Sustainability in Healthcare
A workshop on sustainability strategies for hospitals

JUNE 13, 2013

Presented by:

Funding provided by the New York State Pollution Prevention Institute through a grant from the NYS Department of Environmental Conservation
Any opinions.
Introduction to Lean Healthcare

Presented by:
Steve Lockwood,
CITEC Business Advisor / Lean

June 2013
Lean Enterprise is a systematic approach to identifying and eliminating waste (non-value-added activities) through continuous improvement by flowing the product at the pull of the customer in pursuit of perfection.

**Product = Process, Information, Service, Patients**
Definition of Value Added

• **Value Added**

Any activity that increases the form or function of the service. These are the things for which our patients would be willing to pay.

• **Non-Value Added**

Any activity that does not add form or function or is not necessary. These activities should be eliminated, simplified, reduced, or combined.
Lean is not...

a job reduction strategy
Lean in Healthcare

The tools of Lean will allow you to:

- provide better service
- with less waste
- with improved quality
Lean = Eliminating (8) Wastes

Value-Added

Non-Value-Added
- Defects
- Overproduction
- Waiting
- Not Utilizing Employees
- Transportation
- Inventory
- Motion
- Excess Processing

Typically 95% of all lead time is non-value-added.
Anything that adds cost or time without adding value as defined by the primary customer is WASTE.
Defects

- Medication error
- Wrong procedure
- Wrong patient
- Missing information
- Paperwork doesn’t match
- Information entered incorrectly
- Incompatible software
- Lack of standard work
Overproduction

• Making more than is required by the next process
• Making it earlier than is required by the next process
• Making it faster than is required by the next process

- Pills given out early
- Multiple bosses & multiple jobs cause wrong order of jobs
- Duplication of tests
Waiting

- For bed assignments
- Discharge,
- Testing results
- Approvals
- Equipment
- Couriers
- People…
Not Utilizing Employee’s Knowledge, Skills, and Abilities

The waste of not using people’s abilities (mental, creative, physical, skill)

- **Causes of People Waste**
  - Incompatible hiring practices
  - Politics
  - Corporate culture
  - Improperly trained employee
  - Old guard thinking
  - Business culture

- **Examples**
  - Bypassing procedures to hire a favorite candidate
  - Start using system software without prior training
  - Qualifications unclear
  - Not providing opportunity for growth
  - Temporary workforce
  - Flawed suggestion system
Transportation

- Moving same patient, specimens, or supplies,
- Defects/rework
- Poor layout
- Poor scheduling
Excess Inventory

Any supply in excess of a one-piece flow through your process

- Pharmacy stock
- Supplies (discount)
- Specimens waiting for analysis
- Files, manuals
- Patients…
Any movement of people or machines that does not add value to the product or service

- Searching for patients, needed meds right charts, supplies
- Common items stored on top or bottom shelves.
Excess Processing

Effort that adds no value to the product or service from the customers’ viewpoint

- Retesting
- More paperwork. Printing, mailing, faxing emailing same document
- Duplicate procedures, forms
- Use of different software in different departments
Waste becomes accepted

That’s just the way work is done around here

It’s the system
VSM Improvement vs. Process Improvement

Value Stream = All steps, both value added and non-value added, required to complete service/widget from beginning to end

Value Stream

Establish Team → Evaluation → Solicitation → Distribution

Initial Customer Contact → Service Delivered
Current Value Stream Map

Dashboard

**Triage**
- Vitals
- Patient History
- C/T=4 min
- U/T=
- C/O=
- FPY=

**Registration**
- C/T=3 min
- U/T=
- C/O=
- FPY=

**RN Exam**
- C/T=5 min
- U/T=
- C/O=
- FPY=

**Provider Exam**
- C/T=8 min
- U/T=
- C/O=
- FPY=

**Provider Orders**
- C/T=4 min
- U/T=
- C/O=
- FPY=

**RN Collects Lab**
- C/T=10 min
- U/T=
- C/O=
- FPY=

**Completions of Labs and Req**
- Lab sent Therapy Begins

**Patient arrived with care needs**
- Lead Time = 165 minutes

**Patient care received, Patient departs system**
- NVA=119
- VAT=46
Facility Layout:

Figure 1. Traditional racetrack configurations distance staff from their patients and one another and increase time spent on non-patient activities.
Facility Layout:

Figure 2. Adaptable spaces create efficient workplaces that can change as processes and requirements change.
A safe, clean, neat, arrangement of the workplace provides a specific location for everything, and eliminates anything not required.

- Sort
- Set in Order
- Shine
- Standardize
- Sustain
Store room before:
Visual Controls

Simple signals that provide an immediate understanding of a situation or condition. They are efficient, self-regulating, and worker-managed.
Visual Controls

Must be clear!
DEFINITION:
The process / method to be used *every time* by *everyone* to do a task *safely* based on the best known work practices.
Benefits of Standard Work

Keystone of continuous improvement

Standardized Work Sustains Improvements

Continuous Improvement Efforts

Time
Point of Use Storage (POUS)

- Material is stored at workstation where used.
- Vendor Managed Inventory (VMI) is best!
Lean Workforce Practices (Teams):

• Patient Care Teams – with rotation of highly specified jobs.
• Cross-trained and multi-skilled employees.
• Continuous improvement mindset.
• Process quality, not inspection.
• Participatory decision-making.
• Leadership at all levels.
Definition: The time between the last good output from the current task and the first good output from the next task at speed.

Do changeovers occur in the office?
- One set of documents are put away and replaced by another set
- Office equipment has to be reset for the next job
- Computer files are closed down and others retrieved
- Associates go to the Boss for their next assignment
- Visits to the supply cabinet for needs
- Reconciliation of regulatory paperwork
A3 Problem Solving Reports

- 11” x 17” sheet of paper used to show the status of a problem or project.
- Use pictures and graphs versus text
- Follows the PDCA model.
Kaizen

Rapid Change for the Better
OR
Rapid Continuous Improvement

“Kai” = Take Apart “Zen” = Make Better
Questions???

Thank you
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(315) 268-3778 x28
Lean & Green Healthcare
- Lean Six Sigma @ Work

Srikanth (Sri) Poranki, Ph.D., CSS-Black-Belt
Director, Performance Improvement Dept.
Quality & Patient Safety
UHSH
Agenda

- Need for Lean in Healthcare
- Lean at UHS
- Lean & Green
- Questions
American health care "gets it right" 54.9% of the time.

Healthcare Pathway – in prior to 80’s

Patients
- Age Group
- Setting
- Socio-economic Status

Care Delivery
- Catchment Area
- Access
- Location
- Provider

Care Service
- Acute - Diagnosis
- Acute - Treatment

Patients:
- Adult Men
- Adult Women
- Senior Men
- Senior Women

Setting:
- Urban
- Medium

Socio-economic Status:
- Local
- In Person
- Outpatient Setting
- Hospital

Provider:
- Traditional Providers
Healthcare Pathway - Current

Patients

Health Status  Setting  Socio-economic Status

Healthy  Rural  High
Minor Ailments  Suburban  Medium
At Risk  Urban  Low
Acutely Ill  Suburban  High
Chronically Ill  Urban  Medium
Catastrophically Ill  Rural  Low

Care Delivery

Catchment Area  Access  Location  Provider  Service

Local  In Person  Home  Traditional Provider  Wellness
Regional  Telephonic  Outpatient Setting  Public/Private Insurers  Risk Assessment
National  Electronic  Hospital  Alternate Providers  Prevention
International  Internet  Emergency Department  Midlevel Providers  Acute Care
Call Center  Internet  Long Term Care  Health Infomediary  Chronic Care

Service

Wellness  Risk Assessment  Prevention  Acute Care  Chronic Care  Complementary Care
Health Spending as a Share of GDP
United States, 1960 to 2020, selected years

Recent Detail

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>2006</td>
<td>16.2%</td>
</tr>
<tr>
<td>2007</td>
<td>16.4%</td>
</tr>
<tr>
<td>2008</td>
<td>16.8%</td>
</tr>
<tr>
<td>2009</td>
<td>17.9%</td>
</tr>
<tr>
<td>2010</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

Notes: Health spending refers to National Health Expenditures. Projections (P) include the impact of the Affordable Care Act. 2010 figure reflects a 4.2% increase in GDP and a 3.9% increase in national health spending. CMS projects national health spending will also have accounted for 17.9% of GDP in 2011 and 2012.

National Health Expenditures as a Percentage of Gross Domestic Product and Breakdown of National Health Expenditures, 2009

## Introduction to Lean Six Sigma

<table>
<thead>
<tr>
<th>Category</th>
<th>Value-Adding Activities</th>
<th>Non-Value-Adding Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Typical Organization</td>
<td>1%</td>
<td>99%</td>
</tr>
<tr>
<td>Traditional Improvement</td>
<td>5%</td>
<td>95%</td>
</tr>
<tr>
<td>Lean Waste Reduction</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Target</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Minor Improvement:** 5%
- **Major Improvement:** 30%
- **Target:** 1%
Six Sigma

Define

Measure

Analyze

Improve

Control

Mapping
Process, Flow, & Value Stream

Current Process Identification

Baseline Performance

Visual Data Analysis

Future Process Development

Balancing Work Creating “Pull”

Clean Sweeps

The Last “S” Sustain

5 S’s

Sort
Set-in-Order
Shine
Standardize
Sustain

Six Sigma…Eliminate Variability /Defects

Lean…Eliminate Waste
5 Steps To Lean Thinking

1. Specify Value
   - Define value in from the customer's perspective and express value in terms of a specific product.

2. Map the Value Stream
   - Map all of the steps...value added & non-value added...that bring a product of service to the customer.

3. Establish Flow
   - The continuous movement of products, services and information from end to end through the process.

4. Implement Pull
   - Nothing is done by the upstream process until the downstream customer signals the need.

5. Work to Perfection
   - The complete elimination of waste so all activities create value for the customer.

Key concepts - identifying value, the value stream and waste.
Waste in Healthcare

Wastes

1. Defects
2. Overproduction
3. Inventories
4. Movement
5. Excessive Processing
6. Transportation
7. Waiting

Examples

1. Re-sticks, redraws, med errors, wrong site surgery
2. Blood draws done early to accommodate lab
3. Pts waiting for bed assignments, lab samples batched, dictation waiting for transcription
4. Looking for pts, missing meds, missing charts or equipment
5. Multiple bed moves, retesting
6. Excessive transporting pts for tests
7. Inpts waiting in ED, Pts waiting for discharge, MDs waiting for test results
Major Lean Tools/Concepts

1. Charter
2. Value Stream Mapping (VSM)
3. Data Driven Decision Making
4. Spaghetti Mapping
5. 5S & Visual Controls
6. Kanban
7. Other Concepts
   a. Batch vs. Single Piece Flow
   b. Push vs. Pull System
   c. Balancing, Leveling, Sequencing
   d. Set-Up Reduction
   e. Standard Work
   f. Error Proofing
UHS

~ 5500 employees
- 30 Primary Care Clinics
- Comprehensive Healthcare Services Provider
The Challenge of Changing “Culture”

- Mission
- Strategy
- Understandable Goals
- Transparency
- Methodology
- Visual measurement of Performance
- Leadership

Purpose | Process | People
Performance Improvement
Dept. @ UHS

- Team
  - Under Quality & Patient Safety

- Roles & Responsibilities
  - UHS Lean Six Sigma Program
  - Development & Deployment
  - Employee Training
  - Data Analytics
  - Project Management
  - Have Fun!!!
Deployment Journey

Phase #1
Initiative Planning & Startup
prepared to gain full benefits of Six Sigma

Phase #2
Executive Training & Onboarding
Senior Management prepared to lead and select projects with impact

Phase #3
Employee Training & Onboarding
Lean and Six Sigma Training

Phase #4
Transition Training & Implementation
Train and Deploy Resources

Phase #5
Initiative & Project Management Activities
Attains Self Sufficiency & is Self Sustaining
Performance Improvement (PI)

• Since 2009

104 Lean/Six Sigma Experts, 70 Champions

32 Six Sigma & 55 Lean Projects

Training/Mentoring

Project Results

Deployment
Reducing OR Change Over Time

CURRENT STATE

Steps: 114
NVA: 56
Hand-off: 37
FUTURE STATE

Steps: 76
NVA: 1
Hand-off: 17
Results

Average Turnover by Day

Daily Turnover vs. Rolling Days

Baseline vs. Improve

UCL = 33.88
\bar{X} = 26.57
LCL = 19.25
Lean Eliminates “Wastes”
But Not Always Environmental Wastes

Lean’s “Deadly Wastes”
1. Defects
2. Overproduction
3. Waiting
4. Non-value added (over-) processing
5. Transportation
6. Inventory
7. Motion

Where are the environmental wastes?

- Excess material use
- Toxic / hazardous material use
- Scrap & non-product output
- Hazardous wastes
- Pollution (emissions/effluents)
- Energy and water consumption
UHSH Initiatives

- Recyclable Vs. Reusable
- Energy Efficiency
- Green Products
- Waste Management

ROI $$ negligible
In Summary

- **Lean Six Sigma** works effectively in Healthcare
- Lean tools applicable to Green
- Lack of motivation for Early Adopters
- Future areas
  - **Strong Regulatory/Govt. Support**
  - Technology has to be in place
  - Incentives have to align
Questions?
NYSERDA
Assistance and Incentives for Healthcare Projects

Energy-Efficiency in Healthcare
June 13, 2013

Lina Kohandoust – Luthin Associates
What is NYSERDA?

New York State Energy Research and Development Authority

Established by the New York State Legislature in 1975

NYSERDA is tasked to address the State’s energy & environmental challenges

Mission

Advance innovative energy solutions in ways that improve New York’s economy and environment.
What we do

- Energy Efficiency
- Renewable Energy
- Research & Development
- Energy Analysis
- Green Jobs
- Legislation/Policy
- Transportation
Energy Efficiency Services Programs

New Buildings
New Construction Program

Existing Buildings
Existing Facilities
FlexTech Program

HVAC Business Partners Program
NYSERDA Is Your Energy-Saving Expert

• Together with hundreds of experts and millions in financial incentives, NYSERDA can help you increase energy efficiency, improve productivity and save money.
Funding Eligibility

• **System Benefits Charge (SBC):** consumption-based charge on customers' electric and/or gas utility bills.

- Central Hudson Gas & Electric
- Con Edison
- New York State Electric & Gas
- National Grid
- Orange and Rockland
- Rochester Gas and Electric
New Construction Program

Objective:
To effect a permanent transformation in the way new and substantially renovated buildings are designed and constructed.

- Technical Assistance Services
- Green Building Services
- LEED Incentives
- Commissioning Incentives
- Design Team Incentives
- Capital Cost Incentives
New Construction Program

Pathways of Participation

- Pre-Qualified Equipment
  - Menu-based
- Custom Measure
  - System-based
- Whole Building Design
  - Building-based
- Green Building LEED®
  - Building-based + certification
New York Presbyterian Hospital

Energy and Green Measures

- Enhanced building glazing
- High efficiency DHW boilers
- High efficiency lighting
- High efficiency roof-top units
- Water-source heat pumps
- Demand controlled ventilation
- Heat recovery ventilation
- Premium efficiency motors
- Low flow fixtures

- Energy Savings: $247,406/year
- 1,068,953 kWh/year
- Summer Peak kW: 126 kW
- NYSERDA Incentive $590,273
- Simple Payback of 2.79 years
- LEED® Gold
Existing Building Programs

Project Identification/ Energy Study

Technical Assistance
• Identify the changes you could make
  – FlexTech Program

Implementation Incentives
• Making the changes
  – Existing Facilities Program
FlexTech Program

Objective:
Help customers make well-informed energy decisions.

Cost-shared energy studies and technical evaluations:
- up to 50% of cost of technical assistance

Focus on cost-effective studies and energy efficiency measures

Incentive Cap
- 10% annual energy spend or
- $1,000,000 per project
Objective & Credible Analyses

FlexTech cost-shared energy-efficiency analyses include:

• Energy Feasibility Studies
• Master Planning
• Industrial Process Efficiency
• Data Centers
• Retro-commissioning
• Peak-Load Reduction and Load Management
Existing Facilities Program

*Pre-Qualified* Incentives

Install then apply – $30,000 Max.

$/unit of equipment

$ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ $ 

*Performance-Based* Incentives

Apply then install...up to $5M!

$/unit of energy
Existing Facilities Program

Pre-Qualified Incentives
- Amount determined using measure worksheets

<table>
<thead>
<tr>
<th>Water Heating Equipment</th>
<th>Measure Code</th>
<th>Unit Size</th>
<th>Count</th>
<th>Unit Incentive</th>
<th>Total Incentive</th>
</tr>
</thead>
</table>
| Storage Water Heater Tank Insulation  
  • Water heater must be natural-gas fired  
  • Incentive is paid per square-foot of insulated surface | WH-1 | N/A | | $1.00/sq. ft. | |
| New Circulation Controls Applicable for Reducing Standby Losses on Domestic Hot Water  
  • Control must be installed on natural-gas fired heating systems | WH-2 | N/A | | $500/unit | |

(enter on page 1) Total Water Heating Equipment Incentive Requested $
NYSERDA offers millions in financial incentives for a variety of energy improvements. You can use NYSERDA programs to help offset the cost of energy-efficiency projects such as:

- **Existing Facilities (up to $2,000,000)**—Existing Buildings and Demand Response

- **Industrial & Process Efficiency (up to $6,000,000)**—For Industrial and Data Center, Process and Facility Improvements

**Performance-Based Incentives**

Incentive is paid on the energy savings over one year.
## Existing Facilities Program

### Performance-Based Incentives

<table>
<thead>
<tr>
<th>Minimum project size</th>
<th>$30,000 minimum incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simple payback threshold</td>
<td>No less than 1 year (w/ incentive)</td>
</tr>
<tr>
<td>Maximum incentive</td>
<td>50% Project Cost</td>
</tr>
<tr>
<td></td>
<td>$2 million per facility</td>
</tr>
</tbody>
</table>
St. Joseph’s Hospital Health Center

Facility:
• 431-bed hospital health center encompassing 16-county service area

Objective:
• Upgrade and consolidate computer equipment

Focus:
• Replace current desktops and servers with virtualized machines
• Upgrade existing network gear

Energy Savings: 862,500 kWh
NYSERDA IPE Incentive: $103,500
NYSERDA: Tessy Plastics Campaign

Plant Expansion:
• 100,000-sq-foot addition for equipment and employees
• Accommodate increased orders for medical and consumer products

Objective:
• Reduce peak energy demand
• Improve energy savings

Focus:
• Replaced standard hydraulic injection molding machines
• Installed more efficient process chillers, water pumps and waterside economizers
RESULTS

• Saved $727,000 with the new injection molding machines.

• Other equipment saved an additional $43,900 with a simple payback of less than a year.

• The new process chiller saved another $16,100.

Energy Savings: 8 million kWh/yr
NYSERDA IPE Incentives: $978,000
For more information…

- NYSERDA’s main website: http://www.nyserda.ny.gov/
- Existing Facilities Program: http://www.nyserda.ny.gov/existing-facilities
- FlexTech Program: http://www.nyserda.ny.gov/flextech

Lina Kohandoust
Email: lkohandoust@luthin.com
Phone: 518-336-562
Leveraging Sustainability with Waste Contracts

Lessons Learned at Lourdes Hospital
Sustainability
Dep’t of Green Initiatives
Goals and Responsibilities

- environmental issues
- waste minimization
- staff involvement
- natural resources
- efficiency
- health education
- safety
- pollution
- recycle
- overland transport
- medical delivery
- flow social
- hospital
- support
- conservation
- control
- campus
- source
- advocate
- areas
- adopt
- patients
- green
- promote
- protect
- conserve
- control
- protect
- sustain
- impact
- environment
- act
- susquehanna
- practices
- emissions
- project
Environmental Efficiency

• Reduce Carbon Footprint:
  – GHG Emissions
  – Landfill Space Reduction
  – Keep Green Space “green”
  – Reduce Urban/Overland Runoff

• Reduce Costs of Disposal:
  – Reduce; Reuse; Recycle and Restore
Funding

1. Leveraging Accounts
2. Green Appeal
3. Grants
Leveraging Accounts

• Solid Waste Management:
  – Domestic trash
  – Recycling
  – Compost

• Document Destruction

• Facilities Management

• Environmental Services
Waste Management Pays for Green Appeal

• Paper over Styrofoam
• Zero Waste
• Compost
• Feed to Farm
• Buying Recycle Bins
• Funding VISTA position
Energy Conservation Grants

• State Energy Providers:
  – NYSEG – New York State Electric and Gas

• State Energy Conservation Programs:
  – NYSERDA – New York State Energy, Research and Development Authority
# Expenses and Savings

## Solid Waste and Recycling Data - 2012

<table>
<thead>
<tr>
<th></th>
<th>Tons</th>
<th>%</th>
<th>Costs</th>
<th>Revenue</th>
<th>Avoidance</th>
<th>Landfill Cubic Foot (CF) Offset</th>
<th>CO2 (Metric Tons Carbon Equivalent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garbage</td>
<td>667.0</td>
<td>65.2</td>
<td>$ 86,000</td>
<td>$</td>
<td>-</td>
<td>-</td>
<td>667.0 Produced</td>
</tr>
<tr>
<td>McKilligan Oil</td>
<td>3.5</td>
<td>0.4</td>
<td>$</td>
<td>-</td>
<td>-</td>
<td>$ 2,473</td>
<td>11.5 Offset</td>
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<td>Paper</td>
<td>187.0</td>
<td>18.3</td>
<td>$ 22,064</td>
<td>$</td>
<td>-</td>
<td>$ 11,396</td>
<td>645.0 Offset</td>
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<tr>
<td>Compost</td>
<td>46.0</td>
<td>4.5</td>
<td>$ 9,000</td>
<td>$</td>
<td>-</td>
<td>$ 2,798</td>
<td>41.0 Offset</td>
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<tr>
<td>GTP</td>
<td>25.0</td>
<td>2.5</td>
<td>$ 6,375</td>
<td>$</td>
<td>-</td>
<td>$ 1,521</td>
<td>67.0 Offset</td>
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<tr>
<td>Cardboard</td>
<td>94.0</td>
<td>9.2</td>
<td>$ 3,000</td>
<td>$ 8,266</td>
<td>$ 5,718</td>
<td></td>
<td>288.0 Offset</td>
</tr>
<tr>
<td><strong>Total without Garbage</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1052.5 Total</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>667.0 Total Produced</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>385.5 Net Offset</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Tons</th>
<th>%</th>
<th>Costs</th>
<th>Avoidance</th>
<th>Avoidance + Revenue</th>
<th>Cu Ft Offset</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Totals</strong></td>
<td>1,022.5</td>
<td>100.0</td>
<td>$ 126,439</td>
<td>$ 23,906</td>
<td>$ 32,172</td>
<td>12,479</td>
</tr>
</tbody>
</table>

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334,540,800 cubic feet in a mile
Broome County Landfill Expansion
I'm pleased to let you know that we have passed the half-way point of 2012 and together we have collected over **45,000** pounds of compost and feedstock material!

I'm pleased to let you know that we have passed the half-way point of 2012 and together we have collected over **45,000** pounds of compost and feedstock material! This not only has kept useable material out of our local landfills, but once separated has also become useful animal feed. Because of programs like this in 2011, over 6,000 pounds of pork and chicken products were produced for farm families in Bradford County, PA and surrounding areas. Natural By Natures agreement with these families are to supply them at no cost with wholesome produce, grain and dairy products that no longer can be offered for retail sale due to damage or past date situations. The agreement also prohibits the sale of these animals by families receiving the food benefits as the intended use is for immediate family, friend and relative consumption.

Currently, Natural By Nature is researching development in raising its own pork, as we are working with USDA inspected slaughter houses and processing plants. Our hopes are to create a wholesome food source for area food banks from food otherwise discarded.

We are off to having another successful year in 2012 thanks to your participation and help. Thank you for your continued hard work and support.

Respectfully,

Rich
Creating and Sustaining Recycling Programs at Hospitals

By:
• Wayne Morton, EHS Manager
“We at RGH recognize that sustaining a healthy environment is essential to maintaining both personal and public health.”
Principles of Successful Recycling

- Over thinking it pit fall
- Waiting for the right time
- New employee orientation
- Safety surveillance rounds
Orientation slide example
Costs and costs savings

• No additional labor cost to date
• Municipal verses RMW rates
• Partnering with your waste vendor
• Availability of data
• Costs of non compliance and fines
• **Use actionable Data**
• **Benchmark**
• **Go after the “Low hanging fruit”**
Benefits of Recycling

- Community recognition
- Attracting “green” consumers
• Incorrect containers in patient rooms and operating rooms

• Wrong size, wrong location in room

• Partner with your vendor
Summary

• Buy in starts from the top down
• Establish Goals
• Celebrate success
Next Steps?