

TEST PRACTICE GREENHEALTH - HEALTHCARE FACILITY WITH BEDS AND ORS #3 — no.1707362

## Partner for Change - 2016: Water

#### Introduction

Water is a critical resource for community health and well-being. Because of the artificially low pricing for water, it can be challenging to get this program prioritized. But water conservation remains a vital part of a strong environmental stewardship program. Tracking and measuring the amount of direct water used is the first step a hospital should take to begin its water management and minimization program.

### Water Use Demographics

<u>1.</u>	Please enter the facility's Baseline Year:							
			an actively tracking energy er sense of the facility's org	•	· ·		istoric data, it is worth	
<u>2.</u>	Please indic	Please indicate the number of <b>commercial ice makers</b> at your facility:						
<u>3.</u>	Please indicate the number of hemodialysis treatments the facility performs annually (both at bedside and inpatient unit):							
Wate	r Usage							
	PGH uses <b>Energy Star Portfolio Manager's</b> definition of <b>Gross Floor Area</b> . If the facility uses Portfolio Manager, you can <b>cut and paste</b> the value for <b>Gross Floor Area</b> into the application. Click here for the definition of <b>Gross Floor Area</b> .							
	Please indicate the facility's water use in Table A below. Everyone is required to complete the CURRENT YEAR USAGE column. If 2015 was your paseline year, please enter the water totals in both the current and baseline year question, and leave previous year blank. Do not enter zeros.							
Table	Table A. Water Consumption							
	A. Water umption	Baseline Year	Units	Previous Year	Units	Current Year	Units	

Gross	Floor Area	4.	Square Feet	5.	Square Feet	6.		Square Feet
Cleana	able Area					7.		Square Feet
Annual Water Consumption		8.	Select an option	10.	Select an opti	on 🕶 12.		Select an option
<u>14.</u>	Your total annu	ual water consumption	in US gallons for 'C	urrent Year' was:				
	0							
<u>15.</u>	Please provide	e the Annual Costs (\$)	for Current Year Wa	ater Consumption:				
ootag	=	in parentheses. If your	consumption is out	of the range presented	d, please review	your <b>water</b>	consumption of	data and square
16. Gallons	s per Square Foo	ot (The 2015 median valu	e was Adjusted Patie	18.     20.       Adjusted Patient Days:     Number of Operating Rooms:				
		tween 5 and 110):	0					
			From Facility P	From Facility Profile. From Facility Profile.				
Gallons per Cleanable Square Foot (The 2015 median value was 47.9; values ranged from 10 to 100):			Gallons per Adjusted Patient Day (The 2015 median value was 282, values ranged from 30 to 500):		21. Million Gallons per Operating Room (The 2015 median value was 2.2 million, values ranged from 0.4 to 5.2):			
<u>22.</u>	22. Gallons per Operating Room:							
	0							
23. Water Use Reduction (% reduction compared to baseline using gallons / square foot):								
	100.0							

# Irrigated Landscape

Please enter square footage or acreage of irrigated versus non-irrigated landscape on the hospital campus in Table B. Please use the SAME units for both entries.

### Table B. Irrigated vs Non-Irrigated Landscaping

Landscape Type	Campus Area	Units	% Total
Irrigated Landscape	24.	25. Select an option	<b>26.</b> 0
Non-Irrigated Landscape	27.	28. Select an option	<b>29.</b>
Total Landscape Area	<b>30.</b> 0	Square Feet	100%

			]					
Non-Irrigated Landscape		<u>27.</u>	28.	<u>29.</u>				
	•		Select an option	0				
				0				
Total Landsca	pe Area	30.	Square Feet	100%				
		0	]					
			Л					
	ne facility use any alter	rnative landscaping methods that <b>redu</b>	uce the need for irrigation?					
O NO								
31.a	If yes, please descri	ha:						
<u>01.u</u>	ii yes, picase deserii							
<u>31.b</u>	Include water savin	Include water savings realized from this effort (in gallons):						
	gallons							
Water Cons	ervation and Savir	ngs Project Data						
Water Gone	or various and outsi	igo i roject Data						
	he facility <b>submeter</b> ar	ny departments and/or individual piece	es of equipment?					
Yes     N								
○ No								
	On Discondancilla.							
<u>32.a</u>	Please describe:							
33. Does to	ho facility house a service	on plan to radius water use are the	no with timelines and scale?					
aa. Does ii	3. Does the facility have a written plan to reduce water use over time with timelines and goals?							

Yes

○ No

<u>33.a</u>	Please describe:					
<u>33.b</u>	Please attach:					
Please	indicate who is accountable for the plan:					
33.c	Name:					
	<b>-</b>					
<u>33.d</u>	Title:					
<u>33.e</u>	Email:					
	Dharan					
<u>33.f</u>	Phone:					
Has the  ☐ Yes  ☐ No	e facility contracted with a third party to conduct water audits?					
<u>34.a</u>	Name of Firm:					
24 b	Timeframe of Contract:					
<u>34.b</u>	Timename of Contract.					
	e facility made any efforts to reuse non-potable water?					
<ul><li>Yes</li></ul>						

○ No

	<u>35.a</u>	If yes, please describe:								
<u>36.</u>	Does th	ne facility purchase <u>US</u>	EPA WaterSense-labeled device	es and equipment?						
	Yes									
	<u>36.a</u>	Please provide exam								
<u>37.</u>	Does th	ne facility <b>benchmark v</b>	vater usage?							
	<ul><li>G Yes</li><li>C No</li></ul>									
	<u>37.a</u>	What software program, tool or company did the organization utilize to benchmark water usage?								
	<u>37.b</u>	Please indicate your	preferred metric for measuring/n	ormalizing water use:						
	37.c	37.c Please indicate the last year in which water usage was last benchmarked:								
leas	e list the l	biggest <b>water-saving</b>	projects implemented in 2015 in T	Table E. A minimum of three projects is	suggested if possible.					
			n is calculated above through perd for <b>projects completed in the p</b>	cent water reduction from baseline, wher past year.	e you will get 'credit' for older water					
able	E: Wate	r Reduction Projects								
Project Description		otion	Category	Water Savings (in gallons/year)	Annual Savings in USD \$ (real or calculated)					
38.			39.	40.	41.					
			Select an option	<u> </u>						
<u>12.</u>			43.	44.	45.					
			Select an option	_						

<u>46.</u>		<u>47.</u>	<u>48.</u>	<u>49.</u>				
		Select an option						
<u>50.</u>		<u>51.</u>	<u>52.</u>	53.				
		Select an option						
<u>54.</u>		<u>55.</u>	<u>56.</u>	<u>57.</u>				
		Select an option						
Total			<u>58.</u>	<u>59.</u>				
			0	0				
	share any other successful or commentary and/or attach a f		s at your facility in 2015 in the space p	rovided below. Please feel free to				
<u>60.</u>	Success 1: Please describe							
<u>61.</u>	Please attach any additional de	ocumentation (optional):						
62	62. Success 2: Please describe							
<u>02.</u>	Cuccess 2.1 lease describe							
<u>63.</u>	Please attach any additional de	ocumentation (optional):						
64. Success 3: Please describe								
<u>65.</u>	Please attach any additional de	ocumentation (optional):						