

Providence Health Care's 2018 Carbon Neutral Action Report



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Declaration Statement

This Carbon Neutral Action Report for the period January 1, 2018 to December 31, 2018 summarizes our emissions profile, the total offsets to reach net-zero emissions, the actions we have taken in 2018 to reduce our greenhouse gas emissions and our plans to continue reducing emissions in 2018 and beyond.

In 2010 Vancouver Coastal Health, Fraser Health, Providence Health Care and Provincial Health Services Authority consolidated their efforts towards environmental sustainability to create the GreenCare Community. By June 30, 2019 Providence Health Care’s final Carbon Neutral Action Report will be posted to our website at bcgreencare.ca

Retirement of Offsets

In accordance with the requirements of the Greenhouse Gas Reduction Targets Act and Carbon Neutral Government Regulation, Providence Health Care (the Organization) is responsible for arranging for the retirement of the offsets obligation reported for the 2018 calendar year, together with any adjustments reported for past calendar years. 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.

The cover photo is the exterior of the existing St. Paul’s Hospital in Vancouver.

Executive Summary



Executive Summary: Providence Health Care, CNAR 2018

Fiona Dalton, President & Chief Executive Officer

It gives me great pleasure to present Providence Health Care's (PHC) eighth annual Carbon Neutral Action Report (CNAR) for 2018.

For nine consecutive years, PHC has been proud to be carbon neutral. As an organization driven by innovation and social justice, we believe that our role as health care providers goes beyond caring for individuals and to caring for the environment, too.

Stewardship is one of our key organizational values and throughout our 125 years of providing compassionate and innovative care, teaching and research, we have been responsible and accountable stewards. For us, that includes taking personal responsibility for the carbon footprint produced by our operations and facilities.

In 2018, PHC had a carbon footprint of 11,634 tonnes of carbon dioxide equivalent (tCO₂e), which was offset at a total cost of \$334,136.25 (\$305,392.50 plus an adjustment to correct the 2017 offset payment). This represents a 0.9 per cent decrease in carbon emissions relative to the 2007 baseline year, during which time the clinical use of our facilities has intensified, as reflected by over 20 per cent increase in full time equivalent staff.

In 2019, we will continue to improve our environmental performance through improved energy efficiency, coordinated efforts, and education. These projects have a positive impact; saving energy, decreasing air pollution, and ultimately adding to the health and wellness of facilities, workplaces and the communities we serve.



Date: May 31 2019

Fiona Dalton
President & Chief Executive Officer
Providence Health Care

Healthy people
Healthy planet

Our CO₂ Footprint

2018 GREENHOUSE GAS EMISSIONS BREAKDOWN AND OFFSETS APPLIED TO BECOME CARBON NEUTRAL

Providence Health Care reports its organizational carbon footprint based on guidelines provided by the Carbon Neutral Government Regulation (CNGR) and B.C. Climate Action Secretariat (CAS).

CAS developed reporting guidance based on the GHG Protocol Corporate Standard. Based on these guidelines, Providence Health Care's carbon footprint is comprised of six different greenhouse gases, which are converted into a common metric of tonnes of carbon dioxide equivalent (tCO₂e). In scope carbon emissions are categorized in three main categories:

1. Stationary Fuel Combustion
2. Mobile Fleet Combustion
3. Supplies (Paper)

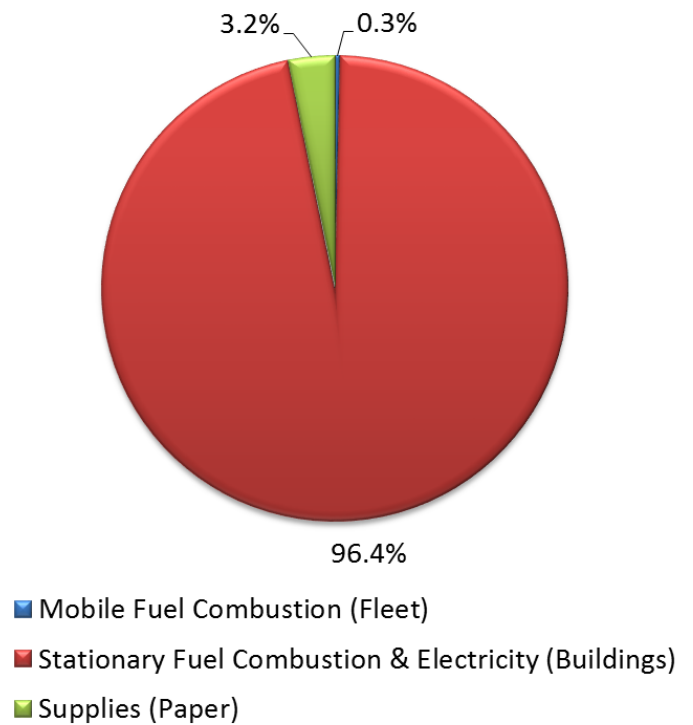
PHC's 2018 Carbon footprint offset was 11,634 tonnes of carbon dioxide equivalent (tCO₂e). That represents a 0.9 per cent decrease in PHC's carbon footprint since 2007.

Over 95 per cent of Providence Health Care's in-scope emissions are attributed to the building portfolio. Within the building portfolio, over 80 per cent of emissions are due to the use of fossil fuels.

To become carbon neutral in 2018, Providence Health Care purchased carbon offsets at a total cost of \$334,136.25 (\$305,392.50 plus an adjustment to correct the 2017 offset payment).

“The environmental impact from healthcare facilities, operations, and services affects the health of the populations and patients they are meant to serve.” - Adapted from World Health Organisation & Healthcare without Harm

2018 Providence Health Care's Greenhouse Gas (In-Scope) Emissions by Source



CHANGES TO PROVIDENCE HEALTH CARE'S PORTFOLIO

PHC's facility space (measured in usable square meters) has increased by 4.5 per cent since 2007. During the same time, the number of staff (measured in full time equivalents) has increased by over 20 per cent.

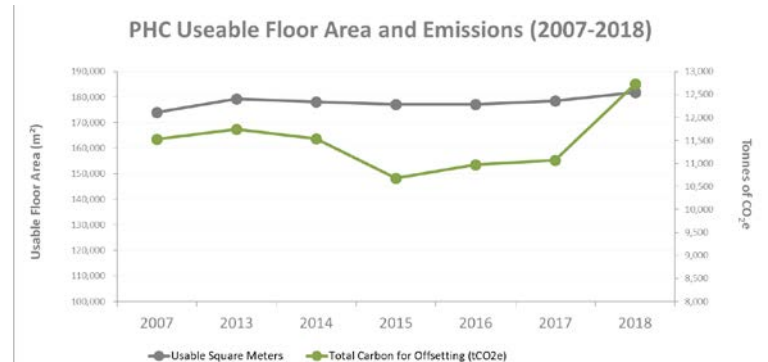
Providence Health Care		2007	2013	2014	2015	2016	2017	2018
BUILDINGS, FTE AND WEATHER								
Distinct PHC Buildings		n/a	40	37	36	36	39	39
	% Owned	n/a	91%	92%	92%	92%	91%	90%
	% Leased	n/a	9%	8%	8%	8%	9%	10%
Usable Square Meters¹		174,002	179,222	178,157	177,216	177,159	178,602	181,751
Full-Time Employee Equivalents²		4,038	4,748	4,580	4,686	4,760	4,816	4,914
Weather (summarized in Heating Degree Days)³		2,870	2,820	2,627	2,489	2,537	2,922	2,720

¹ Usable area excludes roof tops, interstitial spaces, and parking areas.

² Full-Time Employee data was provided by the Ministry of Health.

³ Heating Degree Days (HDD's) are based on YVR Airport data from Environment Canada and is intended to reflect the demand for heating.

Overall since 2007, PHC's carbon footprint has increased only 0.9 per cent, while usable floor area and staff have increased. PHC's 2018 emissions per full-time employee (2.37 tCO₂e/FTE) have decreased by 17 per cent since 2007. PHC's 2018 emissions per unit of floor area (0.06 tCO₂e/m²) have decreased 3.4 per cent since 2007.



The carbon emissions reported are not adjusted for changes in weather. Heating Degree Days (HDDs) is a metric designed to reflect the demand for energy required to heat a building. Emissions per HDD is a metric intended to summarize overall efficiency of delivering heating. PHC's 2018 emissions per HDD (4.3 tCO₂e/HDD) are slightly higher than the baseline year, suggesting that the increases in intensity of use and floor area have overshadowed the impact of energy conservation projects.

Providence Health Care		2007	2013	2014	2015	2016	2017	2018
Our Carbon Footprint (in tCO₂e)								
CO ₂	Mobile Fuel Combustion (Fleet)	15	47	43	45	48	38	26
	Stationary Fuel Combustion & Electricity (Buildings)	11,448	11,442	11,145	10,267	10,569	10,679	11,266
	Supplies (Paper)	70	260	358	371	359	356	346
	Total Carbon Footprint (tCO₂e)	11,533	11,749	11,546	10,682	10,975	11,074	11,638
	Total BioCO ₂ Emissions (No Offsets Required) ^{1,2}	-1	-5	-5	-5	-4	-5	-4
	Total Carbon Footprint (tCO₂e)	11,532	11,744	11,542	10,677	10,972	11,069	11,634
	Adjustments / Corrections	0	0	0	0	0	0	1,095
Total Carbon for Offsetting (tCO₂e)		11,532	11,744	11,542	10,677	10,972	11,069	12,729
\$	Purchased Carbon Offsets	\$ -	\$ 294,525	\$ 288,550	\$ 266,925	\$ 274,300	\$ 276,725	\$ 318,225
	Purchased Carbon Offsets +HST / GST	\$ 328,244	\$ 309,251	\$ 302,978	\$ 280,271	\$ 288,015	\$ 290,561	\$ 334,136
KPI's ³	Emissions per Full-Time Employee (tCO ₂ e/FTE)	2.86	2.47	2.52	2.28	2.31	2.30	2.37
	Emissions per Facility Space (tCO ₂ e/m ²)	0.07	0.07	0.06	0.06	0.06	0.06	0.06
	Emissions per Heating Degree Day (tCO ₂ e/HDD)	4.0	4.2	4.4	4.3	4.3	3.8	4.3

¹ As outlined in the Carbon Neutral Government Regulation of the Climate Change Accountability Act, some emissions do not require offsets.

² It was estimated that Fugitive Emissions from cooling equipment comprise less than 0.01% of PHC's total emissions and an ongoing effort to collect or estimate emissions from this source would be disproportionately onerous. For this reason, emissions from this source have been deemed out-of-scope and have not been included in our total greenhouse gas emissions profile.

³ KPI's are calculated based on Total Carbon Footprint before adjustments or corrections in order to better reflect performance for the current year.

Actions Taken to Reduce Our CO₂ Footprint

2018 LIST OF ACTIONS TAKEN TO REDUCE CO₂ FOOTPRINT

Stationary Emissions (Buildings)

- **Continuous Optimization:** PHC began the post-project or coaching phase of BC Hydro's Continuous Optimization Program at two sites in 2018; at St. Vincent's Langara and Holy Family Hospital.
- **Waste Heat Recovery:** PHC completed a study in 2017 to review replacement options for a failed chiller at St. Paul's Hospital. In cooperation with the energy management team, this study was expanded to explore a low exergy Thermenex design approach to improve heat recovery and further reduce carbon emissions. This project is now underway using Carbon Neutral Capital Program (CNCP) funding.
- **FMO Staff Engagement:** The PHC energy management team has continued to build an engagement strategy with Facilities Maintenance and Operations (FMO) departments. This was focused initially at St. Paul's Hospital, and is now being extended to Holy Family Hospital and Langara Residence. There are plans to expand to all major owned sites over time. The outreach focuses on reviewing energy use in buildings, identification of reduction opportunities, and optimization of existing equipment/plants.
- **Design Guidelines:** PHC's energy management team was involved in further refinements to GreenCare's Energy and Environmental Sustainability Design Guidelines for New Construction and Major Renovation projects with the intent of ensuring health care related new construction and major renovation projects are built to the highest standard of energy efficiency and conservation, within financial constraints. These guidelines are informing the approach to environmental sustainability for the New St. Paul's Hospital Redevelopment.
- **Behaviour Change:** PHC's energy team continues to promote energy conservation and GHG emissions reduction through awareness and behaviour change programs, such as Green+Leaders, GreenCare Community website, the BC Hydro Energy Wise Network program, and FortisBC's Communication Education and Outreach program.

Mobile Fleet Combustion (Fleet and other vehicles)

PHC has **one 120v electric vehicle charging station** at St. Paul's Hospital, which is located downtown Vancouver in the West End (51 regular plug-ins are also available throughout the parkade).

PHC continues to partner with Provincial Health Services Authority and Vancouver Coastal Health to provide a **shuttle service** between sites.

PHC sites offer **248 bike parking stalls** to encourage and enable active transportation by bike.



Supplies (Paper)

As part of the Green+Leader program, a **paper/waste reduction campaign** supports volunteers with **Paperless Meeting Toolkits** to encourage their colleagues to reduce paper use.

PHC **encourages teleconferencing** for meetings by installing web- conferencing hardware / software at various sites.

Actions That Fall Outside the Scope of the Carbon Neutral Government Regulations:

The Green+Leaders behaviour change program at PHC now has a total of **13 active staff volunteers** who help improve the environmental sustainability of PHC operations. Four new volunteers were trained in 2018 for a total of 22 trained since the program began.

PHC continues to support the GreenCare Community site, which provides tips and toolkits on using less paper, as well as other environmental sustainability initiatives linked to health and wellness. PHC had **483 staff registered on the site** as of 2018.

PHC offers in-person staff education on **waste management processes** in collaboration with Business Initiatives and Support Services (BISS)¹. In 2018, 133 staff were trained.

PHC also offers a **Waste Management Basics Learning Module** online. In 2018, 612 staff completed the training.

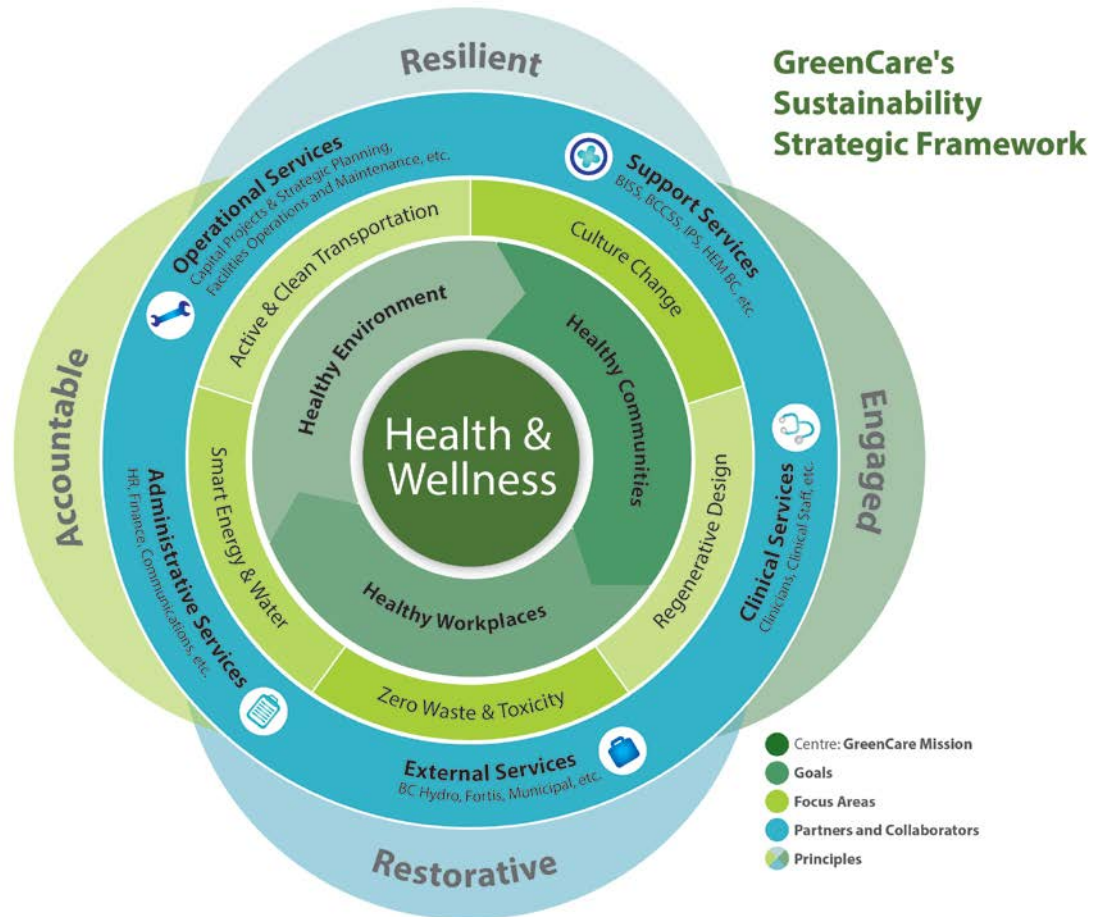


¹ For more information, please contact BISS Hazardous Waste Coordinator, Teri Guimond, Teri.Guimond@vch.ca

Future Actions to Reduce Our CO₂ Footprint

PHC plans to continue reducing GHG emissions and Energy in the following ways:

- Optimizing our Existing Buildings:** Planning and implementing GHG / Energy reduction projects in our existing building portfolio by utilizing the Carbon Neutral Capital Program as our primary funding source.
- Efficient New Construction:** Implementing project-specific energy performance targets to ensure that our new buildings are as energy efficient as possible.
- Systemic Change:** Leveraging and promoting our Sustainability Policy, and implementing standards, guidelines, and processes to embed energy management principles further into standard operations.
- Align with our Core Mandate:** Working with GreenCare’s refreshed Strategic Framework; PHC’s efforts to reduce carbon emissions will take a collaborative approach and seek to support a sustainable and environmentally responsible health care system, which continues to advance health and wellness in its broadest sense.



- Behaviour Change:** Engaging and educating our staff, via the Green + Leaders program, GreenCare Community and the BC Hydro Energy Wise Network and FortisBC’s Communication, Engagement and Outreach program.
- Innovation and Demonstration:** Promoting innovative approaches and taking other small “seedling actions” to prepare for larger innovation as appropriate opportunities arise.

Feature Project

Collaborative Asset Management at St. Paul's Hospital Yields Value

In 2018, a major capital project spanning two fiscal years was initiated at St. Paul's Hospital supported by two years of funding through the Carbon Neutral Capital Program (CNCP). This project is the result of collaboration between numerous different stakeholders and departments including PHC's Facilities Maintenance and Operations (FMO) team, PHC Finance, as well as the Energy Management and Capital Projects teams responsible for the PHC Portfolio.

The opportunity first emerged in 2017 when an existing chiller (Chiller 2) failed. Rather than simply replace the chiller with the same or similar equipment, the Energy Management team suggested exploring options to replace the asset while also reducing energy consumption, carbon emissions, and operational costs.

A study was completed in 2018 to explore options and quantify costs and savings. A highly experienced team was hired to complete the study led by Bernie Nelson of C.E.S. Analytics Ltd. and in collaboration with TC Thermenex Ltd. BC Hydro funding was leveraged in order to secure 50 per cent reimbursement for the study, thus reducing the cost to PHC.

The study confirmed that a significant opportunity existed to recover waste heat, thereby reducing energy consumption, carbon emissions, and operational costs. The study proposed to replace Chiller CH-2 (89 Ton dual screw compressor-chiller) which had rejected heat to the atmosphere with a larger capacity heat reclaim chiller incorporating an innovative Thermenex Header system in order to utilize rejected condenser heat to preheat service hot water (for faucets, etc.), provide air handling unit outside air preheat as well as hot deck preheat.

The project is currently underway with all indications to date confirming that anticipated utility savings will be realized. The project is being implemented in conjunction with a broader cooling system upgrade, which includes replacement of cooling towers and piping modifications to resolve persistent flow issues. These systems are interconnected so the energy and water savings quantified also capture those enabled by the cooling tower replacement component of the project.

Technology: Innovative Thermenex waste heat recovery strategy

Energy Savings: An estimated 10,500 GJ per annum of steam, 738,000 kWh/year of electricity, and 18,000 m³ water.

GHG Reductions: 550 tCO₂e/year anticipated GHG reduction.

Total Incremental Project Cost*: \$707,000

Incentive Funding: \$565,975 anticipated through a combined FortisBC and CleanBC incentive program.

Operational Cost Savings: \$290,000 (estimated utility cost savings including steam, electricity and water).

Business Case: Simple payback of less than 3 years for PHC's investment (ie; less CNCP funding); one year simple payback taking into account anticipated incentive funding.

Benefits/Co-Benefits: Asset replacement. Increased cooling capacity. Cost effective carbon reduction: \$1,200 per tonne GHG reduction (good use of CNCP funding with comparable projects up to \$5,000/ tCO₂e).

*Incremental Project Cost refers to the additional cost required to install energy efficient equipment above the cost of replacing equipment to meet building code minimum standard (in this case, above the cost of replacing with a similar chiller).

Part 1: CNAR Survey

1. General Information

Name: Alex Hutton

Contact Email: alex.hutton@fraserhealth.ca

Organization Name: Providence Health Care

Sector: Health

Role - Please select your role(s) below.

If more than one individual completed the survey, multiple categories may be selected:

Energy Manager: Yes

Sustainability Coordinator: No

Administrative Assistant: No

Facilities/Operations Manager/Coordinator: No

CEO/President/Exec Director: No

Treasurer/Accounting: No

Superintendent: No

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

1. Actions taken by your organization in 2018 to support emissions reductions from buildings.

a) Do you have a strategy to reduce emissions from stationary sources?

Yes

If yes above, what are the main goals?: Our work can be summarized within five main areas: optimizing our existing buildings; influencing new construction and major renovations; behaviour change and education campaigns; systemic change by embedding EM into standard business practices; and innovation.

b) Whether you have a strategy or not (1.a), briefly describe your organization's plans to continue reducing emissions from stationary sources:

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

Providence Health Care has a Strategic Energy Management Plan (SEMP), last published in 2018, with details of our energy consumption and greenhouse gas emissions, reduction targets and planned actions to achieve these targets.

II. Over the long term (6-10 years)

Our longer term strategy is currently to continue with the types of efforts described in the short term; however, we can anticipate that there may be changes in the priorities (such as increased focus on electrification) as well as the specific projects that result. We can also anticipate the specific projects may involve new and innovative technologies and strategies not currently available or ready for implementation.

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

We need to do energy studies in order to identify viable projects for implementation, but we have limited funding and limited time. We focus on our 7 larger owned or core sites. We try to do 2 or more studies within our core sites each year.

I. What % on average of your building portfolio has an energy audit completed each year (if any)?: 35

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

From the CNCP program, we are able to use paid offsets as funding the following fiscal years. PHC is a relatively small health care affiliate of Vancouver Coastal Health. This means we have about \$280k per year in capital funding. Roughly speaking, this enables us to either do one smaller project, possibly to combine with other funding to complete a larger project, or we can sometimes phase a project across 2 years in order to secure enough time and funding to complete it. We try to do at least one significant project in PHC's portfolio each year

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

Minor retrofits (e.g., low cost, easy to implement measures including caulking, lighting, adding roof insulation, etc.) (%): 20

Major retrofits (e.g., replacing windows and doors, equipment replacement such as boilers, etc.) (%): 10

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.) (%): 5

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

We have several core sites that are going through the continuous optimization program with (BCHydro C.Op. w/FortisBC). We typically have at least 2 to 3 C.Op. projects active within the PHC portfolio at any given time. We try to take as much advantage of this program as we can as time and funding permit.

I. What % on average of your building portfolio do you recommission each year?: 40

f) Do you keep records of Refrigerant gases category and refilling volumes?

No

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

While we are not tracking this at present, we expect that we will begin to do this at some point in the coming years. We hope for our total stationary emissions to drop due to DSM and fuel switching to low carbon electricity. This will require the addition of more heat pumps which will use various refrigerants and gradually increase the relative amount of the total emissions they constitute.

g) How many newly constructed buildings received at least LEED Gold certification in 2018 : 0

I. How many newly constructed buildings did not receive LEED Gold certification?: 0

II. Please explain why LEED Gold certification was not obtained.

No new buildings were constructed

B. Mobile Sources (Vehicles, Off-road/portable Equipment): Fuel Combustion:

3. Actions taken by your organization in 2018 to support emissions reductions from mobile sources.

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

No

I. If yes, what are its goals?

PHC continues to partner with Provincial Health Services Authority and Vancouver Coastal Health to provide a shuttle service between sites. In 2018, tens of thousands of PHC staff used the shuttle from various Vancouver sites. We aim to optimize and improve the operations of our fleet while also lowering resulting emissions.

The person who was responsible for Active and Clean Transportation left PHC and has not been replaced, so the plans are unclear.

PHC has one (15-120v; 1-240v) electric vehicle-charging station.

PHSA partners with Vancouver Coastal Health and Providence Health Care to provide a shuttle service between sites and continues to operate a staff shuttle between BC Children's and BC Women's Hospitals campus, staff off-site parking lot and King Edward Station

PHC has 94 bike parking stalls which enable and encourage active transportation by bicycle

b) Whether you have a strategy or not (3.a), briefly describe your organization's plans to continue reducing emissions from mobile sources:

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

1. Fleet vehicles to be replaced by more fuel efficient model or disposed of, as and when required.
2. Established and successful staff / patient shuttle routes will be continued for the foreseeable future.

PHC continues to support active and clean transportation through electric vehicle-charging stations, shuttle service between sites, and bike parking stalls and facilities.

II. Over the long term (6-10 years)

Continuing to work with Fleet Procurement and Transportation Demand Management Coordinator to improve, promote, and establish low carbon transportation opportunities. A funding application has been submitted that may result in additional EV charging stations being installed, which could potentially trigger a move towards EV fleet vehicles.

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

Electric Vehicle – EV - (e.g., Nissan Leaf, Chevy Bolt): 0

"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: 0

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

N/A

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

level 2: 1

level 3: 0

How many level 2 stations (if any) are specifically for your fleet vehicles: 0

How many level 3 stations (if any) are specifically for your fleet vehicles: 0

e) How many EV charging station(s) did you install in 2018 in each category:

level 2: 0

level 3: 0

How many level 2 stations (if any) were installed specifically for your fleet vehicles: 0

How many level 3 stations (if any) were installed specifically for your fleet vehicles: 0

f) Other actions, please describe briefly (e.g. charging station feasibility studies, electrical panel upgrades, etc.)

Not aware of any at this time

4. Please indicate the number of the vehicles in the following vehicle classes that are in your current fleet (including any purchased in 2018):

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)

a) Light duty vehicles (LDVs)

Electric Vehicles – EV - (e.g., Nissan Leaf, Chevy Bolt): 0

“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): 0

Hydrogen fuel cell vehicles: 0

Natural gas/propane: 0

Gas/diesel: 1

b) 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): 0

Hydrogen fuel cell vehicles: 0

Natural Gas/propane: 0

Gas/diesel: 1

c) 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: 3

5. Please indicate the number of the vehicles you plan to replace in your fleet:

How much do you budget per LDV?: 25000

How many LDVs do you plan to procure annually over the next 5 years?: 5

How much do you budget per LDT?: 30000

How many LDTs do you plan to replace annually over the next 5 years?: 5

How much do you plan to spend per HDV?: 50000

How many HDVs do you plan to replace annually over the next 5 years?: 2

C. Office Paper: Indicate which actions your PSO took in 2018:**6. Actions taken by your organization in 2018 to support emissions reductions from paper supplies.****a) Do you have an Office Paper strategy?**

No

I. If yes, what are its goals?

N/A

b) Whether you have a strategy or not (6.a), briefly describe your organization's plans to continue reducing emissions from paper use:

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

We plan to develop a paper strategy and awareness campaign through the Green+Leaders staff engagement behaviour change program.

II. Over the long term (6-10 years)

We plan to continue to collaborate closely with our purchasing department to advance discussions regarding systemic procurement changes that include environmentally preferable purchasing.

c) Have an awareness campaign focused on reducing office paper use

Yes

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

No

e) Other actions, please specify.

Through the Green+Leaders staff engagement and behaviour change program, volunteers were supplied with paperless meeting toolkits to encourage their colleagues to reduce paper use.

There are 22 trained Green+Leaders within Providence Health Care.

We plan to continue to raise awareness of the importance of emissions reductions from paper supplies through the Green+Leaders behaviour change program. More specifically, we plan to explore a paper strategy and associated campaign to encourage staff to take action and reduce paper consumption in healthcare.