

2025 Vancouver Coastal Health Climate Change Accountability Report



Carbon Neutral



Recognizing Indigenous Nations and communities

We respectfully acknowledge that Vancouver Coastal Health (VCH) facilities are located on the traditional and unceded territories of the Coast Salish Peoples, including the Musqueam, Squamish and Tsleil-Waututh Nations. VCH is committed to delivering exceptional care to the people we serve, including the First Nations, Métis and Inuit within the traditional territories of the Heiltsuk, Kitasoo-Xai'xais, Lil'wat, Musqueam, N'Quatqua, Nuxalk, Samahquam, shíshálh, Skatin, Squamish, Tla'amin, Tsleil-Waututh, Wuikinuxv and Xa'xtsa.

Indigenous Peoples have served as the original stewards of the land since time immemorial, protecting land and water as sources of sustainable food systems, traditional medicines and community identity.

Today, Indigenous Peoples in B.C. are often uniquely and disproportionately impacted by the effects of climate change. Destruction of the land can affect personal and community identity, disrupt cultural practices and ceremony, and affect food sovereignty and security — all of which are integral to physical, mental, emotional and spiritual health and well-being.

We know there is much to be learned about environmental stewardship from these Nations and communities. VCH is committed to being collaborative partners in stewardship to build a better future for patients, residents and clients, and for the planet.

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 Facilities Management department, the EES team cannot do this work alone and works with diverse teams, departments, staff and medical staff across Vancouver Coastal Health.

Contributors

In particular, we would like to acknowledge the contributions of the following teams: Transformation, Sustainable Clinical Services, Healthy Environments & Climate Change, Communications, Pharmacy, Health Emergency Management BC, Environmental Services, Food Services, Transportation Services and many others named throughout this report.

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Executive message

I am pleased to present Vancouver Coastal Health's 2025 Climate Change Accountability Report.

Caring for our communities means caring for the environment that supports their health and well-being. Our commitment to planetary health continues to guide how we deliver care, operate our facilities and work alongside the communities we serve.

Over the past year, we have made meaningful progress. We met or exceeded key targets, including energy used in our buildings and waste diversion and advanced projects that deliver both environmental and financial benefits.

Strengthening climate resilience and emergency preparedness remains a priority. We assessed 14 buildings for climate risk, helping to inform future

planning and investments. We also enhanced our readiness for climate-related events by updating plans for extreme heat, smoke and winter conditions, expanding wildfire evacuation planning and adding dedicated expertise to strengthen our response across the system.

We also continued to enhance how we measure and report our impact. In collaboration with health authorities across British Columbia, we developed a standardized approach to better understanding health-care emissions beyond current requirements. This work will support more informed decisions and help guide future reductions.

In 2025, our greenhouse gas emissions offsets totalled 43,389 tCO₂e from buildings, vehicles, paper and refrigerants. We will invest \$1,138,961 in carbon offsets to meet the requirements of the Carbon Neutral Government Regulation.

This work reflects a shared commitment across our organization. Together, we are strengthening the care we provide today and helping ensure we can continue to meet the health-care needs of our communities in the years ahead. By advancing actions that support healthier environments, we are improving health outcomes and building a more resilient health system.



A handwritten signature in black ink that reads 'Vivian Eliopoulos'.

Vivian Eliopoulos

President and Chief Executive Officer
Vancouver Coastal Health

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A rocky island in the Strait of Georgia, B.C.

Our story

VCH is committed to embedding planetary health 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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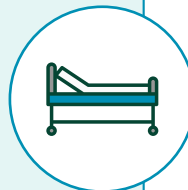
Overview

1.25 million people

living in the VCH region



260 buildings



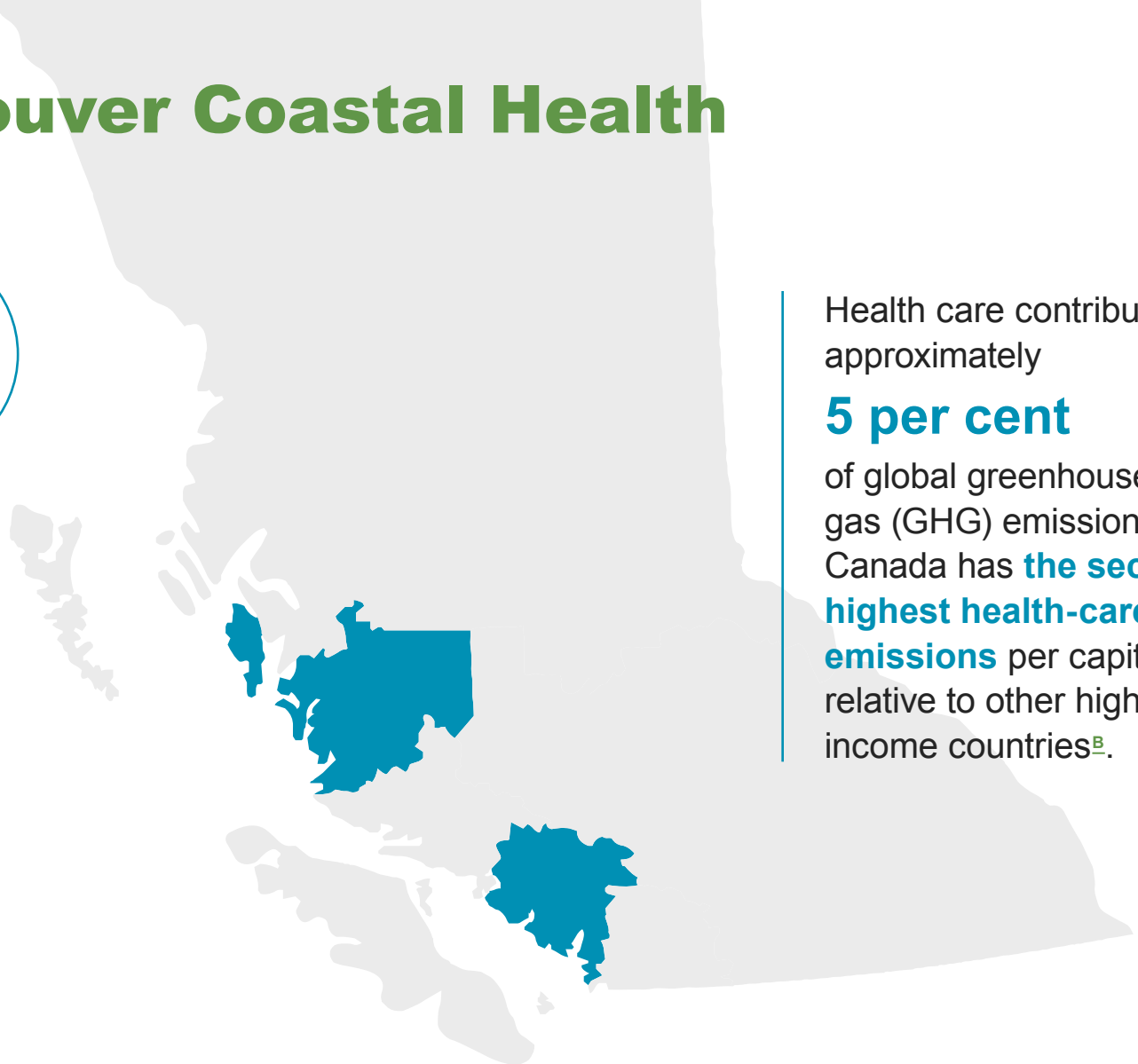
9,000 beds

for patients and residents



30,000

staff and medical staff



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

4 buildings

certified Gold for Leadership in Energy and Environmental Design (LEED)^C



44,426 tCO₂e

total emissions from legislated sources



7,253,199 kg

waste generated



1,001,002 m³

water used at metered sites



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Commitment to planetary health

Our four pillars — Indigenous Cultural Safety; Anti-Racism; Equity, Diversity and Inclusion; and Planetary Health — uphold our commitment to delivering safe, high-quality, low-carbon care. They also guide our focus on taking an equity-led, intersectional approach to caring for our people and our planet.

Incorporating these pillars across VCH requires both organizational policy and process changes to support system-wide change, along with strong leadership and support to help staff and medical staff take action and change day-to-day behaviours.

Our work must incorporate equity and justice lenses. We are committed to advancing planetary health in an equity-informed way by working closely with teams leading anti-racism, equity, diversity and inclusion and Indigenous cultural safety initiatives to integrate these perspectives into all planetary health work.

Together, we are all committed to transforming our systems and services to decrease our environmental footprint and build sustainable, low-carbon and resilient health systems that support the health of people and the planet.

In 2025, VCH 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](#).

Steller's Jay, a bird native to B.C.

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Our progress: Targets and dashboards

Vancouver Coastal Health 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

Vancouver Coastal Health is working towards both legislated and voluntary targets that measure progress on our journey towards planetary health. 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 **15% target** to decrease the amount of energy used per floor area of owned buildings



Surpassed the **45% target** for waste recycled or composted in non-acute care owned buildings



Surpassed the **11.9% target** to reduce waste generated per usable floor area in non-acute care owned buildings

While we celebrate these milestones, we also recognize that we face challenges in 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**

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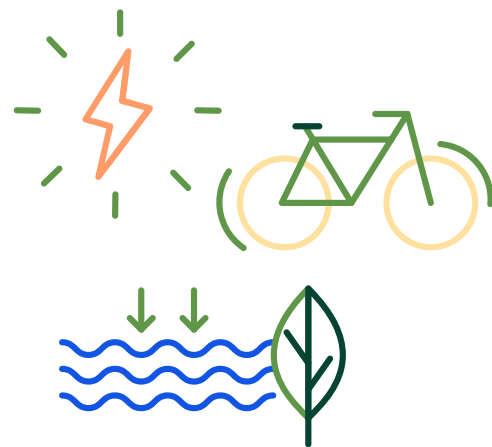
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About our key performance indicators

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.

[+ Learn more about the methodology for calculating KPIs](#)



As a leader in environmentally sustainable and high-quality, low-carbon, resilient care, Vancouver Coastal Health 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

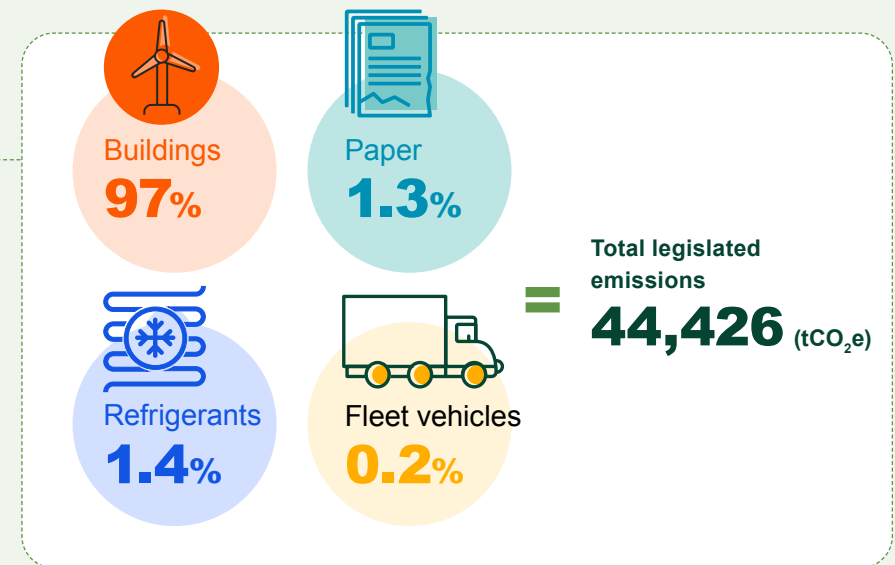
emissions from individual sources, including our supply chain, and prioritize further reductions in the future. For example, a source of health-care emissions that has not previously been included in reporting is staff and medical staff use of personal vehicles to deliver clinical and non-clinical services. While emissions from VCH-owned and leased fleet vehicles are measured, emissions from staff and medical staff use of personal vehicles were not previously tracked. In 2025, staff and medical staff travel using personal vehicles was quantified for the first time, totalling 3.4 million km and generating more than 600 tonnes of CO₂ — 6.8 times the emissions currently reported from the VCH fleet.

2025 Vancouver Coastal Health legislated GHG emissions

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



These legislated emissions represent only a portion of Vancouver Coastal Health'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.

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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 ₂ e*/year)	11%**	40%
	CleanBC target: total GHG emissions from owned and leased buildings from 2010 levels (% change of tCO ₂ e*/year)	5%**	50%
	Amount of GHG emissions generated per usable floor area of owned and leased buildings from 2010 levels (% change of tCO ₂ e*/m ² /year)	22%**	50%
	Amount of energy used per usable floor area of owned buildings [□] from 2007 levels (% change of kWh/m ² /year)	15%	25%

- On track to meet target
- Slow progress toward target
- Behind schedule to meet target and requires attention

- * tCO₂e 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

- Our heating systems remain largely dependent on fossil-fuel technologies. The transition to lower-carbon technologies requires coordination across operations, clinicians, finance and project delivery teams. As we shift to more electrified heating and heat recovery, we first have to address electrical capacity constraints at the site level.
- Emissions per floor area improve when we add new low-carbon buildings to the portfolio, and worsen when older, high-emitting facilities are not renewed or replaced as planned. Ongoing expansion of leased and owned floor area increases energy use and emissions, challenging our ability to meet absolute emissions targets.
- Energy use per floor area is influenced by operational practices and facility changes, including diagnostic imaging equipment, facility upgrades, space reconfigurations and increased cooling capacity. While moving to lower-carbon systems may reduce energy consumption, eliminating fossil fuels increases electricity consumption and demand.

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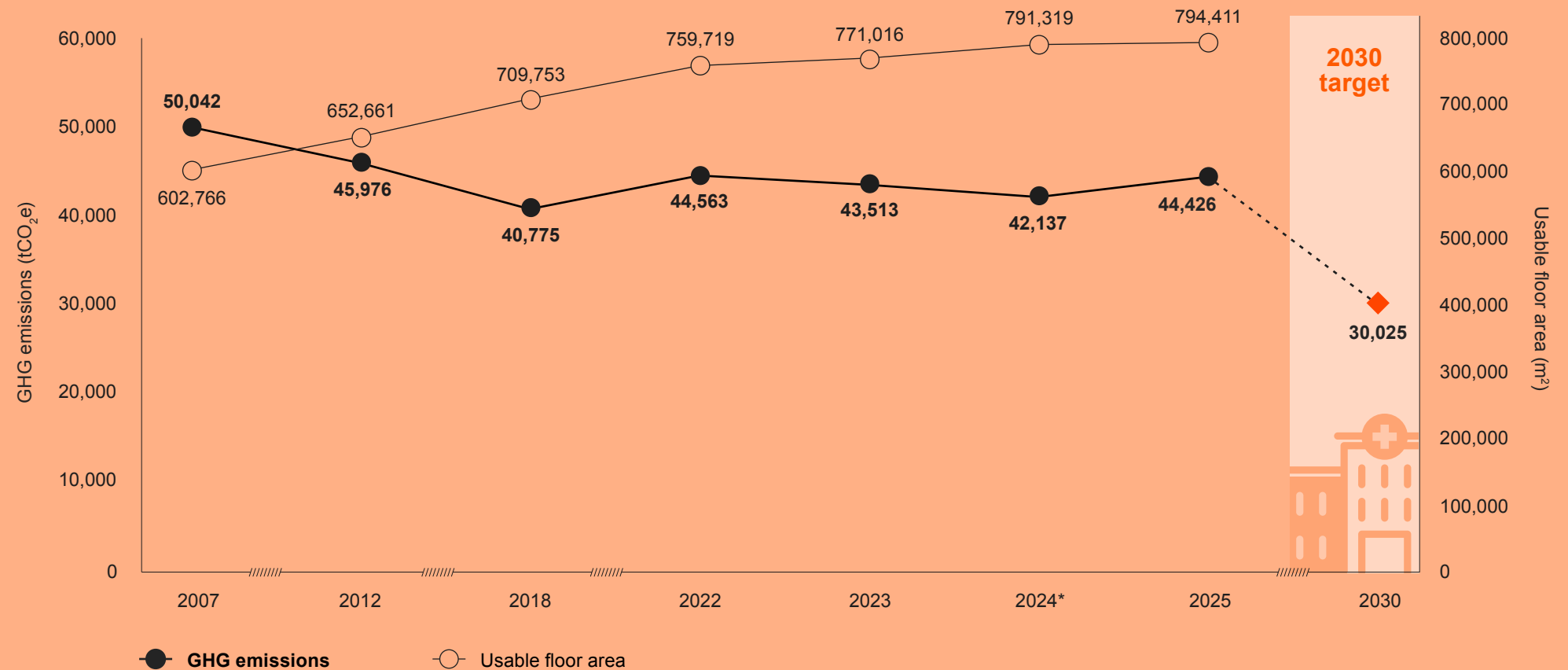
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GHG emissions and usable floor area

Emissions from buildings, fleet, paper and refrigerants



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

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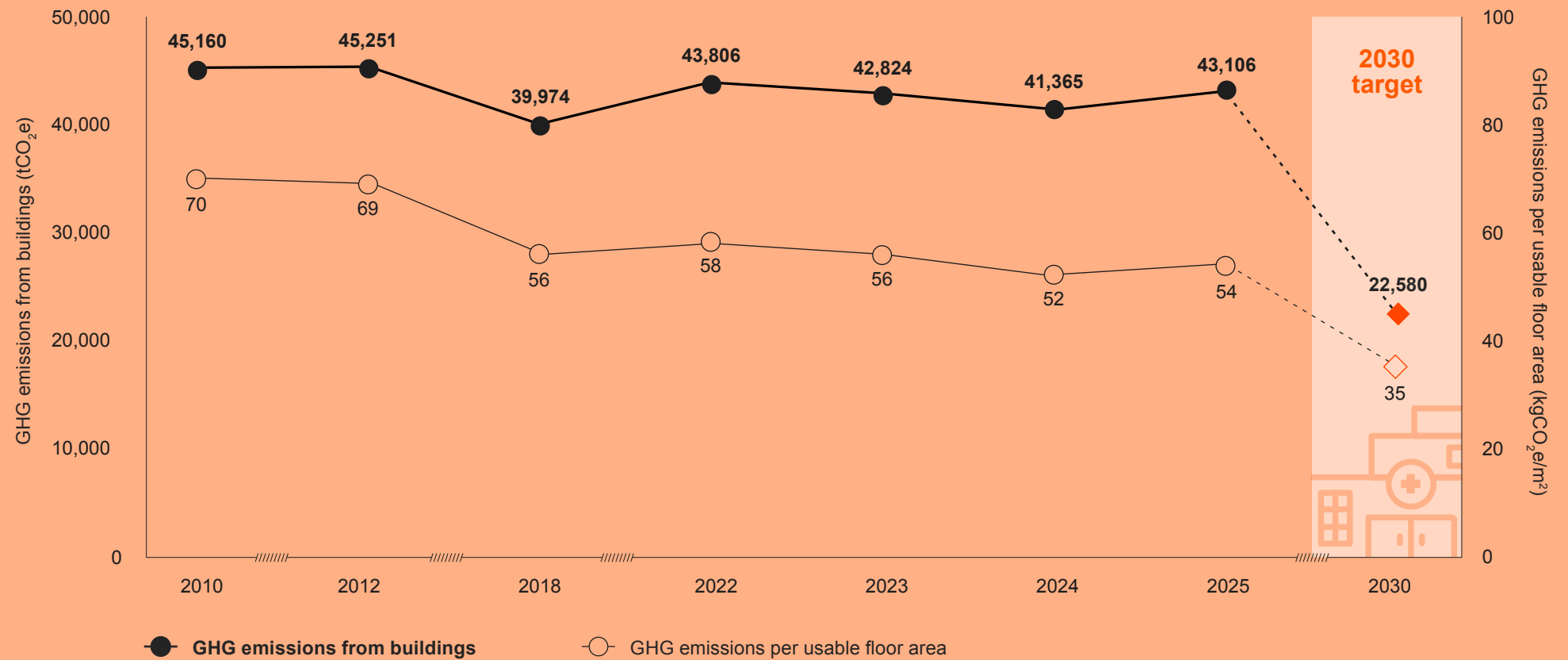
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GHG emissions from buildings and GHG emissions per usable floor area



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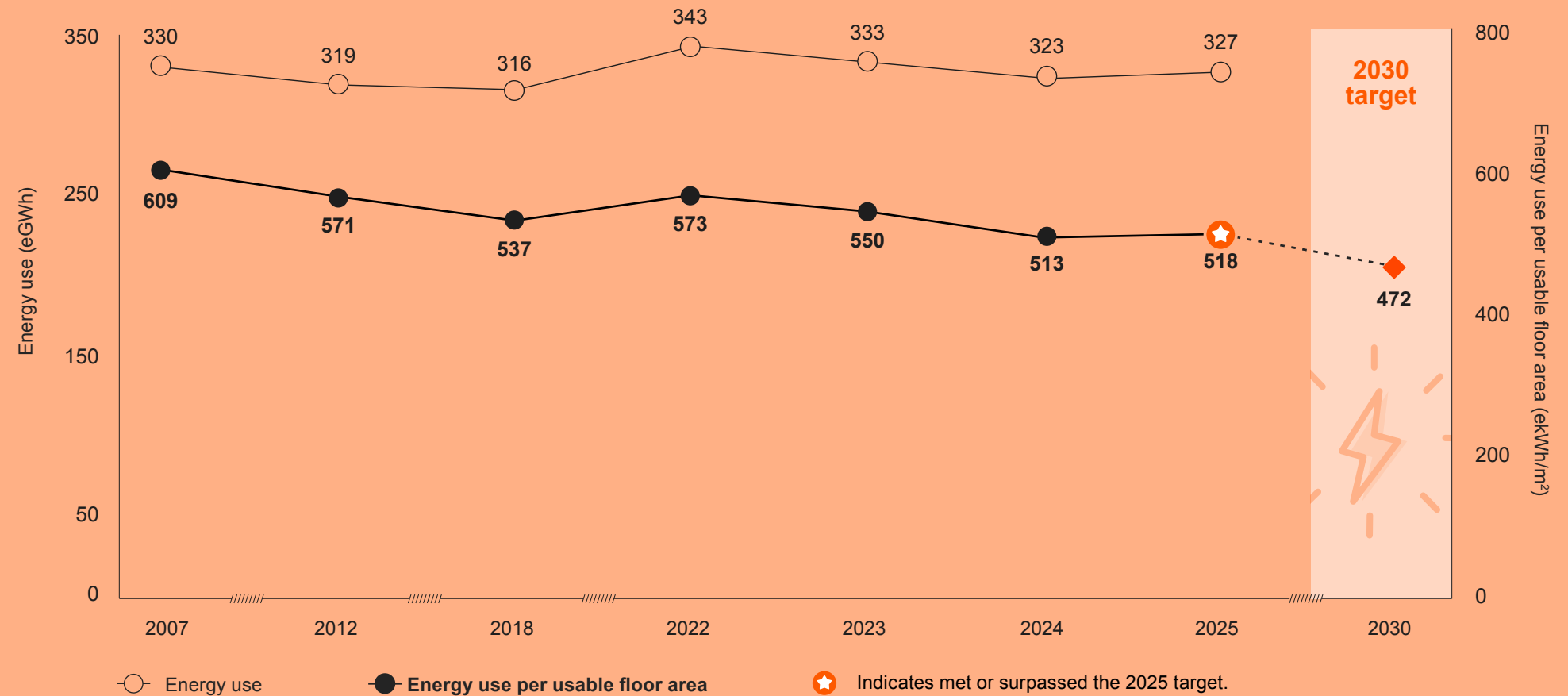
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Energy use and energy use per usable floor area



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Transportation

Key performance indicator (metric)	2025 results	2030 target
Percentage of staff and medical staff commuting by active transportation (annual average)*	20%	30%
Percentage of staff and medical staff commuting by clean transportation (annual average)*	36%	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

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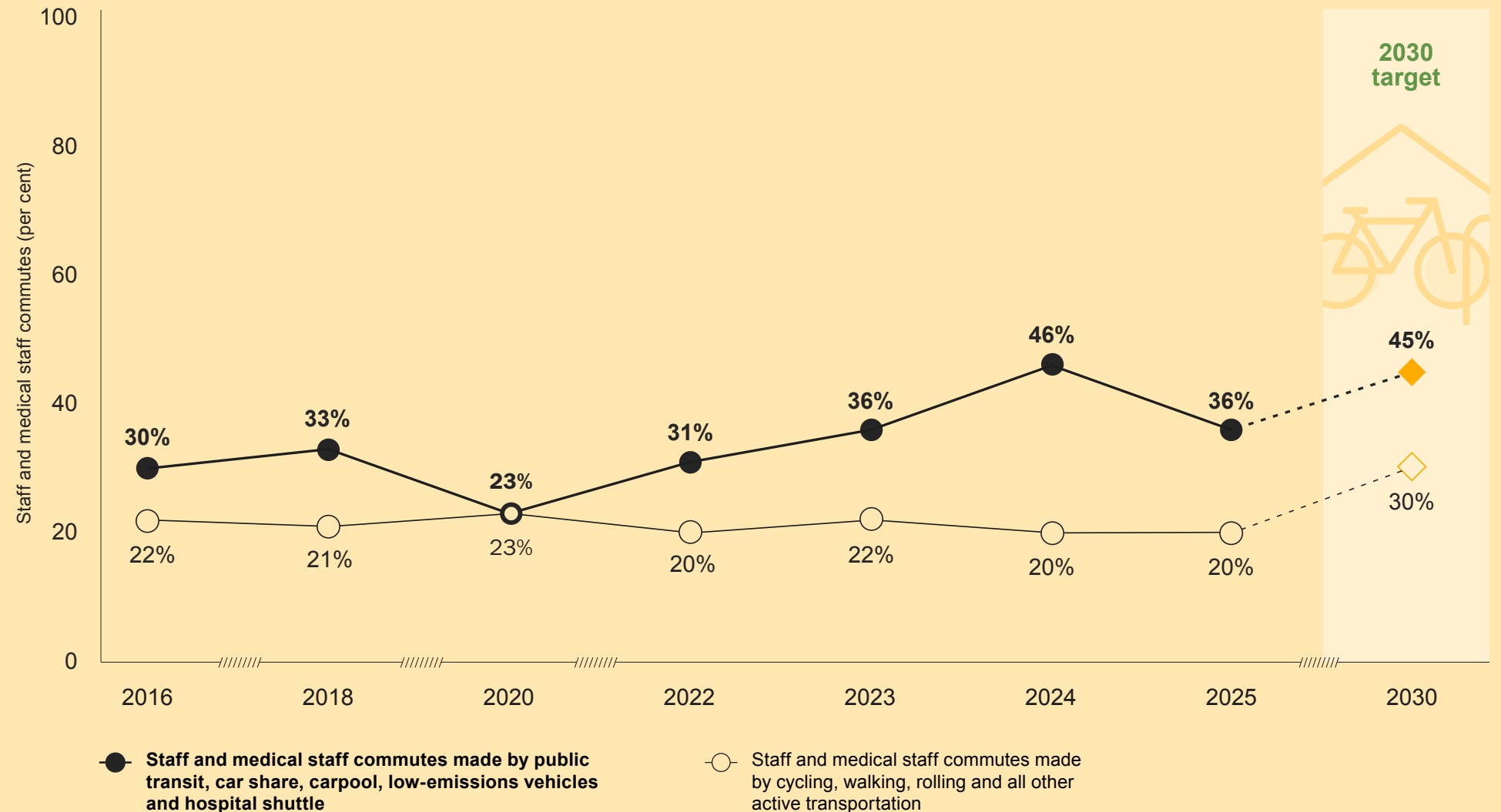
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Staff and medical staff commuting

Higher clean transportation rates in 2024 likely reflect survey distribution to transit incentive program subscribers, which may have resulted in more responses from frequent transit users. The 2025 survey reached a broader, more varied audience, improving future comparisons.



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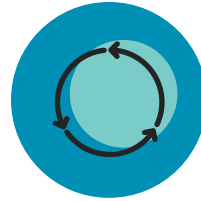
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Waste

Key performance indicator (metric)*	2025 results	2030 target
Waste recycled or composted in acute care owned sites ^E (% recycled, annual average)	30%	40% 
Waste recycled or composted in non-acute care owned sites ^G (% recycled, annual average)	46%	60% 
Waste generated per usable floor area in acute care owned sites (kg/m ² /year)	13.5	8.4 
Waste generated per usable floor area in non-acute care owned sites (kg/m ² /year)	11.7	10.7 

-  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 Vancouver Coastal Health.

Understanding results

▶ Recycling

Contamination in recycling streams can lead vendors to pause service and make it difficult to reinstate a site once materials are considered high risk. Additionally, fluctuations in national and international plastics markets can reduce the value of certain materials, making some plastics no longer viable to separate for recycling.

▶ 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 care activity levels rise. In 2026 we will review the waste generated per usable floor area metric and re-evaluate the 2030 target.

▶ Initiatives such as Choosing Wisely and Reusables First help reduce unnecessary medical waste, while renovation, construction and deconstruction activities can also influence a site's waste generation per floor area.

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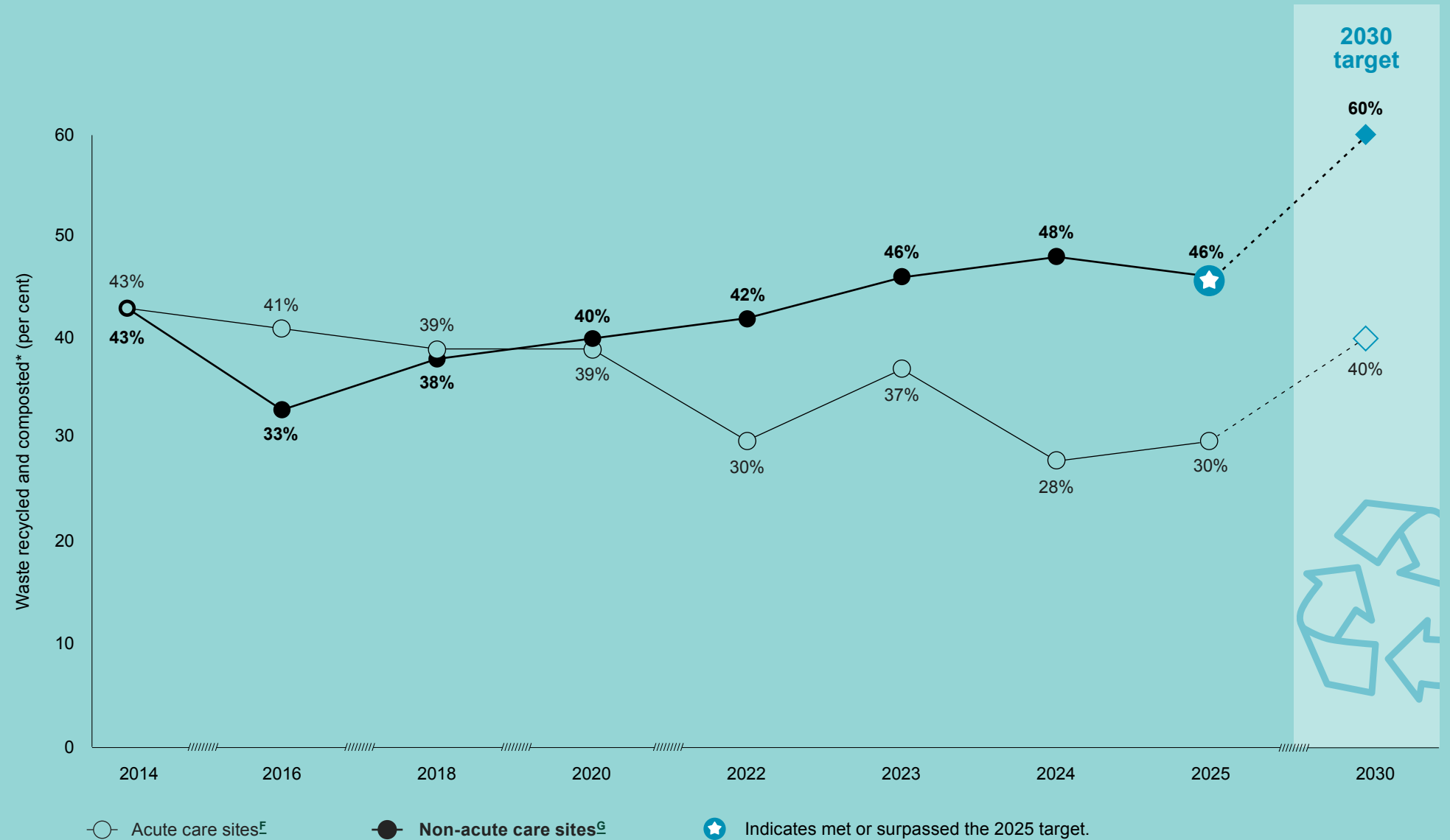
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Recycling rates



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

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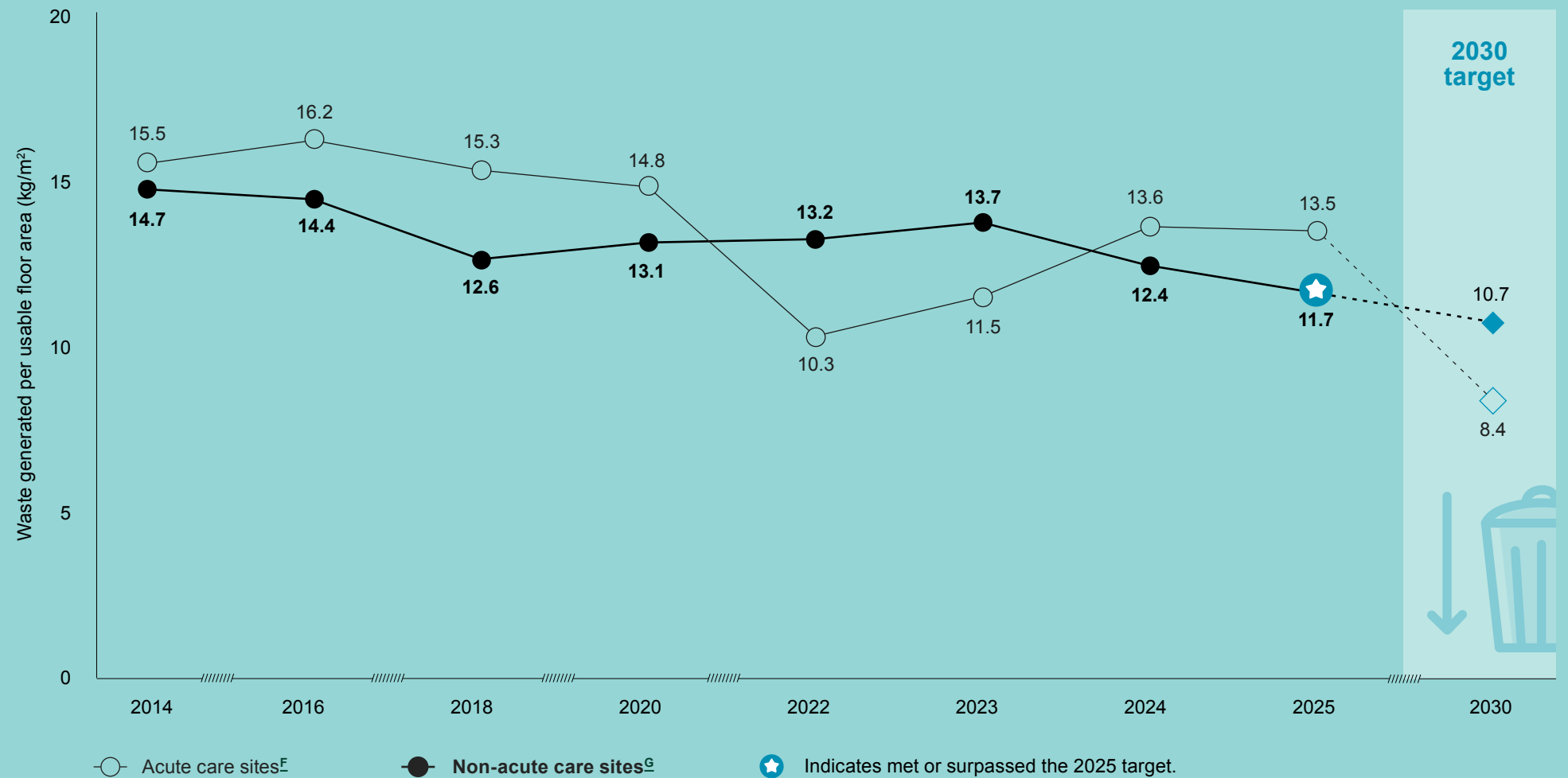
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Waste generation per usable floor area



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Water

Key performance indicator (metric)	2025 results	2030 target
Decrease the amount of water used per usable floor area in owned ^H buildings from 2010 levels (% change of m ³ /m ² /year)	19%	35% ◆

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

Understanding results

- ▶ Our ability to effectively monitor water use across sites is limited, primarily due to insufficient metering and sub-metering infrastructure. As a result, it is challenging to accurately identify issues, target opportunities for improvement and implement timely corrective actions.
- ▶ Some older sites use cooling equipment that continuously runs water and sends it directly to the drain, leading to high water use. While more efficient systems that reuse water are available, cost constraints limit upgrades.
- ▶ As VCH transitions to clinically safe reusable products, such as reusable gowns and clinical equipment, water demand to clean and disinfect this equipment increases. Similarly, when existing spaces are retrofitted for clinical use — such as transitioning an administrative office into a lab or patient care unit — water consumption increases to support critical health services.

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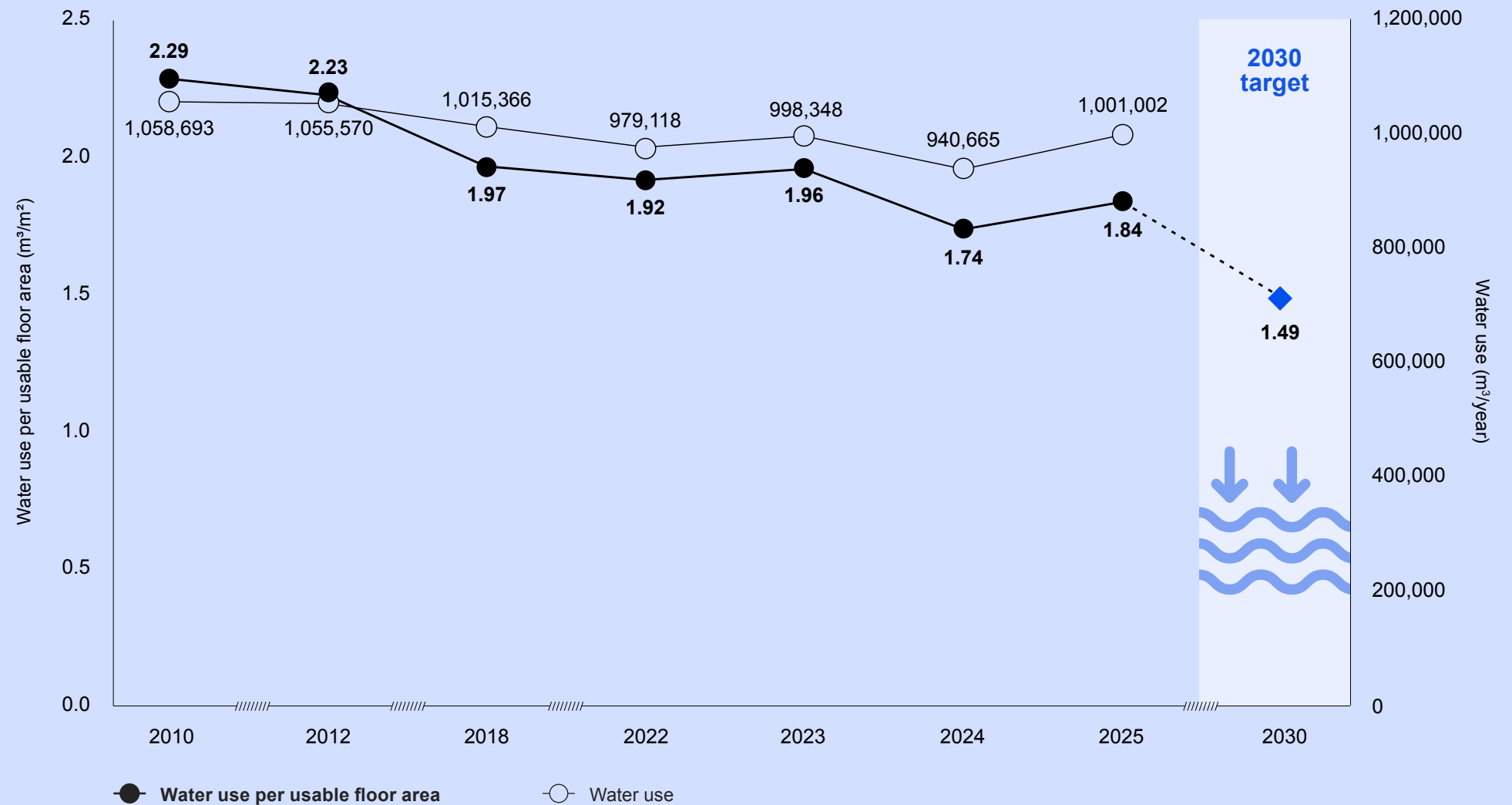
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Water use* and water use per usable floor area



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

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Duck in Stanley Park, Vancouver, B.C.



Our leadership

Vancouver Coastal Health embraces planetary health 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.

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Climate risk management

Select 2025 actions and achievements

▶ Building for the future

Embedded climate risk considerations into major capital projects, including the Richmond Hospital redevelopment and several long-term care facilities. Key areas of focus include improved cooling capacity, indoor air quality and preparedness for extreme weather events.

▶ Climate resilience planning

Implemented a climate exposure screen and climate vulnerability survey to systematically assess health facilities. In 2025, 14 buildings were assessed across Richmond, the Sea-to-Sky region and Vancouver, bringing the total to 20. Results are directly informing investment priorities and site-specific improvements, including a low-carbon resilience pilot at G.F. Strong Rehabilitation Centre.

▶ Resilience in design and infrastructure

Provided guidance on upgrades to cooling systems, electrical capacity, building envelope performance and indoor air quality across numerous sites. These improvements are designed to reduce the risk of service disruptions and support continuity of care during extreme weather.

▶ Emergency preparedness

Strengthened emergency preparedness through updated heat, smoke and winter response plans, as well as expanded wildfire evacuation and site-level planning. Operational readiness was advanced through the deployment of critical equipment (e.g. portable cooling), standardized response templates and ongoing engagement with sites and partners to align on roles and expectations.

▶ Emergency management capacity and training

Added a dedicated emergency management specialist to strengthen and standardize emergency preparedness programs across long-term care sites in Vancouver and Richmond. This role supported 52 training exercises involving more than 800 participants and contributed to the development of shared regional resources.

▶ Drought resilience

Developed a drought response toolkit to strengthen regional drinking water resilience. The toolkit equips drinking water officers with practical guidance, communication tools and resources to support consistent decision-making, collaboration with water system operators and preparedness for drought-related impacts.

▶ Public education and awareness initiatives

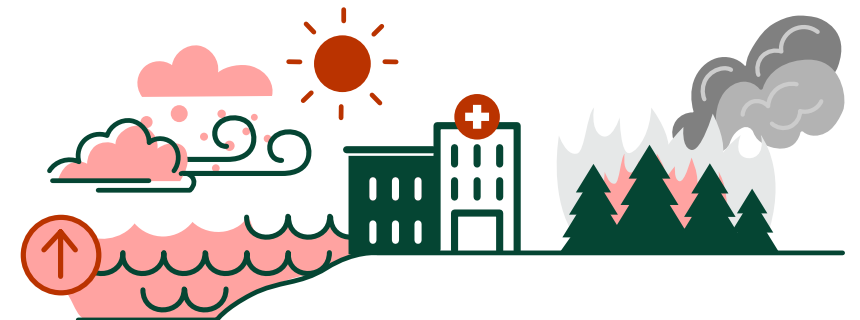
Led the Climate Lived Experience and Resilience (CLEAR) consultation, engaging people with heightened sensitivity to heat to gather firsthand insights. Findings will inform future climate planning and emergency response.

▶ From conversations to action

Partnered with local governments and agencies on the Zero-Emissions, Climate Ready Residential Buildings initiative. This collaboration produced 31 actionable measures to improve thermal safety, affordability and climate resilience in existing residential buildings.

▶ Research and partnerships

Secured a \$300,000, five-year research collaboration with the University of British Columbia to study indoor air quality in community spaces used as refuges during wildfire smoke events. The project brings together researchers and community partners to examine the physical and mental health impacts of extreme weather and environmental change.



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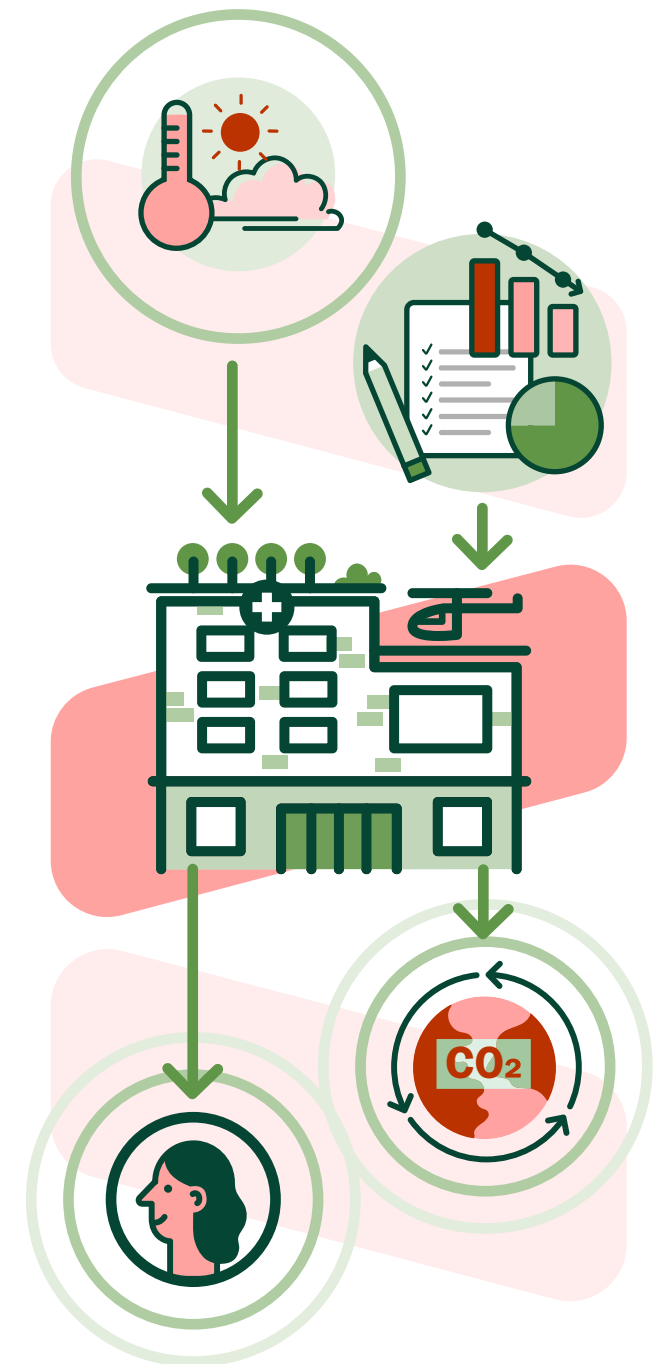
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Plans moving forward

- Expanding the rollout of climate exposure screening and vulnerability surveys to additional facilities to build a broader and more consistent understanding of climate risks across the health system. Results will directly inform capital planning, asset management and decisions about which retrofits to prioritize.
- Advancing low-carbon resilience across buildings and infrastructure through electrical capacity assessments, site-level load forecasting, improved energy monitoring and targeted upgrades to heat recovery systems, building controls, electrification, and heating, ventilation and air conditioning (HVAC). This work will address growing demand from electrification and cooling, reduce the risk of system overloads and service disruptions and support both emissions reductions and continuity of care.
- 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 response planning for extreme temperature events and conducting heat-focused simulation exercises to test and improve response capabilities.
- Improving organizational readiness for climate-related emergencies by strengthening response capacity and refining how staff and medical staff are deployed, ensuring adequate support during emergencies while prioritizing staff and medical staff safety and well-being.
- Finalizing and implementing emergency response plans for vulnerable residents in long-term care, while strengthening heat, wildfire and winter readiness through pre-season checklists and targeted exercises.
- Advancing the Climate and Health Indicators Project (CHIP) to develop a unified, regularly updated set of indicators for tracking climate-related health risks. These indicators will support internal decision-making and improve how climate health information is communicated to the public.
- Deepening collaboration with external partners to address the physical and mental health impacts of climate change, including extreme heat and broader environmental changes, while supporting resilience at the community level.



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Buildings

Select 2025 actions and achievements

▶ **Low Carbon Resilience Framework**

Initiated development of a Low Carbon Resilience Framework to ensure patient care, staff and medical staff well-being and operational resilience are embedded into retrofit strategies that reduce GHG emissions and strengthen climate resilience. The Framework will be piloted at G.F. Strong Rehabilitation Centre once complete.

▶ **Resilience and energy planning**

Advanced system resilience and energy planning by completing energy assessments at four long-term care sites, conducting an innovative heat rejection study at Vancouver General Hospital to improve cooling system redundancy and delivering control-focused energy studies at three acute care hospital sites.

▶ **Heat recovery and energy savings**

Optimized heat recovery performance within a complex cooling plant at Vancouver General Hospital (VGH). This initiative is expected to achieve approximately 47,000 gigajoules in energy savings, reduce site emissions by 11%, and inform future operations, cooling system resilience and infrastructure design across VCH.

▶ **Bella Coola solar and battery project**

Completed a feasibility study to advance solar power and battery storage at Bella Coola General Hospital aimed at reducing diesel consumption, improving air quality and enhancing energy reliability and service continuity. Prioritized meaningful community engagement with the Nuxalk Nation, enabling ongoing coordination and knowledge sharing on renewable energy initiatives in this remote region.

VCH 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 \$424,000 in capital revenue and \$210,000 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.

▶ **Steam trap replacement**

Completed steam trap audits and replacements at Richmond Hospital and Lions Gate Hospital to identify and replace aging and degraded steam traps. These initiatives are projected to reduce steam loss by approximately 1,600 tonnes a year, thereby reducing emissions by 250 tCO₂e and resulting in annual savings of approximately \$58,000.

▶ **Paul Myers Tower project**

Advanced monitoring and verification of the Lions Gate Hospital Paul Myers Tower project which supports validation of building energy and emissions performance.

▶ **Building automation and controls optimization**

Completed building automation system controls optimization projects for Vancouver General Hospital Skin Care Centre and Banfield Pavilion. Anticipated combined annual savings include 4,498 GJ in natural gas savings, 303,000 kWh in electrical energy savings and avoidance of 229 tCO₂e, while supporting improved system reliability, occupant comfort and operational resilience.

▶ **Lighting upgrades**

Completed energy-efficient LED lighting upgrade projects at Squamish General Hospital, Bella Coola General Hospital and Minoru Residence. Improved the lighting level and quality for patients, residents and staff and medical staff while reducing electrical demand and lighting maintenance, saving 270,649 kWh annually.

▶ **Real-time energy use monitoring**

Implemented sub-metering at Richmond Hospital, which enables real-time monitoring of energy use to better understand existing electrical loads and support future electrification planning and operations. Learnings are being applied to address electrical capacity constraints at Squamish General Hospital and inform the Richmond Hospital redevelopment.

▶ **Optimized kitchen operations**

Launched the Kitchen Behaviour Change pilot at Purdy Pavilion at UBC Hospital in partnership with food services staff to increase awareness and support action to optimize kitchen operations, with potential to scale across multiple facilities.

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Plans moving forward

- ▶ Partnering with Facilities Maintenance and Operations teams to identify ways to integrate energy and emissions reduction strategies and support optimization of infrastructure and equipment.
- ▶ 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, reducing carbon emissions and improving energy efficiency and climate resilience.
- ▶ Improving alignment with our risk and asset planning teams to enable system-level changes and improve operational efficiencies as we renew our energy infrastructure and assets.
- ▶ Developing a low-carbon resilience roadmap to inform decision-making processes for reducing carbon emissions while enhancing resilience to climate risks and the quality of indoor environments for staff, medical staff and patients.
- ▶ Exploring innovative solutions such as displacement ventilation, which delivers low-velocity, cool air near floor level, allowing contaminants to be carried upward away from the breathing zone, improving air quality, reducing energy use and enhancing infection control when 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.

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Fleet vehicles and transportation

Select 2025 actions and achievements

- ▶ **Facility design guidelines for electric devices**
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.
- ▶ **Active transportation study**
Completed an active transportation accessibility scan reviewing how easy it is to walk, bike, roll or take public transit to 45 VCH 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.
- ▶ **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 for 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.
- ▶ **Commuting by public transit**
The number of staff and medical staff enrolled in the transit incentive program increased by 8%, reaching 4,150 individuals.
- ▶ **Staff and medical staff engagement**
Hosted 10 campaigns and on-site events to encourage sustainable travel, including a Walk 30 event, Go By Bike Events and lunch-and-learn sessions.

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 VCH.
- ▶ Using an active transportation accessibility scan to tailor transportation strategies to VCH sites.
- ▶ Continuing to work collaboratively with municipal and regional organizations to improve sustainable transportation access to VCH sites.



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Paper

Select 2025 actions and achievements

▶ **Switching to sugar sheet**

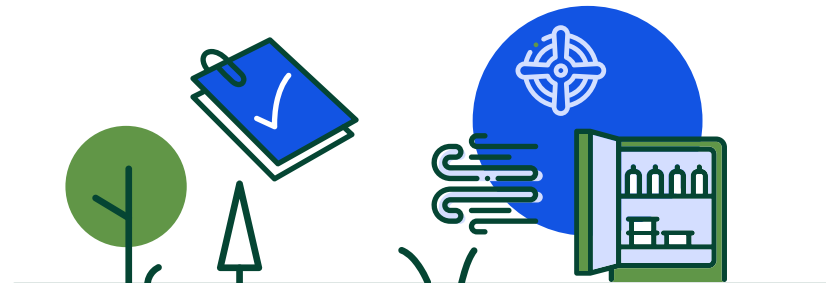
In 2025, PHSA Procurement fully transitioned its largest Lower Mainland warehouse from virgin paper stock to 100 per cent sugar sheet paper¹, which is now the only option for printer paper orders for VCH. This high-quality paper stock is produced with sugar cane pulp instead of wood fibre. The shift supports emissions reduction efforts, achieving up to 55 per cent lower life cycle GHG emissions and saving 26 trees per tonne of paper produced.

▶ **Digital technologies**

In 2025, VCH implemented the CST Cerner electronic health records system at multiple sites in the Coastal Community of Care, including qathet General Hospital, Evergreen Care Home, Willingdon Creek Village, Texada Island Health Centre and community programs in the qathet Region. This includes Home Health, Mental Health and Substance Use as well as Public Health and VCH-operated primary care programs.

Plans moving forward

- ▶ Increase the uptake of digital faxing to reduce paper usage.



Refrigerants

Select 2025 actions and achievements

▶ **Expanded refrigerant baseline**

All refrigerant volumes from cooling and kitchen equipment across all VCH-owned sites are now included in our 2025 reporting data.

▶ **Large equipment refrigerant monitoring**

Integrated refrigerant data into regional chiller asset management databases. This ensures refrigerant volume data for large equipment is captured for all new equipment and establishes a standardized approach to data collection.

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.
- ▶ Collecting more detailed technical data — such as refrigerant type, full charge amount and applicable leak rate standards — to better track equipment performance and inform maintenance or upgrade decisions.
- ▶ Reviewing refrigerant phase-out plans and their impacts on equipment performance and the environment.

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Improving patient care with planetary health

Staff and medical staff across many disciplines and departments at Vancouver Coastal Health are working together to improve planetary health 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

The Cardiac Green Team implemented **reusable** patient belongings bags, **reduced** unnecessary supplies, **reprocessed** select medical devices and **reduced or eliminated** the use of disposable items such as spoons, gloves, cups and unnecessary garbage bags. They received a **oneVCH award for Planetary Health** for these projects.



Streamlined surgical instrument trays for six high-volume procedures at Vancouver General Hospital. Revised trays reduced the number of instruments by **45–75%**, lowering waste and improving workflow for surgeons.



Expanded recycling of patient care items by extending the PPE recycling program to Lions Gate Hospital and Richmond Hospital. Also launched a new inhaler recycling program at Vancouver General Hospital and UBC Hospital.



Completed a comprehensive water audit at all four UBC Hospital buildings, including collection of submetering data, to identify priority water-saving measures based on water usage data.



Developed customized sustainability criteria to support procurement evaluations for 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.

Expanded the regional anesthesia program at Vancouver General Hospital by shifting eligible cases from general to regional anesthesia, reducing emissions and improving patient experience.



Reduced unnecessary venous thromboembolism prophylaxis from **30%** to less than **10%** to improve safety and reduce emissions associated with avoidable medication use.



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.



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.



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Impact stories



Pemberton Health Centre

Assessing vulnerability, strengthening care



The Climate Vulnerability Survey identifies where facilities are most at risk from extreme heat, power disruptions, flooding and wildfire smoke. The survey combines climate hazard data with on-the-ground knowledge from facility staff, allowing VCH to better identify risks, recognize strengths and act earlier. The survey highlighted critical strengths that support continuity of care during extreme weather events, as well as areas for improvement.

[Read more](#) ►



Vancouver General Hospital
Cycling Centre

Cycling centre for excellence



Managed by the VCH Transportation Services team, the VGH Cycling Centre supports over 330 active members who choose to ride to work year-round. The centre is a hub of health, safety and connection for staff and medical staff.

[Read more](#) ►



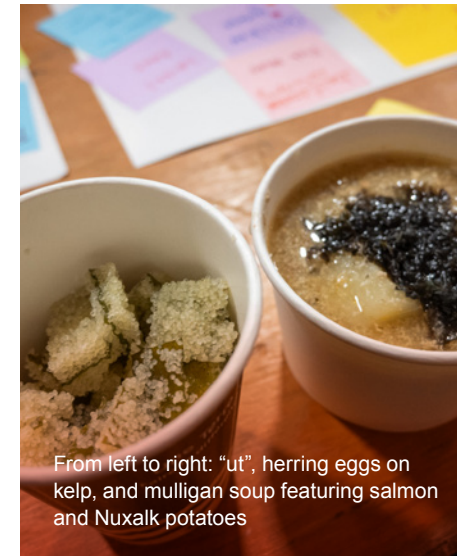
Richmond Hospital

Future-proofing care



The Richmond Cooling Strategy supports a broader regional approach to low-carbon cooling and climate adaptation. It reviews existing electrical systems, building performance during high temperatures and long-term planning for future cooling needs. Health-care facilities can use these insights to prioritize effective solutions, improve airflow and comfort for patients, staff and medical staff, and ensure equipment can operate reliably under future climate conditions.

[Read more](#) ►



From left to right: "ut", herring eggs on
kelp, and mulligan soup featuring salmon
and Nuxalk potatoes

Food as medicine, culture and connection



Bella Coola General Hospital and the Nuxalk Nation are reorienting hospital food services around Indigenous knowledge and community priorities. Meals now feature locally harvested fish, wild berries and traditional teas.

[Read more](#) ►

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Horseshoe Bay, West Vancouver, B.C.

Our partners

We are grateful to the organizations listed below, whose partnership and collaboration have been instrumental in advancing our ongoing planetary health 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.

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B

BC Cancer
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
BC Renal

C

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

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 B.C.
Interior Health
Island Health

L

Local and regional governments

N

National Research Council of Canada
Northern Health
Nourish Leadership

P

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

S

Simon Fraser University

U

University of British Columbia
University of Victoria

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Vancouver Coastal Health 2025 GHG emissions and offsets summary	
GHG emissions for the period January 1–December 31, 2025	
Total BioCO ₂	1,037
Total emissions (tCO ₂ e)	44,426
Total offsets (tCO ₂ e)	43,389
Adjustments to offset required GHG emissions reported in prior years	
Total offsets adjustment (tCO ₂ e)	0
Grand total offsets for the 2025 reporting year	
Grand total offsets to be retired for the 2025 reporting year (tCO ₂ e)	43,389
Offset investment (\$)	\$1,084,725
Offset investment (\$) including GST	\$1,138,961

Retirement of offsets

In accordance with the requirements of the Climate Change Accountability Act and the Carbon Neutral Government Regulation, Vancouver Coastal Health (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 BioCO₂ is included in total emissions but not total offsets. BioCO₂ (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 tCO₂e.

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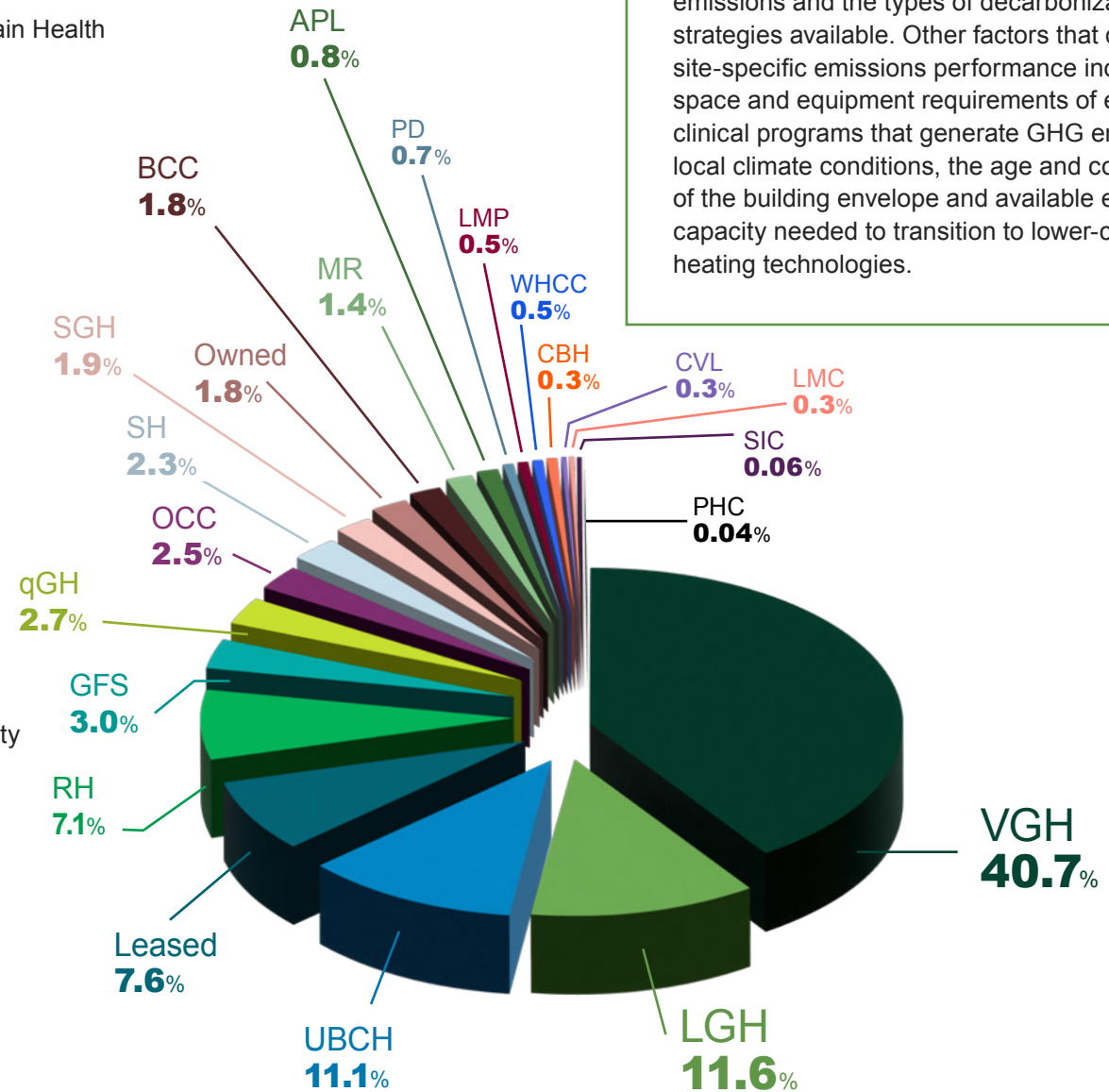
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Site by site emissions

Site legend

- ▶ **APL** Adanac Park Lodge
- ▶ **BCC** Berkley Care Centre
- ▶ **CBH** Djavad Mowafaghian Centre for Brain Health
- ▶ **CVL** Cedarview Lodge
- ▶ **GFS** G.F. Strong Rehabilitation Centre
- ▶ **Leased** Other leased sites
- ▶ **LGH** Lions Gate Hospital
- ▶ **LMC** Little Mountain Court
- ▶ **LMP** Little Mountain Place
- ▶ **MR** Minoru Residence
- ▶ **OCC** Oak Care Centre
- ▶ **Owned** Other owned sites
- ▶ **PD** Dogwood Care Home
- ▶ **PHC** Pemberton Health Centre
- ▶ **qGH** qathet General Hospital
- ▶ **RH** Richmond Hospital
- ▶ **SGH** Squamish General Hospital
- ▶ **SH** Sechelt Hospital
- ▶ **SIC** Shorncliffe Intermediate Care Facility
- ▶ **UBCH** UBC Hospital
- ▶ **VGH** Vancouver General Hospital
- ▶ **WHCC** Whistler Health Care Centre



Understanding site emissions

Each site's emissions profile is unique, shaped by its existing infrastructure and operational constraints. For example, some facilities are connected to a fossil fuel central steam energy plant, which influences both their baseline emissions and the types of decarbonization strategies available. Other factors that drive site-specific emissions performance include the space and equipment requirements of essential clinical programs that generate GHG emissions, local climate conditions, the age and condition of the building envelope and available electrical capacity needed to transition to lower-carbon heating technologies.

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- 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, VCH-owned facilities with energy meters include (* denotes facilities that are leased):
- Adanac Park Lodge
 - Berkley Care Centre
 - Cedarview Lodge
 - Djavad Mowafaghian Centre for Brain Health*
 - Dogwood Care Home
 - G.F. Strong Rehabilitation Centre
 - Gordon and Leslie Diamond Health Care Centre
 - Lions Gate Hospital
 - Little Mountain Court
 - Little Mountain Place
 - Minoru Residence
 - Oak Care Centre*
 - Pemberton Health Centre
 - qathet General Hospital
 - Richmond Hospital
 - Sechelt | shíshálh Hospital
 - Shorncliffe Intermediate Care Facility
 - Squamish General Hospital
 - UBC Hospital*
 - Vancouver General Hospital
 - Whistler Health Care Centre
- E** The GreenCare survey is an annual survey distributed to staff and medical staff within Fraser Health, Providence Health Care, Provincial Health Services Authority and Vancouver Coastal Health. The survey assesses perspectives, experiences and behaviours related to the environment and planetary health. Results help EES, environmental, sustainability and planetary health teams monitor progress and identify opportunities to build a sustainable, climate resilient health system.
- F** The waste portfolio reported is expanding, which will require our targets to be re-evaluated in 2026. At a provincial level there is work on standardizing waste metrics, which may influence how we report waste moving forward. VCH acute care sites included in waste-related key performance indicators were (* denotes facilities still working to return to pre-2020 recycling service levels):
- Lions Gate Hospital*
 - Richmond Hospital*
 - Squamish General Hospital
 - UBC Hospital*
 - Vancouver General Hospital
- G** VCH non-acute care sites included in waste-related key performance indicators are:
- 6100 Bowling Green Road
 - Berkley Care Centre
 - Cedarview Lodge
 - Dogwood Care Home
 - G.F. Strong Rehabilitation Centre
 - Oak Care Centre
 - Hilltop House
 - Margaret Fulton Centre
 - Minoru Residence
 - Richmond Lions Manor Bridgeport
- H** In 2024, VCH facilities included in water metering were (* denotes a leased site):
- Cedarview Lodge
 - Djavad Mowafaghian Centre for Brain Health*
 - Dogwood Care Home
 - G.F. Strong Rehabilitation Centre
 - Lions Gate Hospital
 - Minoru Residence
 - Oak Care Centre*
 - Richmond Hospital
 - Sechelt | shíshálh Hospital
 - UBC Hospital*
 - Vancouver General Hospital
- 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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