

# EC News

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# Clearing the Air

Ascension is a leader in reducing greenhouse gas emissions from the health care sector, implementing initiatives that include renewable energy utilization, steam trap replacement, and desflurane anesthetic gas mitigation to help achieve its goal of net zero carbon emissions by 2040



The [record-shattering worldwide temperatures](#) from November 2022 to October 2023 were likely the highest in the past 125,000 years, a result of carbon pollution primarily from burning coal, oil, and natural gas. Although the global health care sector's absolute emissions dropped by 3.7% from 2019 to 2020, the industry still contributes around 4.6% of global greenhouse gas emissions, according to the [2023 Lancet Countdown on health and climate change](#). In the United States, approximately 8.5% of greenhouse gas emissions are associated with the health care sector, and those emissions jumped by 6% between 2010 and 2018, emphasizes a [“Call to Action” in the New England Journal of Medicine](#).

More than 70% of global health care emissions come from the health care supply chain, along with 17% from health care facilities and vehicles and 12% from purchased energy sources such as electricity, steam, cooling, and heating, states the Health Care Without Harm report [Health Care's Climate Footprint](#). A number of recent national and international initiatives are targeting all of these health care emissions, including Health Care Without Harm's [Health Care Climate Challenge](#), a gateway to the United Nations (UN) Race to Zero program, and the US Department of Health and Human Services (HHS) [Health Sector Climate Pledge](#).

Ascension, one of the nation's largest nonprofit and Catholic health systems, has committed to both the UN and HHS programs. In 2021, Ascension pledged to achieve net zero carbon emissions by 2050, although the organization's goal is to achieve net zero emissions even sooner—by 2040. Net zero means [cutting greenhouse gas emissions to as close to zero as possible](#), with any remaining emissions offset by equivalent removals.

In 2022, Ascension signed the HHS Health Sector Climate Pledge to meet the administration's climate goal of reducing emissions by 50% by 2030, achieving net zero emissions by 2050, and anticipating the needs of groups in its communities that are at disproportionate risk of climate-related harm.

"Utilization of renewable energy sources is the primary driver of Ascension's goal to reduce carbon emissions by 50% by 2030 and to be net zero carbon by 2040," says Dan Scher, vice president, strategic planning and sustainability for Medxcel, the facilities services provider of Ascension. "For example, we recently led an initiative to evaluate renewable energy tariffs across Ascension's markets. That was a really easy way for us to start to accelerate the transition to carbon-free energy."

Also known as *utility green tariffs*, this emerging utility offering in regulated markets allows larger energy customers to purchase bundled renewable energy from specific green power projects. Doing so provides customers a way to meet their varying sustainability and renewable energy goals, reduce long-term energy risks, and demonstrate their commitment to the development of new renewable energy projects.

Ascension's efforts focused on locations with access to cost-effective renewable energy tariffs through their local electric utility companies. The organization also distributed a request for information (RFI) to solar energy providers to identify partners that could provide solutions for additional locations. Scher explains that this is a long-term strategy to provide additional options on top of the short-term strategy of leveraging renewable energy tariffs.

The renewable energy tariffs initiative helped Ascension realize a 7.4% reduction in its carbon footprint at the end of calendar year 2022 compared with its 2019 baseline, says Scher, who oversees the Environmental Impact and Sustainability program and the Environmental Impact Office at Ascension.

### Counting on cost savings

Besides helping to combat climate change and conserving resources, Ascension's sustainability programs have helped the health care organization contain considerable costs, emphasizes Scher. "Ascension started its sustainability program years ago with energy efficiency," he says. "Over the past 15 years, we've been working on initiatives such as steam trap management, lighting retrofits, and optimization of existing infrastructure, and then re-evaluating infrastructure systems



On the roof of Ascension's Dell Children's Medical Center in Austin, Texas, associates inspect and clean the solar panels weekly, or sooner, depending on the weather.

PHOTO COURTESY OF MEDXCEL. USED WITH PERMISSION.

as part of renewal efforts. All of that has resulted in over \$100 million of cost avoidance since we started the sustainability program in 2008.”

The replacement program for steam traps, for example, results in a reduced need for natural gas to meet heating loads, because leaking or failed steam traps can lose a significant amount of steam. Since the steam trap initiative began in fiscal year 2022, approximately 3,150 traps have been surveyed, 415 were replaced

or repaired, and Ascension saved more than \$600,000 and 70,600 MMBtu of natural gas as a result of keeping steam in the pipes at its care sites.

The health care organization is now implementing a new “Steam in the Pipes” program that will include steam traps, steam blankets, and condensate recovery, as well as a high-pressure steam to hot water program that will roll out in fiscal year 2024.

*Condensate recovery* is a process that involves reusing the water and heat contained in discharged condensate. According to the US Department of Energy, returning hot condensate to the boiler is [cost-effective for several reasons](#):

- ▶ As condensate is returned to the boiler, less make-up water is required, saving fuel, makeup water, chemicals, and treatment costs.
- ▶ Less condensate discharged into a sewer system reduces disposal costs.
- ▶ Return of high purity condensate reduces energy losses due to boiler blowdown.
- ▶ Significant fuel savings occur as most returned condensate is relatively hot (130°F to 225°F), reducing the amount of cold makeup water (50°F to 60°F) that must be heated.

Ascension’s overall energy efficiency efforts include continuous insulation, LED lighting throughout facilities with occupancy sensors to turn off lights when rooms are unoccupied, and timers to dim lights in parking lots and front lobby areas. The health system’s hospitals also employ variable-frequency drives that allow motors in pumps and air handlers to be adjusted to run at lower capacity based on demand.

## Targeting desflurane

Ascension is also focusing on a new initiative to eliminate the commonly used anesthetic gas desflurane from the health system’s formulary as of February 29, 2024. Sevoflurane and isoflurane will continue to be available for inhaled anesthetic gasses in addition to multiple intravenous anesthesia options.

PHOTO COURTESY OF MEDXCEL. USED WITH PERMISSION.



Steam blankets, part of Ascension’s “Keep Steam in the Pipes” program, will increase efficiency in high-pressure steam systems in acute care hospitals. By reducing heat loss in poorly insulated pipes and requiring less natural gas to meet heating loads, the heat energy saved will directly contribute to Ascension’s carbon reduction goals.



In 2022, the American Society of Anesthesiologists issued new guidance for mitigating greenhouse gas emissions from inhaled anesthetics (particularly desflurane), which account for 5% of acute hospital CO<sub>2</sub>e emissions and 50% of perioperative department emissions in high-income countries, [according to an article in \*Anesthesia\*](#). Scher anticipates that eliminating desflurane from Ascension's formulary will lead to a 1% reduction in the organization's carbon footprint and about \$750,000 in annual savings after the program is fully implemented. (To learn more about reducing emissions from inhaled anesthetics, see the article "Taking on Anesthesia-Related Greenhouse Gas Emissions" in the July 2022 issue of *EC News*.)



An electric vehicle charging station was installed at Ascension Saint Joseph in Elgin, Illinois, in May 2021, containing 120V and 230V outlets for electric vehicles.

PHOTO COURTESY OF MEDXCEL. USED WITH PERMISSION.

## Onward and upward

Ascension will be ramping up its net zero efforts even further as the health system expands its vision and takes advantage of ongoing technological innovation in the years ahead, notes Scher. "One of the things that we're focusing our efforts on right now is identifying opportunities to leverage the Inflation Reduction Act, which has a lot of incentives for sustainability activities to support projects that we're developing, such as on-site solar and charging infrastructure," he says. "We're working through the requirements of the Inflation Reduction Act to make sure we understand which of our communities qualify and are going to benefit in terms of other financial factors as well."

The US Environmental Protection Agency (EPA) [describes the Inflation Reduction Act of 2022](#) as "the most significant climate legislation in US history, offering funding, programs, and incentives to accelerate the transition to a clean energy economy and will likely drive significant deployment of new clean electricity resources."

One of the most exciting long-term benefits of sustainability programs, says Scher, is the opportunity to help create healthier communities for both patients and associates. The HHS Health Sector Climate Pledge, in fact, ties closely with Ascension's long-time goal of improving health outcomes in the communities it serves.

"We are leading decarbonization activities within the health care industry *and* the local communities of which we are a part," Scher says.

No matter what kinds of sustainability initiatives Ascension implements in the future, Scher emphasizes that the health system will continue to rely on its strong foundation of detailed, accessible data. That's an essential element for any hospital interested in building a successful sustainability program, he adds.

## Joint Commission Sustainable Healthcare Certification

Effective January 1, 2024, The Joint Commission launched its new voluntary Sustainable Healthcare Certification (SHC) for US hospitals and critical access hospitals. The SHC program is designed to advance decarbonization in health care by helping organizations understand their carbon footprint, set goals to reduce at least three key sources of greenhouse gas emissions or waste, and take action to achieve these goals.

Ascension plans to seek the new SHC certification, says Dan Scher, who oversees the health system's environmental sustainability initiatives. "We're trying to identify the most efficient opportunities and ways we can document achievement for a large system like Ascension, which has 140 hospitals across the country," he explains. "We're looking to do it at scale rather than as a series of one-offs."


To become certified under the SHC program, a health care organization (HCO) must comply with standards and elements of performance (EPs) related to Certification Participation Requirements (CPR), Leadership (SHCLD), Performance Improvement (SHCPI), and Measurement (SCHME).

[Details about the Sustainable Healthcare Certification Program](#) can be found on The Joint Commission website, and the requirements are published in their entirety in the 2024 [Sustainable Healthcare Certification Manual](#) (SHC) and E-dition®.

The Joint Commission has also developed the online [Sustainable Healthcare Resource Center](#) to assist health care organizations in their decarbonization initiatives. This free resource center provides strategies, best practices, tools, and vignettes to help organizations begin their sustainability journey and offers innovative solutions for those already taking steps to reduce their carbon footprint.

"The more we all work on this together, the better it will be for everybody," Scher says.

"Even if you haven't begun to work on some of these sustainability initiatives, having the data at your fingertips and having what you need in order to set a baseline, is extremely important," says Scher. "Once you have good data, it really facilitates making good decisions in terms of which types of programs you should move forward with, where you're going to get the biggest impact at the lowest cost—or in some cases, even with a positive return. I'm a big advocate for sustainability data." Types of data that can be collected range from energy use to fleet vehicle fuel consumption.

Most important is the connection between environmental sustainability and public health. As Scher observes, "Sustainability is one of the ways that we really have an opportunity to demonstrate that not only do we provide direct clinical care, but also that we are thinking more broadly and holistically about improving the health of the community since environmental factors are part of the social determinants of health." 

# Age-Inclusive Physical Environments

Here are five strategies to help ensure that the environment of care is appropriate for older adults

The population of adults aged 65 and older in the United States is projected to jump from 56 million in 2020 to 83.7 million in 2050, [according to the US Census Bureau](#). More than 85% of Americans in this age group suffer from at least one chronic condition, [reports the Centers for Disease Control and Prevention \(CDC\)](#), and 56% have two or more chronic conditions. This means that the number of older patients seeking care in hospitals and ambulatory care settings will continue to climb over the next few decades.

Here are five tips for making the health care physical environment older adult-friendly. These are not Joint Commission requirements but good practices that can help your organization comply with Environment of Care (EC) **Standard EC.02.06.01**: The [organization] establishes and maintains a safe, functional environment.

## 1. Improve wayfinding features.

In large health care settings with many corridors, navigation can be confusing and exhausting, especially for elderly patients. Using distinct colors for corridor walls and visual cues or landmarks such as nature-based artwork (photographs of flowers or birds, for example) can help patients feel oriented. To reduce the risk of disorientation and falls, consider using contrasting wall and floor colors and wall and ceiling colors.

Signs should be near eye level and separated from each other—not stacked on top of one another with directional arrows. They should also use plain language, such as “Eye Clinic” instead of “Ophthalmology.” In addition, there should be contrast between the letters and the sign background and between the sign and the background to which it’s attached. The font should be large and sans serif, which is considered more readable than a serif font. Before deciding on a sign style, test different mockups on patients with limited visual acuity, [suggests one health care design expert](#).

## 2. Facilitate mobility.

Consider equipping long hallways with handrails and seating to allow patients to rest (keeping in mind the corridor clear width requirements specified in The Joint Commission’s “Life Safety” chapter). The idea is to encourage patients to move while minimizing the risk of falls. The role of the health care physical environment in promoting safe mobility cannot be overstated. For example, flooring should be nonslip, and potentially disorienting patterns (such as bold stripes) should be

avoided. Facilities should also implement other precautions for preventing slips, trips, and falls.

Mobility is one of the core components of [Age-Friendly Health Systems](#), a collaborative initiative sponsored by the Institute for Healthcare Improvement (IHI) in partnership with the John A. Hartford Foundation, the American Hospital Association, and the Catholic Health Association of the United States. When feasible, walking each day (including with a walker or staff assistance) helps patients maintain function and independence. In addition, [ambulation has been shown](#) to improve sleep, mood, and appetite; decrease pain; and reduce the length of a hospital stay and the need for post-acute care.



### **3. Install optimal lighting for older adults.**

The Lighting Research Center at Rensselaer Polytechnic [has conducted considerable research on the lighting needs of older adults](#), including those in health care settings. In general, lighting levels need to be significantly higher for age-friendly health care environments because individuals experience diminished vision as they age. But lighting solutions need to be strategically designed to minimize shadows, reflections, and glare, which can exacerbate disorientation and confusion. In addition, lighting transitions between adjacent spaces should be as subtle as possible.

[Studies have indicated](#) that circadian lighting in hospitals may benefit older patients. Such lighting systems, which mimic the natural progression of sunlight throughout the day, help ensure a good night's sleep, which improves mood and alertness and may also speed up healing and recovery.

### **4. Have adjustable exam tables.**


Elderly patients may have difficulty getting on and off examination tables that are of a fixed height, whether they use a walker or a wheelchair or have other physical limitations. Be sure to have adjustable exam tables in ambulatory care settings, as well as lift equipment to assist with transferring physically weak individuals and those with severe mobility impairments.

The article "[Access to Medical Care for Individuals with Mobility Disabilities](#)" on the ADA.gov website clarifies the requirements of the Americans with Disabilities Act (ADA) and provides additional recommendations. The ADA requires appropriate training on how to use lift equipment and how to transfer and position patients on exam tables. To learn more about optimizing the physical environment for patients with disabilities, see "Designing Health Care Settings for People with Diverse Abilities" in the January 2023 issue of *EC News*.



## 5. Pay attention to acoustics.

Older individuals often have hearing impairments, so it's important to optimize acoustics and keep noise to a minimum in health care settings. To do this, organizations can use sound-absorbing ceiling tiles, minimize overhead announcements, purchase quieter equipment, and post signage reminding people to speak quietly. Noisy, disruptive activities such as floor cleaning and supply restocking should not be scheduled during designated sleep hours.

With health care facilities in some states [reinstating masking requirements](#) for staff, patients, and visitors, it is important to remember that those with hearing impairment may rely to some degree on lip reading and facial cues to understand what is being said to them. Having technology such as easy-to-use electronic tablets available may help with two-way communication between patient and clinician. (See *also* “Minimizing Noise” in the March 2023 issue of *EC News*.) 

# Environment of Care Q&A


Escutcheon plates play a vital functional role in the rated sprinkler system assembly

**Q.** Why are health care organizations often cited for missing, improperly positioned, dirty, or damaged escutcheon plates around sprinkler heads? Aren't they just decorative?

**A.** No, escutcheon plates are not merely decorative; they are actually essential to the proper functioning of sprinkler systems. “The escutcheon plate functions like a trim ring around the sprinkler head,” explained Joint Commission Physical Environment Specialist Thomas J. Todro, MBA, CBET, at JCR’s 2023 Ambulatory Care Conference in Oakbrook Terrace, Illinois. The little metal plate covers any gaps between the sprinkler head and the ceiling tile and is vital to the system’s performance.

“The sprinkler head and the escutcheon plate are part of a UL-rated assembly,” Todro said. “The escutcheon plate helps ensure that heat, as it rises, doesn’t slip by the sprinkler head and go above the ceiling.” If that happens, the sprinkler head may not be activated when it needs to be.

That’s why The Joint Commission and the National Fire Protection Association require that escutcheon plates be in place, without gaps. In addition, the plates must be in good condition (clean, without rust, and so on).

As Todro emphasized, “When the escutcheon plate is in place, all that heat to the sprinkler head will cause it to trigger and put out the fire. If instead the heat squeezes through a 1/8-inch gap and goes above the ceiling, that short-circuits your protection.” 



This image shows a clean, intact, appropriately positioned escutcheon plate.

SHUTTERSTOCK


# Fostering Environmental Sustainability

Are you ready to apply for The Joint Commission's new Sustainable Healthcare Certification? You may use this checklist to assess your organization's decarbonization protocols



Improving environmental sustainability in health care remains one of The Joint Commission's top strategic priorities. In 2022, The Joint Commission joined the [Health Sector Climate Pledge](#) to reduce the health care sector's greenhouse gas emissions and help make health care organizations (HCOs) more resilient to the effects of climate change.

Effective January 1, The Joint Commission launched the voluntary [Sustainable Healthcare Certification program](#) and began providing resources to help HCOs on their decarbonization journey via the [Sustainable Healthcare Resource Center](#) on [JointCommission.org](#). (See page 6 for more information.)

To help you gauge whether your organization is ready to seek this certification, JCR has developed the "Sustainable Healthcare Certification Checklist," provided on the next two pages and available as a customizable, downloadable Microsoft Word tool [here](#). Note that this tool is not required by The Joint Commission. 

## Sustainable Healthcare Certification Checklist

The Joint Commission has developed the new voluntary Sustainable Healthcare Certification (SHC) program for hospitals and critical access hospitals, effective January 1, 2024. The purpose of the SHC program is to advance decarbonization efforts in health care by helping organizations understand their carbon footprint, set goals to reduce at least three key sources of greenhouse gas emissions or waste, and take action to achieve these goals.

This checklist, which is not required by The Joint Commission, can be used to help organizations assess their readiness for the SHC program.

Answers to all questions ideally should be **Y** for **Yes** (unless marked **NA** for **Not Applicable**). Use the **Comments** section to indicate specific actions prompted by an **N** for **No** response

ORGANIZATION: \_\_\_\_\_ DEPARTMENT/UNIT: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_ REVIEWER(S): \_\_\_\_\_

QUESTIONS	Y	N	NA	COMMENTS
Is environmental sustainability a strategic priority for your organization?				
Does your organization’s written strategic plan—reviewed and approved by your organization’s governing board annually—address reducing greenhouse gas emissions?				
Per Sustainable Healthcare Leadership (SHCLD) Standard SHCLD.01, does your organization allocate resources for activities to improve its environmental footprint by reducing its greenhouse gas emissions? <i>Such resources may include financial resources, equipment, human resources, and/or materials.</i>				
In accordance with Standard SHCLD.02, does your organization appoint one or more leaders to oversee activities to reduce greenhouse gas emissions in coordination with clinical and facility representatives?				
Per Sustainable Healthcare Measurement (SHCME) Standard SHCME.01, does your organization measure three or more of the following greenhouse gas emissions sources and convert these measurements into metric tons of carbon dioxide equivalent (MTCO <sub>2</sub> e)? <input type="checkbox"/> Energy use (fuel combustion) <input type="checkbox"/> Purchased electricity (purchased grid electricity, district steam, chilled and hot water) <input type="checkbox"/> Anesthetic gas use, including volatile agents and nitrous oxide <input type="checkbox"/> Pressurized metered-dose inhaler use <input type="checkbox"/> Fleet vehicle carbon-based fuel use (from organization-owned vehicles) <input type="checkbox"/> Waste disposal, which may include waste generated during procedures and building operations or in the production of purchased materials and fuels, as well as solid products at the end of their life. <i>Some examples of waste include product packaging, plastics, disposable gloves, catheter bags, empty bottles, used batteries and other items thrown in the trash, food waste, and pharmaceutical waste classified as solid waste.</i>				



QUESTIONS	Y	N	NA	COMMENTS
In accordance with Sustainable Healthcare Performance Improvement (SHCPI) Standard SHCPI.01, has your organization developed goals for reducing greenhouse gas emissions in the three or more areas that it measures? <input type="checkbox"/> In addition, has your organization developed and implemented action plans to meet those goals? <i>These goals should be expressed in percentage reduction of MTCO<sub>2</sub>e.</i>				
Per SHCPI.01, does your organization analyze its greenhouse gas emissions annually to determine whether it is meeting its goals? <input type="checkbox"/> And does your organization revise its plan if the goals are not achieved or sustained?				
Can your organization provide baseline greenhouse gas emission data for three emission sources at the time of the initial certification review?				
For recertification, can your organization provide 24 months of data and demonstrate reductions in greenhouse gas emissions for the three emission sources?				

**Sustainable Healthcare Resource Center**

The Joint Commission has developed the free online Sustainable Healthcare Resource Center on [JointCommission.org](https://www.jointcommission.org) to assist organizations in their decarbonization initiatives. This resource center is organized into three domains:

- Leadership and oversight
- Assessment, measurement, and improvement
- Greenhouse gas reduction strategies

The Sustainable Healthcare Resource Center groups greenhouse gas reduction strategies into the following four categories:

- Transportation
- Buildings and energy use
- Anesthetic gases
- Waste

For each of these categories, the resource center includes links to tools, guidance, research studies, and other resources.

In addition, the Sustainable Healthcare Resource Center highlights examples of sustainability strategies implemented by health care organizations that have robust environmental sustainability programs in place. Such organizations are spotlighted so others can follow in their footsteps.

# Other Learning Opportunities from The Joint Commission and Joint Commission Resources

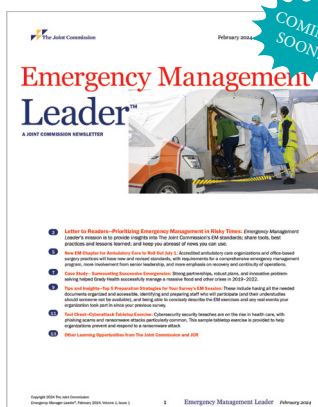
## In-Person or Live Webcasts

- Environment of Care and Life Safety Chapter for Ambulatory Care (live webcast only), March 19–21, 2024
- Environment of Care Base Camp, April 9–10, 2024
- Exploring the Life Safety Chapter, April 11–12, 2024
- Emergency Management Standards Base Camp Pre-Conference (in-person only), Orlando, Florida, June 18, 2024
- Emergency Management Conference (in-person only), Orlando, Florida, June 19–20, 2024 **Potential presenters at this conference should note that the “Call for Abstracts” has a deadline of February 16, 2024.** The conference will also include exhibitors this year. For information on exhibiting, email [jcrsponsorships@jcrinc.com](mailto:jcrsponsorships@jcrinc.com).
- Environment of Care Base Camp, August 20–21, 2024
- Exploring the Life Safety Chapter, August 22–23, 2024
- Hospital Executive Briefing, Rosemont, Illinois, September 10, 2024
- Hospital CMS Update, Rosemont, Illinois, September 11, 2024
- Behavioral Health Care and Human Services Conference (in-person only), Rosemont, Illinois, October 24–25, 2024
- Ambulatory Care Conference (in-person only), November 6–7, 2024
- Environment of Care Base Camp, November 19–20, 2024
- Exploring the Life Safety Chapter, November 21–22, 2024

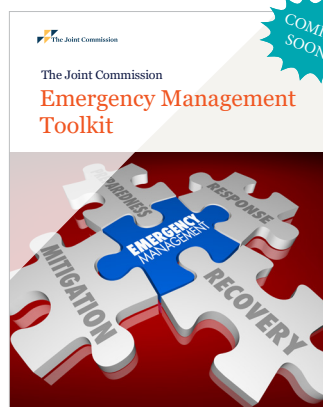
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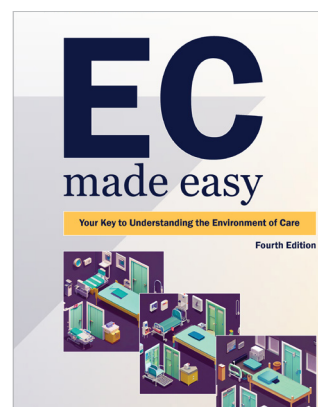
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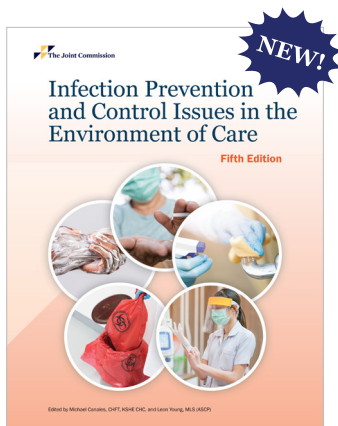
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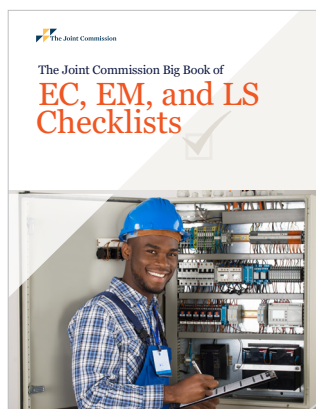
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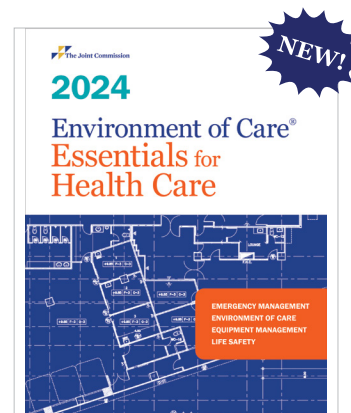
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### April 9-10, 2024

Environment of Care Base Camp - In-person or Live Webcast

### April 11-12, 2024

Exploring the Life Safety Chapter - In-person or Live Webcast

### April 16-18, 2024

Hospital Accreditation Essentials with Tracers & Data Analysis - In-person

### May 7-9, 2023

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Order now at [www.jcrinc.com](http://www.jcrinc.com)

*JCR is an expert resource for health care organizations, providing advisory services, educational services and publications to assist in improving quality and safety and to help in meeting the accreditation standards of The Joint Commission. JCR provides advisory services independently from The Joint Commission and in a fully confidential manner*

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Contact the Standards Interpretation Group with standards questions.

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