

# 2019 Carbon Neutral Action Report



**Interior Health**  
*Every person matters*



<b>Contents</b>	<b>Page</b>
Message from President and Chief Executive Officer	2
Message from Executive Champion	3
Emissions and Offsets Summary Table	4
About Interior Health	6
Actions Taken: Reducing our Footprint	7
Engagement: Working Together	19
Beyond 2019: Looking Forward	22

## About this Report

This report was produced by Interior Health (IH). It provides a high-level overview of the actions taken across IH to reduce greenhouse gas emissions. We continually improve our efforts in accordance with the *Climate Change Accountability Act* and Carbon Neutral Government Regulation. In addition, IH has sustainability as a key priority as it supports health in our communities and improves health equity.

This report captures activities for in-scope reporting legislated through the *Climate Change Accountability Act*, as well as activities that support IH's commitment to being a sustainability leader.

## Definitions

By definition, sustainability means “maintaining the integrated health of the environment, society, and economy for today and in the future”. While this report focuses primarily on environmental sustainability actions relevant to Interior Health’s carbon footprint, it recognizes that there are mutually reinforcing connections to financial and social responsibility. In the context of this report and for brevity, the term “sustainability” will refer to environmental sustainability.

## The Logic Behind Carbon Offsetting

A carbon offset represents a reduction in greenhouse gas (GHG) emissions that can be used to compensate for, or offset emissions from other sources. Through the Carbon Neutral Government, BC invests in carbon offset projects and each offset project ocean of gases, and reductions in carbon emissions at any one-location benefits the whole system.

## Territorial Acknowledgement

Interior Health would like to acknowledge the ancestral, unceded, and traditional territories of the interior region First Nations, including the Dākelh Dene, Tsilhqot’in, Stl’at’imc, Ktunaxa, Sylix, Secwepemc, and Nlaka’pamux Nations, where we live, work, and play.



## Message from President and Chief Executive Officer



Climate change is one of the most important environmental issues of our time and we acknowledge that it has never been more critical for health care to take action. As a determinant of health, we recognize the link between the health and wellbeing of British Columbians and the health and well-being of the environment.

We continue to make progress on addressing climate change by shifting our culture and operations, which takes into consideration the environment. Our strategy has been to:

- Focus on efforts that help to “green” our operations – by being resourceful, working with our supply chain and improving our operations to align with our environmental priorities. We do this by emphasizing the co-benefits to health resulting from climate action;
- Influence across our organization and beyond – to encourage our employees to take the environment into consideration in decision-making by communicating employee-led improvements and actions, while strategically using our voice to raise awareness about the health impacts of climate change in order to influence the development of meaningful policy solutions; and,
- Strengthen collaborations in order to build resilience – both within our facilities and within our communities.

Our environmental sustainability policy supports and encourages staff, physicians, volunteers, and internal stakeholders to embed sustainability principles and practices within our operations. This policy is the foundation to strengthening organizational capabilities across our organization.

I am pleased to share the 2019 Carbon Neutral Action Report, which highlights initiatives across our organization; all of which collectively improve our impact on the environment.

A handwritten signature in black ink that reads "S. Brown".

Susan Brown  
President and Chief Executive Officer



## Message from Executive Sponsor



Health care continues to evolve, as do our efforts to improve our carbon footprint. Year over year, Interior Health demonstrates our strong commitment and determination to become an environmentally responsible, sustainable, adaptable and resilient organization.

Our approach focuses on carbon reduction strategies while also recognizing the broader co-benefits resulting from climate action. By identifying and recognizing additional advantages to cost savings or improvements to patient care, we create a wider space for collaboration and build momentum for a cleaner, healthier, safer and more prosperous future.

With limited resources, we look for initiatives that reduce greenhouse gas emissions while leveraging any co-benefits that go beyond contributing to climate change mitigation and adaptation. Reducing fossil fuel emissions or air pollution and the accompanying health and environmental impacts is an obvious co-benefit, but there are many others such as safety, quality, risk management, waste reduction, and resiliency to name a few.

*“...we look for initiatives that reduce greenhouse gas emissions while leveraging any co-benefits that go beyond contributing to climate change mitigation and adaptation.”*

Thank you for taking the time to read the 2019 Carbon Neutral Action Report, and all the efforts across multiple portfolios in IH to make our facilities communities more sustainable.

A handwritten signature in black ink that reads "Donna Lommer".

Donna Lommer, Vice President, Support Services and Chief Financial Officer



## Emissions and Offset Summary Table

### Declaration Statement

This Carbon Neutral Action Report (CNAR) for the period January 1, 2019 to December 31, 2019 summarizes our emissions profile, the total offsets to reach net-zero emissions, the actions we have taken in 2019 to reduce our greenhouse gas emissions and our plans to continue reducing emissions in 2020 and beyond.

### Retirement of Offsets

In accordance with the requirements of the *Climate Change Accountability Act* and Carbon Neutral Government Regulation, Interior Health is responsible for arranging for the retirement of the offsets obligation reported above for the 2019 calendar year, together with any adjustments reported for past calendar years (if applicable). Interior Health (the Organization) hereby agrees that, in exchange for the Ministry of Environment and Climate Change Strategy ensuring that these offsets are retired on the Organization's behalf, the Organization will pay within 30 days, the associated invoice to be issued by the Ministry in an amount equal to \$25 per tonne of offsets retired on its behalf plus GST.

A handwritten signature in black ink, appearing to read "S. Brown".

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Susan Brown  
President and Chief Executive Officer  
Interior Health



## Interior Health GHG Emissions and Offsets for 2019

As per the [Directive](#) issued March 31, 2020, each PSO will use their 2018 GHG Emissions as a placeholder for the purposes of their 2019 CNAR.

Total Emissions (tCO <sub>2</sub> e*)	41,808
Total BioCO <sub>2</sub> **	49.1
Total Offsets (tCO <sub>2</sub> e*)	41,759
Offset Investment (\$25 per tCO <sub>2</sub> e*)	\$1,043,975

\* Tonnes of carbon dioxide equivalent (tCO<sub>2</sub>e) is a standard unit of measurement, in which all types of greenhouse gases are expressed based on their global warming potential relative to carbon dioxide.

\*\* This type of carbon dioxide is a natural component of biogas produced by fermentation of biological sludge at the wastewater treatment plant, along with other gases extracted from it during the filtration and concentration process.

## About Interior Health

### Who We Serve

Interior Health (IH) was established as one of the five geographically-based health authorities in 2001 by the Government of British Columbia. It is responsible for ensuring publicly-funded health services are provided to over 800,000 residents of the Southern Interior.

Interior Health covers a very large and geographically diverse area of over 215,000 square kilometres. The Interior Health region covers a cross section that includes some of the more rural, remote areas of the province and also some of the fastest growing urban centres.

### What We Do

Interior Health is responsible for providing services spanning population health, Aboriginal health and well-being, primary health care and chronic disease management, home and community care, residential care, mental health, substance use, and acute care services.

As well, IH is responsible for clinical and administrative support services, including diagnostic services, information management and information technology, research, education, and public communication.





# Actions Taken: Reducing our Footprint

**Recognition**

Interior Health was recognized for innovation toward fueling a clean energy future by the Canadian Health Care Engineering Society (CHES) through the Wayne McLellan Award of Excellence in Health Care Facilities Management. The award recognized IH for looking at newer technologies such as biomass. Given the benefits from biomass, especially for propane-fueled sites, biomass technology was explored in other sites and plans are now underway to link our Clearwater facility to a district biomass system in the area.



L to R: Steve McEwan, Trevor Fourmeaux, Ryan Galloway, Norbert Fischer, Luis Rodrigues

**Strengthening Support**

**Partnerships and Engagement**

2019 also saw more engagement through site visits. From these sessions, eight projects were implemented to include control systems, steam traps and LED lighting upgrades in IH facilities. As well, a further 400 low-cost opportunities were identified for future implementation.

**Collaborating for Change**

In 2019, a new process using utility savings from successful energy projects rolled out. Utility savings were re-invested in targeted, low cost energy retrofits resulting in compounding effects from the benefits of the initial investment.

IH's Investment: for 8 projects:  
 \$222,400  
 Reduction of 305 tonnes CO<sub>2</sub> /year  
 433,000 kWh electricity savings  
 6,100 GJ natural gas savings  
 \$81,000 utility cost savings



Equivalent to the same emissions as driving 1,217,990 km a year

## Energy Projects



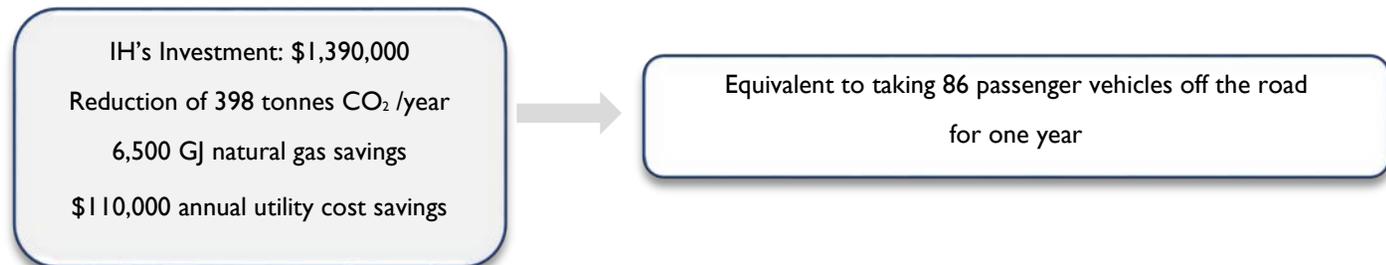
### Second Biomass Boiler Installation – Golden and District Hospital

With the success from the first biomass application in health care in the Lillooet facility recognized by CHES, IH installed a second biomass boiler in Golden, BC.

Biomass boilers are an important tool in reducing carbon emissions because the amount of carbon dioxide emitted during the burning process is equivalent to the amount absorbed during the growth of trees. To ensure resiliency and redundancy, the silo and auger were designed to accept both wood chips and pellets, increasing the resiliency of the fuel supply chain during variability in fuel markets. During the first winter in operation, only wood pellets were burned and this is significant because wood pellets have a higher combustion rate, are known for their slow rate of burning and produce less ash residues.



**Containerized Biomass Boiler**



### Co-Benefit

Resiliency & Redundancy



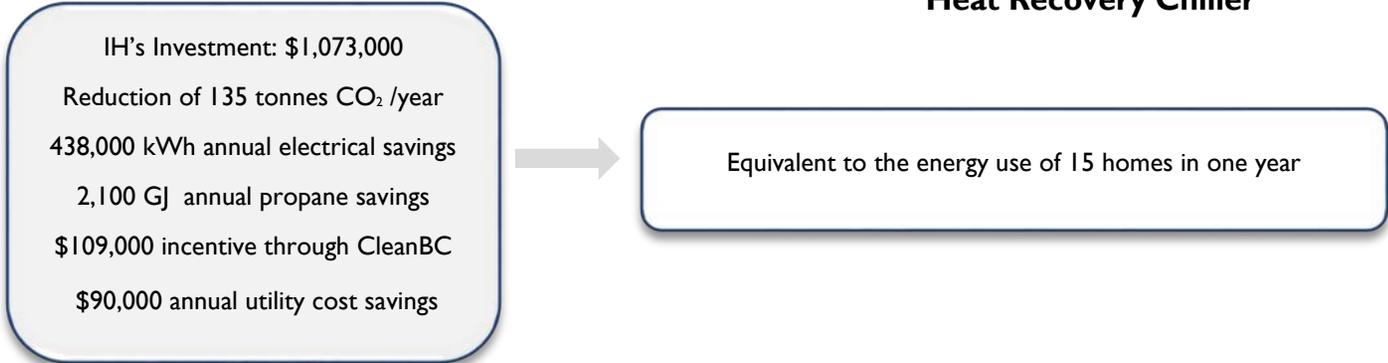
## EfficiencyBC: Electrification

### Queen Victoria Hospital (Revelstoke)

Finding an efficient means of providing heat to the building represented a tremendous opportunity for electrification in alignment with the provincial CleanBC mandate. The heat recovery chiller replacement at Queen Victoria Hospital was the first project completed through the provincial EfficiencyBC program for building electrification. A heat recovery chiller ensures heat produced during the air conditioning and cooling process is no longer discarded to the atmosphere. Heat recovery addresses this waste, improving building efficiency, reducing carbon footprint and significantly reducing energy use and costs.



**Heat Recovery Chiller**



### Co-Benefit

Electrification, cost savings and less waste



## Focus on Patient and Staff Safety

### Infrared Heater Replacements across IH

A project replacing 300 baseboard heaters in Long Term Care facilities with infrared heaters yielded both safety improvements and electricity savings. Co-benefits reported by patients included improved thermal comfort with better temperature distribution in patient spaces.



South Okanagan Plant Services Staff (L to R): Nick Muir & Lorne Hilderbrand

IH's Investment: \$247,500  
 Reduction of 200 kg of CO<sub>2</sub> /year  
 70,000 kWh annual electrical savings  
 \$11,000 annual utility cost savings  
 \$26,000 in incentives from FortisBC



Equivalent to the same as 798 km driven by the average passenger car (i.e. Williams Lake to Trail)

### Infrared Heater Replacements

## Co-Benefit

Patient safety and thermal comfort



## Making the Connection

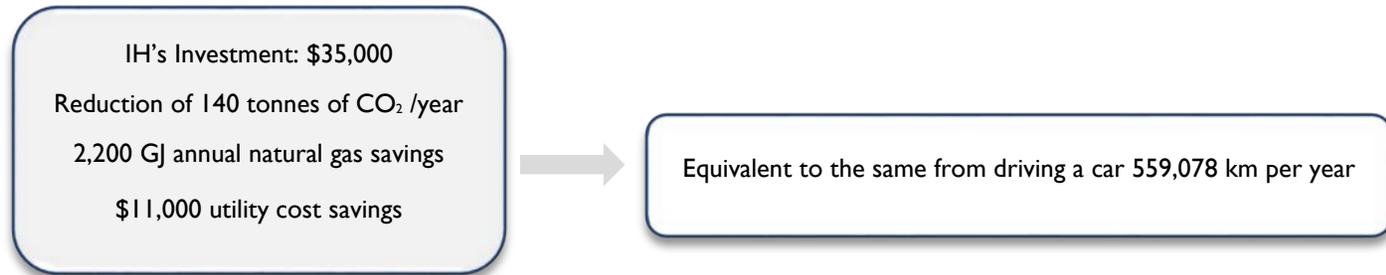
### Parkview Place District Biomass Connection (Enderby)

Most district energy systems generate heat at a central plant or extract heat from other sources. The heat is transferred to a fluid, distributed via underground pipes to buildings, and used for space and water heating. In 2019, Parkview Place located in Enderby, BC was connected to the local district energy system installed by FINK Machines and fueled by a biomass system. With this connection, there were cost savings as well as more resiliency and redundancy – the local district energy system with combined heat and power generators can maintain critical power and heating during municipal emergencies, such as ice storms or other incidents that disable the electricity grid.



FINK Machines district biomass plant in Enderby, BC

### Biomass Plant Connection



### Co-Benefit

Resiliency and Redundancy



## Electric Vehicle Pilot

Interior Health's **Fleet Program** led by Craig Paynton, Manager Protection, Parking and Fleet Services and championed by Jessica Campbell, Fleet Coordinator, kicked off a one-year pilot program of three electric vehicles (EVs) to gather important data on their use. Data will be gathered on the EVs range, usage and potential savings in operating costs (fuel and maintenance) from the three dedicated charging stations at Kelowna General Hospital. Joining the fleet are a 2020 Kia Soul, a 2019 Chevrolet Bolt and a 2019 Nissan Leaf.



One of Interior Health's new zero emission vehicles

## Co-Benefit

### Improved Air Quality

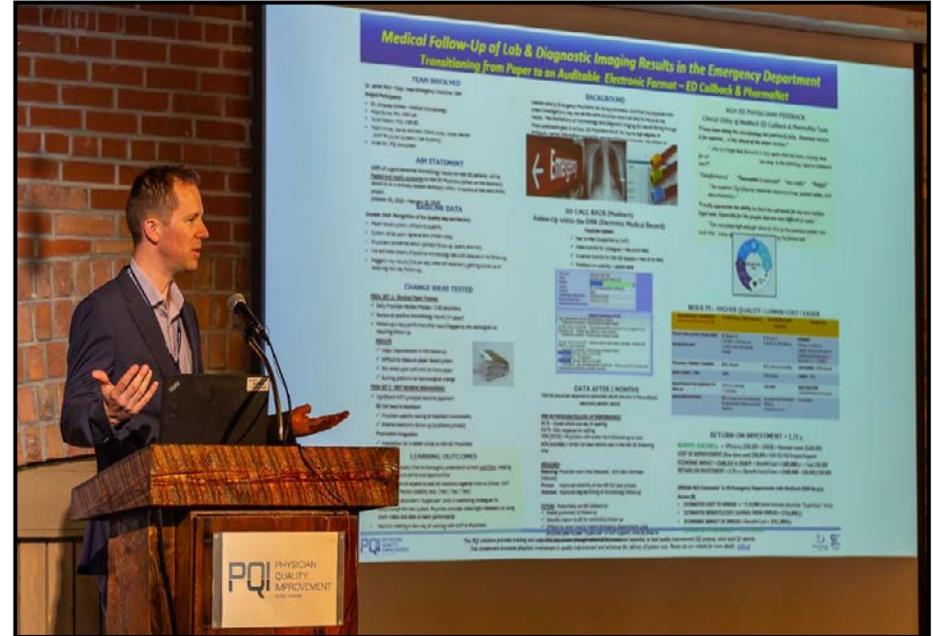
*“Our long-term plan is to look at electric vehicles and hybrids across the fleet to reduce the carbon footprint. Our initial analysis shows a slight reduction in emissions, reducing pollution and better overall for general health”.*

*Craig Paynton, Manager, Protection, Parking and Fleet Services*

## Quality and Safety Meet Environmental Co-Benefits

### Kelowna General Hospital

An initiative at Kelowna General Hospital managed to integrate a triple-bottom line approach (environmental, economic, and social), while ensuring patient safety and quality improvements. A quality improvement project initially focused on patient safety also found environmental co-benefits early in the project-planning phase – the elimination of unnecessary printing of lab data reports in the Emergency Department. The project, started by Carys Jones, Dr. Devin Harris, Dr. James Reid, Wrae Hill, (in Quality Improvement) and an IMIT partner, Kelsey Garner identified process changes to improve quality and patient safety while eliminating printing. The end result: lab results are now stored as PDF's (portable document format) in an electronic folder, accessible only to those with required permissions, eliminating the need to print approximately 192,000 sheets of paper per year.



Dr. James Reid, Head of Emergency Medicine at Kelowna General Hospital

## Co-Benefit

Quality and Patient Safety

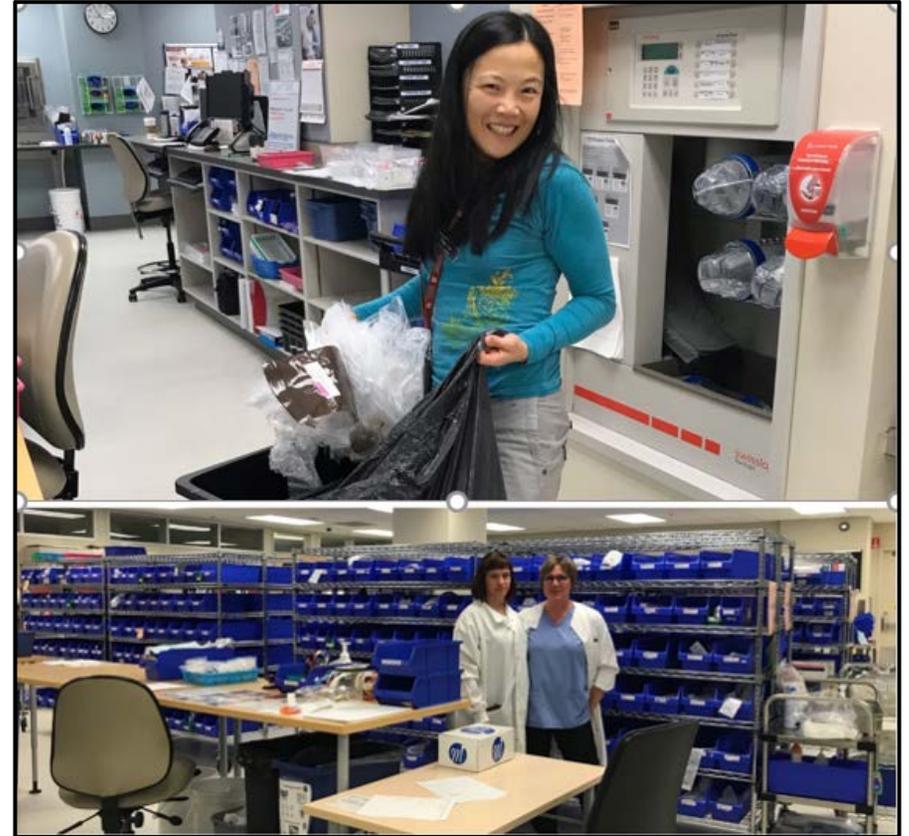
## Changing Practices and Processes for Waste Diversion

### Lean Promotion Office

The Lean Promotion team works with staff throughout IH to identify and eliminate waste or non-value-added activities. To influence others, this team no longer provides paper copies of course materials – and discourages participants from printing documents. As well, outcomes from Lean exercises such as a Rapid Process Improvement Workshop at Royal Inland Hospital’s Ambulatory Care Unit identified an opportunity to reduce waste by examining intravenous (IV) start kits. Some items in the kits were required, but not all. The result from this exercise – less waste.

### Vernon Jubilee Hospital - Pharmacy Department Waste Minimization

It began with removing one light bulb from each fluorescent light fixture in the Dispensary to reduce energy use – 32 bulbs were removed without compromising the amount of light required to complete tasks. At an average price of \$0.10 per kWh, removing the average 14W bulb provided a small energy cost savings of \$392.64 for the department. The team also labelled recycling bins with products accepted in the recycling stream to avoid contamination. Next, education was the focus – what can and can’t be recycled and how. Taking recycling one step further, employees bring used pens, markers, sharpies, and highlighters to “Staples” recycling program. Lastly, the team reduced the number of garbage cans in the department to ensure the plastic garbage bags were full – no more half full plastic garbage bags being sent to the landfill.



Top: Dionne Martyn, Bottom: Trina Heib & Jackie

**Co-Benefit**

**Engaged Staff**



## Biking for Health

A partnership between the Kootenay Boundary Physician's Association (KBPA) and the Kootenay Boundary Regional Hospital Administration (KBRHA) nets funding for new secure bike parking. Less cars equals less emissions.

## Bike to Work Week May 27-June 2, 2019

432 riders in 68 teams participated, logging in 1,758 trips, and covering over 15,318 km in IH's region. Collectively, they burned 226,950 calories and saved over 1,638 kg of greenhouse gas emissions.

Equivalent to the same emissions from an average passenger car driving 6445 km!

## Co-Benefit

### Improved Health

Klaus Mey, an Occupational Therapist at Kamloops Home Health, a Sustainability Associate and an avid cyclist – managed to do his home visits on two wheels! With just a little bit of ingenuity, Klaus was able to load all his home visit equipment on his bike.

## We want to know...

Are you participating in Bike to Work Week from May 27 to June 2?



- Yes (189)
- No (911)
- Maybe, I'd like to learn more. (69)



## Patient Care Meets Environmental Co-Benefits

### Community Wide Scheduling Appointment Reminder Pilot

The IH Meditech Community-Wide Scheduling (CWS) Systems Support Team is leading the charge to deliver automated electronic appointment reminders via text or phone call reminding IH patients of their upcoming medical appointments. A 12-month pilot with Heart Function Clinic started in fall 2019 and includes four IH clinics: the Royal Inland Hospital Vascular Improvement Program; Healthy Heart Clinic; the Kamloops Home & Community Care Clinic and Penticton Integrated Health.

Multiple objectives and co-benefits will be realized through this initiative including reduction of carbon, staff workload, mail costs, missed patient appointments and patient wait times. Patient appointment reminders will be expedited, the back-filling of no-shows will be completed sooner, and patient follow-up and pre-appointment instructions will improve.



L to R: Jade Bateman, Justine (Jan) Scheuer, Heidi Schilling

## Co-Benefit

Health System Optimization



### Improved Service and Safety Meet Environmental Co-Benefits

#### Patient Choice Meal Service

Starting in Penticton Regional Hospital and rolling out further across IH, the patient choice meal service provides options with meal choices, improving nutrition and fostering faster healing. With alternatives, one of the multiple co-benefits along with cost-savings, includes less food waste.



#### Streamlining Chemical Use

Support Services – responsible for housekeeping, plays a role in minimizing infections and efficient facility operations –embarked on an initiative to streamline IH's chemical supply. What began as a safety initiative to eliminate the most harmful chemicals whenever possible in order to reduce the risk of injuries, quickly morphed into a project with a co-benefit to the environment: the reduction in toxic chemical use.



#### Shift to Locally Grown Food

Interior Health advanced locally grown food in our facilities through the Feed BC initiative. Our goal is to spend 30 per cent of our overall food expenditure on locally produced and/or processed foods. Less transport equals less emissions, less preservatives and processing equals better health. By the end of fiscal year 2019, IH had met the goal and spent 31 per cent on locally grown food.



## Efficiency and Cost Savings Meet Reduced GHG Emissions

### Home Support Scheduling Modernization Project – Procura

This initiative to ensure over 1,200 community home support workers are scheduled efficiently produces numerous benefits, including cost savings. The project will reduce mileage travelled by community health workers by scheduling them geographically, not requiring them to pick up the paper schedules from the office daily or sign paper flow sheets. In addition, it will result in numerous efficiency, worker safety, quality, productivity and standardization-related outcomes.



### Continual Improvements to our Infrastructure

A typical work day in IH sees an average of 125 teleconferences – 60 of which might take place simultaneously at peak time – utilizing 250 phone lines. In 2019, further improvements were made to support virtual meetings whenever possible and reduce fleet vehicle usage.



### Building Partnerships for Impact

In partnership with the Lower Mainland health organizations and the Provincial Health Services Authority (PHSA) Supply Chain, a project to integrate environmental criteria in future Request for Proposals (RFPs) is underway. The goal of this initiative is to ensure suppliers provide more environmentally friendly health care products, such as those with less packaging, better production processes and less waste.



# Engagement: Working Together

## Climate Resilience - Managing Risks

With a changing climate, we expect to see effects such as more frequent and extreme events such as: flooding, forest fires, ice-and-wind storms, dry land and warming winters. Our ability to support health services over time is dependant on our facilities being able to operate under different climate conditions.

As a first step toward building resilience and knowledge across our organization, a climate change vulnerability assessment was piloted at Golden and District Hospital. Key departments such as Facilities Management and Operations, the Office of the Medical Health Officer, Emergency Management, Support Services, Aboriginal Health, Pharmacy, Nursing Administration, Enterprise Risk Management and our Health Services Administrator identified potential future vulnerabilities to this site, and shared the outcomes with key stakeholders across IH. This exercise identified areas to build capacity and preparedness in order to remain operational during events with decreased air quality, increased precipitation, and potential water supply and quality issues.



Participants in climate change vulnerability assessment

## Resilient Building Design Guidelines

In collaboration with other health authorities, IH's Capital Planning and Environmental Sustainability teams are participating in a joint initiative to narrow the knowledge gap, translate climate information into guidelines applicable to new construction, major redevelopment, and retrofit projects to inform future infrastructure investments.

**Co-Benefit**

**Risk Management**

## Employees Plug Sustainability in their Work

Interior Health's Sustainability Associates program supports and encourages individuals, teams and departments to build a culture of sustainability by sharing information and resources, participating in events and programs, and implementing new initiatives. The goal of this program is to foster sustainability across our culture by amplifying the voices of Associates to drive change and reduce our environmental footprint across IH.

### Penticton Regional Hospital

Led by Sustainability Associates such as Chantel Au, a Pharmacist, successes continue across the facility to include:

- Elimination of Styrofoam cups on multiple inpatient wards, volunteer water service, and cafeteria;
- Limited access to plastic straws in cafeteria and on volunteer water service;
- Implemented "Green Sticker" recyclable indicator in storage rooms on some inpatient floors;
- Extra signage near recycling receptacles indicating "NO SOFT PLASTICS";
- Brown paper bags instead of plastic for patient items during inpatient stay, on some inpatient floors; and,
- Outpatient chemotherapy now using paper bags instead of plastic.



PRH Sustainability Associates: Chantel Au, Chelsea Chadwick, Dina Hampton

**Co-Benefit**

**Engaged Employees**

## Influencing for Change

### In Celebration of Waste Reduction Week

Brainstorming, identifying and implementing a no-cost process change to reduce waste can be challenging. However, Sustainability Associate Desiree Spenst rose to the challenge and identified a potential process change and enlisted IMIT. She noticed duplication and waste when new computer systems were ordered. Existing systems are packaged and arrive with all components, including a keyboard and mouse, which is not required, resulting in the components moving to a storage facility, rarely to be used.

At time of publishing this report, the opportunity continues to be explored. This example highlights how continued collaboration across many departments influences changes having a positive effect on the environment.

### Community Engagement

In February 2019, IH's Healthy Communities partnered with the University of British Columbia Okanagan campus and addressed more than 400 attendees about building community resilience to a changing climate. Using temperature projections across the IH region, communications focused on the Heat Alert Response System (HARS) pilot underway to mobilize, communicate and alert communities to be prepared for extreme heat.



KGH Sustainability Associate, Desiree Spenst



Heather Deegan, Director, Healthy Communities



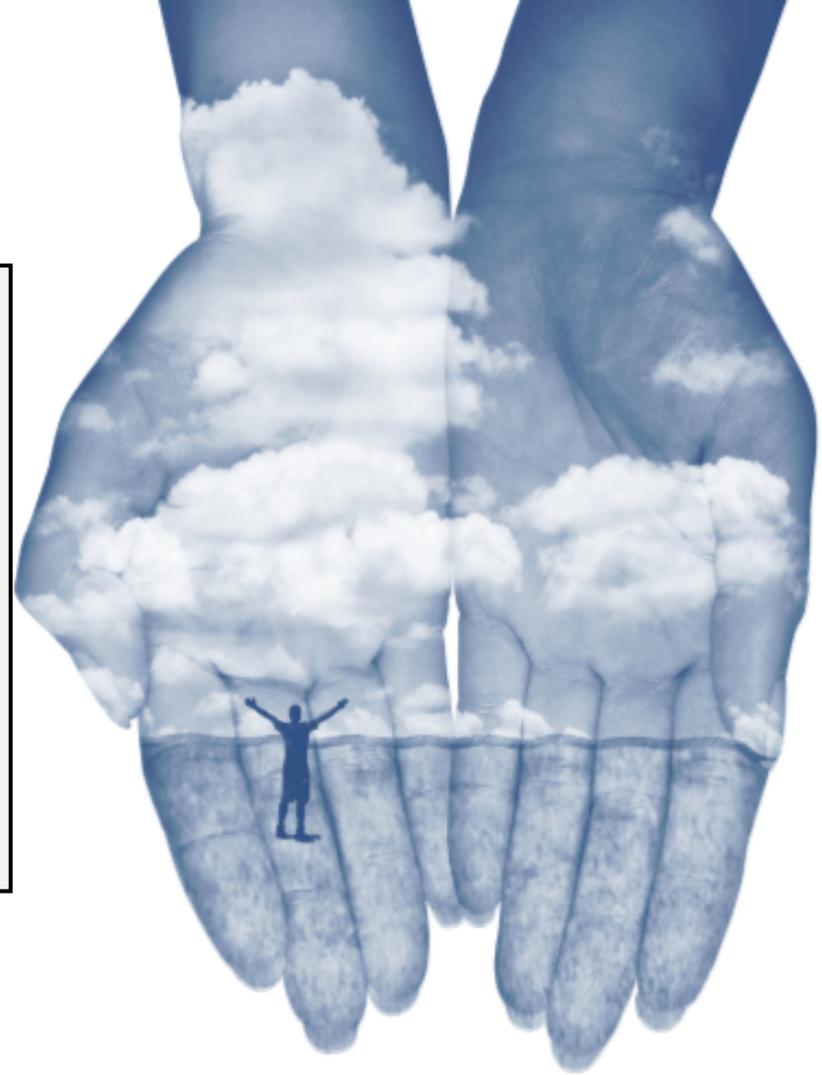
## Beyond 2019: Looking forward

### **Continue to Improve Interior Health's Environmental Footprint**

As the 2019 Carbon Neutral Action report illustrates, sustainability action is continuing across many areas of IH. These efforts are critical to changing behaviours, increasing involvement, building a culture that embraces sustainability, and developing sustainable infrastructure. Ultimately, our goal is to do our part and to reduce our impact on the environment and create healthier communities.

Interior Health will expand on efforts to establish policies and practices to better integrate sustainability into organizational decision-making to support existing actions and address areas of opportunity. Efforts to identify ancillary and co-benefits of environmental action and create opportunities to integrate sustainability into key planning activities will continue.

Interior Health will endeavour to find ways to influence change and adopt a whole-of-organization approach whenever possible. The energy and environmental sustainability portfolios will effect action and provide expertise and support, with a goal to strengthen efforts across all departments in IH.



**Confirmation number:** 00B88061

**Submitted date:** 2020-06-04 14:11:50 Pacific Daylight Time

# Carbon Neutral Action Report Survey - 2019

Public sector organizations (PSOs) are required to complete this survey, in addition to a Carbon Neutral Action Report (CNAR) as mandated by BC's [Climate Change Accountability Act](#) and the [Carbon Neutral Government Regulation](#).

Due to the COVID-19 pandemic, the following [Directive](#) was issued on March 31, 2020. Certain deadlines were also extended for the 2019 reporting year (see below).

## **March 31, 2020 Directive:**

*Under my authority as the Director for the purposes of the Act, and under the authority delegated to me in Section 6 of the Carbon Neutral Government Regulation, I hereby direct that all ministries and Public Sector Organizations covered by the Carbon Neutral Government requirement shall use their 2018 GHG emissions as a temporary estimate for their actual 2019 GHG emissions, for the purposes of the 2019 Carbon Neutral Action Reports and 2019 Carbon Neutral Government reporting required under the Climate Change Accountability Act.*

Neil Dobson, Executive Director, Clean BC Implementation  
Climate Action Secretariat

Although 2018 emissions data will be used as a placeholder for 2019, **all other (qualitative) components of the CNAR and CNAR Survey are to be completed with information from 2019 (e.g., actions taken or planned to reduce emissions)**. The only change to the survey is that the deadline was extended by one month to June 30, 2020.

This survey is divided into two parts:

**Part 1** - Will be made public on the Climate Action Secretariat (CAS) [website](#) after June 30, 2020; however, it will not be appended directly to each individual PSO CNAR as was done in previous years. This section collects details about actions taken or planned to reduce emissions and is intended to supplement the legislative requirements in your CNAR.

**Part 2** - Will NOT be made public. Information you provide in this section is important and will be used internally to help CAS staff with planning for emissions reduction and climate change adaptation initiatives. Although not required, PSOs are highly encouraged to complete Part 2.

**Note:** Survey progress can be saved at any time by clicking the "Save and continue later" button at the bottom of each page. A new window will open and you will be asked to provide your name and email. An email will be sent to you from [Carbon.Neutral@gov.bc.ca](mailto:Carbon.Neutral@gov.bc.ca) with the subject line: "Questionnaire Link", which will include a hyperlink for the "Project: Carbon Neutral Action Report Survey – Broader Public Sector 2019". You can then continue responding at another time or email the hyperlink to a colleague to complete remaining section(s).

May 29, 2020	<ul style="list-style-type: none"><li>The final, signed version of the <b>CNAR</b> (or Small Emitters Form) must be submitted by email to: <a href="mailto:Carbon.Neutral@gov.bc.ca">Carbon.Neutral@gov.bc.ca</a></li></ul>
June 30, 2020*	<ul style="list-style-type: none"><li>Ministry of Environment and Climate Change Strategy must post a final CNAR for each organization on the BC Government's CNG <a href="#">website</a> and each PSO is encouraged to post the report on their website.</li><li>The <b>CNAR Survey</b> (optional for Small Emitters) must be completed and submitted online. *Deadline extended from May 29, 2020.</li><li><u>All offset invoice payments must be submitted to CAS.</u></li></ul>
Sept 30, 2020*	<ul style="list-style-type: none"><li><b>Clean Government Reporting Tool (CGRT) Data Entry</b> must be completed for the 2019 reporting year.</li></ul>

	*Deadline extended from April 30, 2020.
Oct 15, 2020*	<ul style="list-style-type: none"> <li>• <b>Self-Certification checklist</b> must be completed, signed and submitted by email to: <a href="mailto:Carbon.Neutral@gov.bc.ca">Carbon.Neutral@gov.bc.ca</a>.</li> </ul> *Deadline extended from May 15, 2020.

\*See the [Carbon Neutral Government – Program Requirements website](#) for more information on program requirements, timelines and templates.

## PART 1 - Included as part of your public CNAR report.

Reminder that Part 1 will be made public on the CAS [website](#).

<b>Contact Name:</b>
<i>Tanja Stockmann</i>
<b>Contact Email:</b>
<i>tanja.stockmann@interiorhealth.ca</i>
<b>Organization Name:</b>
<i>Interior Health</i>
<b>Role – Please select the best category for your current role with your organization. If more than one individual completed the survey, multiple categories may be selected:</b>
Energy Manager Fleet Manager Sustainability Coordinator Facilities/Operations Manager/Coordinator CEO/President/Exec Director Other - Please Specify: <i>Enterprise Risk Management, Emergency Preparedness, Capital Planning</i>
<b>Please select your sector:</b>
Health (H)

## Stationary Sources (e.g. Buildings, Power Generators): Fuel Combustion, Electricity use, Fugitive Emissions.

Actions taken by your organization in 2019 to support emissions reductions from buildings

<b>Do you have a strategy to reduce emissions from stationary sources?</b>
Yes

Whether you have a strategy or not, briefly describe your organization's plans to continue reducing emissions from stationary sources:

<b>Over the medium-term term (1-5 years)</b>
<i>Over the next five years, IH plans to utilize CNCP funding, operating funding, utility incentives and pilot programs to reduce energy and emissions through a combination of demand side management initiatives and renewable/electrification alternatives. A prioritized list of CNCP capital projects has been established for the next five years. Over 400 opportunities have been identified and will be prioritized for future implementation. As well, IH is working on retro-commissioning projects.</i>

Over the long term (6-10 years)

*Over 400 opportunities have been identified and dependent on CNCP funding, utility incentive programs and operating budgets; depending on funding, projects will be prioritized over the next 10 years.*

Please describe your strategy's goals (if any) related to energy audits.

*Energy audits are conducted to develop and support IH's reduction emissions plans. Generally, our approach is to continue to conduct audits on the highest priority sites based on emissions reductions or when there is alignment with major infrastructure upgrades. In 2019, we piloted an approach of more extensive ASHRAE Level 3 audits, in conjunction with energy service company (ESCO) to determine the viability of considering this approach for the significant amount of aging infrastructure IH has in its portfolio, which may have both a renewal benefit, but also significant energy savings. This level of audits are more comprehensive (i.e. not just one system or one component), and will result in a higher impact, but also higher investment requirement.*

What % on average of your building portfolio has an energy audit completed each year (if any)?

29%

Please describe your strategy's goals (if any) related to building retrofits.

*Our Strategic Energy Management Plan outlines our detailed project plans for building retrofits including: 1) implementing energy retrofits to existing buildings; 2) optimizing building automation systems; 3) constructing energy efficient buildings; and, 4) deploying innovative solutions that mitigate the effects from climate change.*

What % on average of your building portfolio is retrofitted each year in the following categories (if any) - click here for further information:

See below

Minor retrofits (e.g. low cost, easy to implement measures including caulking, lighting, adding roof insulation, etc.)

*Minor retrofits (based on total building portfolio) related to energy efficiency improvements are in the range of 3-4% of the total operating budget.*

Major retrofits (e.g. replacing windows and doors, equipment replacement such as boilers, etc.)

*Major retrofits (based on total building portfolio) related to energy efficiency improvements are in the range of up to 5% of the total operating budget.*

Deep retrofits (e.g. replacing roof, replacing the heating, ventilation and air-conditioning system with a renewable technology like a ground-source heat pump, etc.)

*Deep retrofits (based on the total building portfolio) is in the range 3-4% per year of the total operating budget.*

Please describe your strategy's re/retro-commissioning goals (if any)?

*Retro-commissioning was completed at one medium sized facility with encouraging results and positive payback. Plans for a new program with a dedicated resource for HVAC retro-commissioning are underway. Our P3 agreements require re-commissioning. As well, seven retro-commissioning studies were completed in 2019, with a goal to retro-commission the highest consuming sites once every five years.*

What % on average of your building portfolio do you recommission each year?

*In 2019, approximately 5% of building portfolio was re-commissioned and we have plans to increase to 10-15% in 2020 and beyond.*

Do you keep records of Refrigerant gases<sup>1</sup> category and refilling volumes?

[1] Fugitive emissions from stationary cooling equipment are attributed to the leakage and loss of HFC and PFC based coolants from air conditioning and commercial type refrigeration systems. Coolant loss can occur during the manufacturing, operation, and disposal of such equipment. Gases that may be reported via CGRT include HFC R-134, HFC R-134a, HFC R-404a, HFC R-407c, HFC R-410a.

Yes

If yes, have you quantified and reported the associated emissions? What, if any, mitigation approaches have been considered? Please describe

*After our vendor technician completes work involving refrigerant volume changes, a Refrigerant Activity Report (RAR) is completed. The vendor keeps records and the reports are sent to the designated IH site contact, to ensure IH has a record on site, which complies to Environment Canada regulations.*

What, if any, mitigation approaches have been considered? Please describe.

*None at this time.*

How many newly constructed buildings received at least LEED Gold certification in 2019?

0

How many newly constructed buildings did not receive LEED Gold certification?

0

Please explain why LEED Gold certification was not obtained for those new buildings.

*Receiving LEED gold certification takes time. Please see comments below regarding Penticton Regional Hospital and expected certification in 2020. As well, achieving LEED Gold in rural areas can be more challenging than in urban areas.*

Other actions? Please describe briefly:

*Interior Health has certified other newer buildings to LEED Gold to include: 1) Royal Inland Hospital (2006); 2) Kelowna General Hospital: clinical Academic Campus (2010), Centennial Building (2012), Walter Anderson Building (2012), Interior Heart and Surgical Centre (2017); 3) Vernon Jubilee Hospital/Clinical Services Building (2018); 4) Royal Inland Hospital/Clinical Services Building (2018); 5) Penticton Regional Hospital/David E. Kampe Tower - expected 2020.*

## Mobile Sources (Fleet Vehicles, Off-road/portable Equipment): Fuel Combustion:

Actions taken by your organization in 2019 to support emissions reductions from mobile sources?

Do you have a strategy to reduce emissions from mobile sources?

Yes

Whether you have a strategy or not, briefly describe your organization's plans to continue reducing emissions from mobile sources:

Over the medium-term term (1-5 years)

*IH replaces all end-of-life vehicles with more fuel efficient models. An annual fleet review ensures optimal usage of vehicles, including right-sizing, strategic placement and budget management.*

Over the long term (6-10 years)

*IH will continue to replace vehicles with more fuel efficient models or electric vehicles when they reach end of life.*

How many fleet vehicles did you purchase from the following categories:

Electric Vehicle – EV - (e.g., Nissan Leaf, Chevy Bolt)

3

“Plug In” Electric Vehicle – PHEV (e.g., plug-in Prius, Chevy Volt)

0

Hybrid vehicle – HEV – non “Plug In”- (e.g., Toyota Highlander Hybrid)

0

Hydrogen fuel cell vehicle

0

Natural gas/propane

0

Gas/diesel vehicle

22

If you purchased new gas/diesel vehicles, can you briefly explain why vehicles from the other categories were not chosen?

*Hydrogen vehicles are not utilized within IH, as there is no public fuel stations located within the service area; currently there are only 2 hydrogen stations within BC. An electric vehicle pilot is currently underway to investigate environmental benefits, and infrastructure and program requirements prior to future electric vehicle replacements. Electric vehicle infrastructure is improving in the region; however, this continues to be a constraint in some areas.*

## Actions taken by your organization in 2019 to support emissions reductions from mobile sources? (Continued)

How many existing EV charging stations does your organization have in each category:

Level 2?

23

Level 3?

0

How many level 2 stations (if any) are specifically for your fleet vehicles?  
As defined as Level 2 stations only your organization's fleet vehicles may use

3

How many level 3 stations (if any) are specifically for your fleet vehicles?  
As defined as Level 3 stations only your organization's fleet vehicles may use

0

How many EV charging station(s) did you install in 2019 in each category:

Level 2?

3

Level 3?

0

How many level 2 stations (if any) were installed specifically for your fleet vehicles?  
As defined in the previous section

3

How many level 3 stations (if any) were installed specifically for your fleet vehicles?  
As defined in the previous section

0

Please briefly describe any other related actions, (e.g. charging station feasibility studies, electrical panel upgrades, etc.)

*23 level 2 chargers in the new Penticton Regional Hospital Patient Care Tower went live in spring 2019. Three plug-in hybrid electric vehicles will be added to the IH fleet in 2020 along with the necessary charging infrastructure. As well, IH has three Level 1 public charging stations in the Kelowna General Hospital Parkade and one located in an external parking spot located on Pandosy Avenue.*

Please indicate the total number of the vehicles in the following vehicle classes that are in your current fleet

**Definitions:**

- Light duty vehicles (LDVs) are designated primarily for transport of passengers <13 and GVWR<3900kg
- Light duty trucks (LDTs) are designated primarily for transport of light-weight cargo or that are equipped with special features such as four-wheel drive for off-road operation (include SUVs, vans, trucks with a GVWR<3,900kg )
- Heavy duty vehicles (HDV) includes vehicles with a GVWR>3,900 kg (e.g. ¾ tonne pick-up truck, transport trucks)

Light duty vehicles (LDVs)

Electric Vehicles – EV - (e.g., Nissan Leaf, Chevy Bolt)

3

“Plug In” Electric Vehicle – PHEV -- (e.g., plug-in Prius, Chevy Volt)

0

Hybrid vehicles – HEV – (e.g., non “Plug In”- older Toyota Prius, Toyota Camry hybrid)

1

Hydrogen fuel cell vehicles

0

Natural gas/propane

0

Gas/diesel

25

Light duty trucks (LDTs)

Electric Vehicles – EV

0

“Plug In” Electric Vehicle – PHEV

0

Hybrid vehicles – HEV – (e.g., non “Plug In”- older Ford Escape Hybrid, older Chevrolet Silverado pickup hybrid, etc)

7

Hydrogen fuel cell vehicles

0

Natural Gas/propane

0

Gas/diesel

107

Heavy duty vehicles (HDV)

Electric Vehicles – EV

0

“Plug In” Electric Vehicle – PHEV

0

Hybrid vehicles – HEV – (e.g., non “Plug In”)

0

Hydrogen fuel cell vehicles

0

Natural Gas/propane

0

Gas/diesel

36

Actions taken by your organization in 2019 to support emissions reductions from paper supplies.

Briefly describe your organization’s plans to continue reducing emissions from paper use:

Over the medium-term (1-5 years)

*Continue conversations with PHSA Supply Chain to emphasize importance of future long-term contracts including alternative paper options (i.e. sugar sheet) at competitive price to 50% and 100% post-consumer paper. Continue conversations with Supply Chain to emphasize importance fo future long-term contacts offering 50-100% recycled paper at a lower cost option than 0% recycled paper. Conduct another analysis of paper use to identify opportunities.*

Over the long term (6-10 years)

*Depends on outcome of medium-term actions.*

Do you have an awareness campaign focused on reducing office paper use?

No

Purchased alternate source paper (bamboo, hemp, wheat, etc.)

Yes

Other 2019 actions, please specify

*IH supports paper use reduction and the paperless office concept. Numerous electronic records projects are underway across IH to lower paper use through digitization. For example, projects are underway to redefine processes for printing lab results at Emergency Departments, along with another project enabling physicians to document directly to our Meditech system, through a voice recognition system, limiting paper printing for chart information.*