costs for hospitals. In FY 2012 Dignity Health is concentrating on opportunities to reduce variation and mitigate risks by assessing patients in a timely manner and implementing standardized, evidence-based practices.

Adverse events associated with perinatal services can have profound implications for patients and their families. Evidence based practices and professional guidelines have significantly advanced in recent years. By adopting and implementing these approaches, Dignity Health has opportunities to increase perinatal safety and reduce potentially avoidable harm to infants and new mothers.

## Our Patients

Goals	Baseline	FY 2011 Target/Actual	FY 2012 Target
<p>Quality Care</p> <p>Continuously improve patient care outcomes</p>	<p>FY2010 96% compliance in all publicly reported measures</p>	<p>Target:</p> <p>Achieve &gt;96% compliance in all publicly reported measures</p> <p>Actual:</p> <p>Achieved 97% compliance</p>	<p>Target:</p> <p>Maintain &gt;96% compliance in all publicly reported measures</p>
<p>Palliative Care</p> <p>Continuously improve patient outcomes and patient and family experience with Palliative Care</p>	<p>80% of patients eligible for advance care planning received same, against a target of 70%</p>	<p>Target:</p> <p>Achieve advance care planning and quality goals for 90% of eligible patients</p> <p>Actual:</p> <p>Achieved advance care planning for 88% of eligible patients</p> <p>Achieved advance care quality goals for 82% of eligible patients</p>	<p>Target:</p> <p>Achieve advance care planning and quality goals for 90% of patients</p>
<p>Patient Centered Care</p> <p>Continuously improve patient satisfaction with care</p>	<p>FY2010 48th percentile in patient satisfaction in HCAHPS dimensions for discharge information and communication about medications</p>	<p>Target:</p> <p>Achieve 60thth percentile in patient satisfaction in HCAHPS dimensions for discharge information and communication about medications</p> <p>Actual:</p> <p>Achieved &gt;63th percentile</p>	<p>Target:</p> <p>Improve by 7% the number of VBP points received through improved HCAHPS scores</p>
<p>Patient Safety</p> <p>Continuously improve patient safety</p>	<p>Baseline:</p> <p>Less than 40% of hospitals achieved 6 or more National Patient Safety Goals (NPSG)</p>	<p>Target:</p> <p>80% of hospitals achieve 6 of 10 NPSG</p> <p>Actual:</p> <p>100% of hospitals achieved 6 of 10 NPSG</p>	<p>Target:</p> <p>Implement standardized Triage System in all EDs and ensure timely evaluation of patients</p> <p>Train staff on evidence based practices in Perinatal Safety and demonstrate compliance with the protocols</p>



## Process

Our Horizon 2020 vision is to be “A growing and diversified health care ministry distinguished by excellent quality and committed to expanding access to those in need.” Our goal is to achieve top decile performance in national publicly measured and reported standards of care. In collaboration with stakeholders throughout the organization and upon approval of the Executive Leadership and the Board, the Office of the Chief Medical Officer identifies and pursues performance improvement goals using the following to establish priorities: (1) initiatives that help achieve the mission of the organization to bring care to the underserved, (2) ongoing and upcoming regulatory requirements for quality, safety and service, (3) innovations and changes in the market place, (4) variation in practice and outcomes between Dignity Health facilities, (5) opportunities for improvement when compared with external benchmarks, and (6) evidence-based validation of the issue and the strategies necessary to result in improvement.

We selected specific metrics in the areas of quality, patient safety, patient-and family-centered care and clinical efficiency to measure our progress. We implemented a wide range of evidence-based strategies to achieve our goals. Most of the measures have one year improvement goals (specific to the respective goal) and some also have 3 year goals for improvement (also specific to the goal).





*“The future belongs to those who give the next generation  
reason for hope.”*

*✧ Pierre Teilhard de Chardin ✧*

# Our People

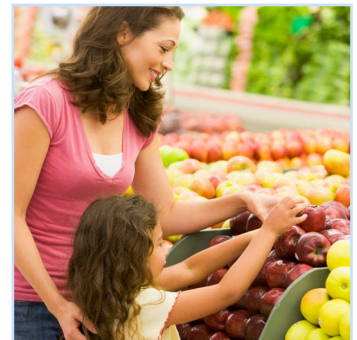
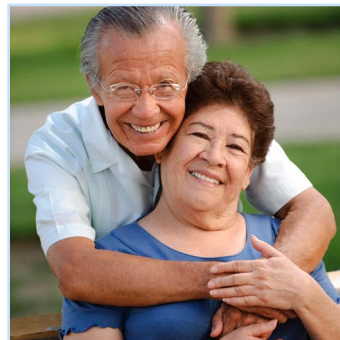
Our employees are the reason our healing ministry continues to succeed. The care and compassion delivered by the more than 55,000 women and men of Dignity Health have established this organization as among the best in the nation. Dignity Health is committed to providing our employees with the tools and 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.

Our diligent focus during FY 2011 toward reducing the turnover of employees within the first year of employment was not as successful as we had anticipated. We continue our momentum of creating processes and programs that will attract, engage and retain our employees. Talent management has significant opportunities and challenges ahead in the coming years.

- Find the right talent – simple as it may seem, everyone is looking at the same type of individual. Competition is tough.
- Continue to skill and develop that right talent - ongoing training and development is essential to retention.
- Incentivize the right talent – invest in the people who are making a difference for the organization.
- Invest in Leadership talent – invest in leaders that can set goals and drive changes.
- Create an ethical culture – increasing transparencies and creating a culture of rewards and appreciation.

We will specifically create tools to assist Dignity Health to reach the desired goals of Horizon 2020 through reviewing and evaluating our processes and refining them to align with the core organizational capabilities.

The focus for FY2012 will be to continue to increase the diversity of candidates, primarily focusing on internal mid-level management, and to strengthen our diverse leadership succession pool. Additionally we will develop and implement the most effective recruitment best practice to attract and retain diverse talent. We have identified the pivotal positions within the organization that will have the greatest impact on the execution of our business strategy.



## Our People

Goals	Baseline	FY 2011 Target/Actual	FY 2012 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: 18% 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: 61% 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% 1st year overall turnover rate  Actual: 10.2% overall turnover rate 21.5% 1st year overall turnover rate	Target: 10% 1st year overall turnover rate
Reduce RN turnover rate	11.86% RN turnover rate in FY 2008	Target: 10.2% RN turnover rate  Actual: 10.4% RN turnover rate	Target: 10.2% RN turnover rate

### A Best Place to Work

Dignity Health's Total Rewards programs are designed to achieve Dignity Health's mission and vision of creating the best health care value to improve the health of the communities we serve and provide each employee with choices to improve the quality of life for themselves and their families. To achieve our vision, we must attract highly qualified talent and create the environment for our employees to embrace and demonstrate our values and their gifts. We recognize and reward those contributions by providing a competitive rewards program that:

- Is comprehensive in providing meaningful benefits that are simple and understandable
- Is sustainable for the longer term and affordable for both our employees and our healing ministry



<b>Total Employees</b>	<b>55,507</b>
<b>Benefited Employees</b>	<b>48,001</b>
Full Time	36,509
Female	27,514
Male	8,995
Part Time	11,492
Female	9,635
Male	1,857
<b>Non-Benefited Employees</b>	<b>7,506</b>
Female	5,637
Male	1,869
<b>Total Employees</b>	<b>55,507</b>
<b>Union Employees</b>	<b>32,418</b>
Female	25,287
Male	7,131
<b>Non-Union Employees</b>	<b>23,089</b>
Female	17,499
Male	5,590

- Encourages shared responsibility
- Rewards and recognizes success
- Encourages healthy balance between work life and personal life
- Encourages wellness
- Stresses open communication and education

Salary and benefit costs are the largest component of Dignity Health’s operating expenses. Because we are anticipating more limited revenue increases, the rate of salary and benefit inflation must be curtailed to align with the anticipated revenue stream and our overall total rewards strategy.

There are three components of salary and benefit costs we are tracking:

1. Average salary increases,
2. Total benefit cost (inclusive of Health & Welfare and Retirement); and
3. Total number of FTEs

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.

During the last year several Dignity Health facilities were recognized as a best place to work in their communities, based primarily on employee feedback about their work experience at Dignity Health. Several others received national recognition through Modern Healthcare’s Best Places to Work in Health care competition, named as a top 100 health care 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 Dignity Health 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.

## Labor Relations

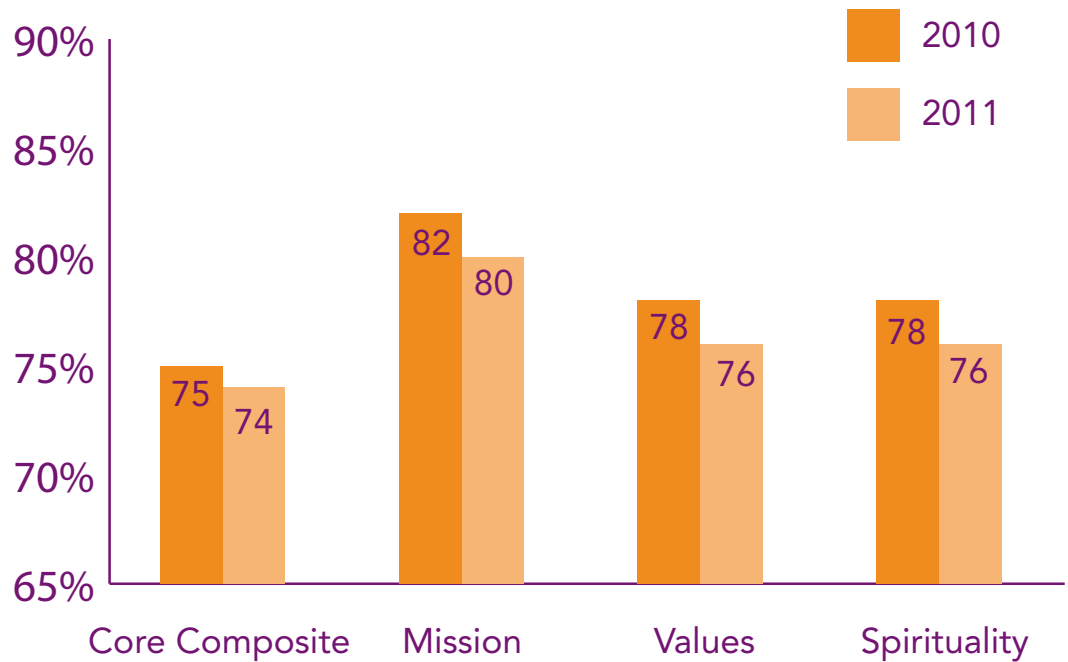
Dignity Health respects the right of its employees to be represented and considers itself to have a positive, collaborative working relationship with the unions that represent its employees. In fact, nearly 60% of Dignity Health’s workforce is represented. More specifically, in California and Nevada over 32,000 (nearly 70%) of Dignity Health’s employees are represented by 11 different labor unions. The vast majority are represented by SEIU (predominantly service and technical employees) and CNA (registered nurses).

## Developing Organizational Capacity (DOC) Employee Satisfaction/Values Integration Survey

For several years Dignity Health has looked to DOC as its values- based survey developed with [NewMeasures](#) to gauge its organizational effectiveness and values integration. The DOC Survey provides ongoing feedback regarding employees’ perspectives on mission and values integration, the overall effectiveness of the organization, as well as system processes such as teamwork, recognition, innovation, supervision and work pressure.



Round 5 of the updated Survey was administered April 1st – June 30th, 2011. Dignity Health achieved a score of 74 on the Core Composite Score (Q1-16) regarding overall organizational effectiveness. This represents a one point drop from the 2010 measure of 75 and, representing the 69th percentile, falls short of the Employer of Choice goal of achieving NewMeasures 85th percentile.



The quality metric tracking culture and behaviors consistent with core values at the facility level is question 17: “The core values of Dignity Health: dignity, collaboration, stewardship, justice and excellence, are demonstrated in our day to day work.” The 2010 system score of 78 on this question, reflected Dignity Health’s 90th percentile achievement. In 2011, the system score of 76 reflected a drop of two points which corresponds to the 70th percentile. Dignity Health also looks to its DOC Survey ‘Employer of Choice’ dashboard indices to provide a snapshot of employee engagement and integration of mission and values. These indices provide key information about employees’ likelihood of remaining at Dignity Health based on their degree of engagement, alignment with mission, core values, and workplace spirituality, and the extent to which employees feel recognized and valued. In 2011, both indices showed erosion that indicate a greater likelihood of employees leaving Dignity Health (an increase of 1.1%, from 6.2% to 7.3%) and less engagement with Dignity Health’s mission and values (a decrease in mission engagement of 1.6%).

In interpreting the lower scores, NewMeasures suggests that the degree of change during the last two years in Dignity Health as an organization has lead to employee judgment that the organization and its mission is less effective than in 2010. Communication about changes, taking care to include employees in crafting change and assuring that employees feel valued in the midst of change are crucial to re-engaging people.

The primary driver identified to encourage an increase in employee confidence is encouraging new and better ways of doing things. This begins with fostering an atmosphere of trying new things, rewarding people who come up with new ideas, and making the work place a learning organization that allows people to risk the effort to find new solutions. NewMeasures adds that coaching people in how to create new



solutions helps staff to feel more valued and reinforces commitment to their work, creating a strong link to organizational effectiveness. Recognition that is specific and concrete, using established awards processes and removing obstacles that get in the way of completing meaningful work are also key.

In order to increase employee confidence in Dignity Health's organizational effectiveness, we are seeking to actively engage employees by:

- Utilizing systematic approaches to encouraging new ideas;
- Reviewing, enhancing and increasing use of recognition programs;
- Making the workplace a learning organization that provides skills coaching, constructive feedback and learning opportunities that allow people to develop.

As the Mission Leadership Council continues to place high value on facility culture and behaviors that are consistent with core values, the Mission Leadership Council will work with facility mission leaders to ensure that each facility has developed improvement plans designed to return the system to a 90th percentile goal of 79 for 2012 on Q17.

### **Recognizing Employee Contributions**

In recognition of the fact that our successes in 2011 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 2011, 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 Dignity Health gave more than \$10 million in awards to more than 40,000 employees.

### **Investing in Career Growth**

Dignity Health 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.

Dignity Health 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 Dignity Health 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.

### **Equal Opportunity Employer**

Dignity Health is an Equal Opportunity Employer. It is the policy of Dignity Health, including its System Offices and all of its facilities to be fair and impartial in all interactions with applicants and employees. At Dignity Health, 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. Dignity Health is committed to providing a work environment that is free from unlawful harassment.

We plan to review and update our policies during FY2012.

## Workplace Diversity

Dignity Health recognizes the importance and value of a diverse workforce in enabling us to sustain our mission and core values, be representative of the communities we serve, and meet our future objectives. We have programs in place which identify diverse candidates for internal positions, both currently available and for future placement. Additionally we employ a vast array of recruitment and sourcing methodologies to ensure that we attract diverse candidates for all open positions. We also include leadership diversity as one of our key strategic performance metrics.

On an annual basis we sponsor the Dignity Health Fellowship program which was founded to expose high potential diverse students to work experiences within the health care environment, while providing us with a pool of diverse future Dignity Health leaders.

Dignity Health 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 Dignity Health Qualified Medical Interpreter Program which provides a minimum standard for testing and training for Dignity Health 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 Dignity Health facility in high use languages such as Spanish, Russian, Vietnamese, Tagalog, Cantonese, Mandarin or Korean.



<b>Minority Representation</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Corporate Board	5	5	5	5	5	5
	31%	31%	26%	26%	28%	28%
Hospital Boards	107	136	146	134	143	143
	23%	30%	39%	44%	44%	45%
Corporate Officers	5	5	2	6	6	6
	56%	56%	40%	60%	60%	67%
Managers	508	423	452	472	461	405
	21%	19%	20%	20%	19%	18%

### **Advancement of Women**

<b>Female Representation</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Corporate Board	9	9	9	9	9	9
	56%	56%	47%	47%	50%	50%
Hospital Boards	160	166	146	128	134	131
	34%	37%	39%	42%	42%	50%
Corporate Officers	4	4	9	4	4	4
	44%	44%	47%	40%	40%	44%
Managers	1584	1451	1521	1541	1607	1430
	68%	67%	66%	65%	65%	65%

Goals	Baseline	FY 2011 Target/Actual	FY 2012 Target
Promote employee safety by focusing on prevention	1.524 Indemnity Injury rate in FY 2009	Target: <ul style="list-style-type: none"> <li>• 1.397 Indemnity rate</li> <li>• At least 70% of the hospitals that meet the criteria will execute the "Employee Safety Bundle"</li> </ul> Actual: <ul style="list-style-type: none"> <li>• 1.247 Indemnity rate</li> <li>• 100% of eligible hospitals executed the Safety Bundle</li> </ul>	Target: <ul style="list-style-type: none"> <li>• Maintain Indemnity Injury Rate &lt;1.397 system wide</li> <li>• 70% of the hospitals that meet the criteria will execute the Safety Bundle</li> </ul>

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For the second consecutive year, we achieved outstanding results in the employee indemnity rate with a system-wide injury rate below target level performance. Of the twenty-two facilities that met the criteria for implementing the Safety Bundle, 100% did so.

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Dignity Health has made important improvements in the workers' compensation program going from an indemnity injury rate of 4.76 injuries per 100 FTE in FY2003 to 1.247 injuries per 100 FTE in FY2010. Although the system has been consistently doing well and better than industry benchmarks, a slight variance in the system performance required a strong focus in FY2011 on facilities that were not meeting system-wide goals.

Continued efforts to prevent injury and reduce the frequency of injuries were the focus in FY2011. A Safety Bundle (a set of procedures, training tools, and required actions) was implemented to improve workplace safety by preventing incidents of injuries from reoccurring. Facilities that ended FY2010 with in an indemnity injury rate above the Target Level of 1.397 per 100 FTE, or rose above the Target Level in any quarter of FY2011 were required to implement a Safety Bundle. The Safety Bundle required these hospitals to perform two specific elements: 1) conduct an injury cause analysis (utilizing the Root Cause Analysis (RCA) process) within 45 days of all new indemnity injuries; and 2) conduct a monthly executive safety walk around.

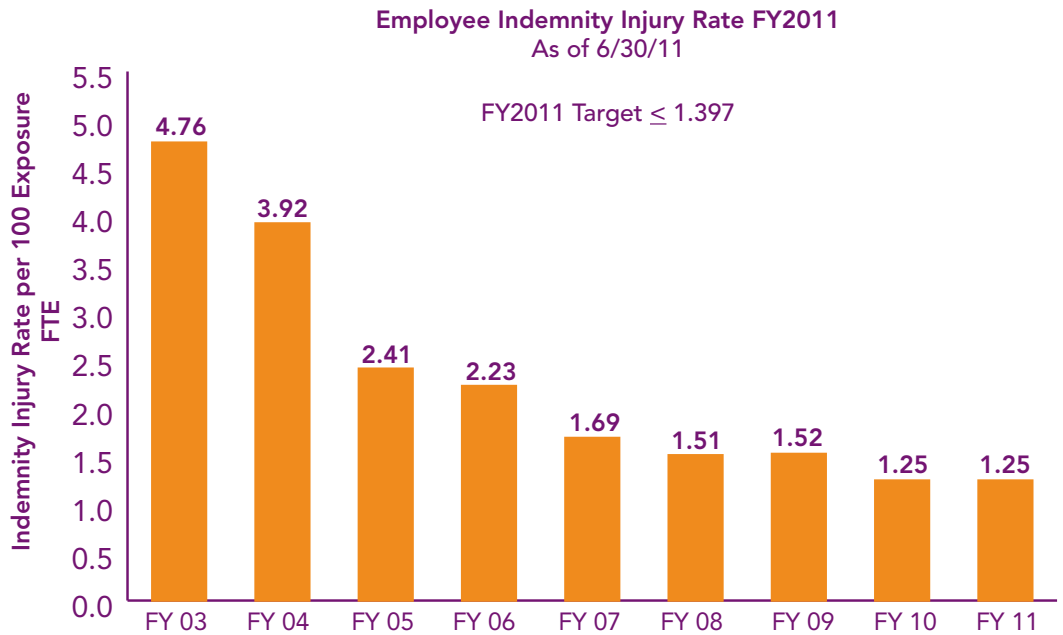
We established the following metrics to measure progress:

- **Indemnity Injury Rate Metrics:** The employee indemnity injury rate target goal of 1.397 per 100 FTE in FY2011 was established for both the system and all facilities.
- **Safety Bundle Metrics:** Seventy percent of the hospitals that meet criteria will fulfill the injury cause analysis requirement at least 70% of the time and fulfill the executive safety rounds requirement 70% of the time.

For the second consecutive year, we achieved outstanding results in the employee indemnity rate with a system-wide injury rate below target level performance. Of the twenty-two facilities that met the criteria for implementing the Safety Bundle, 100% did so.

With support from facility senior management, and department management, the workers' compensation coordinators, and the site champions, many facilities showed great progress with the implementation of new safety program initiatives. The addition of the Safety Bundle proved to be a valuable tool that is now being utilized throughout the system. The RCA process allowed the engagement of both the

employee and manager to identify the cause of how and why the injury occurred, and to determine a solution for the prevention of future incidents. The Safety Walk Around checklist allowed facilities to monitor potential workplace safety hazards and respond to any necessary injury prevention action. The implementation of new facility safety program initiatives and the Safety Bundle played a large part to the success of the system-wide program results in FY2011. The graph shows the employee indemnity injury rate trend for the last nine years.



### FY2012 Target Goals and Initiatives

Ongoing efforts to advance injury prevention and employee safety will continue to be the focus for FY2012. The indemnity injury rate per 100 FTEs system-wide Target Goal is  $<1.397$ . The Target Goal for all California facilities is  $<1.397$ , and  $<1.450$  for all Nevada facilities. (Differences in state regulations governing indemnity injuries necessitate the different rates.)

Continued focus to improve workplace safety and reduce related costs is essential to the success of the Dignity Health Workers' Compensation Program. In that effort, Risk Services is implementing a "pilot" program with the introduction of the Bionomics, Backsafe/Sittingsafe injury prevention program developed by Future Industrial Technologies (F.I.T). The pilot will be conducted at Northridge Hospital Medical, Mercy General Hospital and St. Joseph's Medical Center of Stockton.

The Backsafe and Sittingsafe training programs are based on practical aspects of biomechanics, stretching, ergonomics and the behavior sciences to achieve short and long-term benefits. Bionomics training methodology is designed with a new approach that will teach employees proper body mechanic behaviors i.e., pushing, pulling, bending, stretching, etc., appropriate to specific job tasks, as well as how it applies to outside of work activities for their personal proper body mechanics management. Employees will also learn through practical and interactive training from a certified injury prevention specialist how to minimize daily physical stresses that otherwise might accumulate over time to cause pain and potential injury. The Bionomics customized training will provide a value added employee health initiative to the employee safety program.



*“We have always held to the hope, the belief, the conviction that there is a better life, a better world, beyond the horizon.”*

*✧ Franklin D. Roosevelt ✧*

# Our Purchases

The sheer volume of the products we purchase each year makes environmentally responsible purchasing a critical sustainability issue. Dignity Health is committed to purchasing products and services that are inherently safer to human and environmental health and that address environmental impacts throughout their lifecycle. Dignity Health's environmentally preferable purchasing policy, implemented through its Supply & Service Resource Management (SSRM) 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

Our purchasing policy pursues multiple 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 reuse within the hospital, transfer to another user (such as the community organizations), recycling, 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 SSRM team has reached beyond Dignity Health to influence the purchasing policies of Premier, a hospital group purchasing organization (GPO) in which Dignity Health holds membership. Dignity Health'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. We are working with Premier to implement Practice Greenhealth's [Standardized Environmental Questions for Medical Products \(Version 1.0\)](#), which can be used to guide the identification, selection and procurement of environmentally preferable medical products.

Our current goals are to increase the use of reusable products, reduce the use of hazardous chemicals, focus on greening the operating room and promote food systems that are ecologically sound, economically viable and socially responsible.

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Dignity Health is committed to purchasing products and services that are inherently safer to human and environmental health and that address environmental impacts throughout their lifecycle.

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## Our Purchases

Goals	Baseline	FY 2011 Target/Actual	FY 2012 Target
Increase use of reusable products through the Stryker Sustainability Solutions Reprocessing System	<ul style="list-style-type: none"> <li>• Cost avoidance: \$2 million</li> <li>• Waste diversion: 13,635 lbs in FY 2008</li> </ul>	<p>Target:</p> <ul style="list-style-type: none"> <li>• Cost avoidance: \$6.0 million/</li> <li>• Waste diversion: 140,000 lbs</li> </ul> <p>Actual:</p> <ul style="list-style-type: none"> <li>• Cost avoidance: \$5.6 million/</li> <li>• Waste diversion: 198,000 lbs</li> </ul>	<p>Target:</p> <ul style="list-style-type: none"> <li>• Cost avoidance: \$5,847,762</li> <li>• Waste diversion: 200,000 lbs.</li> </ul>
Create an environment for patients, employees and visitors free from hazards posed by chemicals	Develop and seek approval of a comprehensive chemicals policy	<p>Target:</p> <p>Develop and implement strategies and metrics for promoting and using products with environmentally preferable chemicals.</p> <p>Actual:</p> <p>Worked with NGOs to develop and refine strategies and educate SSRM and EVS managers throughout Dignity Health.</p>	<p>Target:</p> <ul style="list-style-type: none"> <li>• Educate additional groups within Dignity Health (i.e.: Infection Practitioners, Plant Operations and Nursing) on the chemicals policy with the goal of encouraging staff to incorporate this policy into their respective unit's day to day activities immediately.</li> <li>• Identify specific chemicals to be targeted system wide based on their toxicity and volume used.</li> </ul>
Implement strategies in the OR to reduce cost and environmental impact	Annual Surgical Services Council goals will include environmental goals that decrease waste and support reuse in the operating room	<p>Target:</p> <p>Develop two additional environmentally focused goals with metrics.</p> <p>Actual:</p> <p>Established goals for single use- device reprocessing</p>	<p>Target:</p> <ul style="list-style-type: none"> <li>• Quantify potential savings, and complete evaluation of reusable linens and O.R. basins and make a recommendation regarding implementation.</li> <li>• Continue/enhance reprocessing of single-use devices.</li> </ul>
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 Dignity Health's environmental/sustainability efforts	<p>Target:</p> <p>Reduce Styrofoam usage within Dignity Health FS Departments by 20% based on our spend rate (Current annual spend is \$580,000).</p> <p>Actual:</p> <p>Reduced Styrofoam usage by 1%.</p>	<p>Target:</p> <ul style="list-style-type: none"> <li>• Continue to identify realistic alternatives to Styrofoam.</li> <li>• Research composting opportunities for all facilities either onsite or offsite.</li> </ul>

## Performance and Challenges

**Reprocessing:** Dignity Health has contracted with Stryker Sustainability Solutions, Inc. (formerly known as Ascent Healthcare Solutions), 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 FY2011 Dignity Health eliminated 198,080 lbs of medical waste from the waste stream at a fiscal cost avoidance of \$5,596,218. While we exceeded our waste diversion goal, we fell about \$400,000 short of our cost avoidance goal for reprocessing. We have adjusted our target for FY2012 to a level we believe is achievable.

**Reducing Hazardous Chemicals:** At the start of this initiative, no Chemicals Policy was in existence. In FY 2009, Dignity Health adopted a comprehensive chemical policy which articulates our commitment to create an environment for patients, employees, and visitors that is free from the hazards posed by chemicals harmful to humans, animals, and the environment. Implementing the policy has proven to be challenging in that the issues are complex and the constituencies that need to be educated are numerous and diverse.

Assisting us in developing strategies for promoting, developing, and using chemicals that are environmentally preferable across their entire lifecycle are NGO stakeholders from Health Care Without Harm, Practice Greenhealth, and Clean Production Action. Participating on monthly conference calls we used the [BizNGO Working Group's Guide to Safer Chemicals](#) and its four Principles for Safer Chemicals as a resource and tool.

These four principles (#1 - Know and Disclose Product Chemistry, #2 - Assess and Avoid Hazards, #3 - Commit to Continuous Improvement, #4 - Support Public Policies and Industry Standards) have as their aim the reduction and elimination of chemicals of concern to our health and the health of our environment. The principles and accompanying questions assist organizations by increasing the level and quality of information that vendors are required to disclose on product content and toxicity throughout the supply chain. The questions signal the market that, organizations such as ours prefer to purchase products that do not contain chemicals or materials that are inherently toxic, and eventually will prefer to purchase high performing products that are designed and made without high hazard chemicals.

Presently, we are increasingly addressing chemicals of concern with our suppliers, asking advance information about chemicals and chemical components of products. Some specific examples include pvc, dehp, mercury, latex, and triclosan.

In addition, we have introduced the Chemical Policy to the SSRM team and our Environmental Services Managers and asked them to review the chemical content of the products they use and to choose alternatives if necessary.

The following table offers an initial assessment and comprehensive view of where Dignity Health is in managing chemicals in products as well as opportunities for next steps.

## Dignity Health Pilot: BizNGO Roadmap to Safer Chemicals

Principle	Benchmark	Strengths	Opportunities for Improvement
#1 Know and Disclose Product Chemistry	Trailhead	Dignity Health is already requesting that suppliers/ GPO request data for a handful of chemicals of high concern.	Dignity Health could, with its GPO, ask if suppliers: <ul style="list-style-type: none"> <li>• know all chemical ingredients in their product (beyond MSDS)</li> <li>• publicly disclose all ingredients.</li> </ul>
#2 Assess and Avoid Hazards	Trailhead	Dignity Health is already purchasing safer alternatives for a handful of chemicals and has established internal and external (with GPO) protocols for environmentally preferable procurement.	Expand target chemicals for elimination/reduction (#2.3a) <ul style="list-style-type: none"> <li>• Ask IT firms if they evaluate product content using Green Screen (#2.4); many are already doing this.</li> <li>• Other easy actions for Dignity Health to address are halogenated chemicals in electronics (#2.7) and RoHS chemicals in all electronic products (#2.8)</li> </ul>
#3 Commit to Continuous Improvement	Base Camp	Solid foundation in place for implementing comprehensive safer chemicals program across the organization.	<ul style="list-style-type: none"> <li>• Set clear goals for knowing chemicals in products and moving away from chemicals of high concern in products</li> <li>• Publicly report on goals and progress towards them.</li> </ul>
#4 Support Public Policies and Standards	Summit	Very active in advocacy work and collaborating with NGO's.	<ul style="list-style-type: none"> <li>• Set annual priorities and report on activities.</li> </ul>
Overall	Base Camp	Dignity Health is a leader in the movement to safer alternatives to toxic chemicals in products.	<ul style="list-style-type: none"> <li>• Create a model for documenting progress to moving to safer alternatives to toxic chemical products.</li> </ul>

### Benchmarks

Trailhead: Beginning • Base Camp: On the Path • High Camp: Making Good Progress • Summit: Essentially Complete



## Snapshot

### PVC/DEHP

Dignity Health's endorsement of the [Health care Without Harm Campaign \(HCWH\)](#) in 1997 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. Dignity Health successfully completed another of our key goals by implementing a contract with B. Braun Medical Inc. to supply Dignity Health with IV bags that do not contain PVC/DEHP.

By implementing the B. Braun EXCEL IV bag, Dignity Health, over a five-year period, achieved:

- 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

**Going Green in the Operating Room (OR):** As Dignity Health continues to look at ways to promote environmental sustainability, reduce inefficiencies in health care, increase quality while improving worker and patient safety, and decrease cost, the focus in the operating room environment becomes a priority. Dignity Health, in collaboration with Practice Greenhealth, is examining green OR interventions and developing environmental goals with this focus. At the start of this initiative there was no system-wide guidance on Greening the OR. In 2010 the Surgical Services Council included environmental goals to decrease waste and support reuse in the operating room. These goals include: reprocessing single use devices, donating excess medical equipment and supplies, and researching the use of dye-free towels, eco-drapes, and reusable gowns and linens. These projects are just the beginning of a long-term collaboration with Practice Greenhealth and Dignity Health facilities around Greening the OR.

[Practice Greenhealth's Greening the OR™ Initiative](#) has been endorsed by more than 116 health care organizations throughout the United States as of June, 2011. This effort is aimed at cutting waste in operating rooms, one of the more resource-intensive areas in a hospital. Practice Greenhealth notes that ORs generate between 20 to 30% of a hospital's total waste, and that as much as 56% of operating room budgets are for supplies. In comparison, salaries account for about 35% of OR budgets. Much of the waste thrown out by ORs is disposed of as regulated medical waste even though a substantial portion of the material is not in any way contaminated and can and should be handled in non-regulated 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.

A Dignity Health priority related to Greening the OR has been the donation of our hospitals' excess and unused medical supplies to countries around the world where health care is otherwise unavailable. This is accomplished through our partnership with various organizations (such as MedShare, Project C.U.R.E. and the Flying Doctors) whose vital mission is to assist in the collection, management and distribution of these supplies and equipment. Given that each year more than 2,000 tons of unused medical supplies, valued at more than \$200 million, are thrown away from U.S. hospital operating rooms alone, we look forward to working with organizations committed to redistributing surplus medical supplies and equipment to those most in need.

**Food Service:** At the start of this initiative there was no corporate wide guidance on ecologically sound food systems. In 2006, the Dignity Health Food and Nutrition Services Vision Statement was approved by the Food and Nutrition Services Council. 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. Starting in FY 2008 we required that the Food & Nutrition Council establish annual goals including targets to improve and enhance Dignity Health's environmental/sustainability efforts. In FY 2009 100% of Dignity Health F&N Managers completed the Green Guide to Health care self-certification questionnaire to provide Dignity Health with a good baseline on Environmental/Sustainable Food Service programs. The results of the assessment revealed that future goals needed to be focused on education. We continually educate Dignity Health Food & Nutrition Managers on various environmental/sustainable initiatives, concerns and programs available.

We fell far short of our goal to reduce Styrofoam usage by 20%. Styrofoam reduction is continually hampered by the high expense of biodegradable products. We will continue to research affordable alternatives to Styrofoam and will pursue composting opportunities as part of our strategy. We will also attempt to identify a vendor that can recycle this material.

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.
- Several facilities have or are creating on-site gardens to grow their own organic food.
- Two have implemented 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, by moving towards bulk water being purchased and used in their facilities or water filter systems used in conjunction with tap water.
- Numerous facilities have implemented Farm Stand/Farmers Markets to make "local" produce available to staff and customers. These Farm Stands/ Farmers Markets are being well received by staff and visitors in facilities.
- Numerous facilities are involved in specific meatless days which focus their efforts on increasing consumption of fresh fruits and vegetables.

## Snapshot

### Farmer's Market at Woodland Healthcare

Woodland Healthcare Cancer and Neurosciences Center is home to the Woodland Farmer's Market every Tuesday evening. The event started in June, ended in September and was open to the public. Thanks to a generous donation from the John and Eunice Davidson Fund, the Woodland Healthcare Foundation was able to bring the Farmer's Market to campus and support the efforts of its chronic disease management program. Carole Pirruccello, co-trustee of the John and Eunice Davidson Fund supported this effort. This program reinforces Woodland Healthcare's efforts to educate the public about good nutrition and how to manage and live with chronic disease. Knowing where our food is coming from and who is growing it is becoming increasingly important. Woodland Healthcare is using this venue to educate people on the nutritional value of locally grown fresh fruits and vegetables as well as the necessity of supporting Woodland farmers. This is a great opportunity for these two partners to bring the fresh produce and the educational and nutritional benefits together in one location. Since we never know when our health is going to change for the worse we owe it to ourselves to take care of ourselves as best we can and to support others who can make changes in the community towards good health.



**Dignity Health Food & Nutrition Services Vision Statement** *Dignity Health recognizes that food production and distribution systems have wide ranging impacts on the quality of ecosystems and their communities, and so Dignity Health 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; Dignity Health 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 health care 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.

Dignity Health 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
- Dignity Health Food & Nutrition Council

Annually, the Dignity Health Food & Nutrition Council will adopt strategic goals consistent with the Food & Nutrition Services Vision Statement. These goals will be communicated to all Dignity Health 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.

## Snapshot

### Environmentally Preferable Electronic Products

In our effort to provide excellent health care to our patients, we recognize that the electronic equipment we use has the potential to adversely affect humans and environmental health. Dignity Health is addressing these concerns through our support of [Health Care Without Harm's Guidance Document for Environmentally Preferable Information Technology Products](#). In so doing, Dignity Health 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. Dignity Health has been buying IT products that qualify as EPEAT gold standard for most Dell and HP purchases. Dignity Health's standard Dell PC's are EPEAT Gold Certified environmentally preferable products. 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 will 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, Dignity Health 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 2012. Through our participation, Dignity Health 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.



*“Today we are faced with a challenge that calls for a shift in our thinking, so that humanity stops threatening its life-support system.*

*We are called to assist the Earth to heal her wounds and in the process heal our own - indeed to embrace the whole of creation in all its diversity, beauty and wonder.*

*Recognizing that sustainable development, democracy and peace are indivisible is an idea whose time has come.”*

*❧ Wangari Maathai (1940-2011); ❧  
Founder of the Green Belt Movement;  
first African woman to receive the Nobel Peace Prize.*

# Our Buildings

## Introduction

Dignity Health's Corporate Real Estate Department consists of three service areas: Design & Construction, Energy & Facilities, and Real Estate Services. All work collaboratively to: 1) help ensure that limited capital resources are efficiently utilized yielding the best possible outcomes in the planning, design and construction of Dignity Health facilities; 2) align energy efficiency, energy procurement services, and renewable power sources to increase energy efficiency, decrease energy costs, and reduce Greenhouse Gas emissions in new and existing buildings; and 3) assist with site selection, due diligence during property acquisitions and dispositions, and oversight for design and construction of medical office buildings incorporating economically viable energy efficiency and renewable energy opportunities in addition to other sustainable alternatives.

## Calendar Year 2020 Energy Efficiency and Renewable Goals

Dignity Health is proud to announce the development of energy efficiency and renewable goals for existing buildings, new construction including acute care and non-acute care buildings, and acquired buildings. These goals are referred to as CY 2020 Energy Efficiency and Renewal Goals and are reported quarterly to assess progress toward meeting each of these goals.

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### 2020 Energy Efficiency and Renewable Goals:

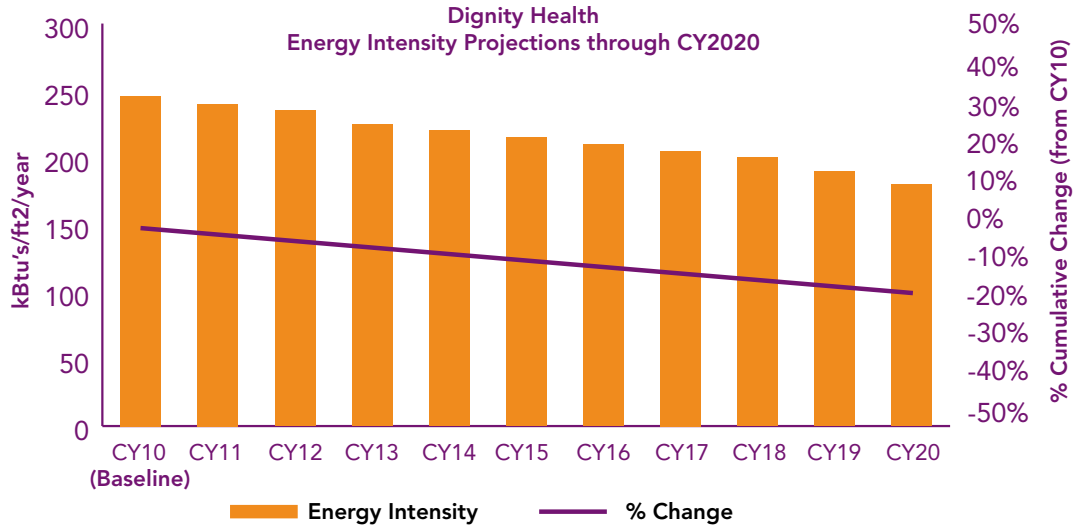
- Reduce energy intensity in existing buildings by 2.2% per year equating to a cumulative reduction of 20% by 2020.
  - Increase use of renewable energy sources to 35% of total annual energy consumption by 2020.
  - Reduce greenhouse gas emissions by 40% by 2020.
  - Design new buildings to operate at least 15% below ASHRAE
  - Include economically viable renewable energy sources in new buildings.
- 

### Calendar year 2020 Energy Efficiency and Renewable Goals include:

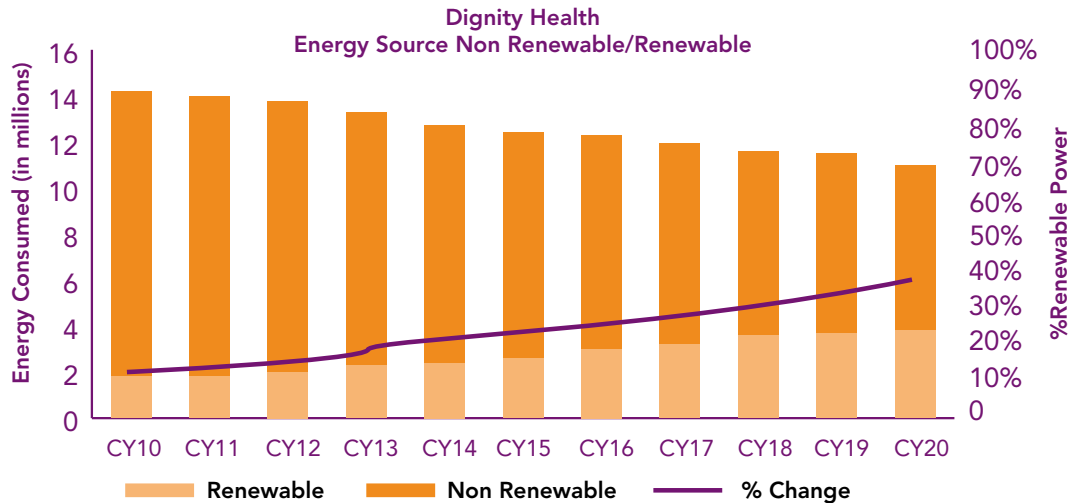
- Reduce energy intensity in existing buildings by 2.2% per year equating to a cumulative reduction of 20% by CY2020.
- Increase use of renewable energy sources to 35% of total annual energy consumption by CY2020.
- Reduce greenhouse gas emissions by 40% by 2020.
- Design new buildings to operate at least 15% below ASHRAE (American Society of Heating, Refrigeration, and Air-Conditioning Engineers) standards.
- Include economically viable renewable energy sources in new buildings.

Additionally, each new construction project is evaluated using the Department of Energy software modeling tool eQUEST version 3.64 during project design so that economically viable energy conservation measures can be incorporated into the design effort. Energy modeling for all construction projects is reviewed internally and externally for energy efficiency so that economically viable measures are implemented and energy and renewable goals can be met.

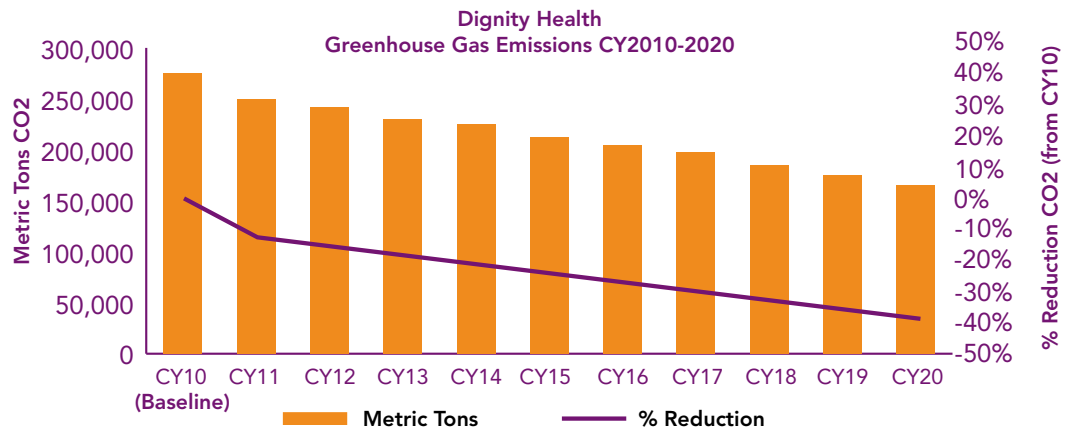
The following chart depicts Dignity Health's Energy Efficiency and Renewable Goal #1 of reducing energy intensity in existing buildings by 2.2% annually and 20.0% by CY2020:



The following chart depicts Dignity Health's Energy Efficiency and Renewable Goal #2 of increasing use of renewable energy sources to 35% of total annual consumption by CY2020:



The following chart depicts Dignity Health's Energy Efficiency and Renewable Goal #3 to reduce greenhouse gas emissions by 40% by 2020:



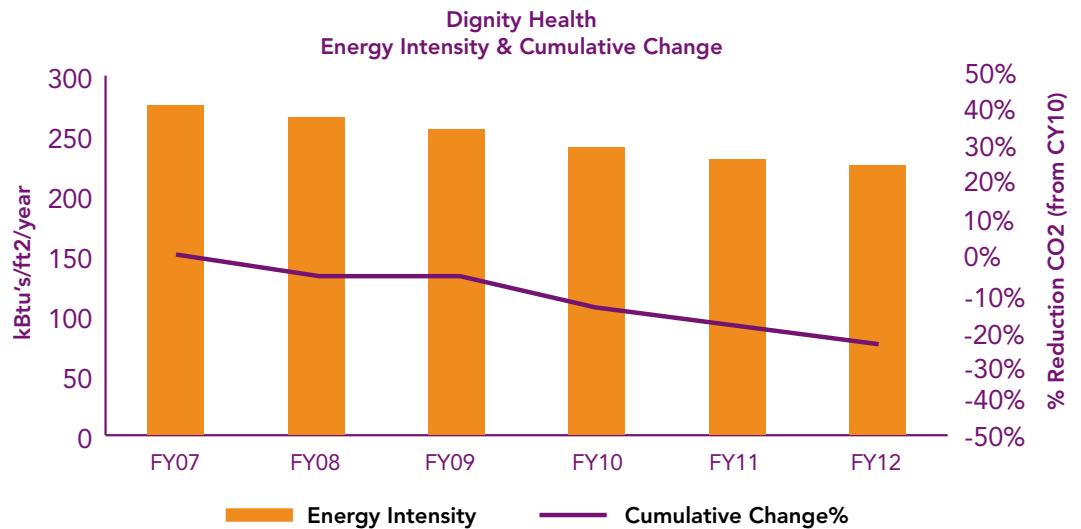


## Historical Energy Use:

Dignity Health is engaged in a variety of energy conservation programs aimed at reducing electric and natural gas consumption. The reduction of electric and natural gas consumption has a direct impact on carbon emissions and demonstrates Dignity Health's continued commitment toward environmental sustainability. Despite continual energy challenges associated with aging equipment, new clinical and informational technology requirements, (with higher electrical demands and heat loads), and higher ventilation rates with changing building codes, Dignity Health continues to achieve year over year reductions in energy consumption.

For the past 10 years, Dignity Health 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 consumption to hospital averages published by the Commercial Building Energy Consumption survey (CBEC's). Comparing each hospital's energy consumption to nationally recognized benchmarks provides a target to strive for, potential project scope, and estimated reductions to be expected from conservation programs. This information is used to prioritize conservation programs.

The following chart trends Dignity Health's average energy intensity (kBtu's/ft<sup>2</sup>/year) over the past five years and projected energy intensity for FY2012 based on energy conservation projects underway:



Energy intensity has decreased 3.8% from FY2010 to FY2011 for a three year cumulative decrease of 14.0%. Energy conservation programs underway are expected to further decrease energy intensity through FY2012 and beyond.

Note: Given ongoing projects at many of our facilities, growth in square footage, and utilities serving ancillary buildings on the campus, we believe energy intensity per square foot is a more accurate metric to reflect the progress made toward energy efficiency.

## Operational Energy Efficiency Program

Dignity Health's energy strategy begins with an operational energy efficiency program focused on improving the energy efficiency of existing mechanical, electrical, and plumbing equipment and building systems. Hospitals with equipment and systems operating outside the original design intent participate in an operational energy program through one of Dignity Health's energy service providers. This program is focused on retro commissioning of existing equipment and systems with the intent to maximize energy efficiency. Typical operational energy efficiency measures identified include airside and waterside reset strategies, functionality of two and three way valves, leaking steam traps, functionality and coverage of building automation systems, chiller and boiler operational strategies, and correcting simultaneous heating and cooling issues. Energy reductions have ranged between 5% and 22% of the hospital's total energy consumption at the 23 hospitals where operational energy efficiency programs have been implemented.

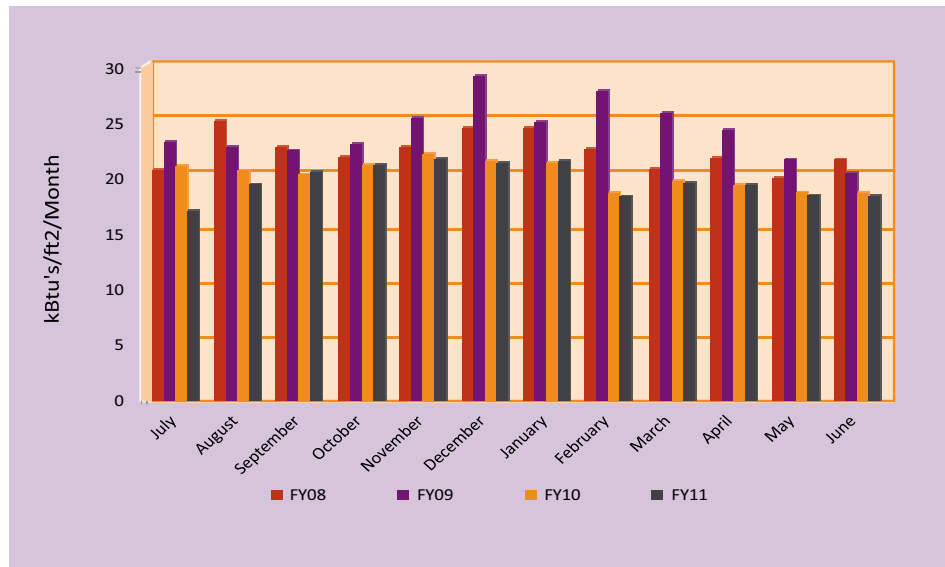


## Sustainability Snapshot

### Operational Energy Efficiency Program

In collaboration with Dignity Health Corporate Real Estate, St Rose Dominican Hospital, San Martin Campus, Las Vegas, NV completed an operational energy efficiency program. The 24-month program identified and eliminated simultaneous heating and cooling issues, expanded building automation system with new controls, and balanced supply air.

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



#### Energy costs and environmental benefits are as follows:

- Annual cost savings - \$247K
- Electric reduction - 1,760 MWh's
- Natural gas reduction - 124K therms
- CO<sub>2</sub> reduction - 1,678 metric tons
- Equivalency - 318 automobiles driven 15K miles per year @25 MPG

## Capital Energy Conservation Program

The second phase of Dignity Health's energy strategy is to evaluate existing mechanical, electrical, and plumbing equipment prioritizing the replacement of equipment at, or near, the end of its serviceable 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:

- reduced energy consumption and carbon emissions while minimizing the potential of equipment downtime and possible interruption to service line operations and;
- minimized need for rental equipment while equipment is rebuilt or replaced through seasonal scheduling.

Typical conservation measures identified in this phase include, but are not limited to, replacement or modernization of chillers, cooling towers, boilers, air handling units, motors, pumps, and building automation systems.

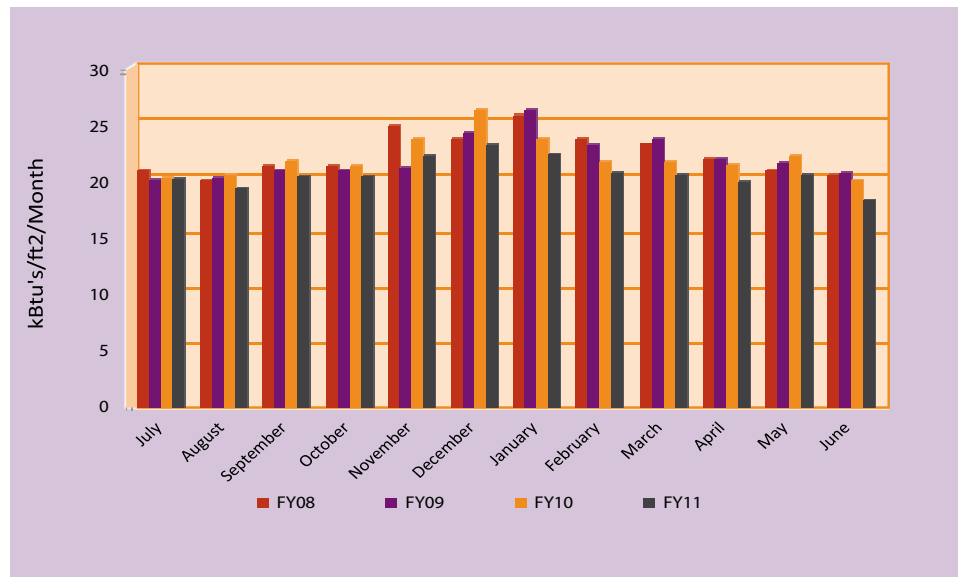


## Sustainability Snapshot

### Capital Energy Conservation Program

Northridge Hospital Medical Center located in Northridge, California is underway in a comprehensive modernization of mechanical and electrical infrastructure nearing the end of its useful life. The three year program started in FY 11 and is expected to reduce energy consumption by 21.3% over the three year duration.

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



#### Energy costs and environmental benefits are as follows:

- Annual cost savings - \$234K
- Electric reduction - 1,552 MWh's
- Natural gas reduction - 464K therms
- CO<sub>2</sub> reduction - 734 metric tons
- Equivalency - 140 automobiles driven 15K miles per year @25 MPG

### Renewable Energy Program

The third phase of Dignity Health's energy strategy is the evaluation and assessment of renewable technologies. While not materially reducing energy consumption, renewable projects reduce greenhouse gases such as carbon dioxide and energy expenditures. A typical utility owned power plant produces electricity, electricity is transmitted via high voltage power lines, and voltage is transformed down to a

useable voltage for end use customers. Along this path, the heat from the utility owned power plant is lost, voltage is lost across the transmission lines, and additional voltage is lost through the transformer. Renewable energy projects produce energy on-site, reduce line losses and capture heat rejected from the engine and the exhaust. Dignity Health currently has 11 cogeneration engines operating at seven hospitals, one landfill gas generation plant, and one photovoltaic system. Renewable projects are considered after operational energy programs are implemented to reduce the potential of over sizing the system 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 (traditional and hybrid), fuel cell projects, and geothermal. Dignity Health continues to evaluate the economics of renewable projects on a case by case basis and has seven photovoltaic projects, three fuel cell projects, two solar hot water projects, and one additional landfill gas cogeneration system under review.

## Sustainability Snapshot

### Renewable Energy Project

Mercy Elk Grove, Elk Grove, CA is a new Medical Office Building, Ambulatory Surgery Center and Imaging Center under construction and is scheduled to open in June 2012. The building was designed and constructed using energy efficient technologies and includes a 197kW solar array to offset approximately 35% of the building's electric consumption. The solar arrays are integrated in parking canopies which also provide covered parking for approximately 80 automobiles.



## Tracking and Reporting Greenhouse Gases

Since 2006, Dignity Health has reported carbon dioxide emissions, first through the California Climate Action Registry (CCAR), and then through [The Climate Registry](#). The Climate Registry is a broader Greenhouse Gas registry serving all of North America. Although a voluntary program, Dignity Health is proud to have participated in all three states where Dignity Health operates. Dignity Health expects to have calendar year 2010 reporting complete and verified by December 31, 2011.

Dignity Health is partnered with Johnson Controls, Inc. to input electric and natural gas consumption data into Johnson Controls E2MS software. This software tool is used to report electric and natural gas consumption in addition to production of greenhouse gases. During calendar year 2010, Dignity Health reported production of 284K 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

Dignity Health recognizes that adaptation to climate change will ultimately change our business and patient care model, including changing the types and amount of disease related patient care required and the ability of the health system as a whole to pay for and respond to these new needs. As such, we are doing what we can to be part of the solution.

## Water Use

Dignity Health has collected water consumption data at 13 of 40 hospitals and continues to look for better methods of collecting water data given the large number of water meters at each facility. We have established a goal to collect water consumption data for all hospitals in FY2012. Dignity Health will be developing water conservation goals once water consumption is collected for each facility.

For the past several years, water consumption data indicates that consumption has decreased year over year for a cumulative reduction of 9.8% from FY2007 through FY2011. On average, Dignity Health hospitals consume between 25 and 35 million gallons of water per year per hospital with a significant percentage of this water lost through evaporation and drift in cooling towers and water consumed for irrigation.

Dignity Health hospitals have reduced water usage through retrofitting existing fixtures, improved landscaping choices, steam trap repairs, and implementing water saving technology in the x-ray film developing and kitchen processes. Facilities located in areas such as natural deserts are designed to meet state and local low water use requirements. For instance, St. Joseph's Hospital in Phoenix installed 60 waterless urinals which reduced water consumption by approximately 1.4M gallons/year. Dignity Health's regional office located in Rancho Cordova, California installed ultra low consumption urinals which are expected to reduce annual water consumption by 8%.

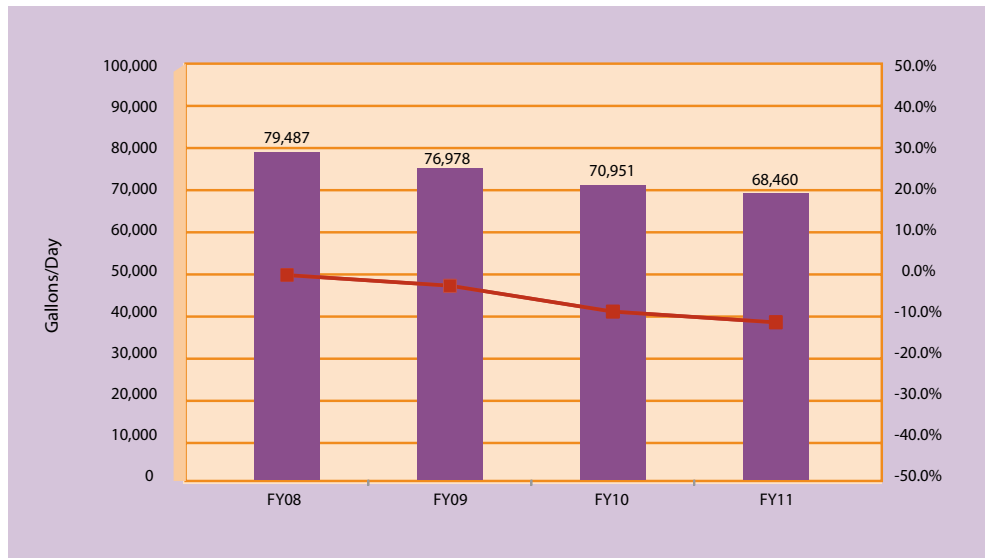
Dignity Health continues the implementation the Water Saver/Plus technology and the conversion of sterilizer metering valves to reduce water consumption and waste stream production. These two programs include the purchase and installation of about 300 devices which are attached to wet film processors 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. Additionally, many facilities are moving to digital x-rays, which do not require water for film processing.

## Sustainability Snapshot

### Water Conservation Project

Glendale Memorial Hospital and Health Center located in Glendale, CA completed several waterconservation programs including multiple pass water filters in the dishwashing machine, replacing leaking steam traps, and implementing a zero blow down technology in cooling in late FY 2009.

The chart below depicts the water consumption over a 4 year period.





## Our Buildings

Goals	Baseline	FY 2011 Target/Actual	FY 2012 Target
Assess, reduce, and report greenhouse gas emissions.	Baseline: calendar year 2007 ghg emissions.	Target: Submit and verify CY2010 emissions data. Actual: CY2010 emission data submitted for third party verification; retained third party verifier; and expect to achieve verification of CY2010 emissions.	Target: Submit and verify CY2011 emissions data.
Develop and achieve CY2020 Energy Efficiency and Renewable Goals.	N/A	Target: Develop CY2020 Energy Efficiency and Renewable Goals. Actual: Developed and reported CY2020 Energy Efficiency and Renewable Goals including goals for new and existing buildings and acquired buildings and system wide ghg emissions.	Target: Track & report progress toward meeting CY2020 Energy Efficiency and Renewable Goals.
Reduce water consumption.	N/A	Target: Collect, trend, and report water consumption for each hospital. Actual: Collected & reported on water consumption at 13 of 40 (33%) hospitals and began collecting water consumption at an additional 8 hospitals.	Target: Collect, trend, and report water consumption for all hospitals.
Investigate the Pharos Software application and subscription services.	Investigate Pharos software application in FY10.	Target: Reevaluate Pharos including new functional improvements in FY11 to determine if there is a fit within the design guidelines. Actual: Registered design teams and began using Pharos to assess material selections and alternatives.	Target: Continue using Pharos/ GreenSpec and begin reporting environmentally sustainable outcomes achieved from use.
Promote viable sustainable opportunities in major construction projects.	Construction projects completed between FY06 through FY08.	Target: Complete sustainability review and report findings for 100% of major construction projects at design development phase. Actual: Provided sustainable design report and scorecard for all major capital projects.	Target: Complete sustainability review and report findings for 100% of major construction projects at design development phase.

## Sustainable Design Guidelines

Recognizing the relationship between human health, environmental quality, and building related activities, the goal of the sustainable design guidelines is to: 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; and 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 construction projects.

## Sustainability Goals

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

## Current Procedures

Dignity Health adopted in FY2011 the LEED 2009 for Healthcare program, which was approved in November 2010. Dignity Health has incorporated [LEED for Health care](#) into its own internal sustainable design guidelines. The Green Guide for Health Care™ (GGHC) and LEED New Construction are still utilized as reference documents. 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-11 Major Capital Construction Projects

Major capital construction projects in FY2011 consisted of projects in construction or agency review, and several projects in the design phase. Review of the sustainable design guidelines and incorporation of the sustainable elements were completed on these projects during the design phase process.

## 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 FY2011, design guidelines reports were generated based on project specific parameters listing the design guideline recommendations for that specific project. The project team then reviewed and determined which guidelines could be incorporated into the project. Once those guidelines were identified, the design guidelines database was 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. We expect to have much more detailed trends and “lessons learned” after one complete year using LEED 2009.

## 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

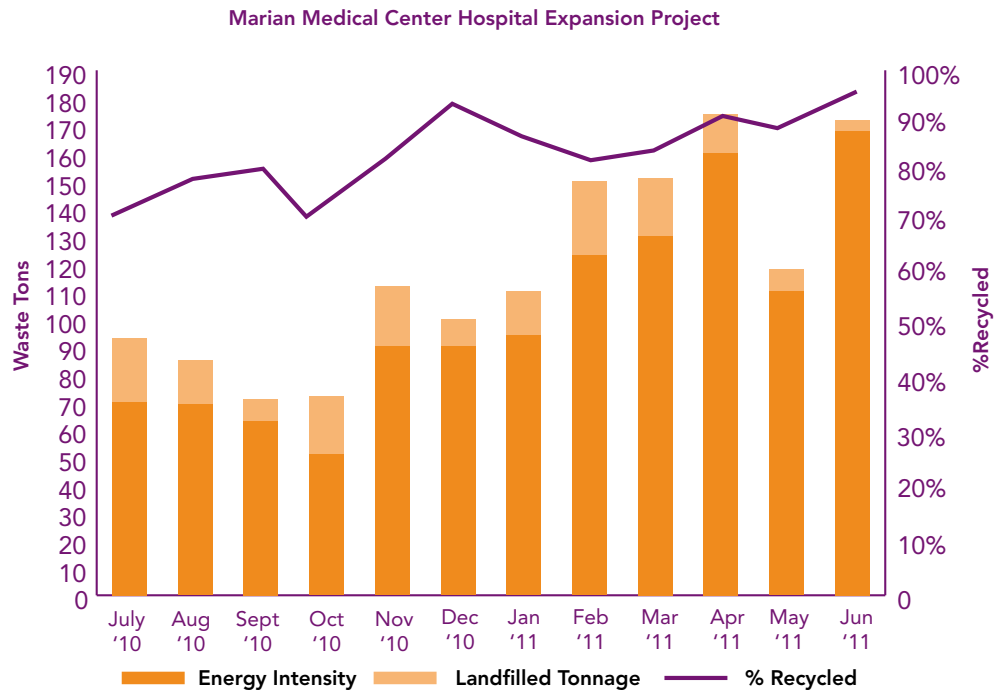
Throughout FY2011, Corporate Real Estate continued documenting the efforts of recycling construction materials from major capital construction projects. Recycling efforts fall under the category of Construction Waste Management in the Materials and Resources section of LEED 2009 for Healthcare. Portions of materials such as concrete, metal, wood, paper and cardboard, wallboard, and drywall that can be recycled are diverted from the landfill. Corporate Real Estate was able to capture a full year of recycling efforts for FY2011 and will continue to promote future construction materials recycling.

## Sustainability Snapshot

### Impact of Construction Materials Recycling

Construction began at Marian Medical Center in Santa Maria, CA in April 2009 with completion expected in January 2012. The construction project includes a patient tower expansion project with 178 med/surg beds in addition to the expansion of the central plant.

The Marian Medical Center Hospital construction team has recorded construction materials recycled from July 2010 through June 2011. The amount of materials recycled for this 12 month period was 1,212 tons equating to 84% of total waste materials collected. Monthly recycling efforts met the LEED 2009 Healthcare Materials & Resources achieved 75% material recycled equating to 2 LEED points.



## Future Opportunities

Corporate Real Estate continues to evaluate energy and water conservation and renewable energy opportunities on projects across the system. With rising energy costs, applicable rebates and incentives, and the need to replace equipment nearing the end of its serviceable life, selecting equipment with higher efficiency ratings is of primary importance. Over the next 10 years, emphasis will be placed on Calendar Year 2020 Energy Efficiency and Renewable Goals, collecting water consumption history for all facilities, and establishing water conservation goals. Additionally, Corporate Real Estate continues to analyze sustainable design, the GGHC program, and LEED 2009 for Healthcare striving to meet as many of the sustainable design guidelines as can be cost effectively implemented within all construction projects. Given the uniqueness of each project, sustainable goals will be evaluated and based on the specific scope of the construction work to be performed. Dignity Health is committed to environmental protection and conservation and creating “greener” high performance facilities.

## Conclusion

Fiscal year 2011 has been a year in which a number of milestones have been, or are in the process of being, achieved including:

- development of the Calendar Year 2020 Energy Efficiency and Renewable Goals;
- continued decrease in system wide energy consumption;
- first year where greenhouse gas emissions appear to be eligible for certification;
- collection of water consumption for 13 of 40 facilities with a goal to collect all water consumption and establish water conservation goal in FY12;
- Corporate Real Estate and design team use of [Pharos/Greenspec](#) for material selection;
- adoption of LEED 2009;
- collection and reporting of construction waste diverted from the landfill; and
- improved tracking of sustainable efforts across the system.



# Values in Action 2011

Our annual *Values in Action* program recognizes outstanding members of our staff who further our mission of improving the health status of our community. Through *Values in Action*, we recognize our *Core Values*.

**Excellence • Dignity • Collaboration • Justice • Stewardship**

## THE NEXT GENERATION OF EXCELLENT HEALTH CARE

### Green Team

#### STEWARDSHIP

Cultivating the resources entrusted to us to promote healing and wholeness.

**The Green Team is comprised of leader Tom Bruntz, Robyn Price, Sue Griffith, Nicki Stevens, Dean White, Marta Johnson, J.R. Krieg, Ruth Huffman and Sarah Haseleu** They've had a great

year making our hospital more earth friendly. Recycling of things like fluorescent bulbs, batteries, aluminum cans and cardboard have been expanded with new vendors and accountabilities. Medical waste and "blue wrap" goals have reduced their waste. And reporting of our successes has improved, so we get credit for the great job the team does and can celebrate the outcomes. Upcoming projects include work on a Serenity Garden on the hospital campus.



**Mark Twain**

**St. Joseph's Hospital**

A member of CHW

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# Our Waste

A hospital's waste stream includes solid, medical, and hazardous wastes. If improperly handled, this waste poses a very real threat to human and environmental health. Some statistics indicate that nearly 2% of the total waste stream disposed of in landfills is health care related. Medical waste (including needles and similar devices known as "sharps"), if improperly handled, can spread diseases and cause injuries outside the hospital setting. Unused pharmaceuticals (drugs) can cause great harm if they were to fall into the wrong hands. Hospitals, despite efforts to move to electronic records, still generate tons of paper, much of which contains confidential patient data. And last but not least, disposal of waste is a large expense.

For all of these reasons, waste minimization and management is a critical aspect of our sustainability initiatives. But with every challenge comes opportunity. Our purchasing programs are aligned to reduce incoming materials and make sure they are least toxic and environmentally friendly. Recycling programs reduce waste to the landfill, cost, and in some cases actually provide revenue. Outdated but still useful hospital supplies and equipment can often be donated to organizations which distribute them to other countries where they can still be used. Kitchen grease can be donated to make fuel; green waste and food scraps can be composted to create a useful agricultural product. Outdated computer equipment (e-waste) can be reused in some cases or, at a minimum, properly dismantled and recycled/disposed.

The following section provides a summary of our goals, performance, and many of our waste related activities.

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Our purchasing programs are aligned to reduce incoming materials and make sure they are least toxic and environmentally friendly.

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## Our Waste

Goals	Baseline	FY 2011 Target/Actual	FY 2012 Target
Reduce the volume of our land filled waste stream	Averaged 18.5 pounds/adjusted patient day in FY 2000	Target: 15 lbs/APD Actual: 16.1 lbs/APD	Target: 15 lbs/APD
Responsibly manage the disposal of e-waste from Dignity Health facilities	62% of facilities compliant with Redemtech contract or other disposal firm with similar environmental credentials.	Target: 100% compliance  Actual: All but 4 of our facilities use Redemtech or a similarly certified contractor (90% compliance)	Target: 100% compliance

## Performance and Challenges

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, and non-hazardous 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.

In 2011, Dignity Health generated 15.1 pounds of non-hazardous waste (compared to 14.8 pounds last year) and 1.0 pounds of medical waste (compared to 1.2 pounds last year) for a total of 16.1 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 13% decrease from our baseline year 2000 numbers. Our 2011 performance is essentially the same as we achieved last year. We are taking actions to return to our goal of 15#/apd.

We remain impacted 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, St. Rose de Lima (located in Henderson, NV), and Mercy Gilbert (located in Gilbert, AZ) did achieve waste volumes much closer to our 15#/apd, proving that progress can be made. In addition, Mercy Redding, Mercy Bakersfield, and Bakersfield Memorial produced a disproportionate amount of waste. One of our goals for the coming year is to continue to work with these large facilities to bring their waste numbers in line with other Dignity Health facilities and our goals.

Electronic waste is another major concern to us. Dignity Health recognizes the relationship between human health, environmental quality and computer related activities. We successfully moved forward with 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. We have established a standard for purchasing only the most environmentally sound computers, and implemented a contract with Redemtech, an E-steward certified vendor, to serve as our single source for electronic equipment disposal. Efforts continue to fully implement both programs.

The following tables provide our normalized and total waste profiles for the past several years. Besides the land filled waste discussed above, the two other main components of our waste stream are hazardous waste and recycled materials. The table below shows the total (non-normalized) amount of waste we generate and how those wastes are distributed. Both our business activity (as measured in adjusted patient days) and total waste generation are up proportionally, leaving us with approximately the same normalized disposal performance as in past years, while our recycling rate is currently about 30% (up from 29% last year and 26% two years ago).



Year	Total Land Filled Waste (lbs/adjusted patient days)	% Decrease from 2000
2000	18.5	n/a
2002	17.6	5%
2003	15.5	16%
2004	14.4	22%
2005	14.6	21%
2006	15.0	19%
2007	16.1	13%
2008	17.2	7%
2009	16.5	11%
2010	16.0	14%
2011	16.1	13%

Waste Type	Waste Volume (lbs) in 2008	Waste Volume (lbs) in 2009	Waste Volume (lbs) in 2010	Waste Volume (lbs) in 2011	% of Waste Stream
Solid	44,600,000	43,900,000	42,400,000	44,500,000	66%
Medical	3,800,000	3,500,000	3,500,000	2,900,000	4%
Hazardous	63,000	64,500	129,027	138,227	<1%
Recycled	17,000,000	18,300,000	18,800,000	20,200,000	30%
Total	65,463,000	65,764,500	64,800,000	67,700,000	100%

### Benchmarking Against our Industry

In 2011, Practice Greenhealth issued its third Sustainability Benchmark Report which presents current data and builds on the past two years of data to identify sustainability trends in health care. Practice Greenhealth should be commended for this effort, and Dignity Health is pleased that we played a role and supported this effort. The report provides statistics on 141 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, Partner for Change Award with Distinction and those that won their highest honor, the Environmental Leadership Circle (ELC) Award.

Significantly, Dignity Health's performance in waste management compares well to these other programs. For instance, the report finds that PFC Award winners on average recycle 25.5% of their waste stream, while ELC Award winners recycled 38%. Dignity Health is at 30%. Similarly, the report finds that PFC facilities produce 16.9#/apd solid waste, and ELC facilities produce 15.1#/apd. Dignity Health is at 15.1#/apd. The report finds that PFC facilities produce 2.6#/apd medical waste, and ELC facilities produce 1.5#/apd. Dignity Health is at 1.0#/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, Dignity Health finds itself between the two groups (statistically better than the PFC group and very close to the ELC group). In the medical waste category Dignity Health did better than both groups.

### **Environmental Regulatory Compliance**

Dignity Health 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. Dignity Health 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.



## Snapshot

### Integrated Waste Stream Solutions (IWSS)

In order to better manage waste streams and document cost savings, we have begun implementation of Stericycle's IWSS program. This program will move us closer to our goal of 15 lbs of solid and medical waste combined per adjusted patient day by tracking waste volumes, verifying the accuracy of our data, enhancing the timeliness of the data collection process, identifying environmental best practices, promoting further opportunities to increase recycling and waste reduction or segregation.

Stericycle, a long time vendor of waste management services to Dignity Health, will independently compile and report data on our various waste streams, and provide suggestions on how to better reduce and manage these waste streams. Materials to be tracked include solid, hazardous, and regulated medical waste, recycling, donated and reused materials.

Of the 3 facilities fully implemented, 2 achieved a 4% savings off their current waste spend because they were able to immediately improve their recycling percentage. Of the 4 facilities nearly fully implemented, 3 have also achieved a 4% savings because of their improved recycling profile. This evidence indicates that there is significant room for improvement in regards to our recycling efforts throughout the various waste streams. One additional "success" that we cannot measure is that those facilities that have fully implemented the program are excited and eager to move forward. While Dignity Health has many great sustainability activities currently in place, this program is viewed as a springboard for current efforts to achieve the next level of success.

Additionally, the Stericycle Waste Stream Analysis "snapshot" shed some light on each facility's recycling efforts and progress. Some facilities that thought they were doing great, found there was much room for improvement. Conversely, others who were concerned their efforts were not paying off discovered they were in fact doing rather well. In performing the baseline analysis each facility now has a much better understanding of their current waste management performance.

Among lessons learned is the importance of including key hospital stakeholders at the kick-off meeting to discuss waste segregation practices, current waste stream management challenges, waste reduction goals, and opportunities for improvement.

## Snapshot

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

- **Reusable Sharps Containers:** Dignity Health is attempting to enhance patient and employee safety and to reduce the amount of sharps produced by moving to needleless technology where possible. Dignity Health also has signed an agreement with Stericycle, Inc., for a Reusable Sharps Containers Management Program. The program (known as Bio Systems) is designed to increase safety, ensure compliance and mitigate the impact of sharps container use on the environment. Full reusable sharps containers are picked up at each facility by a Bio Systems technician and replaced with empty ones. The full containers are taken to Stericycle’s medical waste transfer station where they are opened by a robotic mechanism and the contents emptied for processing as medical waste. The emptied containers are then washed and sanitized before being sent back to the hospital for reuse. The containers are designed to be simple and easy to use. Each container can be re-used at least 600 times. Use of the reusable sharps containers eliminates the need for millions of single use disposable sharps containers to be manufactured and disposed. In addition, they significantly reduce the medical waste stream by removing the weight and volume of the single-use container. In FY 2011, through this program alone Dignity Health eliminated 1,344,227 tons of red plastic and 73,098 tons of corrugated packaging containers from being manufactured and land-filled. The use of reusable containers also prevented CO2 emissions equal to 31,255 gallons of gasoline during FY2011. The average cost savings by hospital is approximately 15% per year of sharps container purchasing, disposal and management. Presently, 39 Dignity Health member hospitals and 35 associated clinics utilize the Bio Systems reusable sharps management service. Approximately 19 of our hospitals are using a similar type of container for disposing of pharmaceutical wastes.

## Snapshot

### 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. Some large cleanup projects increased the amount of hazardous waste we generated this past year.

- **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.
- **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. Dignity Health 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 Dignity Health 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.

## Recycle

## Reuse

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



### E-Waste Metals

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



### Carbon Offset & Landfill Credit

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



### Environmental, Landfill Natural Resource Reductions

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

### E-Waste Soluble Recycling

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

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



## 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

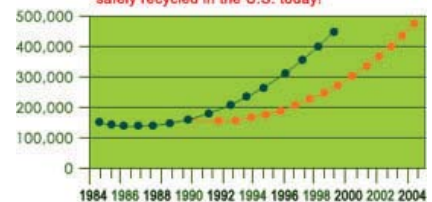


Weight of 8,059 bricks

### Generation of Electronics (U.S.)

(in thousands of units)

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



— Electronics Sold — Obsolete Electronics - recycling ready

### 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 Sustainability Practices

St. Joseph Medical Center, Stockton, CA	<ul style="list-style-type: none"> <li>• Created a 3800 sq ft. Community Garden</li> <li>• Implemented paperless management meetings.</li> <li>• Supplied Allied Waste with leftover food scrap from the kitchen to be turned into compost and sold at local home improvement stores</li> <li>• Hosted weekly farmers market where local area farmers came and sold fresh produce to staff.</li> </ul>
Mercy San Juan Medical Center, Carmichael, CA	<ul style="list-style-type: none"> <li>• Limited delivery hours to reduce noise impact on neighbor residences</li> <li>• Offered food scraps to employee who has a pig farm to feed his pigs.</li> </ul>
Mercy Medical Center Merced	<ul style="list-style-type: none"> <li>• Instituted a recycling program with TerraCycle, placing 40 used pen, pencil, and marker boxes in all facility locations.</li> <li>• Displayed the daily Air Quality Index colored flags and signs for the benefit of staff, patients, and visitors in collaboration with the Asthma Coalition</li> <li>• Sponsored an annual Environmental Day awareness program and fundraiser, attended by over 300 staff and hospital visitors and featured information on polystyrene recycling, curbside recycling, clean water, clean air, and organic produce</li> </ul>
Mercy Medical Center Mt. Shasta, Mt. Shasta, CA	<ul style="list-style-type: none"> <li>• Continued to purchase environmentally friendly material when possible, including low energy electrical fixtures, low water plumbing fixtures, and high efficiency utilities</li> <li>• Eliminated bottled water from cafeteria and vending machines</li> </ul>
French Hospital Medical Center, San Luis Obispo, CA	<ul style="list-style-type: none"> <li>• Decreased 3% in medical waste by re-training staff in identifying correct waste segregation.</li> <li>• Reduced paper waste stream by 5% as a result of hospital adoption of EHR practices.</li> </ul>
Marian Medical Center, Santa Maria, CA	<ul style="list-style-type: none"> <li>• Diverted used coffee grounds from the landfill by giving them to a local gardener for use as a natural fertilizer on the hospital campus to bring the recycling effort full circle.</li> <li>• 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.</li> <li>• Advocated for a City of Santa Maria city-wide green waste recycling program since 2001; it was implemented in April, 2011</li> </ul>
Community Hospital of San Bernardino	<ul style="list-style-type: none"> <li>• Sent blue wrap to Goodwill which sends to companies for recycling into trash cans, benches and pallets.</li> <li>• Eliminated sulfuric acid from cooling tower chemicals.</li> </ul>
Northridge Hospital Medical Center, Northridge, CA	<ul style="list-style-type: none"> <li>• Raffle bicycles for the Ride Share Program members</li> <li>• Planted 10 carrot wood trees along the side of the Child Day Care Center and employee parking lot</li> <li>• Donated over 2-tons of Medical Supplies to various charitable organizations such as the Flying Doctors, Dignity Health mission to Guatemala and SEIU for mission to Haiti</li> </ul>
St. Mary Medical Center, Long Beach, CA	<ul style="list-style-type: none"> <li>• Recycled cooking oil bi-product for bio-fuel production</li> <li>• Established cell phone recycling program</li> </ul>

## Sample Sustainability Practices

Saint Francis Memorial Hospital, San Francisco, CA	<ul style="list-style-type: none"> <li>Supported the implementation of the SF bike Plan to increase bike paths in the community and added bike parking in our garage.</li> </ul>
Dominican Hospital, Santa Cruz, CA	<ul style="list-style-type: none"> <li>Purchased floor cleaning equipment which uses steam instead of chemicals and employs a gel battery</li> <li>Sponsored a Grand Rounds for Dominican physicians on Climate Change and Public Health Impacts.</li> <li>Offered classes in principles in organic gardening and provided opportunities for the community to volunteer in the hospital vegetable garden.</li> </ul>
St. John's Pleasant Valley Hospital/ St. John's Regional Medical Center	<ul style="list-style-type: none"> <li>Implemented use of SRI reusable surgical gowns and supplies</li> <li>Implemented Terracycle pen recycling program</li> </ul>
Mercy General Hospital, Sacramento, CA	<ul style="list-style-type: none"> <li>Hosted Mercy Fall Classic &amp; Fitness Expo to promote bicycling and walking</li> <li>Offered a Community Shuttle</li> </ul>

## Environmental Achievement Awards 2011

Facility	Award	Program Area of Award
Dignity Health	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 Sequoia Hospital, Redwood City, CA St. Joseph's Regional Health System, Stockton, CA	2011 Practice Greenhealth Environmental Leadership Circle Award (sustained)	Practice Greenhealth's premier award given annually to facilities that are setting the "industry standard" for environmental programs and policies.
St. John's Pleasant Valley Hospital, Camarillo, CA	2011 DEHP-FREE Award	The DEHP-Free Award is given to the hospital or system that demonstrates the most success with replacing DEHP-containing medical devices with safer alternatives, particularly with vulnerable patient populations.
St. John's Pleasant Valley Hospital, Camarillo, CA	2011 Practice Greenhealth Partner for Change with Distinction Award	Practice Greenhealth recognizes health care 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.



## Environmental Achievement Awards 2011

Facility	Award	Program Area of Award
Chandler Regional Medical Center, Chandler, AZ	2011 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, San Bernardino, CA		
Mercy General Hospital, Sacramento, CA		
Northridge Hospital Medical Center, Northridge, CA		
St. Bernardine Medical Center, San Bernardino, CA		
Saint Rose Dominican Hospitals- Rose de Lima Campus, Henderson, NV		
Saint Rose Dominican Hospitals- San Martin Campus, Henderson, NV		
Saint Rose Dominican Hospitals- Siena Campus, Las Vegas, NV		
Mercy Gilbert Medical Center, Gilbert, AZ	2011 Practice Greenhealth Partner Recognition Award	Practice Greenhealth's award given to facilities that improve upon their waste reduction and pollution prevention programs.
St. Elizabeth Community Hospital, Red Bluff, CA		
St. Mary Medical Center, Long Beach, CA	2011 Practice Greenhealth Making Medicine Mercury Free	
Community Hospital of San Bernardino Dominican Hospital, Santa Cruz, CA	2011 Waste Reduction Awards Program (WRAP) from the State of California	Presented by CalRecycle in recognition of waste prevention business practices that reduce greenhouse gas emissions, protect the environment and preserve valuable resources.
St. Bernardine Medical Center, San Bernardino, CA		
St. Joseph's Medical Center, Stockton, CA		
Sequoia Hospital, Redwood City, CA		
Sierra Nevada Memorial Hospital, Grass Valley, CA		

## Environmental Achievement Awards 2011

Facility	Award	Program Area of Award
French Hospital San Luis Obispo, CA	Energy Incentive awards by PG&E	Awarded \$5000 for performing lighting retrofit and \$15000 for HVAC energy saving measures
Marian Medical Center	<p>People for a Green Community Green Award</p> <p>Iron Mountain Certificate of Achievement</p> <p>International Board Certi- fied Lactation Consultants Care Award</p>	<p>Leadership in environmental practices in Santa Maria such as The Environmental Fair and leading the City into developing a green waste program.</p> <p>Marian Medical Center received a Certificate of Achievement from Iron Mountain, the company that shreds the hospital documents. The com- mendation covered the period from August 2010 to August 2011.</p> <p>Marian Medical Center received the Interna- tional Board Certified Lactation Consultants Care Award, which was bestowed because of Marian's promotion, protection, and support of breastfeeding along with excellence in staff- ing consultants in the Maternal and Newborn Team. This also has a very positive effect on the environment as there is less landfill space taken by bottles and fewer chemicals and less energy used in the making of the formula and bottles.</p>



*“Each time a person stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, they send forth a tiny ripple of hope, and crossing each other from a million different centers of energy and daring, these ripples build a current that can sweep down the mightiest walls of oppression and resistance.”*

*✍Robert F. Kennedy✍*

# Our Community Engagement

Dignity Health's mission mandates partnering with others to promote the broader health of the community. In response to that mandate, Dignity Health 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.

Dignity Health, in partnership with Thomson Reuters, pioneered the Community Need Index (CNI) in 2005, which pinpoints the level of community need for every zip code in the United States. In 2011, we launched an online mapping tool that allows individuals and organizations nationwide to access their scores and show where vital community resources are located. [www.dignityhealth.org/cni](http://www.dignityhealth.org/cni)

The CNI is helping to build coalitions between hospitals, health departments, clinics, health associations, and neighborhood centers. With continued strategic use of the CNI to address the underlying causes of health disparity we can help improve health, control costs, and positively affect the quality of life across our nation.

At the local level, each hospital assesses its community's health assets and needs on a triennial basis and then 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. [Click here](#) to see each hospital's current community benefit plan.

Systemwide Dignity Health offers the following support and programs.

- Dignity Health's Office of Public Policy and Advocacy directs and facilitates public policy initiatives.
- Dignity Health's Shareholder Advocacy Program addresses a range of issues that affect the broader health of the community.
- Dignity Health's Director of Community Benefit is responsible for the overall leadership and management of Dignity Health's community benefit initiatives, to ensure compliance with federal and state mandates, as well as the development and implementation of System policies and initiatives to help sustain our health care ministry.
- Dignity Health's Community Grants Program encourages and helps sustain partnerships with other nonprofit organizations that are working to improve the health status and quality of life of the communities served by Dignity Health hospitals.
- Dignity Health'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 health care for people in low-income communities.
- Dignity Health's Foundation for International Health expands our ministry into international communities.

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Dignity Health 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.

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## Community Benefit

As Dignity Health strives to become “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,” the integration of community benefit in strategic planning and operations contributes to the ultimate realization of the vision.

The most recent community benefit system initiative, to reduce readmissions for ambulatory care sensitive conditions, has been successfully completed. Costs for treating these conditions across Dignity Health’s network of 40 hospitals were more than \$261 million in FY2010. This represents more than 29,000 hospitalizations and more than 120,000 inpatient days. Nationwide, there were approximately 2.9 million hospitalizations for these conditions in 2010. Between 2008 and 2010, Dignity Health hospitals invested \$5.7 million in preventive and disease management programs for patients who had been deemed at risk for hospitalization for asthma, diabetes, or congestive heart failure. This focus resulted in 8,917 individuals participating in disease self-management programs and a subsequent 86 percent reduction in or avoidance of admissions for the participants of these programs.

Building upon the outcomes of this initiative, Dignity Health implemented a new goal for FY2011-FY2013. By offering evidence-based chronic disease self-management (CDM) programs, Dignity Health facilities/service areas will be effective in avoiding hospital admissions for two of the most prevalent ambulatory care sensitive conditions in their communities. In collaboration with clinical health professionals, each Dignity Health facility/service area will continue its successful FY2008-FY2010 program and develop or enhance an evidence-based CDM program to address another of the priority diseases/conditions identified in the community needs assessment and hospital utilization data. The outcome expected is that at least 50% of the participants in the facility/service area evidence-based CDM program will avoid admissions to the hospital or emergency department for the six months following their participation in the program.

Moving into full implementation of the Patient Protection and Affordable Care Act, it will be vital for Dignity Health hospitals not only to continue with proactive efforts to protect the health of the community, but also to offer programs and services for the management of chronic disease. Our goal 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 Dignity Health confront the challenges of continuing to care for the uninsured/ underinsured populations in an era of health care reform.

**Strategy:** In collaboration with clinical health professionals, each Dignity Health facility/service area will continue its successful FY2008-FY2010 program and offer an evidence-based chronic disease self-management program to address another one of the priority diseases/conditions identified in the community needs assessment and hospital utilization data.

1. Each facility/service area will identify and engage a clinical champion, e.g., physician, pharmacist, clinical nurse educator.
2. Each facility/service area will engage clinical health professionals in the develop-

- ment and implementation of the program, e.g., hospital case managers.
3. The intervention strategy may include home health, outpatient case management and/or evidence-based education programs.
  4. The primary, but not exclusive, focus of the program will be on the uninsured and populations covered by Medicaid, Medicare/Medicaid, or other means-tested government programs.
  5. Where appropriate, strategies should seek to place patients in the community clinic/FQHC system or other community health care providers, including medical home models, so that long-term coordination of care can be managed in a primary care setting.

**Challenges:** In addition to identifying the most appropriate staff member to lead an evidence-based program and to commit to non-productive time to plan, implement and evaluate the program has required thoughtful planning and budgeting by facilities to ensure allocation of adequate resources. Key to this allocation is the understanding that such a program is needed and that there will be a return on the investment made by the facility. This has required ongoing education of leadership and the sharing of hospital-specific data to establish a business case in support of the strategy. One of the many lessons learned in the process was the importance of including physicians in the planning of this kind of intervention strategy. Support of the physicians is vital to ongoing referrals of participants for the program.

**Performance:** In FY2011, more than 5400 persons were served through our disease management programs with an average admission rate of only 7% among those participants. In 2008 Dignity Health financially supported ten hospitals to implement a Stanford model, evidence-based Chronic Disease Self Management Program (CDSMP) with monies raised through a corporate golf tournament. The CDSMP is now offered in twenty-four Dignity Health facilities with modest support from funds collected through the Dignity Health employee giving campaign. The expansion of this program signifies a great success and participants in the program continue to enjoy improved health outcomes and report improved quality of life.

In a letter to the Chief Executive Officer of St. Joseph's Medical Center in Stockton, a participant in the diabetes education program wrote of the "tremendous turnaround" her health had taken since she participated in the diabetes self-management program. She stated, "The uninsured, poor and needy truly need this program. I will be forever indebted to St. Joseph's Medical Center for they have the vision and generosity ...to implement these diabetic classes. ...if I may express my humble opinion, St. Joseph's Medical Center...and high caliber nurses, like Rose, are the answer to health care reform."

## Community Grants and Investments

Dignity Health's Community Grants Program encourages and helps sustain partnerships with other nonprofit organizations that are working to improve the health status and quality of life of the communities served by Dignity Health hospitals. Through the 2011 Community Grants Program, Dignity Health hospitals contributed \$4.1 million

to award grants to 198 projects. Since 1990 when the program began, Dignity Health has made grant awards to 2,377 projects totaling \$39 million.

Dignity Health'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 health care for people in low-income communities. As of June 30, 2011 the Community Investments Program has \$39.5 million in outstanding loans to 52 organizations, and an additional \$14.5 million in loans approved, but not disbursed to 9 organizations. From inception, the Community Investments Program has lent over \$123 million to 221 organizations.

In the current year the Community Investments Program provided loans for the construction of 16,324 units of housing, and eight non-profit facilities serving children, youth, women, families, seniors and individuals who are disabled and/or homeless. Emergency loans were provided to 28 Community Health Clinics during the California budget crisis. Dignity Health's community investments leveraged over \$160 million of capital. New borrowers in FY2011 included:

- **Corporation for Supportive Housing (CSH):** a \$2 million loan for the construction of supportive housing for homeless individuals that are frequent users of hospital emergency room. CSH in collaboration with California Hospital Medical Center will identify homeless individuals and link them to health centers and to permanent housing.
- **California Endowment's FreshWorks Fund:** a \$2.5 million loan to finance grocery stores and other forms of fresh food retail and distribution in underserved communities throughout California.
- **Abode Communities:** a \$300,000 loan to cover predevelopment costs for the rehabilitation of three apartment building containing 81 units of affordable rental apartments in Long Beach.
- **Improving Chandler Area Neighborhoods (ICAN):** a \$1.2 million loan to cover predevelopment costs associated with the construction of the ICAN Center, a 20,000 sq.ft. facility for serving youth and families in Chandler Arizona.

Optimizing partnerships with community health centers and related care providers ensures better access to higher quality, lower cost, more appropriate and coordinated care for vulnerable patient populations. In ongoing efforts to provide quality, affordable health care, and to ensure the safety net, Dignity Health's Community Investment Program has strategically invested funds to help sustain the clinic network, particularly in some of the system's most vulnerable communities. The investments include:

- **California Health Center Emergency Loan Pool:** In 2008, when the budget crisis in California threatened the viability of the state's clinic network, Dignity Health led the creation of an emergency loan pool. With an investment of \$5M, CHW partnered with the California Health Foundation, Sutter Health, the Mercy Partnership Fund, California Primary Care Association and NCB Capital in creating a \$27 million emergency loan pool

and has continued to assist California's community health centers manage cash during the 2008, 2009, and 2010 state budget delays.

- **Northeast Community Clinic, Southern California:** Northeast Community Clinic (NECC) provides medical, psychological, social, and other related services to the Greater Los Angeles community. NECC has been in operation since 1972 and became a Federally Qualified Health Center (FQHC)<sup>1</sup> in 2009. In recent years the health center has been in expansion mode, acquiring five clinic sites and three interim sites since 2002. Prior to that, NECC operated from just one clinic and a mobile van. Today, NECC has eleven clinics located throughout Central and South Central Los Angeles and serves approximately 120,000 visits annually. Dignity Health provided a \$1.6M loan to Northeast Community Clinic for the purchase and renovation of a new clinic in Long Beach, California, 4.34 miles from the Dignity Health Long Beach facility.
- **Midtown Medical Center for Children and Families:** Midtown Medical Center for Children and Families (MMC) is a Sacramento based community clinic whose mission is to provide high quality health care to low income and underserved individuals residing in the Greater Sacramento area. MMC serves an average of 25,000 patients annually, providing primary and preventative medical care, pediatric services and well-child exams, prenatal care, and immunizations. Dignity Health has provided a \$1M working capital loan that will enable Midtown Medical Center for Children and Families to transition from a fee-for-service Community Clinic to cost-based FQHC Look-A-Like.
- **The Effort:** The Effort is an integrated health, mental health, and addiction treatment organization serving Sacramento, El Dorado, and Placer counties. Each year The Effort serves approximately 7,000 people, including populations of high-risk, low income children and adults, many of whom are homeless and unemployed. Dignity Health has provided a \$1M working capital loan to assist The Effort to become an FQHC Look-A-Like.

The FQHC designation for the purposes of Medicare and Medicaid was first defined by 1989 amendments to the Social Security Act.<sup>9</sup> FQHCs receive enhanced reimbursement from Medicare on the basis of reasonable cost and from Medicaid based on a prospective payment system rate that is required to approximate the FQHCs reasonable cost per visit. An FQHC receives a grant under Section 330 of the Public Health Service (PHS) Act. A public or private, nonprofit entity that otherwise meets Section 330 program requirements may be certified as an FQHC look-alike if it does not receive funding under Section 330 but has established a governance structure, and operates, and provides services similarly to those centers that do receive Section 330 funding.

### Public Policy Advocacy

During the 2011 fiscal year, Dignity Health continued to build organizational capacity, strengthen interdepartmental collaboration to address regulatory and legislative changes, and to plan and develop strategies that furthered Dignity Health's goals within the environmental and political landscapes within which Dignity Health was confronted.

The Office of Public Policy & Advocacy implemented a focused approach to advancing the Dignity Health Board-approved Priorities under the following categories:

- **Health Care System Reform:** Advance and influence the implementation of health



care reform by advocating for the transformation of health care delivery across the continuum, promoting true improvement in quality and containment of cost without compromising our ability to care for the underserved.

- **Fiscal Solvency:** Advocate for adequate and fair reimbursement while ensuring the viability of compassionate, high quality, affordable care and support initiatives that enhance Dignity Health’s ability to sustain the healing mission.
- **Foundational Priorities:** Support Dignity Health’s commitment to address the needs of the communities we serve, by protecting not-for-profit health care, serving and advocating for the poor and disenfranchised, and promoting community and environmental health.

In 2010-2011, Dignity Health was successful in passing several important pieces of legislation and regulatory proposals on the federal and state levels, as well as blocking initiatives harmful to the health care ministry and the communities Dignity Health serves. Dignity Health is especially proud of the steadfast commitment and diligence in which we worked to usher health care reform and advance implementation of the new law. [Click here](#) for a detailed description of our public policy initiatives.

### Political Contributions and Lobbying

As a nonprofit organization, Dignity Health 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 Dignity Health Board of Directors Strategy and Planning Committee approves public policy and advocacy priorities. Occasionally, Dignity Health makes contributions to initiative/issue campaigns that align with our priorities. The Executive Leadership Team reviews and approves those expenditures. Dignity Health and related entities made a total of \$1,352,508 in contributions used for lobbying purposes to the following organizations in FY 2010. FY 2011 expenditures will not be available until later in 2012.

Lobbying Firm or Other Organization	Amount Paid Related to Lobbying Activities >\$1000	Purpose
Alliance of Catholic Healthcare	171,060	Portion of membership dues used for lobbying activities
American Hospital Association	80,223	Portion of membership dues used for lobbying activities
American Medical Rehabilitation Providers Association	1,189	Portion of membership dues used for lobbying activities
Bay Area Council	2,500	Government relations
California Hospice and Palliative Care Association	1,099	Portion of membership dues used for lobbying activities
California Hospital Association	326,307	Portion of membership dues used for lobbying activities
Catholic Health Association	62,127	Portion of membership dues used for lobbying activities
Cerrell Associates	4,936	Public affairs issue and relationship management

Lobbying Firm or Other Organization	Amount Paid Related to Lobbying Activities >\$1000	Purpose
Gilbert Chamber of Commerce	1,599	Portion of membership dues used for lobbying activities
Goodman Schwartz LLC	55,000	Consultant-Government Relations
Griffen Crowley Group	40,585	State Issues Lobbying
Innovative Federal Strategies	183,238	Federal Appropriations Lobbying
Las Vegas Chamber of Commerce	1,500	Portion of membership dues used for lobbying activities
National Association Homecare & Hospice	5,475	Portion of membership dues used for lobbying activities
National Foundation for Trauma Care	4,960	Portion of membership dues used for lobbying activities
Network	50,000	Lobbying for health reform & other social issues
Nevada Hospital Association	12,975	Portion of membership dues used for lobbying activities
Phoenix Chamber of Commerce	1,245	Portion of membership dues used for lobbying activities
Private Essential Access Community Hospitals Inc. (PEACH)	36,000	Health care Initiatives
Private Essential Community Hospitals	31,904	Health care initiatives
Repair California	50,000	Contribution for measures calling for a Constitutional Convention for CA
Strategic Health Care	20,000	Federal Appropriations Project
The Ferraro Group	26,000	Government Affairs
The Margolin Group, Inc.	30,000	Federal representation and advocacy services
Valley Industry & Commerce Association	1,250	Portion of membership dues used for lobbying activities
Waypoint Advisors LLC	120,000	Health care & general business legislative representation
Whitehurst/Mosher Campaign Strategy & Media	3,267	Polling for revenue measures
Yes on Prop 300	2,500	Campaign contribution



*“I am of the opinion that my life belongs to the whole community and as long as I live, it is my privilege to do for it whatever I can.”*

*✧George Bernard Shaw✧*

# G3.1 Content Index - GRI Application Level B

## Application Level B

### STANDARD DISCLOSURES PART I: Profile Disclosures

REPORT FULLY ON THE BELOW SELECTION OF PROFILE DISCLOSURES OR PROVIDE A REASON FOR OMISSION

#### 1. Strategy and Analysis

Profile	Description	Cross-reference/Direct answer
1.1	Statement from the most senior decision-maker of the organization.	<a href="#">CEO Message</a>
1.2	Description of key impacts, risks, and opportunities.	<a href="#">CEO Message</a>

#### 2. Organizational Profile

Profile	Description	Cross-reference/Direct answer
2.1	Name of the organization.	<a href="#">Profile</a>
2.2	Primary brands, products, and/or services.	<a href="#">Profile</a>
2.3	Operational structure of the organization, including main divisions, operating companies, subsidiaries, and joint ventures.	<a href="#">Governance and Management</a>
2.4	Location of organization's headquarters.	<a href="#">Profile</a>
2.5	Number of countries where the organization operates, and names of countries with either major operations or that are specifically relevant to the sustainability issues covered in the report.	<a href="#">Profile</a>
2.6	Nature of ownership and legal form.	<a href="#">Governance and Management</a>
2.7	Markets served (including geographic breakdown, sectors served, and types of customers/beneficiaries).	<a href="#">Profile</a>
2.8	Scale of the reporting organization.	<a href="#">Profile</a>
2.9	Significant changes during the reporting period regarding size, structure, or ownership.	<a href="#">CEO Message</a> ; <a href="#">Profile</a>

2.10	Awards received in the reporting period.	<a href="#">Our Waste</a>
<b>3. Report Parameters</b>		
Profile	Description	Cross-reference/Direct answer
3.1	Reporting period (e.g., fiscal/calendar year) for information provided.	<a href="#">Reporting</a>
3.2	Date of most recent previous report (if any).	<a href="#">Reporting</a>
3.3	Reporting cycle (annual, biennial, etc.)	<a href="#">Reporting</a>
3.4	Contact point for questions regarding the report or its contents.	<a href="#">Reporting</a>
3.5	Process for defining report content.	<a href="#">Profile</a>
3.6	Boundary of the report (e.g., countries, divisions, subsidiaries, leased facilities, joint ventures, suppliers). See GRI Boundary Protocol for further guidance.	<a href="#">Profile</a>
3.7	State any specific limitations on the scope or boundary of the report (see completeness principle for explanation of scope).	<a href="#">Profile</a>
3.8	Basis for reporting on joint ventures, subsidiaries, leased facilities, outsourced operations, and other entities that can significantly affect comparability from period to period and/or between organizations.	<a href="#">Profile</a>
3.9	Data measurement techniques and the bases of calculations, including assumptions and techniques underlying estimations applied to the compilation of the Indicators and other information in the report. Explain any decisions not to apply, or to substantially diverge from, the GRI Indicator Protocols.	<a href="#">Reporting</a>
3.10	Explanation of the effect of any re-statements of information provided in earlier reports, and the reasons for such re-statement (e.g., mergers/acquisitions, change of base years/periods, nature of business, measurement methods).	None
3.11	Significant changes from previous reporting periods in the scope, boundary, or measurement methods applied in the report.	<a href="#">CEO Message</a>
3.12	Table identifying the location of the Standard Disclosures in the report	<a href="#">GRI Content Index</a>
3.13	Policy and current practice with regard to seeking external assurance for the report.	<a href="#">Reporting</a>

## 4. Governance, Commitments, and Engagement

Profile	Description	Cross-reference/Direct answer
4.1	Governance structure of the organization, including committees under the highest governance body responsible for specific tasks, such as setting strategy or organizational oversight.	<a href="#">Governance and Management</a>
4.2	Indicate whether the Chair of the highest governance body is also an executive officer.	<a href="#">Governance and Management</a>
4.3	For organizations that have a unitary board structure, state the number and gender of members of the highest governance body that are independent and/or non-executive members.	<a href="#">Governance and Management</a>
4.4	Mechanisms for shareholders and employees to provide recommendations or direction to the highest governance body.	<a href="#">Governance and Management</a>
4.5	Linkage between compensation for members of the highest governance body, senior managers, and executives (including departure arrangements), and the organization's performance (including social and environmental performance).	<a href="#">Governance and Management</a>
4.6	Processes in place for the highest governance body to ensure conflicts of interest are avoided.	<a href="#">Governance and Management</a>
4.7	Process for determining the composition, qualifications, and expertise of the members of the highest governance body and its committees, including any consideration of gender and other indicators of diversity.	<a href="#">Governance and Management</a>
4.8	Internally developed statements of mission or values, codes of conduct, and principles relevant to economic, environmental, and social performance and the status of their implementation.	<a href="#">Profile</a>
4.9	Procedures of the highest governance body for overseeing the organization's identification and management of economic, environmental, and social performance, including relevant risks and opportunities, and adherence or compliance with internationally agreed standards, codes of conduct, and principles.	<a href="#">Governance and Management</a>
4.10	Processes for evaluating the highest governance body's own performance, particularly with respect to economic, environmental, and social performance.	<a href="#">Governance and Management</a>
4.11	Explanation of whether and how the precautionary approach or principle is addressed by the organization.	<a href="#">Governance and Management</a>
4.12	Externally developed economic, environmental, and social charters, principles, or other initiatives to which the organization subscribes or endorses.	<a href="#">Community Engagement</a>
4.13	Memberships in associations (such as industry associations) and/or national/international advocacy organizations in which the organization: * Has positions in governance bodies; * Participates in projects or committees; * Provides substantive funding beyond routine membership dues; or * Views membership as strategic.	<a href="#">Community Engagement</a>
4.14	List of stakeholder groups engaged by the organization.	<a href="#">Community Engagement</a>
4.15	Basis for identification and selection of stakeholders with whom to engage.	<a href="#">Community Engagement</a>

4.16	Approaches to stakeholder engagement, including frequency of engagement by type and by stakeholder group.	<a href="#">Community Engagement</a>
4.17	Key topics and concerns that have been raised through stakeholder engagement, and how the organization has responded to those key topics and concerns, including through its reporting.	<a href="#">Community Engagement</a>

## STANDARD DISCLOSURES PART II: Disclosures on Management Approach (DMAs)

REPORT ON THE DISCLOSURES ON MANAGEMENT APPROACH FOR EACH CATEGORY. YOU SHOULD BE ABLE TO DISCLOSE THIS INFORMATION ON THE ASPECT LEVEL FOR EACH PERFORMANCE INDICATOR THAT YOU HAVE REPORTED FULLY ON.

G3 DMA	Description	
DMA EC	Disclosure on Management Approach EC	Cross-reference/Direct answer
Aspects	Economic performance	<a href="#">Profile</a>
	Market presence	<a href="#">Profile</a>
	Indirect economic impacts	<a href="#">Community Engagement</a>
DMA EN	Disclosure on Management Approach EN	Cross-reference/Direct answer
Aspects	Materials	<a href="#">Purchases</a>
	Energy.	<a href="#">Buildings</a>
	Water	<a href="#">Buildings</a>
	Biodiversity	No facilities being developed in areas of high biodiversity
	Emissions, effluents and waste	<a href="#">Buildings</a> , <a href="#">Waste</a>
	Products and services	<a href="#">Patients</a> ; <a href="#">Purchases</a>
	Compliance	<a href="#">Waste</a>

	Transport	<a href="#">Community Engagement</a>
	Overall	<a href="#">Purchases, Buildings, Waste</a>
DMA LA	Disclosure on Management Approach LA	Cross-reference/Direct answer
Aspects	Employment	<a href="#">People</a>
	Labor/management relations	<a href="#">People</a>
	Occupational health and safety	<a href="#">People</a>
	Training and education	<a href="#">People</a>
	Diversity and equal opportunity	<a href="#">People</a>
	Equal remuneration for women and men	<a href="#">People</a>
DMA HR	Disclosure on Management Approach HR	Cross-reference/Direct answer
Aspects	Investment and procurement practices	<a href="#">People</a>
	Non-discrimination	<a href="#">People</a>
	Freedom of association and collective bargaining	<a href="#">People</a>
	Child labor	Requirements included in vendor contracts
	Prevention of forced and compulsory labor	Requirements included in vendor contracts
	Security practices	Requirements included in vendor contracts



	Indigenous rights	Requirements included in vendor contracts
	Assessment	<a href="#">People</a>
	Remediation	<a href="#">People</a>
DMA SO	Disclosure on Management Approach SO	Cross-reference/Direct answer
Aspects	Local communities	<a href="#">Community Engagement</a>
	Corruption	<a href="#">Community Engagement</a>
	Public policy	<a href="#">Community Engagement</a>
	Anti-competitive behavior	<a href="#">Community Engagement</a>
	Compliance	<a href="#">Community Engagement</a>
DMA PR	Disclosure on Management Approach PR	Cross-reference/Direct answer
Aspects	Customer health and safety	<a href="#">Patients</a> ; <a href="#">Purchases</a>
	Product and service labeling	<a href="#">Patients</a> ; <a href="#">Purchases</a>
	Marketing communications	<a href="#">Patients</a>
	Customer privacy	<a href="#">Patients</a>
	Compliance	<a href="#">Patients</a>

# STANDARD DISCLOSURES PART III: Performance Indicators

REPORT FULLY ON AT LEAST 20 CORE OR ADDITIONAL PERFORMANCE INDICATORS - AT LEAST 1 FROM EACH CATEGORY (ECONOMIC, ENVIRONMENT, LABOR PRACTICES & DECENT WORK, HUMAN RIGHTS, SOCIETY, PRODUCT RESPONSIBILITY)

## Economic

Performance Indicator	Description	Cross-reference/Direct answer
	<b>Economic performance</b>	
EC1	Direct economic value generated and distributed, including revenues, operating costs, employee compensation, donations and other community investments, retained earnings, and payments to capital providers and governments.	<a href="#">Profile</a> ; <a href="#">Community Engagement</a>
EC2	Financial implications and other risks and opportunities for the organization's activities due to climate change.	<a href="#">Buildings</a> :
EC3	Coverage of the organization's defined benefit plan obligations.	Defined Benefit Plans Are not Offered
EC4	Significant financial assistance received from government.	<a href="#">Community Engagement</a>
	<b>Market presence</b>	
EC6	Policy, practices, and proportion of spending on locally-based suppliers at significant locations of operation.	Local vendors, psrticularlry for food sourcing, are used when practical
	<b>Indirect economic impacts</b>	
EC8	Development and impact of infrastructure investments and services provided primarily for public benefit through commercial, in-kind, or pro bono engagement.	<a href="#">Community Engagement</a>
EC9	Understanding and describing significant indirect economic impacts, including the extent of impacts.	<a href="#">Community Engagement</a>

## Environmental

Performance Indicator	Description	Cross-reference/Direct answer
	<b>Materials</b>	
EN2	Percentage of materials used that are recycled input materials.	<u>Waste</u>
	<b>Energy</b>	
EN3	Direct energy consumption by primary energy source.	<u>Buildings</u>
EN5	Energy saved due to conservation and efficiency improvements.	<u>Buildings</u>
EN6	Initiatives to provide energy-efficient or renewable energy based products and services, and reductions in energy requirements as a result of these initiatives.	<u>Buildings</u>
	<b>Water</b>	
EN8	Total water withdrawal by source.	<u>Buildings</u>
	<b>Biodiversity</b>	
EN11	Location and size of land owned, leased, managed in, or adjacent to, protected areas and areas of high biodiversity value outside protected areas.	None
EN12	Description of significant impacts of activities, products, and services on biodiversity in protected areas and areas of high biodiversity value outside protected areas.	None
EN15	Number of IUCN Red List species and national conservation list species with habitats in areas affected by operations, by level of extinction risk.	None

	<b>Emissions, effluents and waste</b>	
EN16	Total direct and indirect greenhouse gas emissions by weight.	<u>Buildings</u>
EN18	Initiatives to reduce greenhouse gas emissions and reductions achieved.	<u>Buildings</u>
EN22	Total weight of waste by type and disposal method.	<u>Waste</u>
EN23	Total number and volume of significant spills.	<u>Waste</u>
	<b>Products and services</b>	
EN26	Initiatives to mitigate environmental impacts of products and services, and extent of impact mitigation.	<u>Purchasing</u>
	<b>Compliance</b>	
EN28	Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with environmental laws and regulations.	<u>Waste (none)</u>
<b>Social: Labor Practices and Decent Work</b>		
Performance Indicator	Description	Cross-reference/Direct answer
	<b>Employment</b>	
LA1	Total workforce by employment type, employment contract, and region, broken down by gender.	<u>People</u>
LA2	Total number and rate of new employee hires and employee turnover by age group, gender, and region.	<u>People</u>
	<b>Labor/management relations</b>	
LA4	Percentage of employees covered by collective bargaining agreements.	<u>People</u>

	Occupational health and safety	
LA6	Percentage of total workforce represented in formal joint management-worker health and safety committees that help monitor and advise on occupational health and safety programs.	<a href="#">People</a>
LA7	Rates of injury, occupational diseases, lost days, and absenteeism, and number of work-related fatalities by region and by gender.	<a href="#">People</a>
LA8	Education, training, counseling, prevention, and risk-control programs in place to assist workforce members, their families, or community members regarding serious diseases.	<a href="#">People</a>
	Training and Education	
LA11	Programs for skills management and lifelong learning that support the continued employability of employees and assist them in managing career endings.	<a href="#">People</a>
LA12	Percentage of employees receiving regular performance and career development reviews, by gender.	Yes
	Diversity and equal opportunity	
LA13	Composition of governance bodies and breakdown of employees per employee category according to gender, age group, minority group membership, and other indicators of diversity.	<a href="#">People</a>
	Equal remuneration for women and men	
LA14	Ratio of basic salary and remuneration of women to men by employee category, by significant locations of operation.	
<b>Social: Human Rights</b>		
Performance Indicator	Description	Cross-reference/Direct answer
	Security practices	
HR8	Percentage of security personnel trained in the organization's policies or procedures concerning aspects of human rights that are relevant to operations.	All security personnel trained to respect the rights and dignity of all our patients and visitors
	Indigenous rights	
HR9	Total number of incidents of violations involving rights of indigenous people and actions taken.	None

## Social: Society

Performance Indicator	Description	Cross-reference/Direct answer
	Local communities	
SO1	Percentage of operations with implemented local community engagement, impact assessments, and development programs.	<a href="#">Community Engagement</a>
SO9	Operations with significant potential or actual negative impacts on local communities.	<a href="#">Community Engagement</a>
SO10	Prevention and mitigation measures implemented in operations with significant potential or actual negative impacts on local communities.	<a href="#">Community Engagement</a>
	Corruption	
SO4	Actions taken in response to incidents of corruption.	No incidents of corruption
	Public policy	
SO5	Public policy positions and participation in public policy development and lobbying.	<a href="#">Community Engagement</a>
SO6	Total value of financial and in-kind contributions to political parties, politicians, and related institutions by country.	<a href="#">Community Engagement</a>
	Anti-competitive behavior	
SO7	Total number of legal actions for anti-competitive behavior, anti-trust, and monopoly practices and their outcomes.	None

## Social: Product Responsibility

Performance Indicator	Description	
	Customer health and safety	
PR1	Life cycle stages in which health and safety impacts of products and services are assessed for improvement, and percentage of significant products and services categories subject to such procedures.	<u>Purchasing</u>
PR2	Total number of incidents of non-compliance with regulations and voluntary codes concerning health and safety impacts of products and services during their life cycle, by type of outcomes.	<u>Patients</u>
	Product and service labeling	
PR5	Practices related to customer satisfaction, including results of surveys measuring customer satisfaction.	<u>Patients</u>
	Marketing communications	
PR6	Programs for adherence to laws, standards, and voluntary codes related to marketing communications, including advertising, promotion, and sponsorship.	<u>Patients</u>
PR7	Total number of incidents of non-compliance with regulations and voluntary codes concerning marketing communications, including advertising, promotion, and sponsorship by type of outcomes.	None

