PRACTICE Greenhealth®

2017 SUSTAINABILITY BENCHMARK DATA TABLES

FEBRUARY 2018

INTRODUCTION AND METHODS

Practice Greenhealth's benchmark reporting represents the nation's premier analysis of sustainability performance data for the health care sector. The 355 hospitals in this year's data set saved more than $826 million on a range of different sustainable programs over the course of 2016, while deepening relationships with their communities and better supporting a more expansive definition of health. This data will assist hospitals in identifying key sustainability program opportunities by benchmarking their own program's performance.

This report is divided into 10 distinct benchmarking profiles on different components of health care environmental stewardship programs.


Engaged Leadership

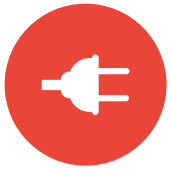

Less Waste


Safer Chemicals


Healthy Food

Greening the Operating Room


Environmentally Preferable Purchasing


Leaner Energy


Less Water


Green Building

Climate

Each section of the report highlights a mix of qualitative performance measures (actions hospitals have taken to implement its sustainability program) and key quantitative metrics — an assessment of how well the facility is performing on different programs it has implemented. For qualitative measures, the report presents the percent of respondents answering in the affirmative for a given question (e.g., the percent of hospitals that indicated they have a composting program for food waste, or a donation program for unused medical supplies). For quantitative metrics, Practice Greenhealth reports median performance (50th percentile) and top performance (90th percentile) points across hospitals. In the case of most quantitative performance metrics, the report makes an effort to standardize the measurement of sustainability performance for each category through normalization of the data--in order to support more informative comparisons among hospitals. Practice Greenhealth normalizes the data based on the most statistically significant factors, allowing hospitals of different size and scope to more accurately assess their sustainability performance. For example, instead of reporting total energy used by institutions of a certain size, it reports energy utilization per square foot.

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Data cohorts

This report provides several distinct cohorts of hospital data to allow for the most useful comparisons. The table below highlights the different ways Practice Greenhealth distills data for maximum comparability.

Cohort	Description	Cohort size
All	All hospitals with overnight beds and operating rooms that responded to a given question on either the Partner for Change or the Partner Recognition award application.	355 hospitals
Small	The small hospitals cohort is comprised of hospitals with fewer than 200 staffed beds. Hospitals in this cohort ranged in size from 10 to 199 staffed beds.	171 hospitals
Large	The large hospitals cohort is comprised of hospitals with more than 200 staffed beds. Hospitals in this cohort ranged in size from 200 to more than 1500 staffed beds.	166 hospitals
Top 25	The Top 25 cohort is comprised of winners of the Top 25 Environmental Excellence award. This set of hospitals is recognized for their outstanding overall leadership on sustainability (across all ten categories of sustainability), and have earned the designation of the top performing all-around health care sustainability leaders in the country.	25 hospitals
Circle	This cohort is comprised of the Circle of Excellence award winners — the top 10 institutional performers for each category based on a range of metrics and key performance indicators. These hospitals are the leaders in the field, and their achievements represent the cutting edge of hospital environmental stewardship programs for each category.	10 hospitals per category
90th	The 90th percentile is the value dividing the top 10% of high-performing hospitals from the data set. The 90th percentile informs hospitals on the long term target to reach for—a data-driven determination of how well hospitals can actually perform on a given metric using valid data.	Varies

Additional data sets

Practice Greenhealth also provides environmental performance data for two other cohorts within the report. The performance metrics for academic medical centers and long term care facilities are broken out in separate data sets. These two subsets of participating hospitals exhibit unique activity profiles that significantly impact their overall environmental performance.

Cohort	Description	Cohort size
Academic medical centers	This cohort is comprised of academic medical centers (AMC). An AMC is typically a hospital attached to a university medical school and/or a teaching hospital affiliated with a medical school. These hospitals are training grounds for residents, medical and nursing students, PhDs, and post-doctoral researchers. Some AMCs include on-site research facilities, which host laboratories and other research amenities that can add to their environmental footprint.	194 hospitals
Long term care	This cohort is comprised of facilities with overnight beds but no operating rooms, and includes skilled nursing facilities, assisted living and memory care facilities, behavioral health facilities, long term acute-care hospitals, and rehabilitation hospitals.	32 hospitals

Methods and analysis

Data is from the 2016 calendar or fiscal year as reported on the 2017 Environmental Excellence Award applications. Hospitals completed the applications between November 2016 and March 2017. Practice Greenhealth reviews all data submitted by award applicants to identify outliers, which can sometimes indicate a mistake in reporting. Practice Greenhealth follows up with applicants where appropriate to inquire about outliers and to correct or remove data from the data set as necessary.

Throughout the report, the "N" (or sample size) for each group varies. This is because the "N" represents how many hospitals answered that question, and can differ based on the number of hospitals reporting on that metric — not all hospitals respond to every question or provide data for every metric. Typically, the more hospitals that report on a metric (the larger the N), the more robust the data is--a sample size of 200 is more informative than a data set of 20.

Practice Greenhealth reports median values for quantitative measures, as these values typically provide a stronger basis for comparisons and benchmarking than averages and standard deviations. Averages and standard deviations can be influenced by outliers or incorrect data and can result in misleading conclusions. Median values (the middle value, or the 50th percentile) provide hospitals the chance to compare their sustainability performance, while the 90th percentile informs hospitals on the long term target to reach for — a data-driven determination of how well hospitals can actually perform on a given metric. This data is then paired with analysis of the programmatic actions utilized by best performing hospitals to support improvement in these key metrics — identifying potential opportunities for action.

Normalizing data

Normalizing data is an important step to allow comparisons of performance between hospitals and groups of hospitals, regardless of size or number of patients. Practice Greenhealth normalizes the data to help identify comparable metrics for each category. To normalize data is to determine how different characteristics are affected by other variables. In other words, instead of looking at waste generation by tons alone, one would look at what variables might impact the amount of waste generated by a facility, and then try to normalize, or standardize data by those variables (e.g., tons per patient day). Normalizing data not only helps compare metrics between hospitals, but also helps a hospital compare their own data over a number of years, correcting for variations in patient volume each year. Practice Greenhealth uses statistical analysis to determine which variables have the greatest impact on characteristics of interest, through the use of multiple regression techniques that reveal which variables correlate the best with each characteristic. The variables that emerge as important influences on each characteristic are called normalizing factors. Practice Greenhealth analyzes each of the following normalization factors (in alphabetical order) for all of the major areas of environmental impact.

Practice Greenhealth wishes to thank the hundreds of individuals and institutions that participated in providing data for this analysis. The Practice Greenhealth Environmental Excellence awards are open to all members of Practice Greenhealth. Applications are available online, and new hospitals and health care systems are warmly invited to participate.

Normalization factors

Adjusted patient days	Adjusted patient days (APD) take into account inpatient and outpatient activity and are generally calculated as: APD = (total patient days)*(total patient revenue/inpatient revenue); where total patient revenue = inpatient + outpatient revenue.
Cleanable square feet	Cleanable square feet denotes the space routinely cleaned by environmental services. To calculate cleanable square feet when a measured value is not available, the facility can estimate that **cleanable square feet** = gross square feet minus walls (1.5% of gross square feet) minus square footage of non-cleanable areas (i.e., electrical closets, mechanical rooms, storage rooms).
Full time equivalents (FTEs)	The number of full-time equivalent (FTE) workers should be computed as the total number of hours worked by all workers in a week divided by the standard hours worked by one full time worker in a week. Workers may include employees of the property, and volunteers who perform regular on-site tasks. Workers should not include visitors to the property such as clients, customers, or patients or subcontractors.
Gross square feet / gross floor srea	The gross floor area (GFA) is the total property square footage, measured between the outside surface of the exterior walls of the building(s). This includes all areas inside the building(s) including supporting areas. GFA is not the same as rentable space, but rather includes all area inside the building(s). **Include in GFA:** lobbies, tenant areas, common areas, meeting rooms, break rooms, atriums (count the base level only), restrooms, elevator shafts, stairwells, mechanical equipment areas, basements, and storage rooms. **Do not include in GFA:** exterior spaces, balconies, patios, exterior loading docks, driveways, covered walkways, outdoor playcourts (tennis, basketball, etc.), parking, the interstitial plenum space between floors (which house pipes and ventilation), and crawl spaces (per ENERGY STAR Portfolio Manager Glossary).
Patient days	A unit of measure denoting lodging facilities provided and services rendered to one inpatient between the census taking hour on two successive days. Synonymous terms: inpatient day, inpatient service day, census day, bed occupancy day, occupied bed day.
Staffed beds	Staffed beds are those in-service and patient-ready for more than half of the days in the reporting period. Staffed beds does not include beds ordinarily occupied for less than 24 hours, such as those in the emergency department, clinic, labor (birthing) rooms, surgery and recovery rooms and outpatient holding beds.
Licensed beds	The maximum number of beds a hospital is licensed to staff.
Operating rooms	An operating room (OR) is defined as a room in the surgical suite that meets the requirements of a restricted area and is designated and equipped for performing surgical operations or other invasive procedures that require an aseptic field. This is in contrast to a procedure room which is defined as a room for the performance of procedures that do not require an aseptic field but may require use of sterile instruments or supplies. Procedure rooms are considered unrestricted areas.
OR procedures	An outpatient department visit/use/event is any visit made during the person's reference period to a hospital outpatient department, such as a unit of a hospital, or a facility connected with a hospital, providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight. Examples of outpatient clinics include well-baby clinics/pediatric OPD; obesity clinics; eye, ear, nose, and throat clinics; family planning clinics; cardiology clinics; internal medicine departments; alcohol and drug abuse clinics; physical therapy clinics; and radiation therapy clinics. Hospital outpatient departments may also provide general primary care.
Outpatient visits	An outpatient department visit/use/event is any visit made during the person's reference period to a hospital outpatient department, such as a unit of a hospital, or a facility connected with a hospital, providing health and medical services to individuals who receive services from the hospital but do not require hospitalization overnight. Examples of outpatient clinics include well-baby clinics/pediatric OPD; obesity clinics; eye, ear, nose, and throat clinics; family planning clinics; cardiology clinics; internal medicine departments; alcohol and drug abuse clinics; physical therapy clinics; and radiation therapy clinics. Hospital outpatient departments may also provide general primary care.
Total on-site FTEs	Total on-site FTEs is the sum of full time equivalent employees plus FTE physicians, FTE medical students and FTE *contracted* full-time employees (such as EVS, Food & Pharmacy).

Sustainability commitments and plans	All	Small	Large	Top 25	Circle
Established an organizational environmental commitment statement/principles/charter for integrating environmental sustainability that is approved by top leadership	82%	80%	85%	96%	89%
Conducted a sustainability baseline assessment	83%	83%	85%	96%	100%
Created a strategic sustainability plan that aligns with other organizational priorities or embeds sustainability objectives or goals within the overall strategic plan	69%	71%	67%	96%	100%
Developed a minimum of three publicly available sustainability goals	58%	56%	59%	88%	100%

Management and human resources for environmental stewardship	All	Small	Large	Top 25	Circle
Appointed an executive champion to provide administrative support for environmental stewardship	90%	90%	91%	100%	100%
Established a green team/sustainability committee (utilized an existing committee) for ownership/oversight of designing, implementing and reporting on environmental sustainability initiatives	94%	94%	96%	100%	100%
Identified a clinical champion(s) to lead efforts on clinical engagement and education	68%	64%	74%	96%	100%
Added sustainability measures into performance objectives/evaluations for leadership staff	57%	59%	58%	76%	100%
Added language to job descriptions on the organization's commitment to the environment and the role that each employee plays	44%	46%	43%	56%	67%
Included an overview of organizational sustainability goals in new employee orientation	71%	73%	70%	92%	100%
The facility included questions about sustainability/environmental stewardship program in its employee engagement/satisfaction survey	27%	26%	29%	44%	33%

Sustainability staffing	All	Small	Large	Top 25	Circle
Appointed or hired someone to lead sustainability efforts at the facility level	86%	89%	88%	100%	100%
Of the 306 facilities indicating a sustainability lead, the position is:					
Full-time- facility specific	46%	37%	53%	56%	78%
Part time - facility specific	5%	6%	5%	4%	11%
Other duties within existing job assignment	58%	65%	53%	48%	11%
Facilities that are part of a health system that hired or appointed a sustainability leader to provide support to its affiliates:	85%	91%	80%	80%	100%
Of the 302 health systems that appointed someone to lead sustainability efforts, the position is:					
Full time - system level	90%	92%	88%	95%	100%
Part time - system level	4%	3%	5%	0%	0%
Other	5%	5%	7%	5%	0%

Budgets and making the business case	All	Small	Large	Top 25	Circle
Formulated a sustainability program budget	65%	61%	70%	84%	100%
Developed a green revolving fund	38%	40%	38%	60%	89%

Communications, reporting and engagement	All	Small	Large	Top 25	Circle
Implemented a sustainability reporting structure (e.g., making certain positions accountable for reporting sustainability progress up the organizational hierarchy)	81%	82%	82%	100%	100%
Implemented annual sustainability reporting to the board of directors/trustees	71%	73%	73%	92%	100%
Developed a Leadership Walks, Talks and Envisions statement for a C-level executive within your organization	41%	40%	42%	68%	78%
Communicated sustainability goals and progress from the leadership team to the staff at least annually	75%	72%	78%	100%	100%
Reported sustainability initiatives within its community benefit report to the IRS (for non-profit organizations) through IRS Schedule H, Form 990 (non-profit hospitals only)	63%	64%	62%	86%	100%

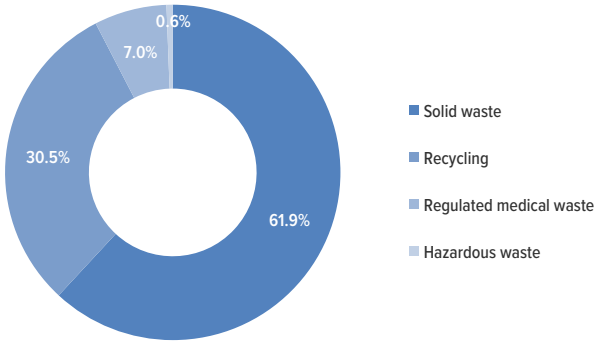
Sustainability reports	All	Small	Large	Top 25	Circle
Wrote a publicly available annual report that details environmental stewardship accomplishments at least every two years.	64%	62%	67%	88%	100%
Of the 221 facilities indicating "yes," these report types were identified:					
Annual sustainability report	41%	33%	47%	55%	56%
Annual sustainability report using GRI framework	11%	15%	9%	5%	11%
Annual report that specifically highlights environmental stewardship	32%	31%	34%	36%	56%
Community benefit report that specifically highlights environmental stewardship	27%	27%	28%	32%	44%
Other report highlighting environmental stewardship	32%	32%	31%	27%	33%

Sustainability engagement and education	All	Small	Large	Top 25	Circle
Developed education and communication strategies to convey the organization's sustainability initiatives	83%	83%	86%	100%	100%
Of the 296 facilities indicating "yes," these strategies were identified:					
Internal webpage for staff	84%	82%	87%	92%	100%
Public webpage	55%	47%	61%	76%	78%
E-learning modules	47%	45%	50%	80%	89%
Newsletter	66%	60%	71%	76%	89%
Poster campaign	62%	61%	62%	88%	89%
Other	53%	50%	56%	80%	100%
Displayed visuals to patients (such as segregation signage, posters, lanyards, etc. describing organization's environmental commitment	79%	78%	81%	100%	100%
Educated the community on environmental topics	72%	70%	76%	100%	100%
Included sustainability components in local or national marketing or educational campaigns	54%	54%	57%	68%	100%
Shared its environmental sustainability successes in a media story	63%	65%	64%	96%	100%
Featured a sustainability topic connecting health and the environment in at least one grand rounds event this year	12%	11%	13%	36%	44%
Presented publicly on the organization's sustainability efforts in 2016	48%	46%	51%	88%	100%
Provided mentoring to other health care facilities either within health system or externally	70%	65%	75%	96%	100%
Worked with city government or local organizations to promote sustainability locally or plan local events (like clean air days, drug or electronics take back event, etc.)	69%	70%	70%	96%	100%

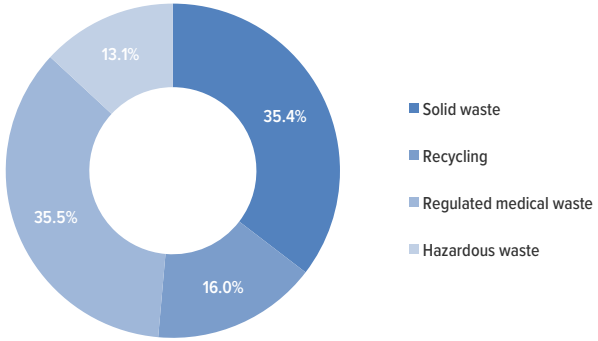
Median tons of waste by type as a percent of total waste	All	Small	Large	Top 25	Circle	90th
Solid waste	64%	62%	65%	55%	54%	42%
Recycling	28%	30%	26%	33%	39%	50%
Regulated medical waste (RMW)	6%	6%	7%	5%	5%	3%
Hazardous waste	0.4%	0.3%	0.4%	0.6%	1.0%	0.1%

Median cost of waste generation by type as a percent of total waste	All	Small	Large	Top 25	Circle	90th
Solid waste	33%	32%	33%	29%	29%	18%
Recycling	14%	18%	13%	14%	14%	31%
RMW	35%	32%	38%	31%	35%	14%
Hazardous waste	11%	9%	13%	17%	20%	2%

Average Tons of Waste by Type as a Percent of Total Waste



Average Cost of Waste Generation by Type as a Percent of Total Waste



Median cost per ton for disposal	All	Small	Large	Top 25	Circle
Solid waste	$112	$107	$116	$136	$161
Recycling	$136	$130	$137	$132	$150
RMW (on-site and offsite)	$1,119	$1,169	$1,078	$1,436	$1,851
Hazardous waste	$4,928	$5,595	$4,727	$6,542	$3,151
Total waste*	$245	$242	$246	$293	$282

* Total waste is the sum of solid waste, recycling, RMW, and hazardous waste.

Comparison of median cost of RMW as a percent of total waste cost for facilities treating RMW on-site and offsite	All	Small	Large	Top 25	Circle
RMW - on-site treatment	35%	40%	35%	35%	35%
RMW - offsite treatment	34%	32%	39%	24%	34%
RMW cost per ton - on-site treatment	$1,170	$1,128	$1,194	$2,008	$1,930
RMW cost per ton - offsite treatment	$1,111	$1,177	$1,067	$1,128	$1,436

Solid waste tons and cost	All	Small	Large	Top 25	Circle	90th
Solid waste as a percent of total waste (tons)	64%	62%	65%	55%	54%	42%
Solid waste as a percent of total waste (cost)	33%	32%	33%	29%	29%	18%
Median cost per ton	$112	$107	$116	$136	$161	$55

Solid waste reduction and prevention	All	Small	Large	Top 25	Circle
Developed an internal reuse program or strategy for office supplies, clinical products and equipment, and furniture before making these materials available for external donation	90%	91%	89%	100%	100%
Developed an equipment and supplies donation program (domestic or abroad) for materials, equipment and furniture that can no longer be used internally	85%	80%	90%	92%	100%
Implemented a paper reduction program	92%	91%	92%	100%	100%
Participated in or required through contracting a Product Take Back program for any products after use	65%	60%	71%	96%	80%

Donation programs	All	Small	Large	Top 25	Circle
Of the 296 facilities that developed a donation program, this is the percent of facilities that ensured all donated medical supplies, equipment and electronics are actually needed (such as working with an organization that ensures the needs of developing countries are met with the donated items).	81%	79%	82%	91%	100%
Percent of facilities that routinely donate certain materials:					
Unexpired/unopened consumable clinical supplies	64%	67%	64%	78%	80%
Expired/opened consumable clinical supplies	52%	52%	56%	78%	80%
Capital medical equipment	66%	68%	66%	83%	80%
Electronics	65%	64%	65%	57%	70%
Furniture	70%	68%	72%	74%	80%
Linens	30%	32%	31%	52%	80%
Other supplies	37%	33%	43%	74%	50%

Facility paper reduction programs	All	Small	Large	Top 25	Circle
Implemented a paper reduction program	92%	91%	92%	100%	100%
Out of 325 who said yes to having a paper reduction program, these are the programmatic activities the institution indicated it has pursued:					
Reduced network printers	82%	85%	80%	92%	80%
Made double-sided printing the default on printers/copiers	76%	76%	77%	84%	40%
Reduced number of automatically printed reports	78%	79%	79%	92%	90%
Implemented EMR/EHR system	58%	54%	62%	76%	90%
Other	30%	29%	33%	72%	70%

Disposal mechanism for regular solid waste (non-pharmaceutical)	All	Small	Large	Top 25	Circle
Landfill	84%	88%	80%	84%	80%
Municipal waste incinerator	3%	2%	5%	4%	0%
Waste-to-energy incinerator	11%	7%	15%	12%	20%

Recycling tons and cost	All	Small	Large	Top 25	Circle
Recycling as a percent of total waste (tons)	27.5%	30.4%	26.1%	33.1%	39.4%
Recycling as a percent of total waste cost	14%	18%	13%	14%	14%
Median recycling cost per ton (cost only)	$136	$130	$137	$132	$150

Median food waste compost	All
Median tons food waste compost	21.4
Cost per ton food waste compost	$178
Median recycling cost per ton (cost only)	$136

Recycling of medical plastics	All	Small	Large	Top 25	Circle
Recycle clinical/medical plastics in the operating room	67%	64%	71%	88%	100%
Of the 238 facilities recycling clinical/medical plastics, the items include:					
Irrigation bottles	81%	83%	80%	91%	100%
Skin prep solution bottles	65%	66%	65%	77%	100%
Trays	68%	63%	74%	77%	90%
Overwraps	46%	41%	51%	59%	80%
Rigid inserts	58%	51%	64%	77%	100%
Blue wrap	63%	63%	64%	82%	90%
Tyvek	24%	22%	26%	36%	60%
Basins	67%	63%	70%	73%	90%
Urinals/bedpans	38%	38%	39%	50%	60%
Other	17%	10%	23%	27%	40%

Normalized recycling metrics	All	Small	Large	Top 25	Circle	90th
Total recycling pounds per adjusted patient day (APD)	5.30	5.90	5.10	6.30	6.30	12.00
Total recycling tons per total full-time equivalent (FTE)	0.15	0.16	0.15	0.16	0.13	0.35
Total recycling pounds per patient day (PD)	12.40	17.60	10.10	15.10	15.70	37.10
Total recycling pounds per square foot	0.80	0.80	0.80	0.80	1.00	1.80
Total recycling tons per operating room (OR)	25.6	24.0	27.10	34.7	30.40	87.90

Top 10 recycled materials (by weight in tons)	All
Paper- HIPAA	41,521
Cardboard	19,675
Paper - mixed (includes newspaper)	7,065
Food waste composting	6,870
Metals mixed (brass/copper/steel-not C&D)	5,044
Computers & electronic waste	3,685
Paper- white	2,831
Wood (not pallets which count as reuse)	2,613
Oil- cooking	1,918
Ink jet and toner cartridges	879
Batteries	863

Aggregate recycling totals	All
Total solid waste recycling tonnage for all facilities	138,569
Total universal waste recycling tonnage for all facilities	6,438
Total recycling tonnage for all facilities	144,776
Total recycling costs for all facilities (reporting a net cost for their recycling program)	$13,451,241
Total solid waste recycling cost-savings	$13,444,803

RMW minimization	All	Small	Large	Top 25	Circle
Disinfect/treat RMW using onsite technology	18%	12%	26%	28%	60%
Eliminated the standard use of red bag waste (RMW) containers in regular patient rooms	69%	75%	66%	92%	90%
Implemented a reusable sharps container program	67%	62%	74%	84%	100%
Implemented a single-use device (SUD) reprocessing program with an FDA-approved third party reprocessor	58%	55%	63%	64%	90%
Incinerate a portion of its RMW	61%	55%	71%	80%	90%
Of the 216 facilities that incinerate a portion of RMW, the following medical waste streams are incinerated:					
General RMW	22%	25%	20%	30%	22%
Path/chemo	90%	89%	92%	95%	100%
Sharps	21%	27%	15%	25%	11%
Non-RCRA pharmaceuticals	59%	62%	55%	65%	56%
Other	4%	4%	4%	0%	0%

RMW treatment technologies	All	Small	Large	Top 25	Circle
Disinfects/treats RMW using onsite technology	18%	12%	26%	28%	60%
Of the 64 facilities that treat RMW onsite, these technologies are employed:					
Autoclave	88%	100%	82%	86%	83%
Rotoclave	6%	0%	9%	14%	17%
Chemical disinfection	11%	10%	11%	14%	17%
Incineration	2%	0%	2%	0%	0%
Other	5%	5%	5%	0%	0%

RMW and cost as percent of total waste	All	Small	Large	Top 25	Circle
RMW as a percent of total waste (tons)	0.37%	0.22%	0.24%	0.56%	0.25%
RMW as a percent of total waste (cost)	7.9	5.0	10.0	3.0	16.0
Median RMW cost per ton	$1,119	$1,169	$1,078	$1,436	$1,851

Normalized RMW metrics	All	Small	Large	Top 25	Circle	90th
Total RMW tons per operating room (OR)	6.06	4.80	7.52	5.57	5.33	2.38
Total RMW pounds per adjusted patient day (APD)	1.36	1.15	1.57	1.28	1.29	0.65
Total RMW pounds per patient day (PD)	2.95	3.07	2.83	2.45	2.02	1.54
Total RMW pounds per total full-time equivalent (FTE)	66.40	59.60	72.80	52.00	51.40	22.60
Total RMW pounds per square foot	0.81	0.84	0.79	0.89	1.01	1.90
Total RMW tons per licensed bed	0.26	0.25	0.27	0.30	0.22	0.09
Total RMW pounds per OR procedure	19.2	15.20	22.60	17.20	15.60	8.10
Total RMW tons per staffed bed	0.33	0.34	0.32	0.30	0.30	0.11
Total RMW pounds per staffed bed/day	1.78	1.84	1.76	1.64	1.63	0.58

Pharmaceutical waste* and cost as percent of total waste	All	Small	Large	Top 25	Circle
Pharmaceutical waste as a percent of total waste (tons)	0.37%	0.22%	0.24%	0.56%	0.25%
Pharmaceutical waste as a percent of total waste (cost)	7%	5%	10%	3%	16%
Median pharmaceutical waste cost per ton (RCRA and non-RCRA)	$4,025	$4,206	$3,942	$3,464	$3,942
*Pharmaceutical waste is actually a subset of both RCRA-hazardous and either RMW or solid waste and thus is not shown in the breakdown by waste type above.					

Hazardous waste and cost as percent of total waste	All	Small	Large	Top 25	Circle
Hazardous waste as a percent of total waste (tons)	0.4%	0.3%	0.4%	0.6%	1.0%
Hazardous waste as a percent of total waste (cost)	11%	9%	13%	17%	20%
Median hazardous waste cost per ton	$4,928	$5,595	$4,727	$6,542	$3,151

Universal/hazardous waste recycling	All	Small	Large	Top 25	Circle
Established a contract with a certifed electronics waste/recycling vendor that is certifed to e-Stewards (or subcontractors that use e-Stewards-certifed vendors) for legal and environmentally responsible electronics (or e-waste) management and recycling.	61%	61%	61%	68%	90%
Recycle batteries	97%	98%	98%	100%	100%

Battery recycling (by type)	All
Ni-Cd	92%
Lead-acid	92%
Lithium ion	92%
Alkaline	82%
Mercuric oxide	45%
Ni-MH	72%
Other	11%

Hazardous waste reduction	All	Small	Large	Top 25	Circle
Has a laboratory on-site	94%	95%	94%	100%	100%
Of the 332 facilities that have on-site laboratories, percent of facilities that did work to green its laboratory:	64%	59%	69%	96%	100%

Solvent distillation	All	Small	Large	Top 25	Circle
Total gallons distilled annually - sum of all reporting	46,028	10,181	35,497	20,967	16,114
Annual savings from avoided virgin solvent purchase - sum of all reporting	$595,246	$151,886	$440,860	$232,422	$110,389
Annual savings from reduced disposal costs - sum of all reporting	$257,596	$105,545	$149,551	$66,128	$27,804
Total savings from solvent reprocessing - sum of all reporting	$852,842	$257,431	$590,411	$298,550	$138,193

Total waste tons and cost	All
Total waste (tons)	1,037
Total waste (cost)	$256,351
Median total waste cost per ton	$245
Aggregate waste tonnage for all hospitals	508,887
Aggregate waste cost for all hospitals	$60,624,860

Normalized total waste metrics	All	Small	Large	Top 25	Circle	90th
Total waste pounds per adjusted patient day (APD)	21.2	21.0	21.2	21.6	22.8	13.2
Total waste pounds per patient day (PD)	44.4	54.2	40.0	43.0	42.0	28.9
Total waste tons per operating room (OR)	100.6	87.3	111.3	94.1	88.2	53.7
Total waste tons per total full-time equivalent (FTE)	0.6	0.6	0.5	0.5	0.4	0.3
Total waste pounds per square foot	3.0	2.8	3.2	3.0	3.0	1.4
Total waste tons per licensed bed	4.7	4.9	4.4	5.3	4.9	2.3
Total waste tons per staffed bed	5.4	6.1	5.0	6.1	6.1	2.8
Total waste pounds per staffed bed per day	29.4	33.4	27.3	33.4	33.2	15.1
Total waste tons per OR procedure	0.16	0.15	0.16	0.15	0.12	0.08
Total waste pounds per OR procedure	320	300	320	300	240	160

Chemical policies	All	Small	Large	Top 25	Circle
Have chemical or purchasing policies that identify and avoid specific chemicals of concern contained in products that may be hazardous to human health and the environment	79%	81%	79%	100%	100%
Contract for, or perform internally, a hazardous chemical/material audit by hospital/facility department and update at least annually	90%	90%	89%	100%	100%
Developed a fragrance-free policy for staff	48%	50%	49%	68%	75%

Chemicals of concern	All	Small	Large	Top 25	Circle
Of the 282 facilities that have chemical or purchasing policies, the policies include these chemicals of concern:					
Bisphenol A and its structural analogues	44%	40%	49%	52%	75%
CA Proposition 65 listed chemicals (e.g., carcinogens, mutagens, reproductive toxicants)	40%	44%	37%	48%	63%
Persistent, bioaccumulative, and toxic substances (PBTs)	56%	57%	56%	64%	88%
Flame retardants, including chlorinated, brominated, and phosphate-based flame retardants	60%	63%	59%	60%	88%
Polyvinyl chloride, or PVC	52%	54%	53%	68%	75%
Formaldehyde	58%	61%	56%	68%	75%
Latex	71%	76%	67%	88%	88%
Lead	60%	61%	59%	72%	75%
Mercury	91%	96%	87%	100%	100%
Perfluorinated compounds	54%	56%	54%	72%	75%
Phthalates (DEHP, BBP, DnHP, DIDP, DBP, DINP, and DiBP)	50%	53%	47%	52%	75%
Polystyrene	21%	21%	22%	36%	38%
Triclocarban	38%	35%	41%	52%	63%
Triclosan	36%	35%	38%	56%	63%
Volatile organic compounds (VOCs)	65%	64%	65%	84%	100%
Other prioritized chemical constituents	12%	9%	16%	36%	50%

Green cleaning	All	Small	Large	Top 25	Circle
Conducted an inventory of all products used at the facility for cleaning and disinfection of surfaces	94%	95%	94%	100%	100%
In collaboration with the infection prevention & control committee, instituted a policy and/or implementation plan that addresses environmentally preferable cleaning and addresses cleaning/ disinfection of major surfaces (as outlined in the Green Seal Certification Checklist, Standard GS-42)	51%	52%	52%	72%	75%
Environmental services has collaborated with the infection control committee to identify areas where use of disinfectants can safely be minimized or eliminated	86%	83%	91%	96%	100%
Utilize automatic scrubbing machines that use only water for floor cleaning	75%	75%	76%	92%	88%
Reduced or replaced other cleaning chemical use as a result of automatic scrubbing machines (Out of those that utilize automatic scrubbing machines that use only water for floor cleaning.)	83%	83%	82%	96%	86%
Utilizes microfiber mops and cleaning cloths as a mechanism to reduce water and chemical use, reduce cross contamination and ergonomic stress	92%	93%	93%	100%	100%
Use vacuums certified by the Carpet and Rug Institute's Seal of Approval/Green Label program for commercial vacuums	66%	62%	73%	84%	88%
Utilizes ultraviolet germicidal irradiation (UVGI) technology for surface disinfection in any area of the organization	41%	36%	48%	76%	63%
Of the 144 applicants that utilize ultraviolet germicidal irradiation (UVGI) technology, these are the clinical areas where this technology is used:					
All patient rooms	56%	64%	51%	74%	60%
Isolation rooms	78%	81%	79%	84%	80%
OR	77%	78%	78%	79%	80%
Other	48%	47%	46%	68%	40%

Green cleaning	All	Small	Large	Top 25	Circle
Utilize any Green Seal or UL ECOLOGO-certified cleaning products	80%	82%	80%	100%	100%

Median % green spend on Green Seal or UL ECOLOGO-Certified cleaning products	All	Small	Large	Top 25	Circle
Of the 190 facilities reporting use of this product type and provided complete data:					
General purpose (hard surface) cleaners	64%	67%	61%	52%	89%
Window/glass cleaners	100%	100%	100%	100%	100%
Carpet and upholstery cleaners	33%	33%	31%	66%	97%
Bathroom/restroom cleaner	60%	68%	57%	59%	85%
Floor cleaners	91%	87%	94%	74%	87%
Floor strippers	0%	0%	0%	0%	46%
Floor finishes	0%	0%	0%	0%	35%
Laundry soaps/cleaners	0%	0%	0%	31%	100%
Liquid and foam hand soap	48%	43%	61%	97%	100%
Median total % green spend	**50%**	**51%**	**49%**	**67%**	**88%**

Median % green spend for five target cleaning chemical categories (general purpose, window/glass, bathroom, carpet/rug cleaner and floor cleaners)	All	Small	Large	Top 25	Circle
Of the 183 facilities reporting use of these 5 product types and provided complete data:					
Median % green spend	63%	63%	62%	50%	91%

Sterilization and disinfection	All	Small	Large	Top 25	Circle
Eliminated the use of the high-level disinfectant glutaraldehyde and moved to safer alternatives (as defined by the ICRA process involving infection prevention & control and employee health)	85%	88%	84%	100%	100%
Of the 300 facilities that have eliminated the high-level disinfectant glutaraldehyde, these alternatives are used:					
OPA (ASP Cidex OPA, Metrex Metricide OPA)	79%	79%	80%	92%	100%
Hydrogen peroxide	71%	73%	71%	64%	100%
Other	17%	15%	17%	24%	13%
In the product evaluation/value analysis process, the facility seeks to avoid products where disinfection with glutaraldehyde is required by manufacturer warranty	81%	83%	82%	100%	100%
Eliminated the use of the sterilant ethylene oxide (EtO) on-site	76%	80%	73%	80%	100%
Of the 271 facilities that have eliminated the use of EtO, these alternatives are used:					
Steam Sterilization	82%	84%	81%	80%	63%
Ozone plasma (3M Optreoz with TSO3 Sterizone technology)	9%	9%	10%	15%	13%
Low temperature hydrogen peroxide gas plasma (Sterrad)	68%	66%	70%	65%	75%
Peracetic Acid (Steris 1 or 1E)	42%	41%	44%	60%	50%
Other	6%	4%	7%	10%	13%
In the product evaluation/value analysis process, seeks to avoid products where disinfection with ethylene oxide (EtO) is required by manufacturer warranty	79%	80%	80%	96%	88%
Purchased automatic machine washers/disinfectors to replace manual high-level disinfection to minimize staff exposure to liquid high-level disinfectants	86%	88%	88%	88%	100%
Utilizes medical instrument cleaners that are certified by EPA's Safer Choice Program (formerly Design for the Environment - DfE)	46%	46%	47%	60%	88%

Integrated pest management (IPM)	All	Small	Large	Top 25	Circle
Reduced or eliminated the use of chemical pesticides by implementing an IPM program	88%	86%	90%	100%	100%
Developed a written IPM plan/policy for the facility that includes attention to both indoor and outdoor (buildings and grounds) pest habitats and issues, which focuses on prevention as the primary means of pest management (see checklist for prevention strategies)	68%	65%	73%	88%	88%
Designated an IPM coordinator to oversee pest management	81%	83%	80%	92%	88%
Requires EVS or other relevant staff to be trained in IPM (In particular, are staff trained to monitor and prevent pest problems by spotting conditions that are conducive to pest infections)	65%	64%	67%	76%	88%
Uses a comprehensive checklist as part of an annual pest management audit, focusing on strategies to reduce pests through non-chemical means (see checklist example)	59%	59%	61%	88%	100%

DEHP/PVC reduction	All	Small	Large	Top 25	Circle
Has a DEHP/PVC reduction program for medical products	50%	47%	54%	68%	100%
Of the 173 applicants that indicated they have a DEHP/PVC reduction program for medical products, the facility:					
The commitment to reduce the purchase of medical supplies made with DEHP and PVC is encoded in a written policy or plan	48%	47%	51%	71%	75%
Eliminated DEHP and PVC from at least two product lines	50%	45%	57%	76%	100%
Of the 177 applicants that have eliminated DEHP and PVC from at least two product lines, the product lines include:					
Breast Pumps and accessories	54%	59%	51%	53%	63%
Enteral Nutrition Products, including all tubing	54%	59%	51%	47%	50%
Parenteral Infusion Devices and Sets	55%	59%	53%	42%	63%
General Urological (irrigation/urology sets and solutions, urinary catheters)	36%	37%	36%	32%	50%
Exam Gloves	76%	83%	72%	74%	100%
Vascular Catheters including Umbilical Vessel Catheters	45%	48%	43%	53%	63%
Nasogastric Tubes	27%	27%	28%	21%	50%
Other	21%	19%	20%	21%	38%

DEHP/PVC in the NICU	All	Small	Large	Top 25	Circle
Have a goal or commitment to a DEHP-free NICU (out of those that claim to have a NICU)	65%	52%	70%	90%	100%
Of the 74 applicants that indicated they have a goal or commitment to a DEHP-free NICU:					
Achieved a DEHP-free NICU	53%	57%	52%	22%	67%
Eliminated DEHP and PVC from at least two product lines	50%	45%	57%	76%	100%

Healthy interiors	All	Small	Large	Top 25	Circle
Purchases paints, adhesives and sealants that are low or no VOC	97%	99%	96%	100%	100%
Refurbishes or reupholster furniture for reuse	61%	59%	69%	88%	88%
Purchases flame retardant-free furniture where code permits	81%	78%	84%	96%	88%
Requires furniture to meet an environmental standard/certification or obtain LEED HC credit	47%	48%	49%	76%	88%
Of the 165 applicants that require furniture to meet an environmental standard/certification, the following certifications were used:					
BIFMA level	51%	40%	61%	68%	57%
Cradle-to-Cradle	42%	45%	40%	37%	43%
Other	27%	24%	30%	21%	14%
Of the 165 applicants that require furniture to meet an environmental standard/certification, the following certifications were used:					
Greenguard Gold (VOCs only)	53%	50%	57%	68%	57%
Forest Stewardship Council (wood only)	42%	32%	52%	63%	43%
California Section 01350 (VOCs only)	20%	21%	20%	11%	29%
RoHS (hazardous substances only)	19%	19%	19%	16%	29%
SCS Indoor Advantage Gold (VOCs only)	19%	17%	22%	16%	29%
ANSI/BIFMA X7.1 (VOCs only)	38%	37%	40%	47%	71%
GOTS (textiles only)	10%	5%	13%	5%	29%
Global Recycled Standard (textiles only)	12%	12%	12%	5%	29%
Other	13%	8%	18%	5%	14%

Percent of spend on healthier interiors-compliant furniture and furnishings	All	Small	Large	Top 25	Circle
Median percent total spend on furnishings and furniture that eliminate all target chemicals of concern (for those that reported green spend)	70%	70%	68%	63%	70%

Mercury elimination	All	Small	Large	Top 25	Circle
Percent of facilities that won the Making Medicine Mercury Free Award (MMMF)	45%	40%	56%	64%	78%
Mercury reduction and elimination activities taken on by the 190 facilities that have not yet won the Making Medicine Mercury Free Award:					
Periodically inventory purchasing practices to make certain that mercury-containing devices are not purchased and re-entering the facility	71%	78%	66%	75%	100%
Conducted an inventory of mercury-containing products within the institution in last five years	59%	64%	56%	75%	67%
Established a mercury-free purchasing policy (a stand-alone policy or included in a broader policy with other constituents of concern)	80%	81%	81%	100%	100%
Established protocols and written procedures for safe handling of any mercury remaining on-site	76%	79%	75%	100%	100%
Included proper mercury disposal language in demolition contract templates	45%	41%	52%	78%	100%
Included mercury-free language in building and renovation contract templates	43%	42%	44%	56%	100%
Inventoried (and labeled where possible) all mercury devices/sources within the organization and have a plan in place to substitute non-mercury devices	48%	53%	47%	100%	100%
Replaced all clinical thermometers with mercury-free patient thermometers	89%	93%	87%	100%	100%
Utilizes 90% or more mercury-free blood pressure devices (sphygmomanometers) with a goal of total elimination	89%	92%	90%	100%	100%
Utilizes 90% or more mercury-free clinical devices (e.g., bougies, miller-abbott tubes, cantor tubes, dilators) with a goal of total elimination	84%	88%	82%	100%	100%
Purchased mercury amalgam separators for installation at all dental chairs (Out of those that have dental chairs)	63%	64%	62%	86%	100%
Specifies and purchases, where possible, these laboratory items free of mercury:					
Thermometers	91%	94%	91%	100%	100%
Solutions	77%	81%	77%	89%	100%
Equipment	83%	84%	86%	89%	100%
Spoke with the lab manager to inventory mercury-containing laboratory chemicals	55%	58%	56%	100%	100%
The laboratory eliminated the use of B5 fixative	59%	66%	54%	100%	100%
The laboratory eliminated the use of Zenkers solution	62%	66%	61%	100%	100%
Identified other product substitutions in the lab that eliminate mercury	30%	29%	32%	56%	50%

Sustainable food policy	All	Small	Large	Top 25	Circle
Signed the Healthy Food in Health Care pledge	56%	56%	57%	88%	91%
Developed and implemented a sustainable food service policy	57%	56%	60%	88%	100%
Developed and implemented a comprehensive nutrition policy	73%	74%	72%	84%	73%

Outsourced food services	All	Small	Large	Top 25	Circle
Outsources its Food Services Department or management	37%	38%	38%	20%	0%
Developed and implemented a contract and/or request for proposal (RFP) language that includes local and sustainable food purchasing and other environmental stewardship goals with food vendors	62%	61%	64%	80%	82%
Developed and implemented a comprehensive nutrition policy	73%	74%	72%	84%	73%

Less meat: Meat reduction strategies and outcomes	All	Small	Large	Top 25	Circle
Reduced the amount of meat and poultry purchased for cafeteria/retail and patient service	57%	52%	60%	76%	100%
Strategies facilities used by these 198 facilities to reduce meat:					
Decreased portion size	56%	47%	65%	74%	91%
Meatless Monday	28%	26%	31%	42%	36%
Substitute with poultry or seafood	69%	67%	71%	79%	82%
Substitute with plant-based proteins (beans nuts, seeds, soy, etc.)	48%	42%	53%	68%	91%
Blended Burger	21%	19%	22%	26%	18%
Other	17%	21%	16%	26%	55%

Better meat: Antibiotic-free meat and poultry outcomes	All	Small	Large	Top 25	Circle
Preferentially purchases meat and poultry raised without the use of routine, non-therapeutic antibiotics	60%	58%	62%	100%	100%
Of the 213 facilities that preferentially purchase meat and poultry raised without antibiotics:					
Developed a supporting policy or resolution regarding the purchase of meat and poultry raised without the routine use of non-therapeutic antibiotics	60%	62%	59%	80%	91%
The following certifications or label claims were used to verify that meat and/or poultry items purchased were raised without routine, non-therapeutic antibiotics:					
American Grassfed Certified	30%	26%	36%	48%	82%
Certified Humane (Raised and Handled)	16%	14%	20%	36%	73%
Certified Organic	22%	24%	23%	28%	73%
Certified Responsible Antibiotic Use (CRAU) chicken standard	17%	18%	15%	16%	9%
Global Animal Partnership	9%	8%	11%	12%	18%
USDA label claims such as Raised Without Antibiotics or No Antibiotics Ever	56%	58%	56%	68%	100%
Other	15%	20%	11%	28%	36%

Less meat, better meat metrics	All	Small	Large	Top 25	Circle	90th
Median percent meat reduction (by weight)	19%	18%	20%	7%	7%	38%
Median annual cost-savings from reduced meat procurement	$50,000	$50,000	$51,776	$17,984	$46,603	$305,125
Median pounds of meat served per meal	0.13	0.13	0.12	0.10	0.09	0.08
Median percent spend on meat & poultry raised without the use of routine, non-therapeutic antibiotics	29%	26%	36%	41%	49%	68%

Local food purchasing	All	Small	Large	Top 25	Circle
Encouraged food suppliers (including distributors and GPOs) to improve tracking and traceability of local foods in their ordering, invoicing, and reporting systems	72%	70%	75%	100%	100%
Purchased locally grown and produced foods*	76%	69%	82%	84%	100%
Purchases food from local farmers	62%	54%	68%	72%	100%
Of the 219 facilities that indicated they purchase food from local farmers, the food is purchased:					
On contract with GPO	32%	30%	36%	33%	45%
On contract with food service management company	35%	36%	32%	33%	27%
Food hubs	12%	9%	15%	22%	36%
Farm-direct purchasing	19%	17%	21%	39%	73%
Farmers cooperatives	16%	17%	17%	33%	36%
Other	32%	36%	29%	44%	55%

*Local is defined as less than 250 miles from the facility

Local food metric	All	Small	Large	Top 25	Circle	90th
Median percent spend on local food purchases	9%	7%	9%	14%	24%	38%

Sustainable food purchasing	All	Small	Large	Top 25	Circle
Encouraged food suppliers (including distributors and GPOs) to improve tracking and traceability of sustainable foods in their ordering, invoicing, and reporting systems	68%	61%	74%	96%	100%
Purchased sustainably grown and produced foods	52%	47%	57%	72%	100%
Food categories facilities prioritized for increasing sustainable purchases:					
Produce (All forms: fresh, whole or minimally-processed; frozen; canned)	66%	65%	64%	67%	82%
Meat and poultry	63%	59%	65%	89%	100%
Seafood	50%	51%	48%	50%	45%
Dairy (including fluid milk)	43%	42%	44%	56%	64%
Grocery/dry goods	21%	18%	23%	39%	45%
Footnote: Sustainable is defined as a product that has an allowed sustainability certification or label claim in 2016.					

Sustainable food metric	All	Small	Large	Top 25	Circle	90th
Median percent spend on sustainable food purchases	6%	6%	8%	16%	18%	27%

Food and beverage environments: Education and promotion	All	Small	Large	Top 25	Circle
Uses strategies for promotion and placement of healthy/sustainable food options to increase their sales	83%	80%	86%	96%	100%
Of the facilities that indicated they use strategies for promoting the placement of healthy/sustainable food options to increase their sales:					
Pricing incentives on healthy and sustainable food options	44%	38%	48%	63%	100%
Placement of healthier food options	96%	95%	97%	92%	100%
Food sampling	47%	42%	52%	71%	91%
Other promotions	34%	33%	39%	75%	82%
Includes sustainability information (reference eco-labels and foods grown locally/ regionally) on menu labeling for meals served in retail or patient service	49%	43%	56%	88%	100%
Conducted a facility-wide education campaign that improves the visibility of healthier, sustainable food	71%	67%	76%	96%	100%
Methods used to educate on healthier, sustainable food:					
Cafeteria signage	92%	90%	94%	100%	100%
Internal newsletters	60%	52%	68%	75%	91%
Featured events	62%	54%	69%	67%	100%
Catering	15%	14%	16%	13%	36%
Patient trays	26%	22%	32%	17%	36%
Other	27%	29%	27%	54%	73%

Healthy beverages*	All	Small	Large	Top 25	Circle
Increased healthy beverage options in at least 3 of the following: cafeteria/retail, patient, vending and catering	84%	78%	89%	100%	100%
Facilities implemented the following activities to increase access and promote the use of tap water:					
Provided and promoted reusable beverage containers	55%	52%	58%	88%	82%
Eliminated bottled water from patient menus and cafeterias	17%	17%	18%	28%	27%
Installed filtered water stations, 'spa water' and/or installed water bottle filling stations throughout the facility or in cafeterias	64%	62%	67%	88%	100%
Provided free 'spa water' or pitchers at functions and meetings instead of bottled water	51%	48%	54%	72%	82%
Changed the relative price of healthy vs. unhealthy beverages to make healthy choices more affordable and desirable	24%	19%	29%	36%	64%
Other	11%	11%	13%	16%	27%
None of these have been implemented	12%	13%	10%	0%	0%

*Healthier beverages are defined as water (filtered tap, unsweetened, 100% fruit-infused, seltzer or flavored); 100 percent fruit juice (optimal 4oz serving); 100% vegetable juice (optimal sodium less than 140 mg); milk (unflavored AND certified organic or rBGH-free); non-dairy milk alternatives (unsweetened); teas and coffee (unsweetened with only naturally occurring caffeine).

Healthier beverages metric	All	Small	Large	Top 25	Circle	90th
Median percent spend on healthier beverages	55%	54%	55%	66%	65%	83%

Increasing healthy food access	All	Small	Large	Top 25	Circle
Facilities are increasing access to healthy food using the following methods:					
Hosted local farmers market	47%	40%	54%	64%	91%
Hosted on-site Community Supported Agriculture (CSA) food box program for patients, employees and/or community residents	27%	22%	33%	40%	82%
Supported on-site farm and/or garden	26%	28%	26%	40%	45%
Supported off-site community garden or farm	12%	12%	13%	12%	27%
Developed and offered a fruit & vegetable prescription program	7%	5%	9%	24%	36%
Conducted food insecurity screenings	9%	7%	11%	28%	45%
Other	23%	23%	23%	44%	82%

Community benefits	All	Small	Large	Top 25	Circle
Facilities are utilizing community benefits to promote healthy food access/healthy food systems in their community through:					
Financial investments	17%	13%	20%	24%	36%
Grants	11%	7%	15%	12%	36%
Staff time	35%	34%	37%	52%	82%
In-kind support	16%	15%	18%	24%	45%
We do not have a community benefit requirement	17%	14%	18%	24%	0%
We do not engage in these activities	12%	14%	12%	8%	9%
I do not know	16%	17%	15%	4%	9%

Less food to landfill	All	Small	Large	Top 25	Circle
Working on the reduction/prevention of food waste	80%	75%	85%	100%	100%
Have a food waste reduction plan/policy that is implemented and tracked	53%	54%	51%	96%	64%

Food waste diversion	All	Small	Large	Top 25	Circle
Undertaken any efforts to divert food waste from the landfill or incinerator	50%	38%	61%	72%	91%
Of the 178 facilities that have undertaken efforts to divert food waste, these activities were employed:					
Composting	50%	47%	55%	61%	70%
Digestion	13%	11%	15%	22%	10%
Donation	23%	24%	22%	33%	40%
Animal feed	8%	8%	9%	17%	0%
Other	16%	19%	14%	6%	0%
Have a food waste donation policy/plan that is implemented and tracked	46%	40%	50%	67%	75%

Food waste metrics	All	Small	Large	Top 25	Circle
Median tons of total food waste diverted from landfill	22	11	42	96	101
Median total pounds of food waste diverted from landfill per meal served	0.094	0.0106	0.094	0.102	0.024
Median tons of mixed compost	24	10	32	111	152
Median tons of food waste digested	68	20	136	84	124
Median tons of food donated	3	2	3	7	8
Median dollar ($) value of food donated	$9,400	$5,327	$15,000	$15,000	$53,704
Median tons of food diverted for animal feed	63	18	108	108	N/A

Waste segregation, management and recycling in the OR	All	Small	Large	Top 25	Circle
Have a process to divert pre-incision (prior to the case) (non-pharmaceutical) waste from the regulated medical waste (RMW) stream into the solid waste stream or recycling stream for non-infectious waste disposal	81%	83%	80%	92%	100%
Have a process to segregate non-infectious solid waste from the RMW stream during and after the procedure	85%	87%	84%	96%	100%
Utilize a fluid management system that empties directly into the sanitary sewer as a means to reduce exposure to bloodborne pathogens and reduce waste	73%	75%	73%	88%	100%
Of the 258 facilities that answered Yes to utilizing a fluid management system:					
Utilize a *reusable* canister fluid management system	61%	60%	62%	91%	100%

Cost-savings from reusable canister fluid management systems	Per facility (median)	Per OR (median)
Avoided waste disposal fees from disposable canisters	$16,647	$988
Avoided purchase cost of disposable canisters	$35,463	$2,211
Avoided purchase cost of chemical solidifiers (if applicable)	$21,614	$1,222

Aggregate cost-savings from reusable canister fluid management systems	$2.5 million

Clinical plastics recycling	All	Small	Large	Top 25	Circle
Recycle clinical/medical plastics in the OR	66%	64%	68%	92%	100%

Types of recycled plastics	All	Small	Large	Top 25	Circle
Irrigation bottles	83%	82%	85%	100%	100%
Skin prep solution bottles	61%	62%	62%	74%	90%
Trays	69%	67%	73%	83%	100%
Overwraps	52%	48%	56%	65%	100%
Rigid inserts	63%	55%	70%	83%	100%
Blue wrap	63%	62%	64%	78%	80%
Tyvek	29%	24%	32%	30%	30%
Basins	61%	57%	66%	87%	100%
Urinals/bedpans	32%	33%	32%	52%	70%
Other	16%	11%	21%	43%	60%

Medical device reprocessing	All	Small	Large	Top 25	Circle
Implemented a single-use device (SUD) reprocessing program using an FDA-approved third party reprocessor	60%	57%	64%	64%	70%

Medical device reprocessing	Collect reprocessed devices	Purchase reprocessed devices
Of the 214 facilities that have a reprocessing program, the percent of facilities that collect devices for reprocessing or buy-back reprocessed devices — by department:		
OR	96%	86%
EP/cath	62%	58%
Patient care	80%	68%
Other	22%	17%
Of the 214 facilities that have a reprocessing program, the percent of facilities that collect devices for reprocessing or buy-back reprocessed devices — by device category:		
Non-invasive	90%	83%
Invasive	88%	78%

Median cost-savings from medical device reprocessing	Per facility	Per operating room
Cost-savings from purchasing reprocessed devices	$121,863	$7,095
Cost-savings from avoided waste from devices collected for reprocessing	$1,892	$144

Aggregate Cost-Savings from medical device reprocessing	$36.4 million

OR kit reformulation	All	Small	Large	Top 25	Circle
Reformulated OR kits	66%	68%	67%	80%	100%
Median percent of kits reformulated*	100%	100%	100%	100%	100%
Have a process in place to regularly compare, review and update surgeon preference cards for the same type of procedure	65%	70%	61%	88%	90%

*A median of 100% for OR kit reformulation is an indication that hospitals that choose to reformulate kits tend to reformulate them all.

Median cost-savings from OR kit reformulation	Per facility	Per operating room
Cost-savings from avoided supply costs in reformulated kits	$19,479	$1,099
Cost-savings from avoided waste disposal costs for excess supplies	$1,500	$130
Other cost-savings from reformulated kits	$17,700	$1,711

Aggregate cost-savings from OR kit reformulation	$2,174,282

Reusable items	All	Small	Large	Top 25	Circle
Purchase reusable surgical items where environmentally and clinically preferable	65%	63%	66%	80%	100%

Of the 230 facilities that utilize reusable surgical items:	All
Linens	
Back table covers	12%
Mayo stand covers	8%
Sterilization wrap	13%
Surgical drapes	15%
Surgical gowns	25%
Surgical towels	53%
Other linens	44%
Other reusable devices and equipment	
Anesthesia circuit	12%
Endotracheal tubes (ETT)	7%
Grounding pads	16%
Laryngeal mask airways (LMA)	22%
Patient positioning devices	74%
Surgical basins and pitchers	41%
Trocars	34%
Other reusable devices	36%

Median cost-savings from reusable surgical supplies	$19,482
Aggregate cost-savings from reusable surgical supplies	$1,845,851

Rigid sterilization containers	All	Small	Large	Top 25	Circle
Utilize reusable hard cases for sterilization of surgical instrumentation and reduction of disposable sterile wrap	72%	76%	71%	92%	100%
Of the 257 facilities using reusable rigid sterilization containers who provided data:					
Median percent of kits utilizing reusable sterilization containers	74%	75%	72%	52%	50%

Cost-savings from rigid sterilization containers	All
Median cost-savings for avoided disposable bluewrap purchase	$12,032
Median cost-savings for avoided disposal of bluewrap	$1,050

Aggregate cost-savings from rigid sterilization containers	$2,181,763

Energy management in the OR	All	Small	Large	Top 25	Circle
The facility meets but does not exceed air changes per hour per ASHRAE 170 (20 ACH) as a mechanism to minimize energy consumption in the OR while still ensuring patient safety	75%	81%	70%	80%	100%
Programmed the HVAC system to reduce air changes per hour (HVAC setback) when the ORs are unoccupied to reduce energy consumption	39%	35%	43%	72%	90%
Of the 137 facilities that reprogrammed their HVAC setbacks, these mechanisms were used:					
Occupancy sensors	36%	34%	38%	61%	56%
Mushroom button	3%	3%	3%	0%	11%
Scheduling system	31%	29%	35%	56%	89%
Building automation system	69%	76%	65%	61%	78%
Other	5%	5%	5%	6%	11%
Utilize LED surgical lighting	70%	67%	76%	96%	100%
Utilize occupancy sensors for lighting to reduce energy consumption when the OR is unoccupied	58%	61%	57%	76%	60%

Energy metrics in the OR	All	Small	Large	Top 25	Circle
Median percent of ORS with HVAC setback	100%	100%	100%	100%	100%
Percentage of ORs that have HVAC setback in place within data set	32%	31%	33%	59%	75%
Median percent of ORs with LED surgical lighting	100%	100%	85%	100%	100%
Percentage of ORs with LED surgical lighting within data set	55%	56%	54%	88%	87%

Median cost-savings metrics for energy reduction in OR	All
Median energy cost-savings from HVAC setback per OR	$1,567
Median energy cost-savings from HVAC setback per facility	$45,398
Median energy cost-savings from LED surgical lighting per OR	$109
Median energy cost-savings from LED surgical lighting per facility	$3,329

Anesthesia use	All	Small	Large	Top 25	Circle
Purchase or does in-house pharmacy prepare pre-filled syringes to minimize waste of unneeded pharmaceuticals	58%	58%	61%	92%	90%
Please select all pre-filled syringe types purchased:					
Pre-filled ephedrine	64%	71%	59%	91%	89%
Pre-filled phenylephrine	59%	57%	61%	78%	89%
Pre-filled succinylcholine	45%	43%	46%	70%	67%
Pre-filled propofol	22%	21%	22%	26%	33%
Other	38%	37%	37%	57%	56%
Purchase the smallest pharmaceutical vials possible to minimize pharmaceutical wastage	72%	74%	75%	96%	100%
Utilize a supplemental waste anesthetic gas capture system to prevent waste anesthetic gases from venting to the outside air	23%	23%	22%	16%	40%
Removed unnecessary desflurane vaporizers	50%	52%	51%	76%	80%
Removed desflurane from its formulary	25%	24%	27%	40%	60%
Calculated the carbon footprint of its anesthetic gas emissions	16%	12%	20%	64%	80%
Provided or held anesthesia staff education on environmental impacts of inhaled anesthetics and reduction strategies for clinicians	45%	42%	49%	76%	100%

Median cost-savings per operating room for key programs	Per operating room	Per facility
Collection and purchase of reprocessed medical devices (SUDs)	$7,095	$120,597
Reusable canister fluid management systems	$1,000	$22,502
OR kit reformulation	$1,711	$23,234
Reusable sterilization containers	$1,310	$13,855
HVAC setback	$1,567	$45,398
Reusable surgical supplies	$3,571	$19,482
LED surgical lighting	$109	$3,329

Policies and leadership engagement	All	Small	Large	Top 25	Circle
Engaged with supply chain leadership on environmentally preferable purchasing activities at the facility level	83%	84%	84%	100%	100%
Is part of a health system	90%	93%	88%	88%	88%
Engaged with supply chain leadership on environmentally preferable purchasing (EPP) at the corporate/system level (for those that indicated they were part of a health system)	86%	84%	91%	100%	100%
Introduced supply chain staff to the Standardized Environmental Questions for Medical Products	53%	51%	56%	80%	100%
Senior leadership or C-Suite representative signed Practice Greenhealth's Environmentally Preferable Purchasing (EPP) Pledge	34%	30%	40%	60%	88%
Made the evaluation of purchases based on environmental criteria a responsibility or deliverable within an existing job role	56%	60%	55%	84%	100%
Has an EPP policy that identifies specific environmental attributes of concern that are being considered when making purchasing decisions	78%	79%	80%	100%	100%

EPP attributes covered by an EPP policy	All	Small	Large	Top 25	Circle
Energy efficiency	92%	91%	92%	92%	100%
Water efficiency	82%	82%	81%	72%	75%
Excessive packaging	66%	63%	68%	88%	100%
Recycled content of product	86%	82%	88%	84%	88%
Recyclability	76%	76%	77%	80%	88%
Avoiding chemicals of concern	92%	93%	90%	100%	100%
Reusable (vs. single-use) products	64%	63%	65%	80%	88%
Waste minimization	87%	82%	91%	88%	100%
Whether the product becomes or generates hazardous waste	63%	63%	62%	68%	75%
End of life product management (e.g., take back)	75%	72%	76%	88%	88%
Green building products	74%	73%	74%	76%	75%
Other	23%	22%	22%	36%	38%

Integrating EPP into procurement processes	All	Small	Large	Top 25	Circle
Offered employee education on environmentally preferable purchasing	53%	52%	54%	84%	88%
Set organizational EPP goals for 2016	58%	58%	58%	88%	75%
Included environmental considerations in the sourcing process (such as through the RFI/ RFPs, value analysis, or data provided by your GPO)	79%	76%	81%	100%	100%
Of the 235 facilities indicating they use a GPO:					
Had a representative on a GPO Advisory Board or Committee that makes contracting decisions	60%	37%	46%	60%	88%
Provided its GPO comments or regular feedback about its EPP needs (through a sustainability committee or other forum)	32%	29%	37%	64%	63%

Direct purchasing	All	Small	Large	Top 25	Circle
Engaged suppliers in its EPP work	59%	58%	60%	100%	100%
The following product or service categories were purchased with EPP considerations in 2016					
Surgery and OR products	67%	62%	73%	100%	100%
Purchased Services	59%	54%	66%	88%	75%
Lab Products	52%	51%	55%	72%	88%
Nursing Products	65%	59%	72%	100%	100%
Clinical Imaging	40%	39%	42%	60%	50%
Food	64%	62%	66%	96%	100%
Facilities and Maintenance	68%	63%	73%	96%	100%
Building Materials	61%	58%	65%	96%	88%
Office Materials	67%	66%	69%	88%	100%
Pharmacy	47%	43%	51%	80%	75%
IT/Telecom	54%	49%	60%	88%	88%
Senior Living	20%	18%	23%	28%	13%
Other	10%	12%	9%	20%	25%

Measuring performance	All	Small	Large	Top 25	Circle
Tracks and reports metrics regarding green spend (what is spent on environmentally preferable products)	66%	63%	70%	100%	88%
Purchases white copy paper that contains a minimum of 30% post-consumer recycled content	77%	78%	74%	96%	88%
Of the 268 applicants that purchase 30% recycled white copy paper:					
Uses its purchasing system/catalog to ensure that all white copy paper purchased contains at least 30% post-consumer recycled content	79%	80%	80%	75%	100%
Works with its suppliers to reduce the environmental impact of supply transport and deliveries	50%	45%	55%	96%	100%
Of the 174 facilities that work with suppliers, these strategies were used in 2016 to reduce the environmental impact of supply deliveries:					
Request vendors become an EPA SmartWay Shipper Partner	31%	35%	30%	29%	38%
Use alternative-fueled vehicles for supply delivery	29%	31%	29%	46%	50%
Use low emitting or fuel efficient vehicles for supply delivery	36%	39%	33%	54%	63%
Reduced days of delivery (e.g., no deliveries on Monday)	51%	54%	48%	67%	50%
Implemented No Idling Policy	58%	61%	55%	83%	88%
Other	22%	23%	21%	29%	38%

Electronics purchasing	All	Small	Large	Top 25	Circle
Purchased EPEAT-registered products	73%	72%	74%	100%	100%
Of the facilities purchasing EPEAT-registered products, the following types of products were purchased:					
EPEAT-registered computers, monitors and laptops	83%	82%	83%	84%	88%
EPEAT-registered imaging equipment (copiers, printers, fax, MFD, scanners, digital duplicators, mailing machines)	88%	88%	88%	84%	75%
EPEAT-registered televisions	67%	64%	69%	72%	50%

Summary of EPP activities	All	Small	Large	Top 25	Circle
The facility implemented a reusable sharps container program	67%	63%	73%	84%	88%
The facility established a contract with a certified electronics waste/recycling vendor that is certified to e-stewards (or subcontractors that use e-stewards certified vendors) for legal and environmentally responsible electronics (or e-waste) management and recycling	61%	61%	61%	68%	75%
The facility has chemical or purchasing policies that identify and avoid specific chemicals of concern contained in products that may be hazardous to human health and the environment	79%	81%	79%	100%	88%
The facility utilized any Green Seal or UL ECOLOGO-certified cleaning products	79%	82%	79%	100%	100%
The facility eliminated DEHP and PVC from at least two product lines	50%	45%	57%	76%	88%
The facility required furniture to meet an environmental standard/certification or obtain LEED HC credit	47%	48%	49%	76%	88%
The facility implemented a single-use device (SUD) reprocessing program by an FDA-approved third party reprocessor	59%	57%	61%	64%	88%
The facility purchased reusable surgical items where environmentally and clinically preferable	65%	64%	65%	80%	75%
The facility preferentially purchased meat and poultry produced without the use of routine, non-therapeutic antibiotics	59%	57%	60%	100%	88%
The facility increased healthy beverage options in at least 3 of the following: cafeteria/retail, patient, vending and catering	83%	78%	88%	100%	100%
The facility purchased locally grown and produced foods.	74%	68%	78%	84%	88%
The facility purchased sustainably grown and produced foods.	50%	46%	54%	72%	75%
The facility purchased certified commercially compostable food serviceware (such as certified by Biodegradable Products Institute (BPI)) where single-use/disposable items are necessary	44%	40%	48%	60%	75%
The facility purchased and use recyclable to-go containers	45%	43%	46%	64%	75%
The facility generates or purchased renewable energy	48%	46%	50%	88%	75%
The facility purchased energy-efficient equipment that is ENERGY STAR-labeled	84%	84%	86%	100%	100%
The facility purchased US EPA WaterSense-labeled devices and equipment	52%	51%	56%	80%	88%
The facility purchased alternative-fueled vehicles for transportation purposes	54%	55%	54%	72%	88%
The facility purchased low-emitting and fuel-efficient vehicles for fleet transportation	49%	45%	53%	72%	75%
The organization integrated green/sustainable aspects into master specifications for all new buildings/renovations	69%	66%	73%	96%	88%
The organization required its designers, builders and contractors to have experience with LEED or other green building rating systems	55%	58%	56%	80%	75%
The organization added language to contract specifications that building contractors will follow LEED or GGHC requirements and provide documentation	52%	54%	53%	80%	75%
The facility consciously selected flooring, wall coverings, paints, materials, finishes, furniture or exterior materials that avoid chemicals of concern	80%	80%	81%	96%	100%

Energy demographics	All	Small	Large	Top 25	Circle
Generates or purchases renewable energy	48%	46%	50%	88%	100%
Put a combined heat and power/cogeneration project into place in the last five years	8%	5%	10%	12%	10%
Has an on-site laundry	24%	24%	27%	20%	40%
Has an on-site data center that requires a constant power load of 75 kW or more	33%	28%	40%	44%	30%

Energy efficiency and planning strategy	All	Small	Large	Top 25	Circle
Has an energy manager	80%	78%	82%	88%	100%
Has a written plan to reduce energy use over time with timelines and goals	70%	70%	68%	96%	100%
Developed a strategic energy master plan (SEMP)	38%	35%	40%	76%	100%
Conducted a baseline energy audit for the institution in the past five years	65%	65%	68%	88%	100%
Of the 227 facilities that conducted a baseline energy audit, this level of audit was performed:					
ASHRAE Level I baseline energy audit performed	56%	58%	57%	73%	90%
ASHRAE Level II baseline energy audit performed	41%	38%	44%	77%	100%
ASHRAE Level III baseline energy audit performed	14%	13%	14%	32%	40%
Engaged a retrocommissioning firm to optimize building performance	57%	55%	62%	92%	100%
Engaged in other ongoing energy improvements such as continuous commissioning	51%	48%	55%	68%	70%
Collaborated with the information technology (IT) department to integrate energy efficiency measures	59%	53%	67%	84%	100%
Purchases energy-efficient equipment that is ENERGY STAR-labeled	84%	84%	86%	100%	100%
Considers energy performance as a part of cost of operation for the product when an ENERGY STAR label is not available for a given technology	76%	73%	78%	96%	100%

Energy tracking and monitoring	All	Small	Large	Top 25	Circle
Uses ENERGY STAR Portfolio Manager	80%	80%	82%	96%	100%
Of the 285 applicants that indicated they use ENERGY STAR Portfolio Manager:					
Benchmarked using ENERGY STAR's Portfolio Manager	78%	76%	79%	92%	80%
Utilizes submeters to better monitor energy efficiency opportunities	37%	35%	41%	52%	80%
Of the 131 facilities that submeter:					
Submeters specific technologies (such as MRI)	15%	19%	11%	38%	38%

Energy metrics	All	Small	Large	Top 25	Circle	90th
ENERGY STAR Intensity (kBtus per sq foot)	227	228	224	208	182	140
Weather Normalized EUI (from ENERGY STAR)	244	259	235	235	205	175
ENERGY STAR score	51	45	56	60	87	87
Percent energy reduction from baseline	10%	11%	8%	13%	19%	32%
Percent energy reduction from previous	4%	4%	5%	7%	7%	22%

Normalized energy use	All	Small	Large	Top 25	Circle	90th
Total kBtus per square foot (EUI)	227	228	224	208	182	140
Total kBtus per adjusted patient day (APD)	1,418	1,573	1,363	1,583	1,472	862
Total kBtus per FTE*	86,271	95,712	76,071	66,682	65,669	45,725
Total kBtus per OR	13,655,190	12,751,674	13,674,945	14,015,601	24,396,839	7,417,631
Total kBtus per patient day	3,131	4,135	2,594	3,415	3,029	1,721
Total kBtus per licensed bed	622,923	767,777	584,305	790,092	554,154	334,597
*Total On-site FTEs is the sum of FTEs, FTE physicians, FTE medical students and contracted FTEs.						

Energy reduction projects	All	Small	Large	Top 25	Circle
Percent of facilities reporting any energy efficiency projects	52%	48%	58%	92%	100%
Percent energy saved by hospitals engaging in energy efficiency	1.4%	1.4%	1.3%	1.4%	5.2%

Energy reduction projects	All
Aggregate energy saved through projects (all hospitals, kBtus)	770,817,176
Aggregate cost-savings from implemented energy efficiency projects	$23,056,290
Energy saved per facility through energy reduction projects (kBtus)	2,776,242
Energy cost-savings per facility through energy reduction projects ($)	$53,599

Renewable energy	All	Small	Large	Top 25	Circle	90th
Total percent of energy portfolio from renewable sources	9%	9%	9%	16%	17%	140
Percent of facilities reporting on-site renewable energy generation (with data)	18%	16%	22%	16%	50%	862
Percent of on-site renewable energy (median)	1.2%	1.3%	0.4%	4.2%	1.8%	45,725
Percent of facilities reporting offsite generation (with data)	32%	33%	32%	80%	70%	7,417,631
Percent of offsite renewable energy (median)	10%	9%	11%	16%	18%	1,721

Median water use and savings	All	Small	Large	Top 25	Circle
Water use intensity (gallons per square foot)	47	44	49	43	35
Cost of water per 1000 gallons	$6.10	$5.20	$6.60	$6.20	$4.70

Normalized water consumption	All	Small	Large	Top 25	Circle	90th
Gallons per gross square foot	47.3	44.4	49.4	42.8	35.1	23.4
Gallons per cleanable square foot	53.7	52.2	58.5	44.6	41.6	26.2
Indoor gallons per gross square foot	43.7	41.2	46.2	37.7	31.6	21.9
Indoor gallons per cleanable square foot	50.3	41.0	54.1	41.8	39.1	24.9
Gallons per on-site FTE	18,086	18,707	17,039	12,825	12,764	7,763
Out of the 183 that provided actual or estimated irrigation water use:						
Median indoor gallons per square foot	43.7	41.2	46.2	37.7	31.6	21.9
Median indoor gallons per cleanable square foot	50.3	41.0	54.1	41.8	39.1	24.9

Water planning and reduction strategy	All	Small	Large	Top 25	Circle
Set measurable goals for the reduction of water use	49%	49%	49%	72%	100%
Have a written plan to reduce water use over time	45%	48%	42%	68%	100%
Contracted with a third party to conduct water audits	27%	24%	29%	52%	50%
Submeter any departments and/or individual pieces of equipment	35%	37%	35%	64%	60%
Made any efforts to reuse non-potable water	26%	25%	29%	56%	50%
Purchase US EPA WaterSense-labeled devices and equipment	52%	51%	56%	80%	70%
Benchmark water usage	52%	46%	56%	84%	100%

Irrigation	All	Small	Large	Top 25	Circle
Irrigated some landscaped areas	62%	56%	70%	72%	80%
Uses any alternative landscaping methods that reduce the need for irrigation	54%	51%	57%	92%	100%
Of these 190 applicants that indicated they use alternative landscaping, 70 provided data					
Median water savings (gallons) from alternative irrigation	107,234	97,500	124,206	50,000	275,656
Total gallons of water saved through alternative landscaping	135,111,030	68,408,851	66,687,179	11,623,368	3,443,812

Water reduction metrics*	All	Small	Large	Top 25	Circle	90th
Water use reduction from baseline year:	22%	26%	17%	24%	27%	50%
Water use reduction from previous year:	14%	18%	10%	15%	21%	30%

*Percent reduction calculated using current year gallons per gross square foot compared to baseline year gallons per gross square foot.

Water reduction through project implementation	All	Small	Large	Top 25	Circle
Total gallons saved through water reduction projects (78 facilities)	339,421,131	71,158,076	259,736,747	24,903,434	41,868,967
Total cost-savings through water reduction projects (68 facilities)	$3,281,139	$480,110	$2,732,179	$276,048	$189,676
Median gallons saved per facility through water reduction projects	457,500	414,720	700,770	307,000	930,000
Median cost-savings per project from water reduction projects	$2,902	$1,195	$4,323	$3,142	$1,525

Green design and construction	All	Small	Large	Top 25	Circle
Designed and built any projects (>1000 sq ft) in the last five (5) years	61%	59%	66%	88%	70%
Integrated any green/sustainable aspects into Master Specifications for all new buildings/ renovations	69%	66%	73%	96%	100%
Implemented a facility policy or commitment to design and construct all new buildings and/ or major renovations to LEED (or another green building) design standard	65%	64%	67%	100%	100%
Required to build to a certain minimum LEED standard (certifiable) due to municipal, state, region or federal legislative requirements	35%	37%	33%	52%	60%
Required its designers, builders and contractors to have experience with LEED or other green building rating systems	55%	58%	56%	80%	70%
Used an integrated design process for all new building and major renovation projects	51%	46%	55%	84%	80%
Added language to contract specifications that building contractors will follow LEED or GGHC requirements and provide documentation	52%	54%	53%	80%	80%
Tracked loss days/productivity within green buildings	12%	7%	16%	24%	40%

Number of LEED Projects Completed	2016	Completed in past 5 years
LEED Platinum	1	3
LEED Gold	3	25
LEED Silver	9	36
LEED Certified	0	4
Total LEED	**13**	**68**

How many facilities had projects that used other rating systems in 2016 calendar year?	2016	Completed in past 5 years
Designed to LEED but not certified	48	116
Followed GGHC	10	28
Green Globes	5	16
Followed other rating system	9	27

Innovative green building elements	All	Small	Large	Top 25	Circle
Educated occupants on the benefits of its green building elements	37%	34%	40%	84%	90%
Installed any garden and green spaces for patients, visitors and staff	66%	63%	71%	92%	100%
Of the 234 facilities that indicated yes, these areas were created:					
Green or living roof	24%	17%	30%	35%	30%
Green or living wall	8%	4%	12%	4%	0%
Healing garden	74%	74%	75%	83%	70%
Food producing garden	33%	38%	30%	52%	10%
Flower garden	51%	44%	57%	65%	50%
Other	18%	22%	15%	26%	30%

Avoiding chemicals of concern	All	Small	Large	Top 25	Circle
Consciously selected flooring, wall coverings, paints, materials, finishes, furniture or exterior materials that avoid chemicals of concern	80%	80%	81%	96%	100%
Installed any garden and green spaces for patients, visitors and staff	66%	63%	71%	92%	100%

Of the 278 facilities that reported consciously avoiding chemicals of concern in purchases, these selections were made and/or are included in specs:	Avoided chemicals of concern	Included in specs
Wall coverings	23%	19%
Paints	65%	57%
Materials	27%	22%
Finishes	20%	17%
Furniture	31%	26%
Exterior materials	11%	9%

Energy and water-saving elements	All	Small	Large	Top 25	Circle
Implemented a building and renovation strategy that maximizes daylighting for patients, employees, visitors	62%	59%	67%	96%	100%
Installed water saving measures that will substantially reduce potable water use or reuse non-potable water	63%	59%	67%	96%	100%
Integrated design elements that will reduce or reuse process water	36%	31%	42%	68%	90%
Instituted other innovative green design and construction elements	37%	34%	41%	92%	80%
Installed energy systems that exceed ANSI/ASHRAE/IESNA Standard 90.1-2013	38%	32%	45%	80%	70%
Of the 132 facilities indicating yes to installing systems that exceed ANSI/ASHRAE/IESNA standard 90.1-2013:					
Indicated the percentage improvement range in the proposed building performance rating when compared with the baseline building performance rating per Appendix G of ANSI/ASHRAE/IESNA Standard 90.1-2013 or LEED for Healthcare EA Credit 12: Optimize Energy Performance					
<10%	24%	23%	24%	15%	14%
10-25%	32%	32%	32%	45%	43%
>25%	25%	23%	27%	35%	43%

Construction and demolition debris	All	Small	Large	Top 25	Circle
Recycled construction & demolition debris (C&D)	74%	70%	79%	100%	90%
Of the 262 facilities that recycled construction & demolition debris:					
Achieved a minimum 80% construction & demolition debris recycling rate	18%	14%	22%	52%	44%
Median percent of C&D waste recycled					

Demonstrating climate leadership	All	Small	Large	Top 25	Circle
Made a formal commitment to climate change or a signed a commitment	59%	57%	59%	100%	100%
Of the 209 facilities that have made a formal commitment to climate change or signed a commitment:					
American College & University Presidents' Climate Commitment (ACUPCC)	2%	1%	3%	8%	20%
Climate Registry	12%	12%	14%	4%	0%
Local/state/regional commitment	24%	21%	24%	36%	50%
Health Care Climate Council	23%	22%	26%	44%	20%
Performed a greenhouse gas (GHG) emissions audit	37%	35%	38%	72%	100%
Of the 129 facilities that have performed an audit:					
Contracted with a 3rd party firm to conduct a greenhouse gas audit	36%	32%	44%	33%	30%
Advocated for or promoted policies or legislation that protect public health from the causes of climate change	48%	49%	48%	76%	100%
Calculated the carbon footprint of its waste anesthetic gas emissions	13%	12%	15%	52%	70%
Provided any employee benefits to support a decrease in home employee energy and water usage or support a transition to home renewable energy sources (e.g., a stipend or discount for home energy audits, energy/water efficiency improvements, EV charging station installation, or solar panel installation)	17%	17%	18%	28%	20%
Incorporated climate change language or a connection to climate change in activities of the Community Health Needs Assessment process for community benefit	14%	13%	16%	24%	10%

Climate resilience	All	Small	Large	Top 25	Circle
Developed a plan for addressing key health care service delivery needs during and following extreme weather events such as cold or heat waves, hurricanes, droughts, etc.	81%	82%	81%	92%	100%
Created a priority action plan to address key building and infrastructure vulnerabilities related to climate change	55%	55%	55%	76%	90%

Divestment from fossil fuels and investment in clean technology	All	Small	Large	Top 25	Circle
The facility or its parent company divested or sold off fossil fuel holdings	31%	29%	31%	36%	50%
The facility or its parent company committed to freezing future investments in fossil fuel companies	27%	26%	28%	40%	50%

Transportation and alternative fuels	All	Small	Large	Top 25	Circle
Conducts an annual survey to collect mode of transportation and vehicle miles traveled by employees commuting to work	25%	22%	29%	52%	80%
Purchases green vehicles (either low-emitting and fuel-efficient or alternative-fueled vehicles)	61%	60%	63%	80%	100%
Purchases low-emitting and fuel-efficient vehicles for fleet transportation	49%	45%	53%	72%	100%
Purchases alternative-fueled vehicles for transportation purposes	54%	55%	54%	72%	90%
Of the 190 facilities that indicated yes, these alternative fuels were identified:					
Biodiesel B20-B100	25%	24%	26%	39%	56%
Electricity	62%	56%	67%	67%	78%
E8 ethanol	55%	54%	54%	67%	78%
Hydrogen	1%	1%	1%	6%	0%
Methanol	2%	2%	2%	6%	0%
Natural gas	14%	11%	18%	17%	0%
Propane	9%	9%	10%	11%	11%
P-Series	1%	1%	1%	6%	0%
Other	16%	18%	16%	17%	11%

Participated in or implemented any of the following:	All	Small	Large	Top 25	Circle
Participate in regional transportation planning	41%	40%	44%	80%	90%
Demonstrate reduction in single vehicle car use	28%	25%	33%	72%	90%
Provide vouchers or subsidies for public transportation	36%	28%	44%	60%	90%
Provide preferred parking for carpool participants and low-emission, fuel-efficient vehicles (hybrids, smart cars)	46%	42%	51%	76%	90%
Provide bike racks and showering facilities for bike riders	76%	78%	76%	96%	100%
Install electric vehicle charging stations	34%	25%	43%	60%	50%
Shuttle/vanpool, carpool or ride-sharing services	37%	33%	40%	64%	90%
Installed electric vehicle (EV) charging stations	35%	25%	45%	64%	60%
Encouraged or required its suppliers to become an EPA SmartWay Shipper Partner as a means to drive down Scope III GHG emissions from freight transportation	22%	21%	26%	48%	70%
Maintain membership in a transportation management association (TMA) or participation in a voluntary regional air quality program (e.g., Spare the Air, Air Awareness, SEQL, Clean Air Coalition) or another employer-based commuter program	18%	16%	22%	40%	60%

Tracking greenhouse (GHG) emissions	All	Small	Large	Top 25	Circle
Percent of hospitals that reported any Scope 1 Emissions	69%	72%	70%	96%	100%
Percent of hospitals that reported any Scope 2 Emissions	72%	74%	72%	100%	100%
Percent of hospitals that reported any Scope 3 Emissions	21%	23%	20%	44%	90%

GHG emissions (including offsets) in MTCO2e*	All	Small	Large
Sum of Scope 1 Emissions for all hospitals reporting	110,780,722	26,239,920	84,498,807
Sum of Scope 2 Emissions for all hospitals reporting	275,428,666	76,045,891	198,863,074
Sum of Scope 3 Emissions for all hospitals reporting	12,985,811	258,294	12,727,477
Total GHG Emissions in MTCO2e	399,195,199	102,544,105	296,089,358

*Due to incomplete reporting on the part of many participating hospitals in the early stages of tracking this data, these aggregate figures are a very conservative estimate of the total GHG emissions from hospitals in the data set.

GHG emission reductions	All
Count of facilities reporting any GHG reduction project	184
Percent of facilities with any GHG reduction project	52%
Sum of all MTCO2e savings from GHG emission reduction projects for all hospitals	374,440
Sum of cost-savings from GHG emission reduction projects for all hospitals	$370 million

Median GHG emission reductions and cost-savings*	All
Reductions in MTCO2e from GHG emission reduction projects per project	180
Cost-savings from GHG reduction projects per project	$11,373
Reductions in MTCO2e from GHG emission reduction projects per facility	782
Cost-savings from GHG reduction projects per facility	$63,484

*The projects reported as GHG mitigation projects overlap with reported projects in other areas such as waste minimization, energy reduction, etc.

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