2025 Provincial Health Services Authority Climate Change Accountability Report

Provincial Health Services Authority
Province-wide solutions. Better health.

GreenCare™

British Columbia

Carbon Neutral

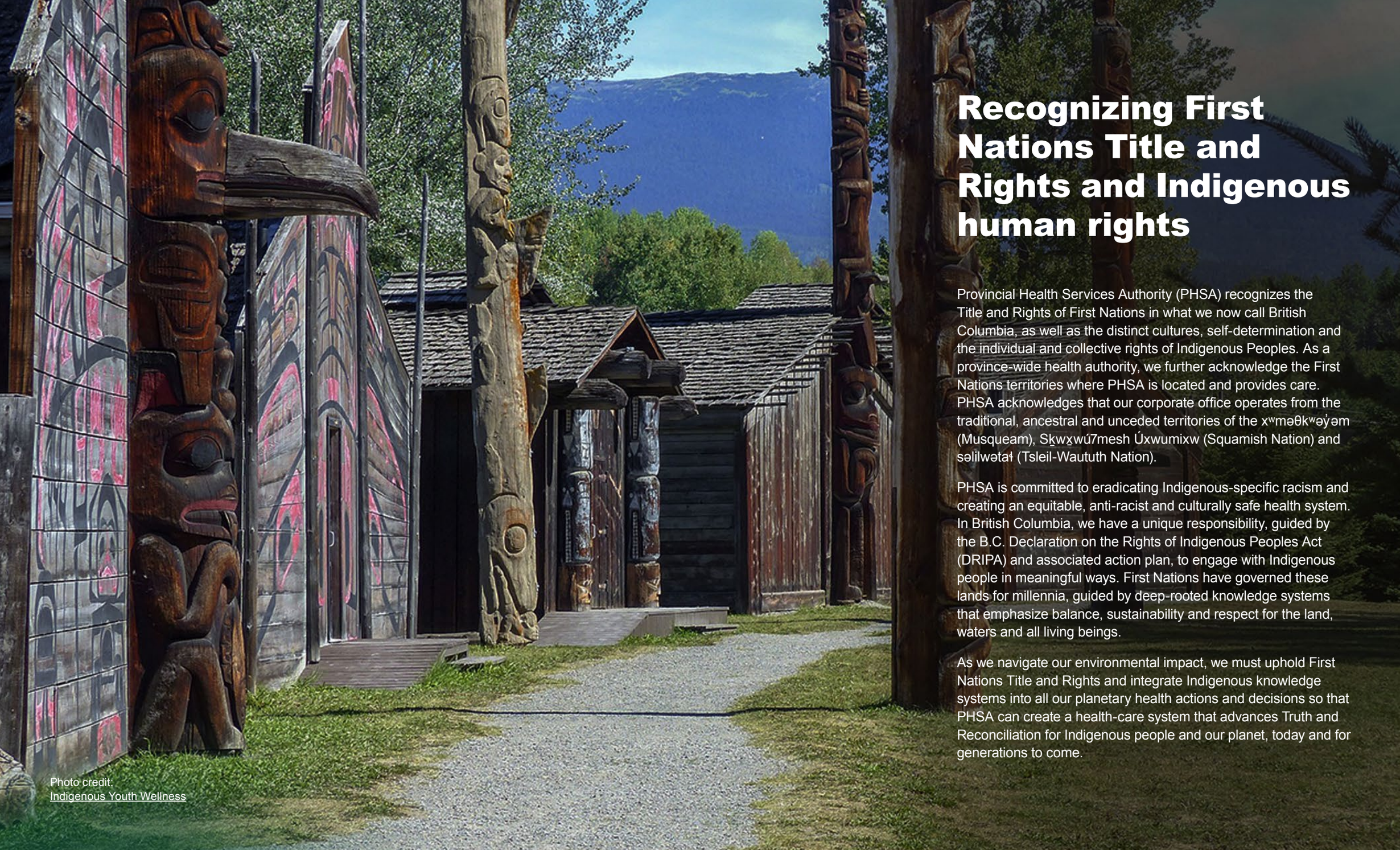

Photo credit:
Indigenous Youth Wellness

Recognizing First Nations Title and Rights and Indigenous human rights

Provincial Health Services Authority (PHSA) recognizes the Title and Rights of First Nations in what we now call British Columbia, as well as the distinct cultures, self-determination and the individual and collective rights of Indigenous Peoples. As a province-wide health authority, we further acknowledge the First Nations territories where PHSA is located and provides care. PHSA acknowledges that our corporate office operates from the traditional, ancestral and unceded territories of the xʷməθkʷəy̓əm (Musqueam), Sḵwx̱wú7mesh Úxwumixw (Squamish Nation) and səlilwətaɬ (Tsleil-Waututh Nation).

PHSA is committed to eradicating Indigenous-specific racism and creating an equitable, anti-racist and culturally safe health system. In British Columbia, we have a unique responsibility, guided by the B.C. Declaration on the Rights of Indigenous Peoples Act (DRIPA) and associated action plan, to engage with Indigenous people in meaningful ways. First Nations have governed these lands for millennia, guided by deep-rooted knowledge systems that emphasize balance, sustainability and respect for the land, waters and all living beings.

As we navigate our environmental impact, we must uphold First Nations Title and Rights and integrate Indigenous knowledge systems into all our planetary health actions and decisions so that PHSA can create a health-care system that advances Truth and Reconciliation for Indigenous people and our planet, today and for generations to come.

Declaration statement

This PSO Climate Change Accountability Report for the period January 1, 2025 to December 31, 2025 summarizes our greenhouse gas (GHG) emissions profile, the total offsets to reach net zero emissions, the actions we have taken in 2025 to minimize our GHG emissions and our plans to continue reducing emissions in 2026 and beyond.

Authors

This report was written by Energy and Environmental Sustainability (EES), a regional collaboration team of four health organizations that works to drive change for environmentally sustainable and climate resilient care across planning, design, construction and operations. Housed within the Infrastructure and Sustainability department, the EES team cannot do this work alone and works with diverse teams, departments, staff and medical staff across Provincial Health Services Authority.

Contributors

In particular, we would like to acknowledge the contributions to this report from the following teams: Executive Alliance for Resilient Thriving Health committee (EARTH), Infrastructure and Sustainability, BC Cancer Planetary Health Unit, BC Renal, BC Centre for Disease Control, Communications, Health Emergency Management BC, Environmental Services, Food Services, Integrated Protection Services, Procurement, Green+Leaders and many others named throughout.

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Abbotsford, B.C.

Executive message

I am pleased to present the Provincial Health Services Authority (PHSA) 2025 Climate Change Accountability Report.

As we continue to work in a period of budgetary constraint, this report highlights how sustainability work can be a practical response to these pressures. By reducing energy use, waste and emissions, we can lower operating costs, improve the environments where staff and medical staff work, support high-quality patient care and contribute to healthier communities.

In 2025, our greenhouse gas emission offsets from buildings, vehicles, paper and refrigerants totalled 20,538 tCO_2e, representing an 11.7 per cent increase in offsets from the previous year mostly due to the previous year adjustment and an increase in the emissions factor for electricity. These emission offsets are equivalent to 19,014 homes' electricity use for one year. To balance emissions and meet the legislated requirements, we invested $539,123 in carbon offsets.

This year, we advanced important work to prepare for the impacts of climate change. We strengthened emergency planning for extreme weather, expanded tools to better understand climate risks and supported more coordinated response planning with partners across the health system. At several sites, including BC Cancer – Prince George, BC Cancer – Surrey, and Red Fish Healing Centre for Mental Health and Addiction, new air quality monitoring is helping us better understand and respond to wildfire smoke risks.

We continued to improve the efficiency and resilience of our facilities. Energy upgrades, heat recovery planning and building system improvements are helping reduce emissions while improving comfort for patients, staff and medical staff. At BC Children's Hospital and BC Women's Hospital + Health Centre, upgrades to steam infrastructure insulation are also projected to cut annual natural gas usage and reduce carbon emissions by 168 tCO_2e/yr, while improvements in its Variety building research block are anticipated to avoid 217 tCO_2e in annual emissions. Combined, these initiatives are equivalent to taking 129 passenger vehicles off the road for one year. Beyond our buildings, staff and medical staff are leading change through sustainable clinical practice, transportation, waste reduction, education and food initiatives.

I want to thank staff, medical staff, volunteers and partners for their commitment to this work. The health of patients, communities and the planet is inextricably linked: the wisdom of PHSA's gifted Coast Salish teachings tell us this is *nuts ah maht*, we are one.

Together, we are building a more sustainable, resilient health-care system that supports people, place and planet — now and for future generations.

Dr. Sean Virani

Interim President & CEO

Provincial Health Services Authority

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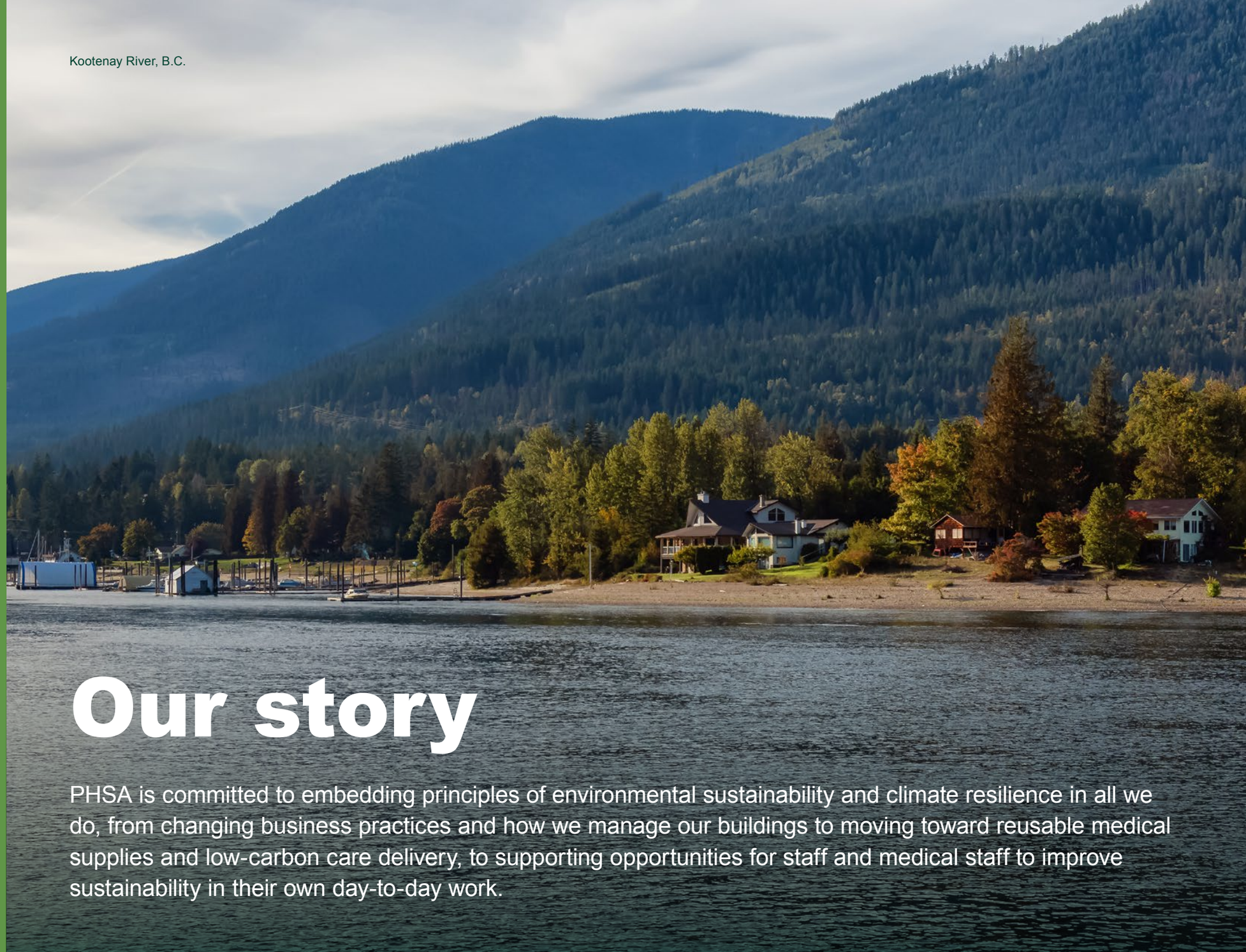

Kootenay River, B.C.

Our story

PHSA is committed to embedding principles of environmental sustainability and climate resilience in all we do, from changing business practices and how we manage our buildings to moving toward reusable medical supplies and low-carbon care delivery, to supporting opportunities for staff and medical staff to improve sustainability in their own day-to-day work.

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About Provincial Health Services Authority

Overview

5.7 million
B.C. population

87 total number of buildings

29,000+ workforce

Health care contributes approximately

5 per cent

of global greenhouse gas (GHG) emissions[A].Canada has **the second highest health-care emissions** per capita relative to other high-income countries[B].

Environmental impact

7 buildings
certified Gold or Silver for Leadership in Energy and Environmental Design (LEED)[C]

20,201 tCO_2e
total emissions from legislated sources

2,094,039 kg
waste generated

334,494 m^3
water used at metered sites

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Commitment to sustainability

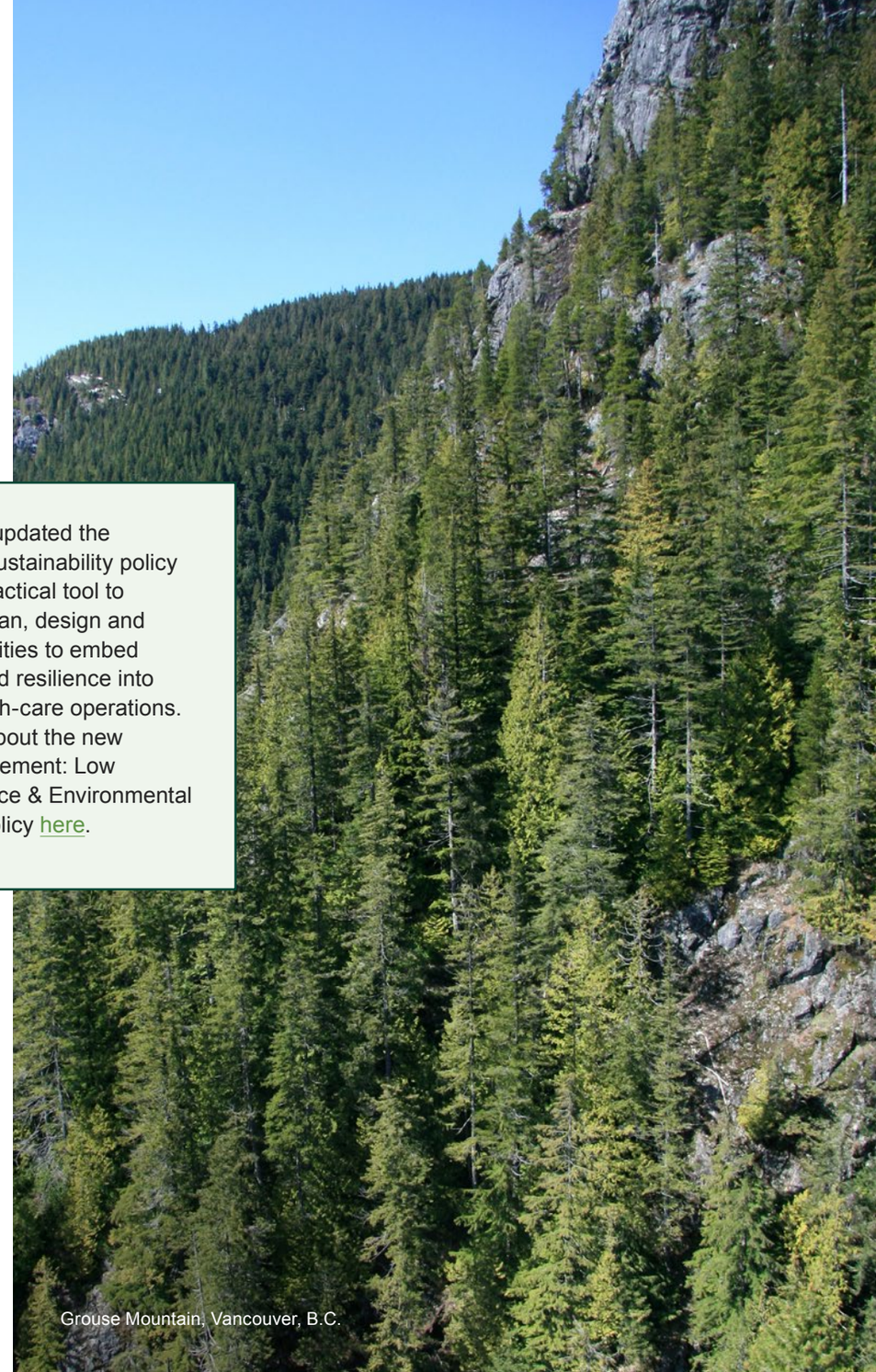
Leaders and staff across PHSA are committed to embedding environmental sustainability practices and climate resilience in all we do, from changing business practices and how we manage our facilities, to moving toward reusable medical supplies and low-carbon care delivery, to supporting opportunities for staff and medical staff to improve sustainability in their own units.

These priorities — together with our Coast Salish teachings — guide staff and medical staff in understanding how their roles and contributions align with our long-term goals and overarching vision.

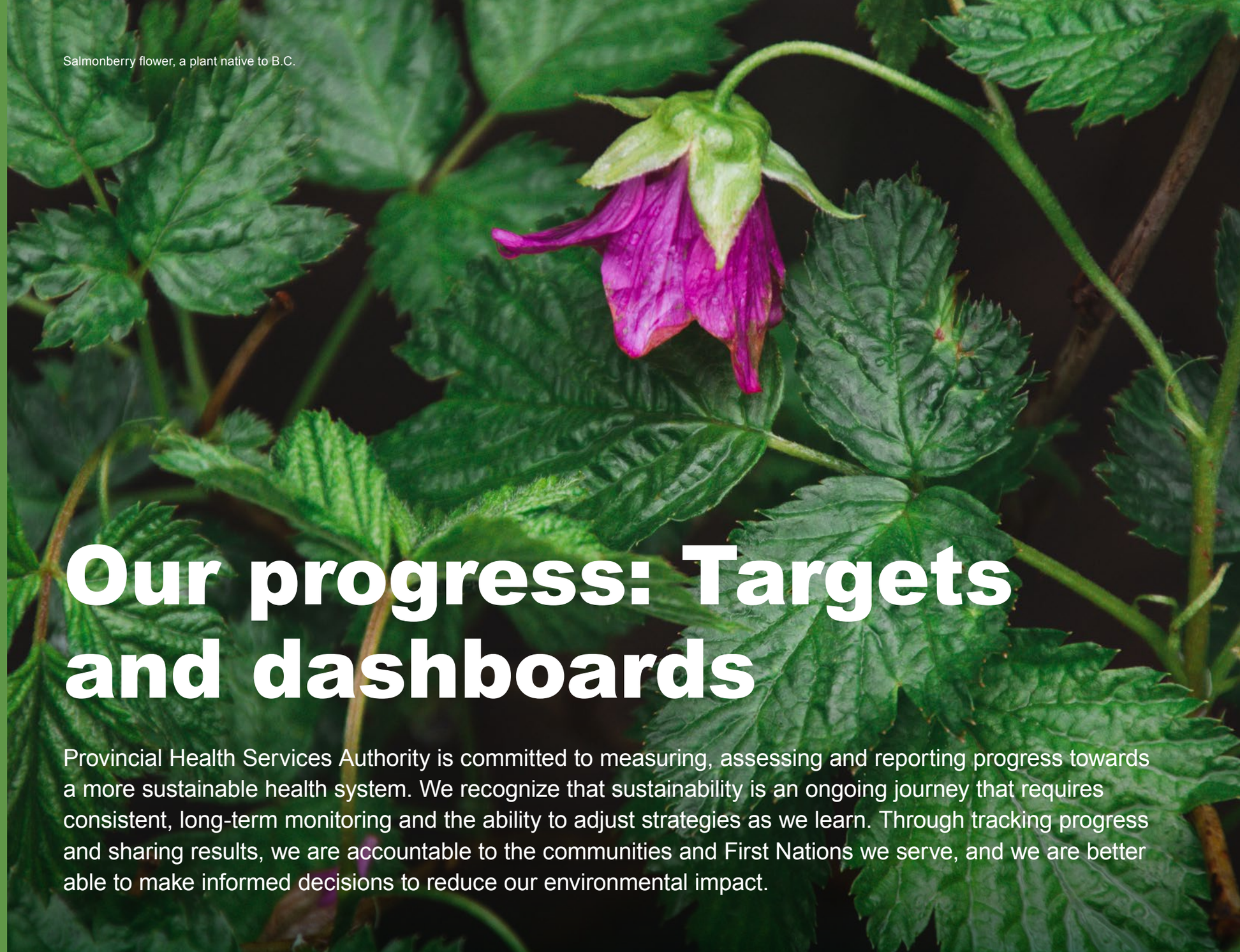
A focus on sustainability and climate action acknowledges the interconnected relationship between human health and the health of our planet. This relationship has long been understood and honoured by the First Nations communities who have stewarded these lands for thousands of years. Our medical staff witness the direct benefits of these actions. Cleaner air through reduced pollution, cleaner water through reduced waste reduction and healthier soil through reduced pesticide and fertilizer use contribute to better health outcomes and healthier communities.

In 2025, we created an Executive Alliance for Resilient Thriving Health (EARTH), a strategic leadership group that will advance sustainability, resilience and long-term value across PHSA. This alliance serves as a hub to identify opportunities and best practices, share knowledge amongst key leaders and break down bureaucratic silos to achieve measurable results.

In 2025, PHSA updated the environmental sustainability policy to serve as a practical tool to guide how we plan, design and build health facilities to embed sustainability and resilience into the core of health-care operations. Find out more about the new Facilities Management: Low Carbon Resilience & Environmental Sustainability policy here.



Grouse Mountain, Vancouver, B.C.



Salmonberry flower, a plant native to B.C.

Our progress: Targets and dashboards

Provincial Health Services Authority is committed to measuring, assessing and reporting progress towards a more sustainable health system. We recognize that sustainability is an ongoing journey that requires consistent, long-term monitoring and the ability to adjust strategies as we learn. Through tracking progress and sharing results, we are accountable to the communities and First Nations we serve, and we are better able to make informed decisions to reduce our environmental impact.

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About our targets

PHSA is working towards both legislated and voluntary targets that measure progress on our journey towards sustainability. While legislated targets apply to all public sector organizations, we set our voluntary targets by analyzing trends over time alongside best practices in other jurisdictions. The following pages include dashboards and graphs that show 2025 results and track trends over time.

As we reflect on progress toward the 2025 targets, we are also planning actions toward the 2030 targets, including new ways of working with collaborators.

In 2025, we:

Achieved the **16% target** for decreasing total GHG emissions from owned and leased buildings, fleet vehicles, paper use and refrigerants

Surpassed the **35% target** for staff and medical staff commutes by clean transportation

Surpassed the **28% target** for increasing waste recycled or composted at acute care owned sites

Surpassed the **45% target** for increasing waste recycled or composted at non-acute care owned sites

Surpassed the **35% target** for decreasing the amount of water used per usable floor area in owned buildings

While we celebrate these key milestones, we also recognize that we face challenges to meeting our targets, including the increasing impacts of climate change, growing demand for new health facilities, as well as funding and resource gaps. These results and insights provide context on our progress to delivering low-carbon, resilient care.

Legislated targets

In B.C., public sector organizations are expected to follow government requirements and meet set goals as outlined in *The Climate Change Accountability Act.* The legislation sets ambitious greenhouse gas (GHG) emissions reduction targets (from a 2007 baseline) for public sector organizations:

40% by 2030 **60%** by 2040 **80%** by 2050

These targets include emissions from owned and leased buildings, the use of fleet vehicles, paper consumption and refrigerants.

The provincial government's CleanBC Plan and Roadmap sets even more ambitious targets for buildings and a specific target for fleet vehicles (from a 2010 baseline). The targets for all public sector organizations are:

50% reduction in emissions for public sector buildings **by 2030**

40% reduction in fleet vehicle emissions **by 2030**

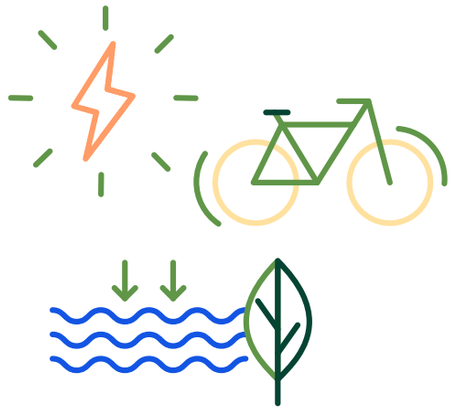
About our key performance indicators

We track progress across key performance indicators (KPIs) in greenhouse gas emissions, energy use, waste, transportation and water. These KPIs are informed by legislated requirements, data availability and research into methodology best practices. Together, they provide a comprehensive picture of our progress.

As a leader in environmentally sustainable and high-quality, low-carbon, resilient care, PHSA recognizes that meaningful climate action extends beyond legislated emissions reporting. Work to minimize adverse impacts on the natural environment is not simply a regulatory requirement; it is an essential component of delivering excellent care to the communities we serve.

In 2025, health authorities across B.C. came together to develop a standardized methodology and calculator for all sources of health-care emissions beyond legislated requirements. The results (expected mid-2026) will help us better understand emissions from individual sources, including our supply chain, and prioritize further reductions in the future. For example, a source of health-care emissions that has not previously been included in reporting is staff and medical staff use of personal vehicles to deliver clinical and non-clinical services. While emissions from PHSA-owned and leased fleet vehicles are measured, emissions from staff and medical staff use of personal vehicles were not previously tracked. In 2025, staff travel using personal vehicles was quantified for the first time, totalling 2.7 million km and generating 486 tonnes of CO_2 — 1.4 times the emissions currently reported from the PHSA fleet.

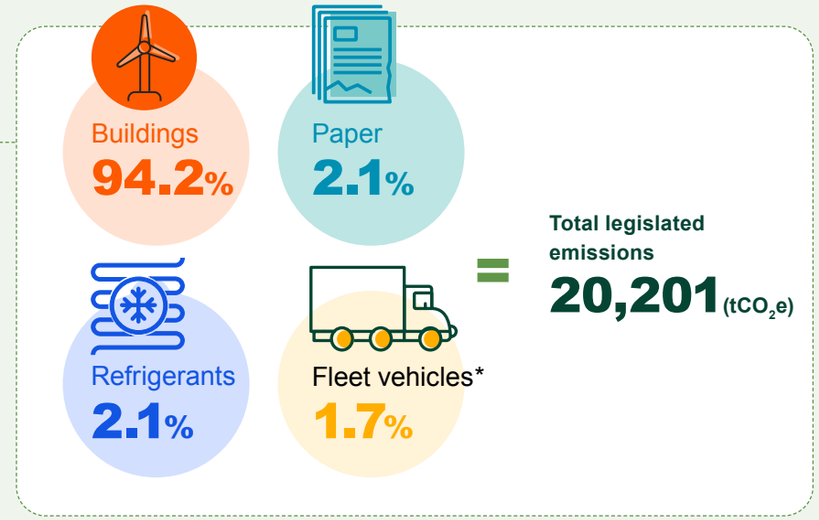
+ Learn more about the methodology for calculating KPIs



2025 PHSA legislated GHG emissions

There are four sources of emissions that are legislated for reporting.

These legislated emissions represent only a portion of PHSA's total emissions and do not capture the full scope of organizational emissions.



Percentages in the above figure may not total 100 per cent due to rounding.

* Excluding BC Emergency Health Services fleet.

Energy and carbon

	Key performance indicator (metric)	2025 results	2030 target
Legislated targets	**CCAA target**: total GHG emissions from owned and leased buildings, fleet vehicles, paper use and refrigerants from 2007 levels (% change of tCO_2e*/year)	**16%****	40% ⬢
Legislated targets	**CleanBC target**: total GHG emissions from owned and leased buildings from 2010 levels (% change of tCO_2e*/year)	**8%****	50% ⬢
	Amount of GHG emissions generated per usable floor area of owned and leased buildings from 2010 levels (% change of tCO_2e*/m^2/year)	**27%****	50% ◆
	Amount of energy used per usable floor area of owned buildings[D] from 2007 levels (% change of ekWh/m^2/year)	**23%**	30% ■

■ On track to meet target

◆ Slow progress toward target

⬢ Behind schedule to meet target and requires attention

* tCO_2e refers to tonnes of carbon dioxide equivalent.

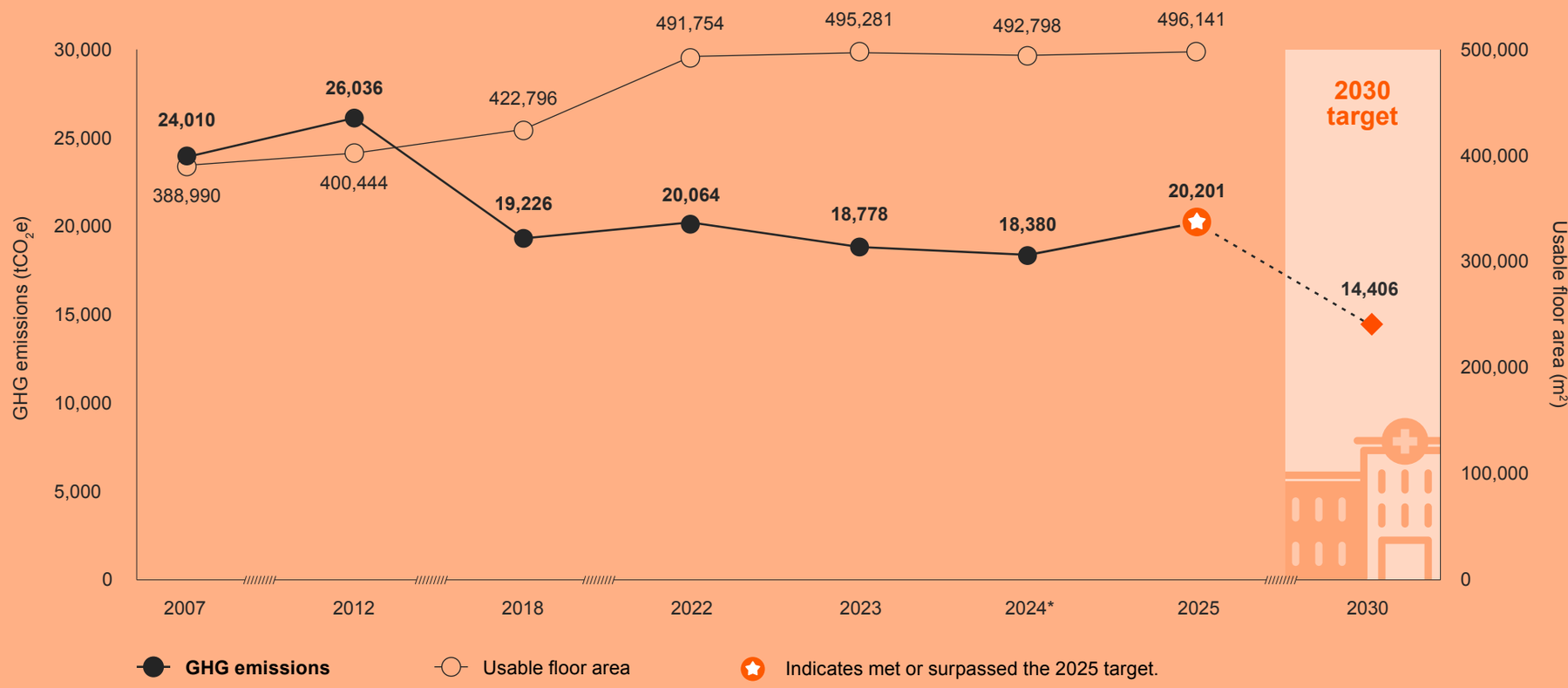
** In 2025, a significant increase in the emissions factor for purchased electricity affected overall emissions performance.

Understanding results

- In recent years, the challenging fiscal environment and budget pressures across the public sector, combined with rising costs and broader societal impacts, have made emissions reduction efforts more difficult.
- There are limited resources to improve aging infrastructure that is energy intensive and growing health-care demand adds complexity. For example, the addition of new medical equipment and increasing numbers of patients served at our facilities both require more energy and result in higher emissions.
- There is increasing pressure on the energy grid serving our communities, along with climate-related impacts on grid reliability and resilience.
- Energy efficiency, the type of fuel used, disruptions to the primary source of energy and the need to use backup generators also impact emissions per floor area.

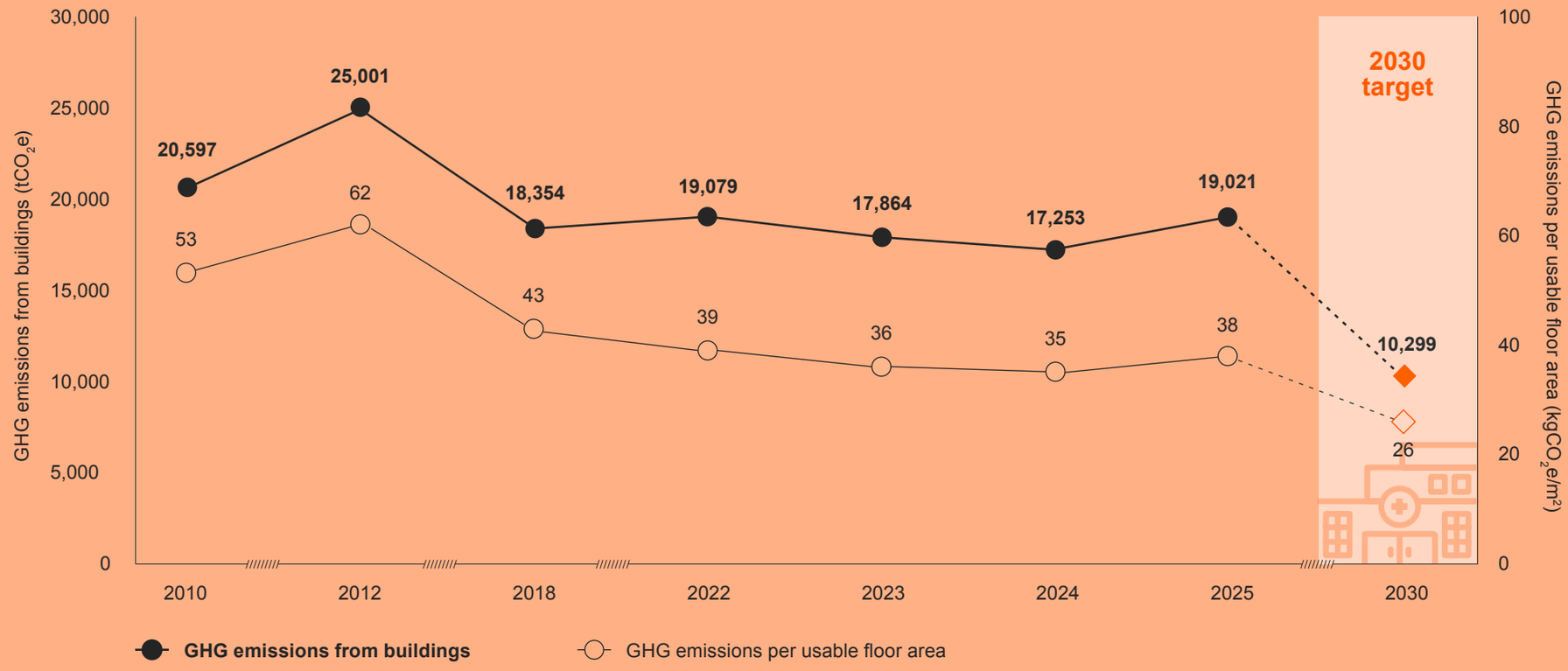
GHG emissions and usable floor area

Emissions from buildings, fleet, paper and refrigerants

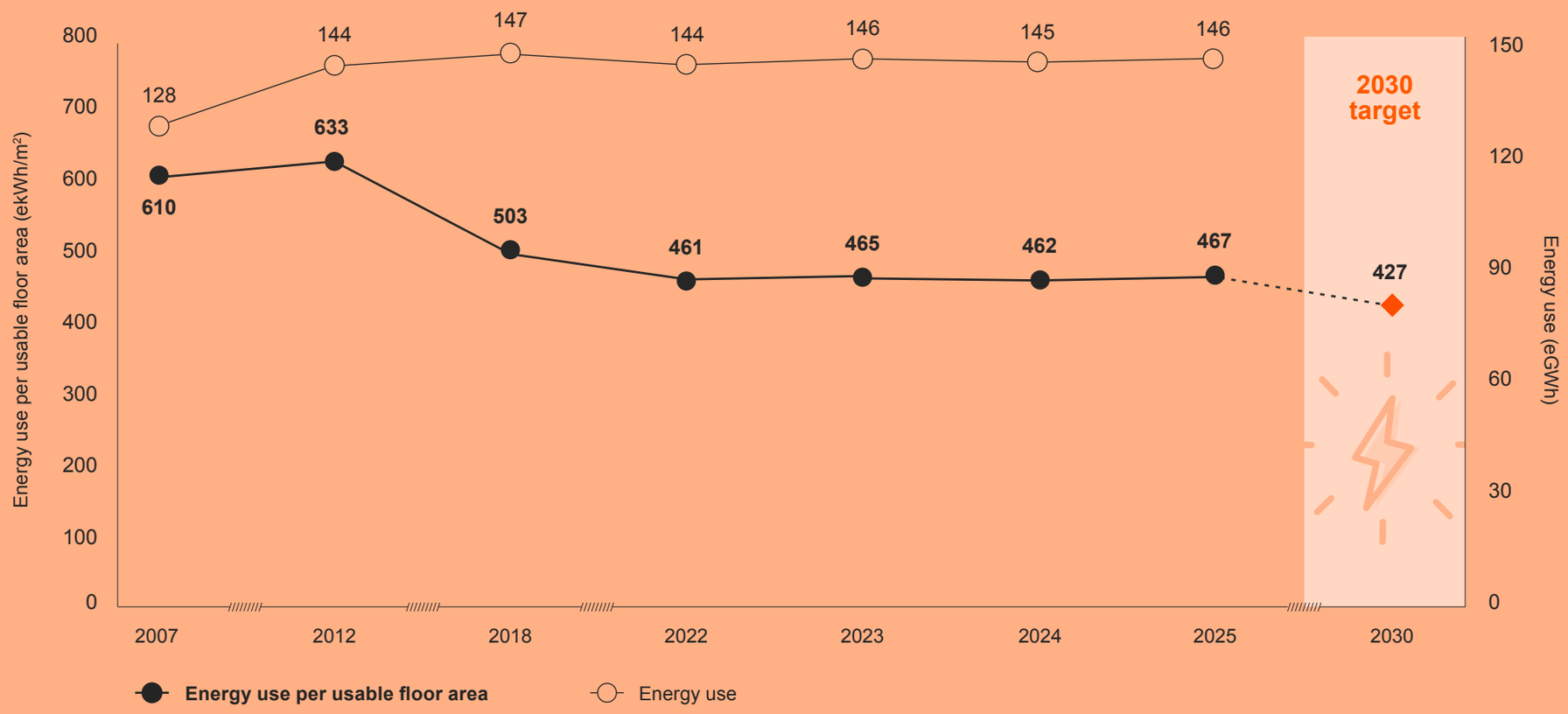


* 2024 was the first year refrigerants were included in reported emissions data.

GHG emissions from buildings and GHG emissions per usable floor area



Energy use and energy use per usable floor area



Transportation

Key performance indicator (metric)	2025 results	2030 target
Percentage of staff and medical staff commuting by active transportation (annual average)*	**17%**	30% ◆
Percentage of staff and medical staff commuting by clean transportation (annual average)*	**38%**	45% ■

■ On track to meet target
◆ Slow progress toward target
⬢ Behind schedule to meet target and requires attention

* Data from the 2026 GreenCare survey[E].

Understanding results

How people get to work is a personal choice shaped by individual needs and behaviours. These choices are strongly influenced by where people live and whether safe, convenient, sustainable transportation options, such as transit, walking or biking infrastructure, are available in their community to support travel between home and work.

Modeshare captures a snapshot of staff and medical staff travel behaviour, but a complete view of commuting trends requires additional indicators, such as participation in commuting programs.

Understanding clean and active transportation

Active transportation is powered by people, often with light electric assistance. This includes:

- Walking
- Cycling
- Using wheelchairs
- Electric-assisted transportation such as e-bikes and e-scooters

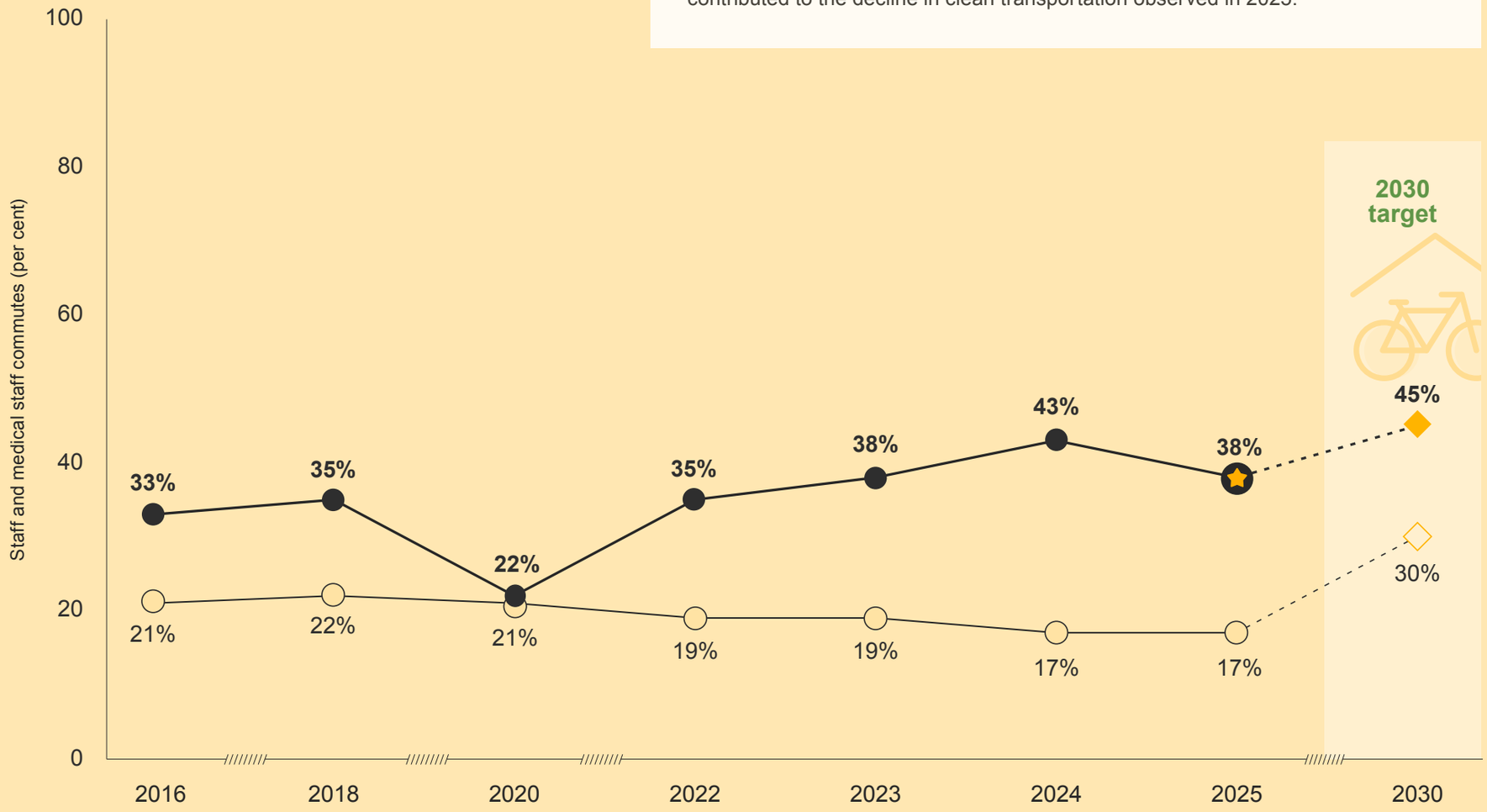
Clean transportation includes lower-emission options that reduce reliance on single-occupancy, gas-powered vehicles. This includes:

- Public transit
- Carpooling
- Car sharing
- Electric and plug-in hybrid vehicles
- Hospital shuttle services

Staff and medical staff commuting

Observed change in clean transportation trend:

In 2025, fiscal constraints led to a cap and waitlist for the PHSA transit incentive program to stabilize program participation. This change reduced the number of staff and medical staff with access to transit incentives. While commuting behaviour is influenced by multiple factors, reduced access to incentives may have contributed to the decline in clean transportation observed in 2025.



Waste

Key performance indicator (metric)*	2025 results	2030 target
Waste recycled or composted in acute care owned sites[F] (% recycled, annual average)	**36%**	40% ■
Waste recycled or composted in non-acute care owned sites[G] (% recycled, annual average)	**64%**	60% ■
Waste generated per usable floor area in acute care owned sites (kg/m^2/year)	**6.9**	3.8 ◆
Waste generated per usable floor area in non-acute care owned sites (kg/m^2/year)	**9.0**	3.6 ⬢

■ On track to meet target
◆ Slow progress toward target
⬢ Behind schedule to meet target and requires attention

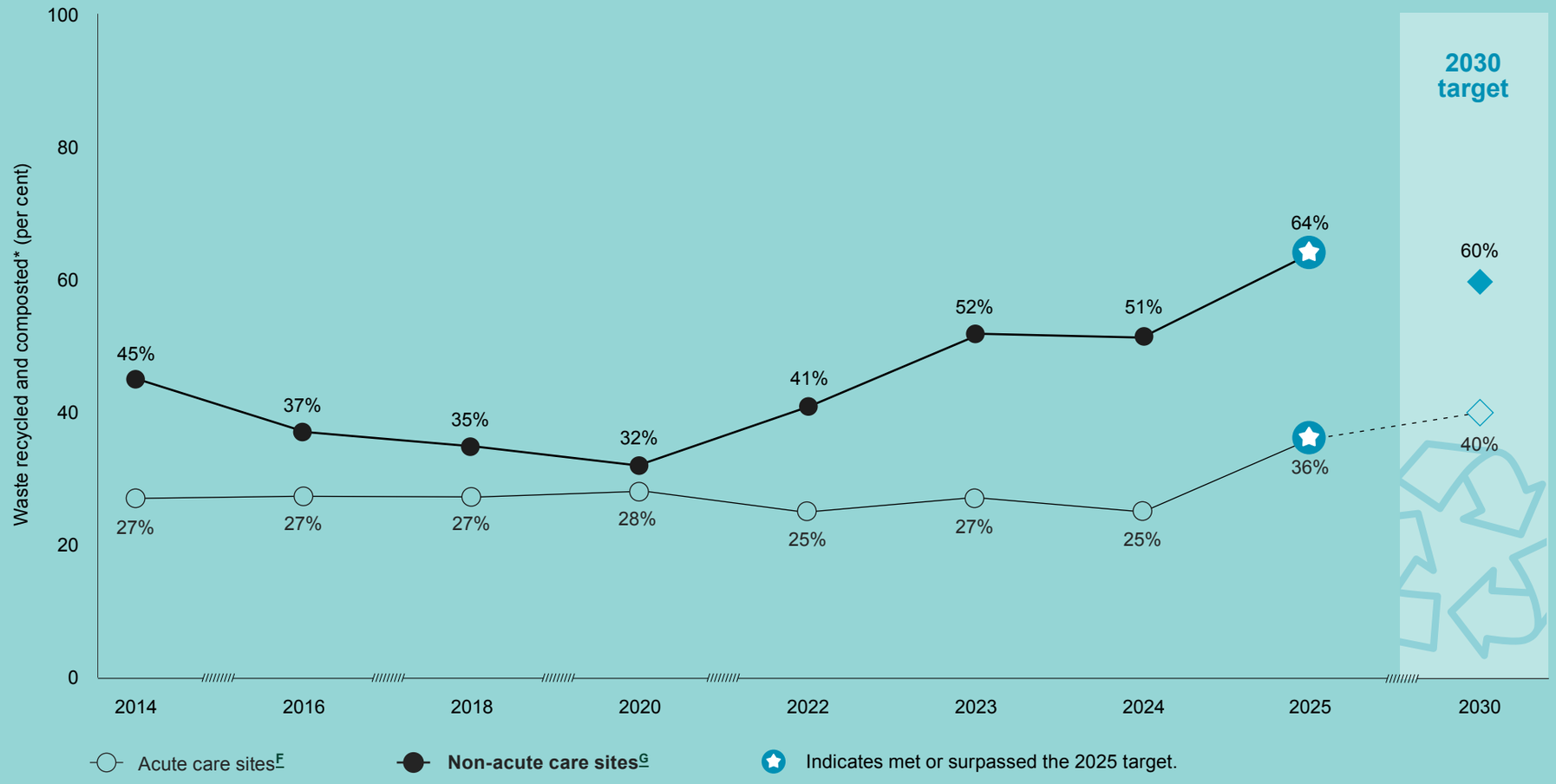
* Does not apply to leased buildings because waste management is the responsibility of the property manager and is not overseen by Provincial Health Services Authority.

Understanding results

- **Recycling**
  Fluctuations in national and international plastics markets can reduce the value of certain materials, making some plastics no longer viable to separate for recycling.
- Contamination in recycling streams can lead vendors to pause service due to concerns about exposure to health-care waste. Reinstating recycling services at a site can be difficult once materials are considered higher risk. Impacted streams and sites are listed in Reference G.
- At PHSA, we are adding and tracking more recycling streams such as PPE, soft plastics and confidential shredding. The availability of this data provides a clearer picture of recycling rates and brings us closer to achieving our target.
- **Waste**
  The target for waste generated per usable floor area is increasingly difficult to meet as we add and report new waste streams, sites expand services and activity levels rise. In 2026, we will review the waste generated per usable floor area metric and re-evaluate the 2030 target.

Recycling rates

Waste recycled or composted in non-acute health care sites has **surpassed the 2030 target.**



* Recycling streams captured are cardboard, soft plastics, mixed recycling, contrast glass, organics, confidential paper shredding, PPE recycling, e-waste, Styrofoam, furniture and batteries.

Related resources

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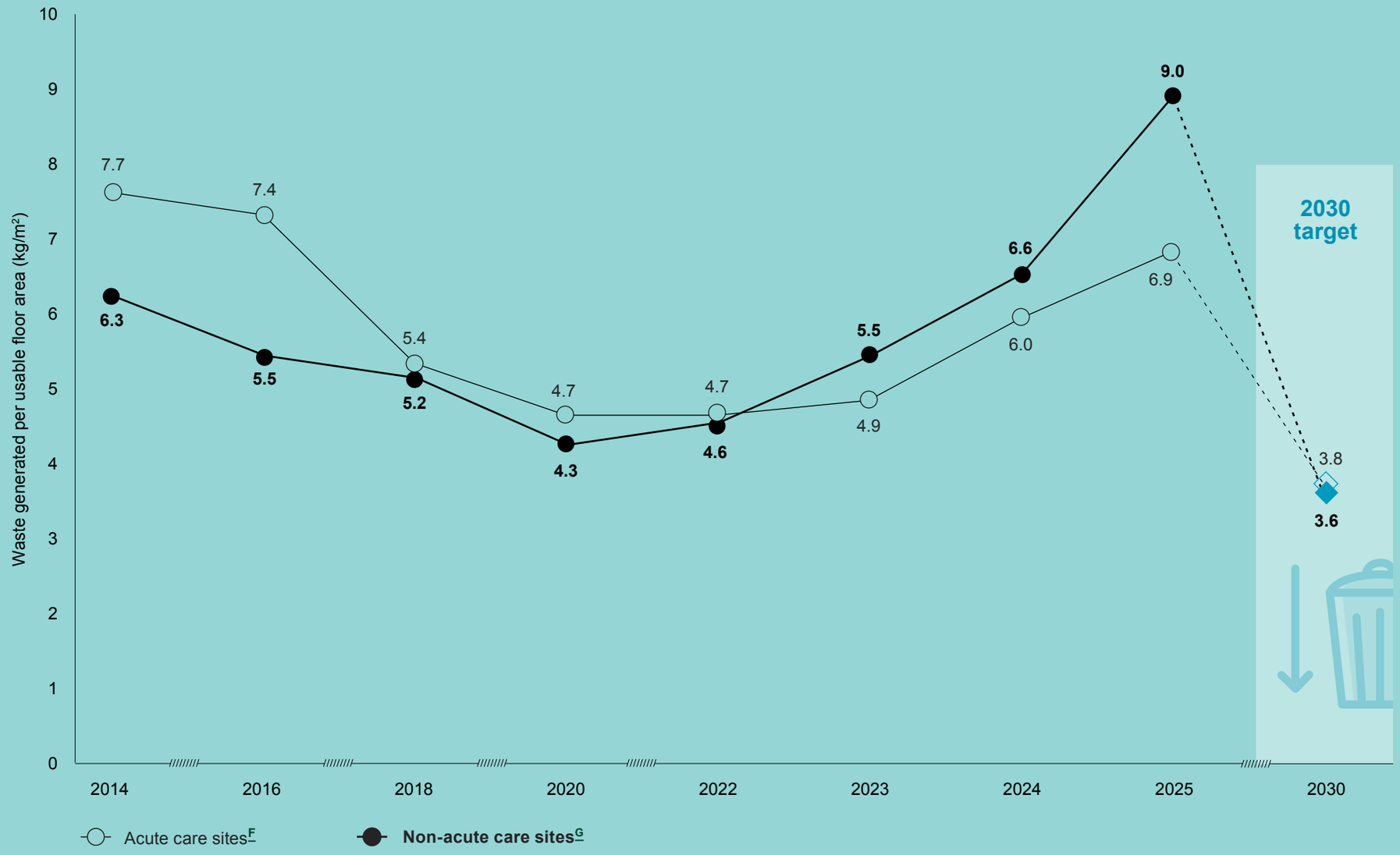
Methodology for Key Performance Indicators

Waste generation per usable floor area



Water

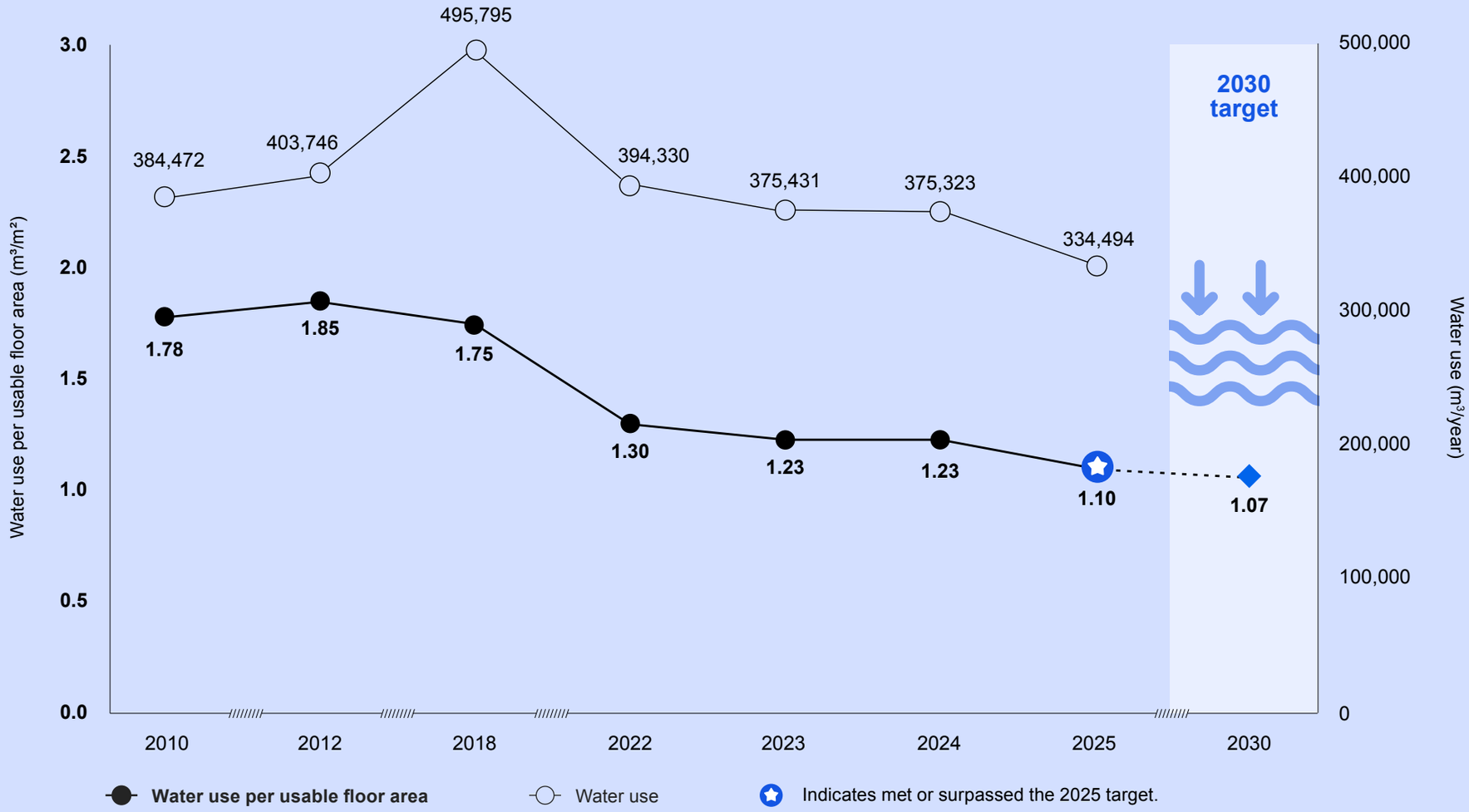
Key performance indicator (metric)	2025 results	2030 target
Decrease the amount of water used per usable floor area in owned[H] buildings Sfrom 2010 levels (% change of m^3/m^2/year)	**38%**	40% ■

■ On track to meet target
◆ Slow progress toward target
⬢ Behind schedule to meet target and requires attention

Understanding results

- Water consumption is influenced by several factors, including intensity of use (such as the number of patients,staff and medical staff per floor area and the operation of medical equipment), the performance of building energy systems and the efficiency of water delivery and distribution systems.
- Our ability to effectively monitor water use across sites is limited, primarily due to insufficient sub-metering infrastructure. As a result, it is challenging to accurately identify issues, target opportunities for improvement and implement timely corrective actions.

Water use and water use per usable floor area



* Water use is not metered in all areas of facility space[H].

Ochre sea star, a species native to B.C.

Our leadership

Provincial Health Services Authority embraces sustainability through initiatives that reduce emissions, enhance climate resilience and improve our operational practices. We are committed to responding to evolving climate challenges while maintaining our exceptional standards for care. The following highlights showcase our recent progress.

Climate risk management

Select 2025 actions and achievements

- **Building for the future**
  Integrated climate considerations into the planning for the Slocan site redevelopment and the BC Children's Hospital and BC Women's Hospital + Health Centre campus, with a focus on enhanced cooling capacity, indoor air quality and preparedness for extreme weather events.
- **Infrastructure upgrades**
  Implemented and planned low-carbon resilience infrastructure and energy upgrades, including heat recovery, mechanical system improvements, controls optimization and insulation projects that improve system reliability, reduce operational risk and support performance during climate stressors.
- **Climate resilience planning tools**
  Applied climate resilience planning tools, including the climate exposure screen and climate vulnerability survey, at seven PHSA buildings across the province, supporting more consistent identification of risks across the provincial portfolio.
- **Indoor air quality pilot**
  Installed an indoor and outdoor air quality monitoring network at BC Cancer – Prince George, BC Cancer – Surrey, and Red Fish Healing Centre for Mental Health and Addiction. Developed the AirAware app to analyze monitoring data and identify vulnerabilities during wildfire smoke events, with findings informing filtration and ventilation upgrades for critical spaces.
- **Clinical planning for extreme weather**
  Assessed electrical power dependencies for MRI and CT scanners across the province through a BC Cancer-led initiative, strengthening understanding of system vulnerabilities during power disruptions. Findings are informing clinical disaster planning, identifying high-risk gaps and supporting more resilient access to imaging services during extreme events.
- **Emergency preparedness and response**
  Integrated climate considerations into emergency planning and response, with climate risks embedded within all-hazards emergency management approaches, including evacuation and shelter-in-place planning for events such as flooding and wildfire smoke. Established multiple committees, including the BC HEAT, BC HASE and One Health committees, to support knowledge sharing and aligned response across emergency management partners.
- **Extreme heat planning**
  Advanced data, monitoring and situational awareness through expansion of the Sentinel Indoor Temperature Network (SITNet) and the UPDATES initiative, improving tracking of extreme heat exposure and informing response planning.
- **Indigenous and community-based preparedness**
  Supported after-action reviews of wildfire event management and collaborated with First Nations partners to improve culturally appropriate emergency response and planning.
- **Education and awareness initiatives**
  Launched ecolens.ca, a digital platform that collects personal accounts of climate impacts from people across B.C., with more than 60 stories submitted from communities across the province. Findings are informing climate-health research, communication and adaptation planning. Updated wildfire smoke guidance and outreach resources to support public understanding of climate-related health risks. Developed a climate and health training course with the Ministry of Health and Open School BC, expanded the Climate and Public Health Community of Practice and integrated sustainability education into clinical training programs.
- **Climate health tracking**
  Strengthened climate-health data and indicators by developing tools and platforms to track exposure, vulnerability and health impacts associated with climate change.

Plans moving forward

- Expanding the rollout of climate exposure screening and vulnerability surveys across additional facilities to build a broad and consistent understanding of climate risks, directly informing investment, building and development priorities.
- Advancing integration of climate risk management with capital planning, infrastructure renewal and organizational strategy, embedding low-carbon resilience into master planning, capital projects, procurement and design standards for new construction and major renovations.
- Advancing technical studies and system planning, including energy, infrastructure and feasibility studies, to improve system performance, reduce risk exposure and support long-term adaptation to changing climate conditions.
- Progressing business case development and pilot projects to better quantify the costs, benefits and risks of resilience measures, supporting more informed capital planning and prioritization decisions.
- Strengthening climate risk preparedness and response, with climate considerations embedded within all-hazards emergency planning, including evacuation and shelter-in-place planning, and ongoing coordination with partners to integrate climate risks into emergency management activities.
- Analyzing Ecolens data to identify gaps in climate impact experiences, developing practitioner toolkits through the Place-based Innovations project and expanding research on the health impacts of extreme weather events.

- Strengthening climate-health research and indicators through epidemiologic studies under the UPDATES initiative, a strategic effort that links environmental change to public health outcomes, expanding the Sentinel Indoor Temperature Network and developing a standardized heat vulnerability index using province-wide data.
- Delivering knowledge-building and training activities, including the public launch and evaluation of a provincial climate and health course, expansion of sustainability education and development of communication materials and engagement campaigns, including Ecolens.
- Deepening partnerships with external organizations, including collaboration with Northern Health, post-secondary institutions and provincial partners, as well as new research partnerships such as the Climate Disaster Project at the University of Victoria and cross-promotion initiatives.
- Advancing public engagement and knowledge translation through targeted outreach, communications campaigns and tools that support improved understanding of climate-related health risks across B.C.

Buildings

PHSA proactively partners with utility companies to fund energy-efficiency and emissions-reduction initiatives, reinvesting revenue into infrastructure and operations that improve risk management alongside energy and emissions management. In 2025, we generated $620,000 in capital revenue and $340,000 in operating revenue, helping reduce operational financial pressures, fund studies to support data-informed decision-making, test innovative technologies and support business cases for capital project implementation.

Select 2025 actions and achievements

- **Low-carbon resilience planning**
  Progressed the development of a tool and accompanying roadmap that informs strategic planning for carbon emissions reduction and climate resilience projects across the PHSA health-care facility portfolio. Applied the tool to identify opportunities at BC Children's Hospital and BC Women's Hospital + Health Centre and continued to embed low-carbon resilience opportunities into the design, construction and operation of the Slocan site.

- **Steam infrastructure improvements**
  Completed upgrades to steam infrastructure insulation at BC Children's Hospital and BC Women's Hospital + Health Centre, projected to reduce annual natural gas consumption by 3,497 GJ and carbon emissions by 168 tCO_2e per year.

- **Energy efficiency monitoring tools**
  Launched wireless steam trap monitoring services at BC Cancer Research Centre to improve steam energy efficiency and streamline maintenance through an interactive online dashboard. The intention is to expand the use of this technology to other sites where feasible.

- **Energy conservation project at BC Children's and BC Women's Hospitals**
  Implemented improvements in the Variety building research block, projected to reduce annual natural gas consumption by 4,343 GJ and electricity use by 109,437 kWh avoiding 217 tCO_2e in emissions annually. Conservation measures include controls system improvements, replacement of pumps and valves with variable-speed pumps and upgrades to the building's mechanical system.

- **BC Cancer – Vancouver energy upgrades**
  Initiated project which includes lighting and mechanical upgrades, with projected annual electrical savings of 856,709 kWh and a reduction of 212 GJ in natural gas consumption, avoiding 19 tCO_2e in emissions annually. The lighting upgrades address operational and maintenance challenges associated with existing fixtures while improving lighting quality. The mechanical upgrades enhance system performance with new water pumps and optimized controls.

- **BC Cancer Research Centre heat recovery and chiller replacement**
  Initiated planning and design for two new heat recovery chillers to replace aging units with operational challenges. This retrofit will improve occupant comfort and reduce fossil fuel use and carbon emissions. Projected annual savings include 13,028 GJ of natural gas and avoidance of 641 tCO_2e in emissions.

- **Efficiency opportunity studies**
  - Completed two continuous optimization projects at BC Children's Hospital and BC Women's Hospital + Health Centre (C&W) campus.
  - Completed mechanical system studies at BC Cancer Research Centre (BCCRC) and BC Cancer – Prince George.
  - Conducted integrated energy audits at BC Cancer – Vancouver and the Centre for Molecular Medicine and Therapeutics (CMMT).
  - Facilitated an electrical capacity assessment at BC Cancer – Vancouver, as well as energy metering gap analyses, domestic hot water load analyses and thermal battery storage feasibility screening at C&W.

Plans moving forward

- Continuing to strengthen our relationships and engagements with Facilities Maintenance and Operations teams to align on priorities for supporting equipment at the end of its service life, improving energy efficiency and assessing facility readiness for upcoming projects.
- Seeking and implementing a combination of low-emission designs for new construction and impactful energy retrofits that enhance indoor environmental quality for patients, staff and medical staff while reducing carbon emissions and improving energy efficiency and climate resilience.
- Improving steam infrastructure insulation at BC Cancer Research Centre and BC Cancer – Vancouver. The upgrades are anticipated to save 3,649 GJ of natural gas annually and avoid 182 tCO_2e in emissions.
- Conducting studies to identify opportunities to upgrade aging infrastructure, enhance indoor environmental quality for patients, staff and medical staff, build resilience to future climate conditions and improve measurement and verification processes.
- Making system-level changes and shifting to lower-impact facilities that improve the comfort and experience of patients, staff and medical staff as energy infrastructure and assets are renewed.
- Advancing low-carbon resilience planning for PHSA health-care facilities to inform decision-making processes on reducing carbon emissions while enhancing resilience to climate risks, improving indoor environmental quality for staff, medical staff and patients, and supporting diversity, equity and inclusion and Indigenous anti-racism.
- Seeking and implementing opportunities for behavior change and culture shifts across the organization to support sustainability and reduce operational costs.

- Exploring innovative solutions such as energy storage and displacement ventilation (DV). DV delivers low-velocity cool air near floor level, allowing contaminants to be carried upward and away from the breathing zone, improving air quality, reducing energy use and enhancing infection control compared with conventional mixing ventilation. Learn more here.

Launched the updated Low Carbon Resilience and Environmental Sustainability Guidelines for Health Care New Construction. The revised format improves clarity and ease of use for project managers and consultants, helping teams embed climate resilience, emissions reduction and environmental sustainability into project design and construction.

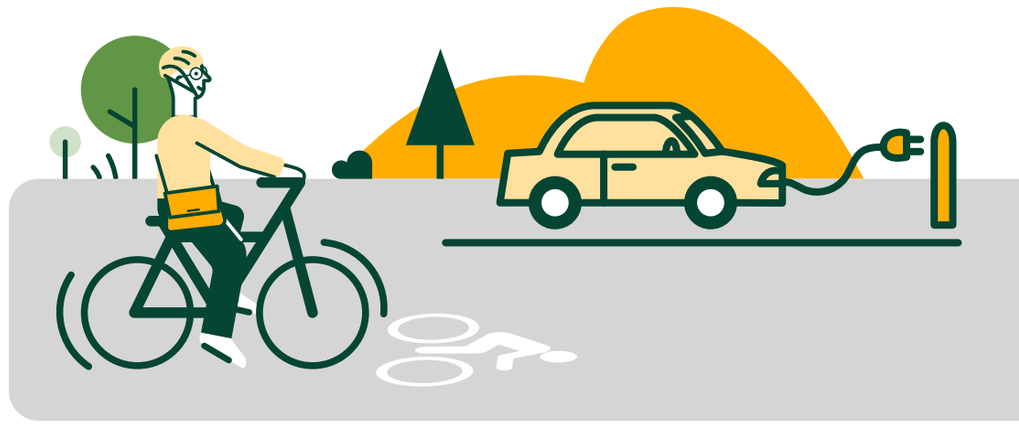
Fleet vehicles* and transportation

Select 2025 actions and achievements

- **Facility design guidelines**
  Created clear design guidelines to support the design and construction of facilities for electric devices such as e-bikes and e-scooters. The guidelines reduce safety risks, improve consistency across health-care sites and support more sustainable travel options.
- **Electric mobility community of practice**
  Launched an Electric Mobility Community of Practice that brings together teams from across the health system to share knowledge on topics such as electric vehicle fleets and safe storage of e-bikes and e-scooters.
- **Business-related vehicle use emissions**
  Analyzed emissions from staff and medical staff using personal vehicles for work purposes. Identified potential opportunities to reduce transportation-related emissions and operational costs.
- **More sustainable commuting options**
  Launched PHSA's first carpool program at BC Children's Hospital, Sunny Hill Health Centre and BC Women's Hospital + Health Centre. Ridership on the staff and medical staff shuttle between King George Station and the Children's and Women's campus increased by 10 per cent, demonstrating growing participation in a program designed to support transit use among staff and medical staff.
- **Active transportation study**
  Completed an active transportation accessibility scan reviewing how easy it is to walk, bike, or take public transit to 12 PHSA health-care sites. This work identified barriers and opportunities to improve access and enable staff and medical staff to travel by active and public transit modes.

Plans moving forward

- Continuing to expand measurement of transportation emissions beyond fleet vehicles to identify and target the most impactful opportunities for emissions reduction.
- Continuing to collaborate across the health authority to address gaps and improve access to sustainable transportation across PHSA.
- Using an active transportation accessibility scan to tailor transportation strategies to PHSA sites.
- Continuing to work collaboratively with municipal and regional organizations to improve sustainable transportation access to PHSA sites.



* BC Emergency Health Services (BCEHS) publishes a separate Climate Change Accountability Report; therefore, BCEHS data is not included in this report.

Paper

Select 2025 actions and achievements

- **Switching to sugar sheet**
  In 2025, PHSA Procurement fully transitioned its largest Lower Mainland warehouse from virgin paper stock to 100 per cent sugar sheet paper[!], which is now the only option for printer paper orders for Fraser Health, Providence Health Care, PHSA and Vancouver Coastal Health. This high-quality paper stock is produced with sugar cane pulp instead of wood fibre. The shift supports emissions reduction efforts, achieving up to 55 per cent lower life cycle GHG emissions and saving 26 trees per tonne of paper produced.
- **Paper removal from workflows**
  Shifted a workflow to a work queue monitor at BC Cancer – Vancouver, allowing secretaries to redirect faxes electronically, bypassing printing and eliminating unnecessary paper use.
- **Paperless invoicing**
  Transitioned to Basware, a digital invoice submission and processing system, reducing paper orders in the Accounts Payable department by more than 50 per cent.

Plans moving forward

- Promoting paperless invoicing within departments where operationally feasible.
- Investigating the option to expand the paper towel recycling program to other sites.

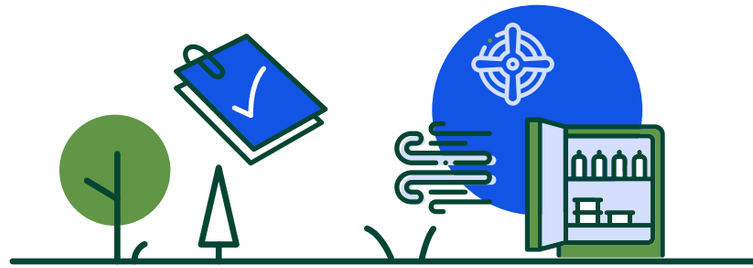
Refrigerants

Select 2025 actions and achievements

- **Leaked refrigerant baseline**
  Collaborated with refrigeration service contractors to quantify refrigerant emissions from large equipment such as chillers.
- **Expanded equipment inventory**
  Developed an inventory of 179 refrigeration and cooling units at BC Children's Hospital and BC Women's Hospital + Health Centre to quantify refrigerant types and expected leakage rates, and inform operational and capital decision-making on lower-global-warming-potential alternatives.

Plans moving forward

- Expanding the refrigerant database to include smaller equipment units, creating a more complete and accurate inventory for owned sites and working with operators of leased sites to capture relevant data.
- Assessing the use of phased-out refrigerants (e.g. R-22) and identifying affected equipment to inform capital planning, while evaluating the environmental impacts, rising maintenance costs and operational risks associated with aging systems compared with lower-global-warming-potential alternatives.



Improving patient care with sustainability

Staff and medical staff across many disciplines and departments at PHSA are working together to improve sustainability in practical ways that support day-to-day care. This work improves the quality of service delivery and reduces operating costs while supporting better health outcomes and staff and medical staff well-being. The examples below show how we are reducing the environmental impact of our services while building a more resilient and effective health system.

Select 2025 actions and achievements

Launched the BC Renal Planetary Health Strategy and established BC Green Kidney, a provincial community of practice for sustainable kidney care.

Created a Perioperative Planetary Health course for medical staff and added it to LearningHub, a province-wide learning management system.

The Provincial Infection Control Network of BC established a planetary health committee aligned with the Infection Prevention and Control Canada Environmental Stewardship, Sustainability and Planetary Health Position Statement.

Investigated water-use patterns the Children's and Women's campus by installing temporary water meters to monitor domestic hot water and cold water consumption across multiple buildings.

Secured **$160,000** in funding to develop an emissions methodology and calculator to support a standardized provincial approach to baselining and tracking health-care emissions.

BC Cancer Planetary Health Unit and the Lower Mainland Medical Imaging Facilities and Services launched the first medical image contrast and glass bottle recycling program of its kind in B.C. Previously, glass bottles were incinerated with other medical waste. They are now recycled into material used for sandblasting.

Customized sustainability criteria to evaluate procurement of clinical items across categories such as cardiac care, medicine, surgical care, diagnostics and pharmacy. Completed more than **35** supplier interviews, benchmarked the sustainability maturity of the top 100 suppliers and created an engagement roadmap by identifying opportunities for closer partnership.

Funded workplace sustainability projects through a collaboration between the Green+Leaders program and the Health Promotion Initiatives Fund, including beach cleanups, pollinator and beekeeping workshops, Indigenous tea blending, bike storage pilots and community gardens.

Expanded electronic recycling collection at the Children's and Women's campus to include the Research Institute building, resulting in an additional **1.18** metric tonnes of electronics being recycled and diverted from landfill.

Developed a provincial food strategy to coordinate sustainable food system actions through 2027, including shared governance, sustainability indicators, plant-forward menus, sustainable procurement and food waste reduction.

Impact stories

BC Cancer – Prince George

Climate vulnerability surveys at a provincial scale

The climate vulnerability survey was completed at seven PHSA sites in 2025. It identifies where facilities are most at risk from extreme heat, power disruptions, flooding and wildfire smoke. The survey combines climate hazard data with operational knowledge and experience, allowing PHSA to identify risks more clearly, recognize strengths and act earlier.

Read more ▶

Jacqueline Louro, licensed practical nurse, BC Cancer – Prince George

From waste to learning

Jacqueline Louro, a licensed practical nurse at BC Cancer – Prince George, led an initiative to develop guidelines to give unused medical supplies a second life, primarily through health-care training and education programs. In just three months, Louro collected 2,473 items destined for disposal and 95 per cent were donated for reuse.

Read more ▶

Moe Butterfly. Photo from Food Costs and Climate Change Impact Stories project report

Food, land and resilience

The BC Centre for Disease Control Food Security and Food Skills teams supported communities in coming together for a UBC Learning Circle webinar to share insights and updates on experiences in remote Indigenous and non-Indigenous communities. The gathering amplified community voices, ensuring local knowledge could inform policy, emergency preparedness and government decision-making.

Read more ▶

PHSA Energy team: Hana Nguyen, Ghazal Ebrahimi and Adam VanDerGoes

Heating smarter

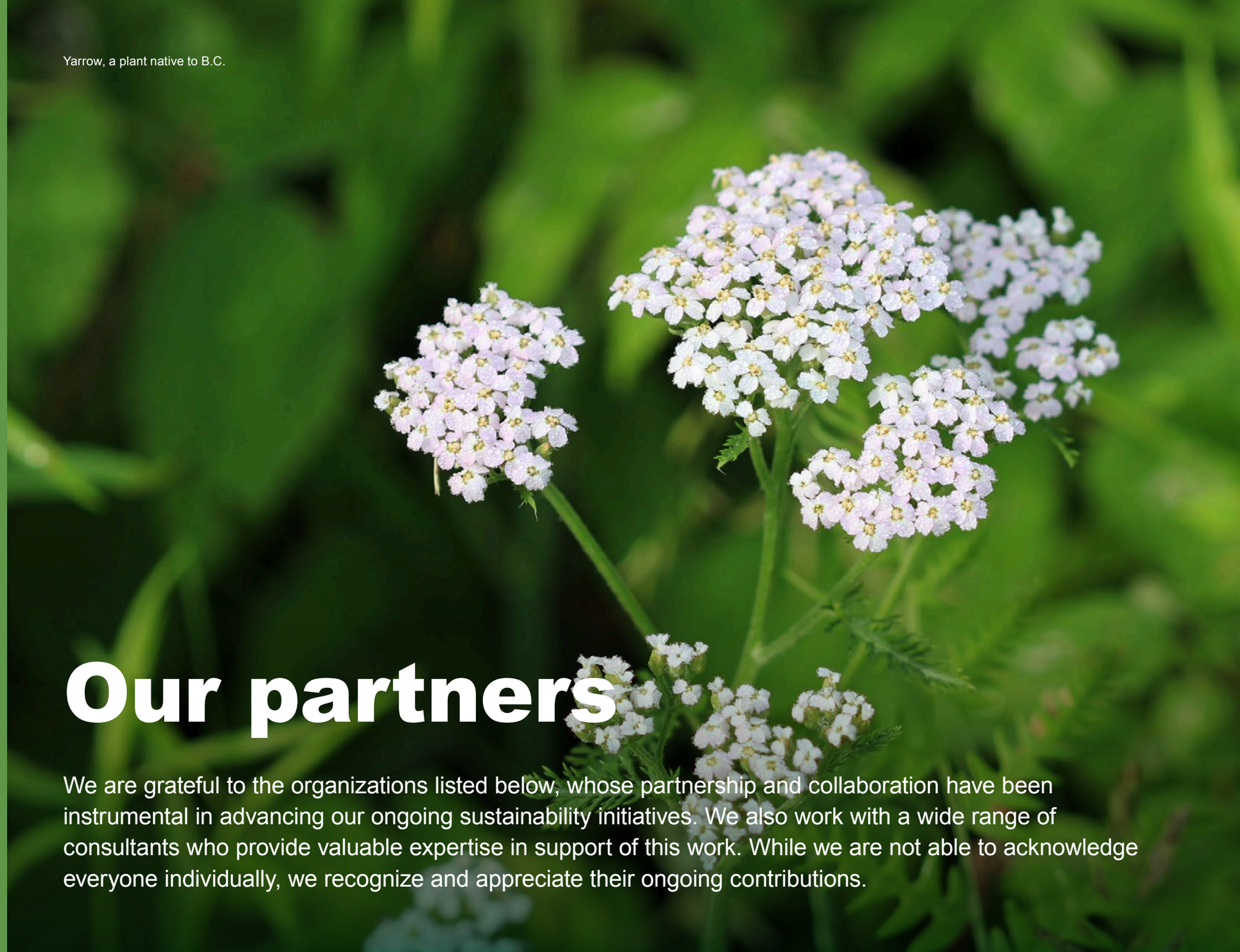
PHSA's energy and facilities team retrofitted BC Cancer – Vancouver with a heat recovery chiller that captures waste heat and redirects it to warm the building. The upgrade saves 13,306 gigajoules of natural gas annually, avoids 655 tonnes of CO_2 emissions and reduces utility costs by more than $140,000 each year. This project earned PHSA its second FortisBC Efficiency in Action Award in three years.

Read more ▶

Related resources

Green+Leaders Annual Report

Methodology for Key Performance Indicators



Yarrow, a plant native to B.C.

Our partners

We are grateful to the organizations listed below, whose partnership and collaboration have been instrumental in advancing our ongoing sustainability initiatives. We also work with a wide range of consultants who provide valuable expertise in support of this work. While we are not able to acknowledge everyone individually, we recognize and appreciate their ongoing contributions.

Related resources

Green+Leaders Annual Report

Methodology for Key Performance Indicators

Our partners

B

BC Centre for Disease Control
BC Emergency Health Services
BC Housing
BC Institute of Technology
BC Ministry of Emergency Management and Climate Readiness
BC Ministry of Energy and Climate Solutions
BC Ministry of Environment and Parks
BC Ministry of Health
BC Ministry of Infrastructure
BC Hydro

C

Canada Green Building Council
Canadian Coalition for Green Health Care
CASCADES Canada
Climate Data Canada
CSA Group
Climate Solutions Division

E

Environment and Climate Change Canada
Engineers and Geoscientists B.C.

F

First Nations Health Authority
FortisBC
Fraser Health

H

Health Canada
Health Emergency Management BC
Health Quality BC

I

Infrastructure BC
Interior Health
Island Health

L

Local and regional governments

N

National Research Council Canada
Northern Health
Nourish Leadership

P

Planning Institute of British Columbia
Pacific Climate Impacts Consortium
Pacific Institute for Climate Solutions
Providence Health Care
Provincial Nursing Skin and Wound Committee

S

Simon Fraser University

U

University of British Columbia
University of Victoria

V

Vancouver Coastal Health

Related resources

Green+Leaders Annual Report
Methodology for Key Performance Indicators

2025 GHG emissions and offsets summary table

Provincial Health Services Authority 2025 GHG emissions and offsets summary	
GHG emissions for the period January 1–December 31, 2025	
Total $BioCO_2$	406
Total emissions (tCO_2e)	20,201
Total offsets (tCO_2e)	19,795
Adjustments to offset required GHG emissions reported in prior years	
Total offsets adjustment (tCO_2e)	743
Grand total offsets for the 2025 reporting year	
Grand total offsets to be retired for the 2025 reporting year (tCO_2e)	20,538
Offset investment ($)	$513,450
Offset investment ($) including GST	$539,123

Retirement of offsets

In accordance with the requirements of the Climate Change Accountability Act and the Carbon Neutral Government Regulation, Provincial Health Services Authority (the Organization) is responsible for arranging for the retirement of the offsets obligation reported on the left for the 2025 calendar year, together with any adjustments reported for past calendar years (if applicable). The Organization hereby agrees that, in exchange for the Ministry of Energy and Climate Solutions (the Ministry) 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.

i $BioCO_2$ is included in total emissions but not total offsets. $BioCO_2$ (biological carbon dioxide) emissions are generated from organic, renewable sources such as biomass, waste, or fermentation, rather than fossil fuels.

ii Emissions and offset investment amounts will be validated by the Climate Solutions Division prior to distributing invoices.

iii "Grand total offsets to be retired" are rounded to a whole number before multiplying by $25 per tCO_2e.

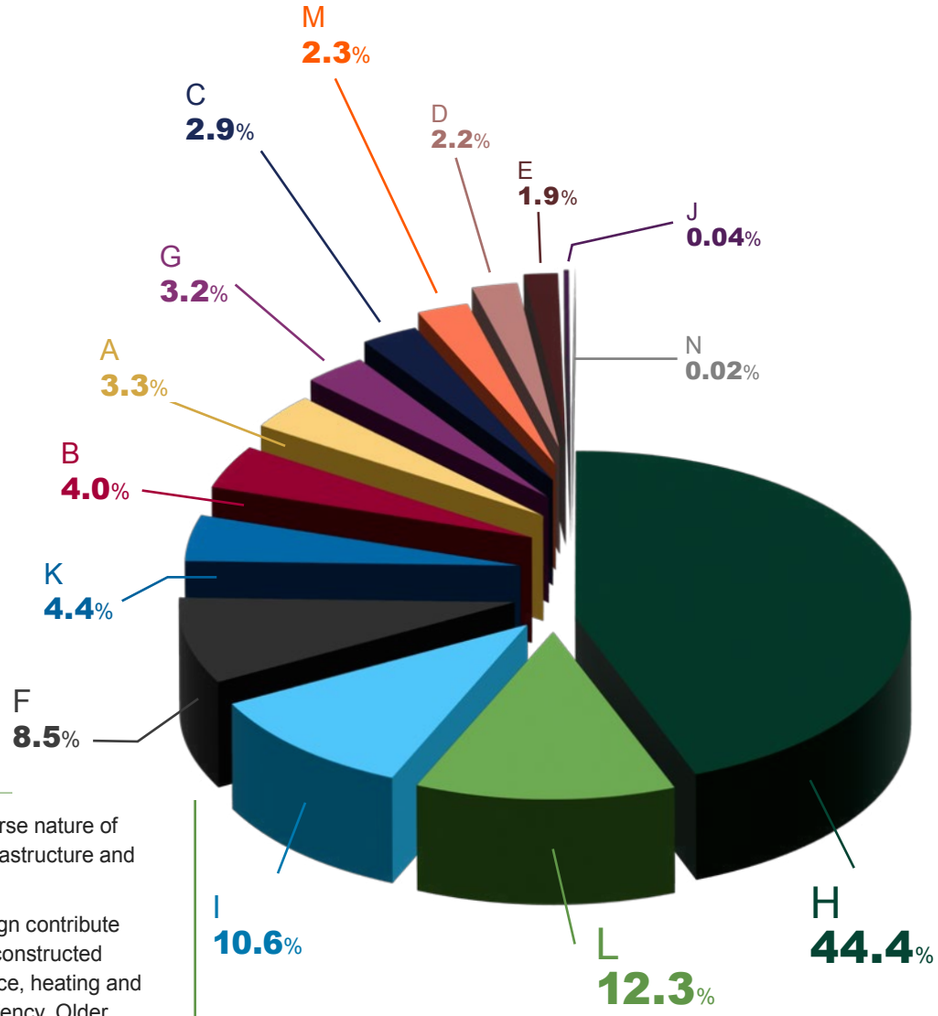
Related resources

Green+Leaders Annual Report
Methodology for Key Performance Indicators

Site by site emissions

Site legend

- **A** BC Cancer – Abbotsford
- **B** BC Centre for Disease Control
- **C** BC Cancer – Kelowna
- **D** BC Cancer – Prince George
- **E** BC Cancer – Surrey
- **F** BC Cancer – Vancouver
- **G** BC Cancer – Victoria
- **H** BC Children's Hospital and BC Women's Hospital + Health Centre
- **I** BC Cancer Research Centre
- **J** Centre for Health Complexity
- **K** Forensic Psychiatric Hospital
- **L** Leased Sites
- **M** Red Fish Healing Centre
- **N** 2340 Richmond Rd., Victoria



Understanding site emissions

- GHG emissions vary significantly across different PHSA facilities due to the diverse nature of health-care services and operations and the condition and design of existing infrastructure and energy systems.
- Differences in infrastructure age, building condition and mechanical system design contribute significantly to variations in emissions performance. Many PHSA facilities were constructed during different periods and therefore have varying building envelope performance, heating and cooling systems, ventilation standards and levels of automation and energy efficiency. Older facilities often rely more heavily on fossil fuel-based heating systems while newer or upgraded facilities may incorporate more energy-efficient technologies such as electrified heating systems, advanced building automation systems and heat recovery technologies.
- The scale and complexity of operations at each site influence overall emissions. Facilities with high patient volumes, greater intensity of care, larger operating footprints and extensive medical and support services naturally require more energy to maintain patient safety, infection prevention standards, thermal comfort and operational reliability.

Related resources

Green+Leaders Annual Report

Methodology for Key Performance Indicators

References

A World Health Organization: Measuring greenhouse gas emissions in health systems [cited 2026 May 6]. Available from: https://www.who.int/publications/i/item/9789240118423

B Organizational Readiness Playbook - CASCADES Canada

C Information source for LEED: Canadian Green Building Council project database.

D In 2025, PHSA-owned facilities included in energy metering were:

- 2340 Richmond Road, Victoria
- BC Cancer – Prince George
- BC Cancer – Surrey
- BC Cancer – Vancouver
- BC Cancer – Victoria
- BC Cancer Research Centre
- BC Children's Hospital and BC Women's Hospital + Health Centre
- Red Fish Healing Centre for Mental Health and Addiction
- Slocan site

E The GreenCare survey is an annual survey distributed to staff and medical staff within Fraser Health, Providence Health Care, PHSA and Vancouver Coastal Health. The survey assesses perspectives, experiences and behaviours related to the environment. Results help the EES team to monitor progress and identify opportunities to build a sustainable, climate resilient health system.

F PHSA acute care sites included in waste-related key performance indicators were:

- BC Children's Hospital
- BC Women's Hospital + Health Centre
- Note: Both sites are working closely with the recycling vendor to restore full mixed-container recycling services. Mixed containers are not included in the 2025 diversion rate. Site-level diversion activities continue to demonstrate proper source segregation with minimal contamination contamination and that the necessary collection systems are in place pending approval.

G PHSA non-acute care sites included in waste-related key performance indicators were:

- BC Cancer – Vancouver
- BC Cancer Research Centre
- Red Fish Healing Centre for Mental Health and Addiction

H In 2025, PHSA-owned facilities included in water metering were:

- 2340 Richmond Road, Victoria
- BC Cancer – Kelowna
- BC Cancer – Prince George
- BC Cancer – Vancouver
- BC Cancer Research Centre
- BC Children's Hospital and BC Women's Hospital + Health Centre
- Red Fish Healing Centre for Mental Health and Addiction
- Slocan site

I Trucost. Environmental Performance from Sugar Sheet Paper. Social Print Paper, 2017. Available from: https://www.kpu.ca/sites/default/files/SocialPrintPaper-Trucost-SugarSheet-2017.pdf.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