

**Tennessee Hospitals, The Joint Commission and The HELP Agenda: The Next 5 Years**



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**Context: Contemporary Healthcare is Brutally Complex**

Thank you . . . for what you do

*(leading . . .) members in advocacy for and support of community-based hospitals and health systems and assist them in delivering accessible, cost-effective, quality health service.*




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**Context: Contemporary Healthcare is Brutally Complex**

**Three Simultaneous Realities . . .**

- **HCOs are Struggling**
  - Workforce, Finance, Patient Disposition, Regulatory Burden
- **HCWs are Struggling**
  - Moral Injury, Workplace Violence, Burnout, Attrition
- **Patients are Struggling**
  - Quality, Safety, Experience, Access, Equity, Affordability




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**Optimizing Performance, We Must “Multi-solve”. . .**

Three-way collision:

- Interests of the Patient
- Interests of the Community
- Interests of Healthcare Workers



A “Values-Based” Approach:

- “Triple Aim”
  - + Cost (Affordability)
  - + Quality (& Safety)
  - + Experience of Care
- “Quadruple Aim”
  - + Equity
- “Quintuple Aim”
  - + Caregiver Wellbeing
- “Sextuple Aim”
  - + Sustainability

The Joint Commission

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**Overview:**

- 1. Trustee’s Critical Responsibilities**
- 2. Introducing The Joint Commission & The HELP Agenda**
  - Health Equity
  - Environmental Sustainability
  - Learning Healthcare
  - Performance Integration
- 3. Diving Deeper on Sustainable Healthcare**
- 4. Q & A**

The Joint Commission

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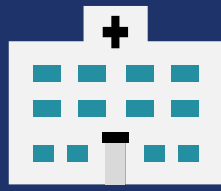
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**Trustee Responsibilities: CMS QAPI Requirements for Hospitals**

§482.21 CoP: Quality Assessment and Performance Improvement Program (QAPI)

*“The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement (QAPI) program and demonstrate evidence of its program for review by CMS.”*



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### Interpretive Guidelines for 42 CFR 482.21, QAPI Program ( Revised March 9, 2023 )

The hospital collects data to monitor its performance.



- The leaders (including the governing body) set priorities for and identify the frequency of data collection
- (Deemed) Assumes full legal responsibility for the operation of the hospital

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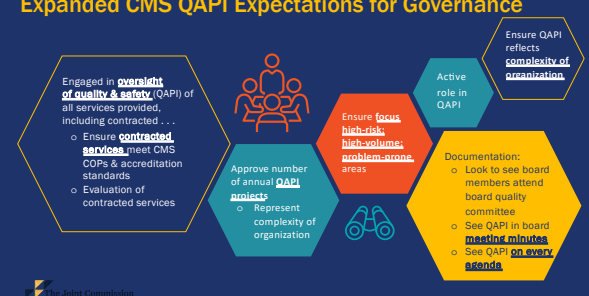
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### Expanded CMS QAPI Expectations for Governance



- Engaged in **oversight of quality & safety (QAPI)** of all services provided, including contracted services
  - o Ensure **contracted services** meet CMS COPs & accreditation standards
  - o Evaluation of contracted services
- Approve number of annual **QAPI projects**
  - o Represent complexity of organization
- Ensure **focus, high-risk, high-volume, problem-prone** areas
- Active role in QAPI
- Ensure QAPI reflects **complexity of organization**
- Documentation:
  - o Look to see board members attend board quality committee
  - o See QAPI in board **meeting minutes**
  - o See QAPI **on every agenda**

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### CMS QAPI Requirements and Governing Body

- CMS QAPI Guidance clarifies **Governing Body Responsibilities** for QAPI program, including:
  - ✓ Governing body has specified frequency/detail of QAPI data collection
  - ✓ QAPI activities are initiated based on data/adverse events
  - ✓ Governing body selects number and scope of QAPI projects
  - ✓ Governing body allocates adequate resources to measure, assess, improve, and sustain improvement programs

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**CMS' New Patient Safety Structural Measure**

- New Hospital Inpatient Quality Reporting (IQR) measure
- Attestation to five domains:
  1. Leadership commitment to eliminating preventable harm
  2. Strategic planning & organizational policy
  3. Culture of safety & learning health systems
  4. Accountability & transparency
  5. Patient & family engagement
- Data collection in 2025, with public reporting in Fall, 2026




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**Overview:**

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  - Health Equity
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**The Joint Commission: Multi-Solving Today's Challenges**

The Joint Commission was *jointly* founded in 1981 by the:

- American College of Surgeons
- American College of Physicians
- American Medical Association
- American Dental Association
- American Hospital Association




The Vision of The Joint Commission is:  
*All people always experience the safest, highest quality, best-value health care across all settings.*

The Work of The Joint Commission enterprise:

- Hospital & Healthcare Organization (for CMS) in the U.S.
- Programmatic Certifications
- Accreditation & Consultation in > 75 Countries (Joint Commission International)
- Measure Development / Evidence Assessment through National Quality Forum




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**OVERVIEW: TJC's HELP Agenda**

	Why
<b>H</b> Health Equity	<ul style="list-style-type: none"> <li>- Social Responsibility &amp; Patient Safety Issue</li> <li>- National Patient Safety Goal</li> <li>- Advanced Certification Available</li> </ul>
<b>E</b> Environmental Sustainability	<ul style="list-style-type: none"> <li>- Health, Equity &amp; Patient Safety Issue</li> <li>- Sustainable Healthcare Certification</li> </ul>
<b>L</b> Learning	<ul style="list-style-type: none"> <li>- Responsible Use of Health Data Certification</li> <li>- Guide safe, effective, equitable AI &amp; algorithms</li> </ul>
<b>P</b> Performance Integration & Improvement	<ul style="list-style-type: none"> <li>- From "performative" to performance improvement</li> <li>- Eliminated obsolete standards</li> <li>- Introduced "directional" standard</li> <li>- Latitude to address complex issues</li> </ul>



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**OVERVIEW: TJC's HELP Agenda**

<b>H</b> Health Equity
<b>L</b> Learning
<b>P</b> Performance Integration & Improvement
<b>E</b> Environmental Sustainability



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**H**

**Health (Care) Equity**

*... Of all the forms of inequality, injustice in health is the most shocking and the most inhuman ... because it often results in physical death.*

*Martin Luther King, Medical Committee for Human Rights, Chicago, 1966*



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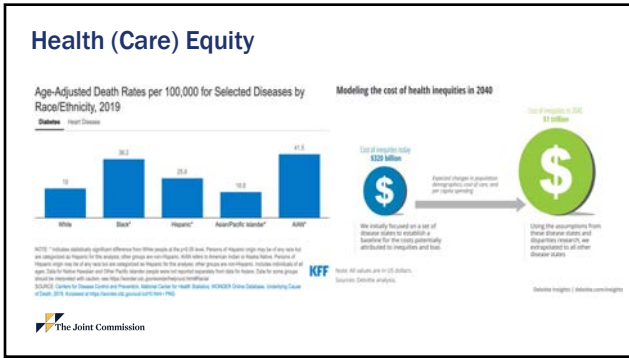
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### Learning Healthcare: Great Things & Guardrails...

- Sufficient guidance to prevent misuse
- Sufficient leeway for appropriate use

**Researchers Find racial bias in Hospital Algorithm**  
Journal of the American Medical Association, published by Wiley, published in the journal Science  
 Volume 325, Number 10, 10/25/2019

**Diagnostic Errors in Hospitalized Adults Who Died Were Transferred to Intensive Care**  
Journal of the American Medical Association, published by Wiley, published in the journal Science  
 Volume 325, Number 10, 10/25/2019

**2019 John M. Eisenberg Patient Safety and Quality Awards: SPOTting Sepsis to Save Lives: A Nationwide Computer Algorithm for Early Detection of Sepsis: Innovation in Patient Safety and Quality at the National Level (Eisenberg Award)**  
Journal of the American Medical Association, published by Wiley, published in the journal Science  
 Volume 325, Number 10, 10/25/2019

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### Learning: Responsible Use of Health Data

**Secondary Use of Data** refers to use other than for clinical care, such as QI, operations improvement, discovery, or algorithm & AI development

**What are Patient Rights ?**

- "Agency" over use of data
  - Privacy & protection of personal health information
- Freedom from bias in algorithms
- External verification of controls on data use or financial benefit

**What are the Benefits ?**

- Improve personal healthcare
- Safer, higher-quality care for all

**Joint Commission Responsible Use of Health Data Certification Program:**

- De-Identification
- Data Controls
- Limitations on Use
- Algorithm Verification
- Patient Transparency
- Oversight (Governance) Structure

(Launched January 1, 2024 in U.S., based on the Health Evolution Trust Framework<sup>1</sup>)

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1. <https://www.healthevolution.com/innovation-and-discovery/trust-framework-identified-data/>

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### Performance Integration: The Origins of Standards...

**Where do standards come from?**

**The Centers for Medicare & Medicaid Services (CMS)**  
Conditions of Participation (CoPs) and Accreditation Standards for CoPs are regulatory and enforcement-based standards that are subject to federal enforcement. CMS standards are subject to federal enforcement. CMS standards are subject to federal enforcement.

**Joint Commission**  
Standards are developed by the organization and are subject to enforcement by the organization. Standards are developed by the organization and are subject to enforcement by the organization.

**The Joint Commission**  
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**The Survey Experience\***

We survey all standards, including our own. Our survey team together identifies both an objective evaluation of standards compliance along with strategies and structures for improvement. Surveys are generally conducted every three years.

**Your Survey Team**

Includes clinically and operationally experienced nursing leaders, physicians, facility managers and other professionals who understand your challenges and share your passion for safe.

**We Retired ~ 400 Standards**  
(Redundant, Not evidence-based, Obsolete, Limited benefit)

**Only one new standard . . .**

**Collaborative**  
Only one new standard

**Minimize risk**  
Improve patient outcomes  
Foster a culture of quality and safety

\* This is not a complete list of these areas and may vary. For specific details on standards and accreditation, please contact your survey manager and data services, etc.

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### Performance Integration: Health Care Equity is a *Directional* Standard

Launched 1/23 and elevated to National Patient Safety Goal 7/23

**Six "Elements of Performance"**

1. Designating a leader
2. Assessing health-related social needs
3. Stratifying quality and safety data
4. Creating an action plan
5. Evaluating the action plan
6. Keeping stakeholders informed



Healthcare Organization's OWN PI Initiative(s)  
TJC Accreditation Requirement(s)

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### Advanced Certification in Health Care Equity

**Leadership**

- Strategic priority
- Board involvement

**Collaboration**

- Engage patients
- Engage community organizations

**Data Collection**

- Community
- Patients
- Staff

**Provision of Care**

- Workforce diversity
- Staff training
- Patient-provider communication
- Patients with disabilities
- Health-related social needs

**Performance Improvement**

- Improve services (experience of care, quality metrics)
- Improve staff diversity, equity, and inclusion

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**MHA Waiver Demo:**



**ONE YEAR IN: Massachusetts Hospitals' Historic Health Equity Commitment**

The first year of the waiver program, 2023, saw the beginnings of the foundational work to implement and evaluate hospitals' new health equity efforts. Throughout the year, hospitals completed numerous elements of the commitment, including the completion of detailed assessments of how they currently collect patient demographic data, and establishing a process to share data with the Center for Health Equity Promotion and Analysis, preparing a plan for screening Mass-Health patients for social needs in inpatient acute settings using a standardized tool, forming joint accountability partnerships with ACOs, and creating a new equity strategic plan that details hospitals' health equity goals and their processes for assessing the needs of their community. Each succeeding year of the program will see measurable responsibilities with strict oversight from the state.

In 2023, the Commission incorporated six new health equity elements as part of its accreditation reviews. As part of the waiver program, all Massachusetts acute care hospitals were evaluated for adherence to the TJC health equity guidelines, whether or not they were up for their biennial accreditation. All were found to be in compliance, making Massachusetts the first state in the nation to achieve the TJC health equity standards. Beginning this year, hospitals are preparing to meet TJC's health equity certification standards – a more advanced level of expectations.

**This is a generational effort to improve the lives of patients – particularly those who have been historically marginalized from the healthcare system,” said MHA President and CEO Steve Walsh. “Our hospitals, health systems, and state government are holding themselves accountable for closing disparities and embracing the massive changes it will take to provide everyone with the care they deserve. It would not be possible without the leadership of ECHHS and state officials. We thank our partners at the state for bringing this commitment to life and working closely with healthcare providers every step of the way.”**

**A National Model!!!**

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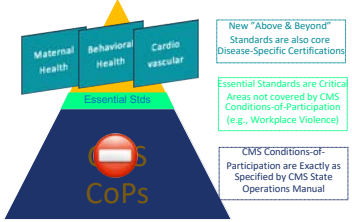
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**Alternative Path: Accreditation (and Certification) of the Future**



Maternal Health, Behavioral Health, Cardiovascular

**New "Above & Beyond" Standards are also core Disease-Specific Certifications**

**Essential Standards are Critical Areas not covered by CMS Conditions-of-Participation (e.g., Workplace Violence)**

**CMS Conditions-of-Participation are Exactly as Specified by CMS State Operations Manual**

**COPs**

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**Aligning the Value Chain . . .**

For Payers	For Clinicians	For Provider Institutions	For Patients
• Lower Medical Losses	• Lower Measurement Burden	• Access to Payer Performance Incentives	• Better outcomes



Aligned measures/ measures sets, methods and practices

Certification Accreditation

House of Quality

Quality Improvement

Value Chain

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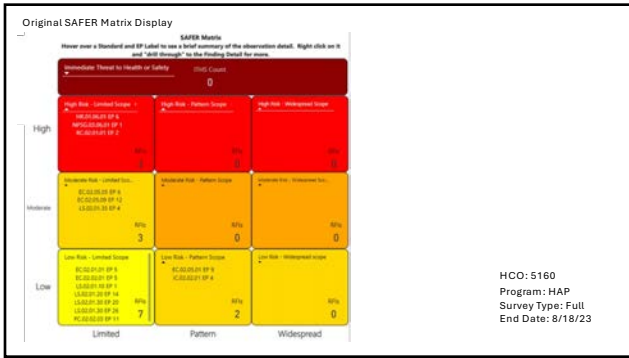
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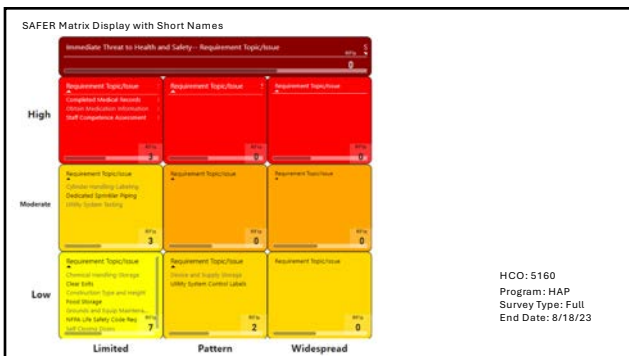
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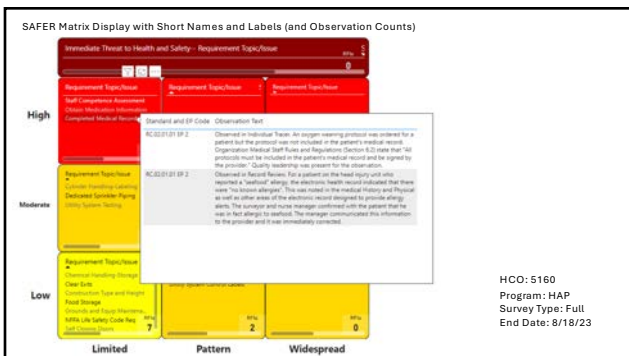
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**Overview:**

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**E**nvironmental Sustainability

Greenhouse Gas Emissions in Healthcare:

- *If worldwide healthcare were a country, it would be the 5<sup>th</sup> largest emitter among countries . . .*
- *The U.S. is 27% of the worldwide healthcare carbon footprint*
  - *~9% of U.S. emissions are from healthcare*
- *Climate change is not only an environmental issue; it is a health, health equity, and patient safety issue . . .*
- *And an operational issue . . . for which we must build resilience!*
  - *81% of primary care clinics closed ≥1 day in last 3 years due to extreme weather events attributable to climate change*

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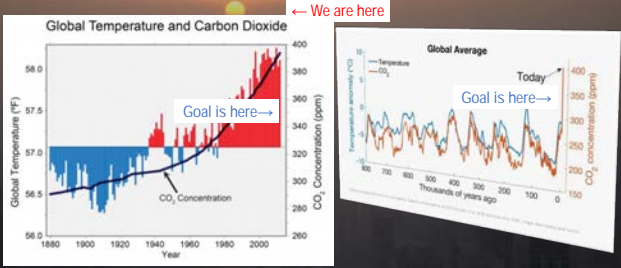
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**CO2 & Temperature – The Long View . . .**




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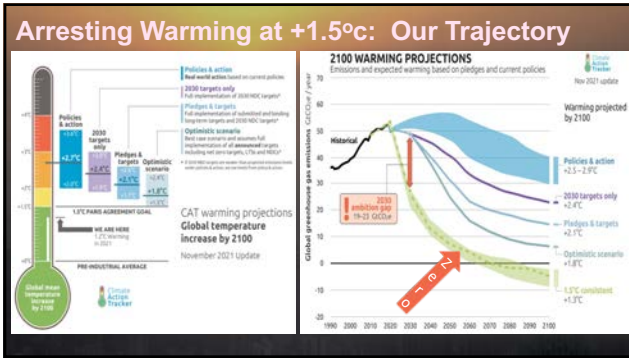
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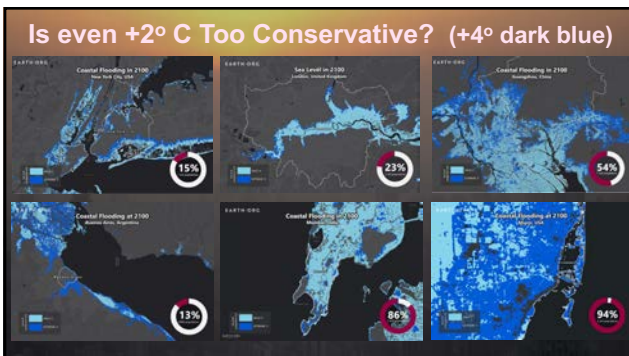
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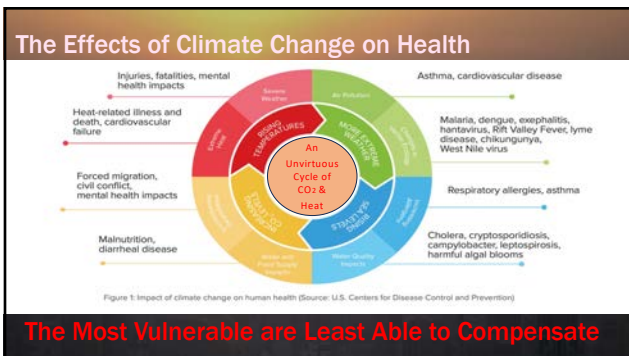
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### The Effects of Climate Change on Health

Figure 1. Impacts of climate change on human health (Source: U.S. Centers for Disease Control and Prevention)

**The Most Vulnerable are Least Able to Compensate**

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### Deadly Heat . . .

- 2022: Worldwide Firearm Deaths – 250,000
- 2022: Worldwide Deaths from Extreme Heat – 489,000
- 2022: People living in extreme heat zones – 30 Million
- 2070: People living in extreme heat zones – 2 Billion
- Heat Deaths in US Increased 17% per year x 7 Years

• Howard JT, Andrade N, Alcover KC, Santos-Lozada AR. Trends of Heat-Related Deaths in the US, 1999-2023. JAMA. Published online August 26, 2024. doi:10.1001/jama.2024.16386

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### Deadly Heat . . . TODAY!

GLOBAL LAND-OCEAN TEMPERATURE INDEX  
Data source: NASA's Goddard Institute for Space Studies (GISS). Credit: NASA/GISS

■ Lowest smelting  
1.0  
0.5  
0  
-0.5  
-1.0

YEAR

The National Weather Service  
Heat advisory of widespread  
scorching heat in the southeastern U.S.  
during the week of July 15.

Heat in the Central Valley  
brings a number of deaths

Smaller pockets across  
the country also register  
temperatures above 100°F

Air Temperature (°C)

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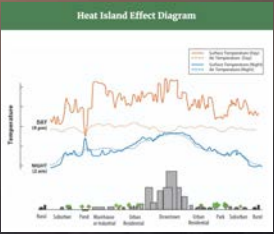
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### Heat Islands . . .

- Causes of Heat Islands:**
  - Reduced Natural Landscapes in Urban Areas
  - Urban Material Properties
  - Urban Geometry
  - Heat Generated from Human Activities
- Contributes to Climate Change as a Health Equity Issue**



<https://www.epa.gov/heatislands/learn-about-heat-islands>

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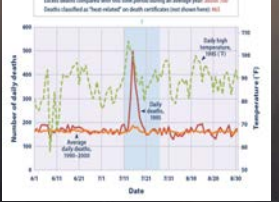
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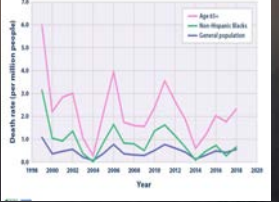
### Heat, Health Equity & Patient Safety . . .

**Example: Examining Heat-Related Deaths During the 1995 Chicago Heat Wave\***

**Cook County, July 11-22, 1995:**  
 Excess deaths reported with this time period during an average year: **about 700**  
 Deaths classified as "heat-related" or "death certificate list shows heat": **161**



**Figure 3. Summer Deaths Due to Heat and Cardiovascular Disease in the United States, 1999-2018**



<https://www.epa.gov/climate-indicators/climate-change-indicators-heat-related-deaths>

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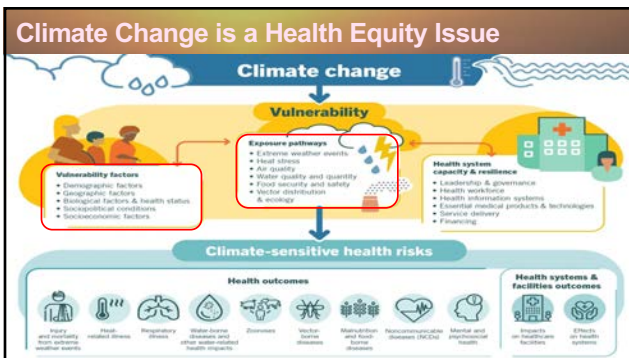
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### The Most Vulnerable are Least Able to Compensate

- Climate change exacerbates health conditions in vulnerable populations.
- Climate-related disasters disrupt (already fragile) living situations.
- Extreme weather events can take critical healthcare infrastructure offline.
  - Enhancing environmental sustainability helps build resilience.



Flooded homes and front yards are seen the day after Hurricane Ida made landfall in New Orleans, Louisiana, in August 2021. [File: Marco Bello/Reuters]

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### The Effects of Climate Change on Health

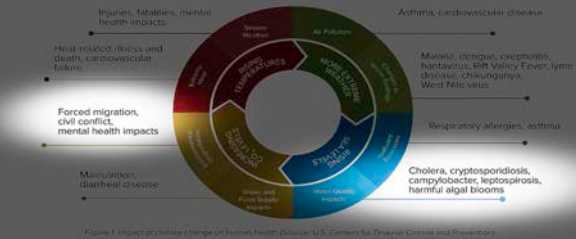


Figure 1. Impact of climate change on human health. [Source: U.S. Centers for Disease Control and Prevention]

### The Most Vulnerable are Least Able to Compensate

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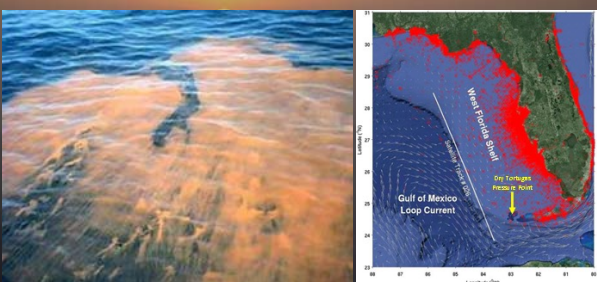
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### The Effects of Climate Change on Health




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### The Effects of Climate Change on Health

Dead fish, Mississippi Delta

Dead fish were washed ashore after being in a mud slide in Capota, Florida, on Aug. 3, 2004. (AP/Wide World)

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### The Effects of Climate Change on Health

Two weeks after the *Special Report on Global Warming of 1.5°C* was released by the Intergovernmental Panel on Climate Change (IPCC) in South Korea, Central American Ministers of Environment gathered in **Panama** to discuss its findings. The report, alongside growing national concerns, lead them to call for increased awareness on the need to implement adaptation measures to address the challenges of human mobility in the context of the adverse effects of climate change, in a region highly exposed and vulnerable to this phenomena.

<http://climatepolicyobservatory.org/2015/11/04/central-american-ministers-call-for-adaptation-and-climate-change-in-their-region/>

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### The Effects of Climate Change on Health

As the climate warms, the world will be pushed to the heart of the continent, towards the coastlines, and towards the equatorial zone.

<https://projects.propublica.org/climate-migration/>

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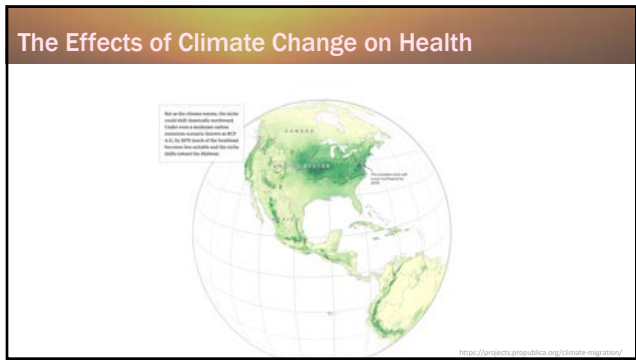
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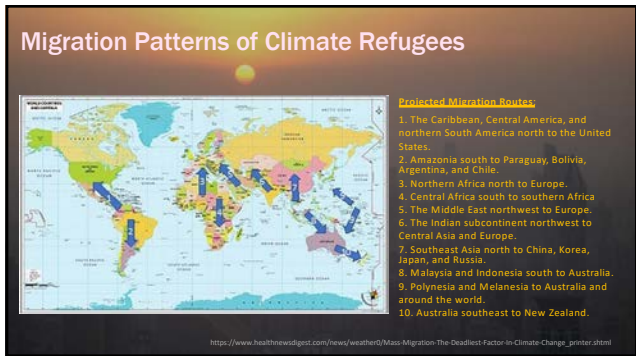
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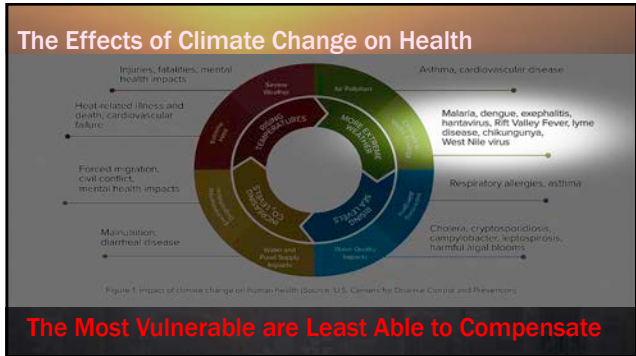
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### The Effects of Climate Change on Health

“In total, Winegard estimates that mosquitoes have killed more people than any other single cause—fifty-two billion of us, nearly half of all humans who have ever lived. He calls them ‘our apex predator . . . the destroyer of worlds,’ and ‘the ultimate agent of historical change.’”

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### The Effects of Climate Change on Health

Vector	Mosquito-borne diseases	Causative organism
Anopheles sp.	Chikungunya	Virus - CHIKV
	Dengue	Virus - DENV
	Rift Valley fever	Virus - phlebovirus (RVFV)
	Yellow Fever	Virus - flavivirus (YFV)
	Keystone virus-induced encephalitis	Virus - orthobunyavirus (KEYV)
Culiseta sp.	Japanese Encephalitis	Virus - flavivirus (JE virus)
	West Nile fever	Virus - WNV
Artemesia sp.	Malaria	Parasite - Plasmodium sp.
All three	Lymphatic filariasis	Parasites - Wuchereria sp., Brugia sp.

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### The Effects of Climate Change on Health

States and territories reporting dengue cases - United States, 2023 (as of August 2, 2023)

<https://www.vdh.virginia.gov/2023/08/01/740-dengue-cases-reported-us-06/>

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### Greenhouse Gases (GHG) in Healthcare

GHG Convention Defines "Scopes" of Emissions:

- **Scope 3 – The Stuff We Buy & Use**
  - Equipment, Supplies and Investments
  - If cost is lower or equal, why not buy lower CO<sub>2</sub> product?
- **Scope 2 – The Stuff We Burn** (Facilities & Vehicles)
  - Fuel (Power) for Buildings and Vehicles . . . And Water
  - Federally-Legislated Incentives to Recap Infrastructure
- **Scope 1 – The Stuff We Do**
  - Anesthetic Gasses & Propellant Inhalers
    - Reducing flow rate of fluorinated anesthetics saves \$
    - Fluorinated hydrocarbons ~1,500-3,600 X more warming than CO<sub>2</sub>.

Matthew J. Coleman et al., "Health Care Facilities and Public Institutions as the Third Largest GHG Source," Health Affairs 39, no. 12 (Dec. 2020): 2071-79.

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### Scope 1: Propellant Inhalers

Metered Dose Inhalers

- Use hydrofluorocarbon aerosol propellants.
- Can generally use Dry Powder Inhalers instead

U.S. Environmental Protection Agency (EPA), Inventory of U.S. Greenhouse Gas Emissions and Sinks, 1990-2021

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### Scope 1: Anesthetic Gasses

**Fluorinated Anesthetics (ASA Guidance)**

- Providers should *avoid*... anesthetics with disproportionately high climate impacts, such as *desflurane, isoflurane, and nitrous oxide*.
  - *Lowest possible fresh gas flow*
  - *Regional and/or i.v. anesthesia anesthesia should be prioritized*
- *Nitrous oxide is lost, pre-use, and released into the air through leaks in central piping systems*
  - *Portable canisters should be substituted and closed between uses to avoid continuous leaks.*

Dr. Jodi Sherman, Yale University  
<https://www.aacodanesthesiologists.org/news/2015/07/02/the-impact-of-waste-anesthetic-gas-on-climate-change/>  
<https://www.asahq.org/about-asahq/newsroom/news-releases/2022/06/reduce-carbon-footprint-from-ethical-anesthesia-with-new-guidance-published>

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### Success Stories: Seattle Children's "Project SPRUCE"

#### 10x Reduction in OR Emission

**\$177,000 reduced spend per year**  
**500,000kg CO2 less per year**  
**Cuts CO2 footprint of entire hospital by 7%**

#### Emissions Decreasing Over Time by Clinician

CO2 Emissions by Healthcare

Dr. Robert Lee, Associate Professor, Department of Anesthesiology, Seattle Children's Hospital / University of Washington

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### Decarbonizing NHS: Scope 1 – Inhaled Gas

**NHS England**  
**Delivering a 'Net Zero' National Health Service**  
 Available at: <https://carbonfootprint.com/nhs/USEPExoK61GE/>

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### Scope 2: Fuel, Power & Water

#### Healthcare Facilities: Opportunity Space

- U.S. healthcare facilities comprise approximately 4 billion square feet or 5% of total commercial floorspace, accounting for about 10% of total commercial building energy consumption (EIA 2012).
  - Hospitals comprise about half of the healthcare facilities floorspace and nearly three-fourths of all energy consumed (EIA 2012).
  - Hospitals tend to have a high energy use intensity (EUI) compared to other building types, nearly three times the average commercial building (Della Barba 2014) . . . with heating, cooling, and ventilation (HVAC) comprising 52% of their energy use (Taylor and Arch 2016)
- Best way to cut hospital energy use is keeping patients out of hospitals !!!**

<https://www.energy.gov/help/articles/integrating-health-and-energy-efficiency-healthcare-facilities> - "Best Hospitals' 2020 and 2021" and "2020 Building 2020 Data"

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### Success Stories: Climate Action Council Partners & Memorial Sloan Kettering

**GE**  
GE's climate action strategy is centered on decarbonizing its operations and products. The company has set a goal to reduce its own emissions by 25% by 2030 and to help its customers reduce theirs by 20% by 2030. GE is a leader in providing energy-efficient solutions for industrial and commercial buildings.

**ASCENSION**  
Ascension is committed to reducing its carbon footprint and improving the health of the planet. The company has set a goal to reduce its own emissions by 25% by 2030 and to help its customers reduce theirs by 20% by 2030. Ascension is a leader in providing energy-efficient solutions for industrial and commercial buildings.

**CONDENSON**  
Condenson is a leading provider of energy-efficient solutions for industrial and commercial buildings. The company has set a goal to reduce its own emissions by 25% by 2030 and to help its customers reduce theirs by 20% by 2030. Condenson is a leader in providing energy-efficient solutions for industrial and commercial buildings.

**ROCHESTER**  
Rochester is a leading provider of energy-efficient solutions for industrial and commercial buildings. The company has set a goal to reduce its own emissions by 25% by 2030 and to help its customers reduce theirs by 20% by 2030. Rochester is a leader in providing energy-efficient solutions for industrial and commercial buildings.

Memorial Sloan Kettering (MSK) has committed to a 50% carbon reduction in gas flare energy use intensity by 2025, in alignment with the NYC Carbon Challenge.

After almost two decades of investing in energy efficiency projects, MSK has seen a substantial acceleration of energy usage and costs, thanks to the leadership of the Plant Operations department. Examples of energy optimization measures at MSK facilities include but are not limited to LED lighting retrofits, setback and control optimizations, upgraded pumps, energy-efficient HVAC systems, and computer databases and energy management programs. MSK has recently converted Memorial Hospital, the Mortimer B. Zuckerman Research Center, and the Rockefeller Research Laboratories from steam to hot water and built a combined heat and power (CHP) generation plant, ending the largest reduction in energy from any single project to date.

MSK's energy portfolio includes the procurement of low-impact hydroelectric power and a 2.4 MW solar canopy system.

<https://climateactioncouncil.org>

<https://www.mskcc.org/our-story/press-room/energy-efficiency>

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### Decarbonizing NHS: Scope 2 – Fuel & Power

Year	CO2 Emissions (MtCO2e)
2018	2,351
2019	2,000
2020	1,871
2021	1,572
2022	1,351

**NHS England**  
Delivering a 'Net Zero' National Health Service

Available at:  
<https://capture.droobox.com/dmU5FEExoKb1GFE>

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### Scope 3: What We Buy and Use

**U.S. Hospital Average: ~ 18-24 lbs / bed / day**

Based on information from Health Care Waste Management Association (HCMA) and other sources.

Source: <https://www.healthcarewaste.org/>

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### Maria Kojck: Humanizing the Magnitude of Waste



- Nurse
- Performance Artist
- Climate Activist
- Breast CA Patient
- ← One Surgery

<http://www.mariakojck.com/2020/02/20/20200220.html>

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### Success Stories: Cleveland Clinic, UCLA, Inova . . .



**Ronald Reagan UCLA Medical Center diverted 297 tons of waste from landfills over the last few years via one simple change: reusable isolation gowns instead of disposable. Cost savings to date is \$11 million, and the reusable versions are more comfortable and safe.**

**Inova Fairfax Hospital saved nearly \$200,000 in annual waste disposal fees through better segregation of waste and a concerted effort to educate and engage staff.**

<https://practicegreenhealth.org/topics/waste/>

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### Decarbonizing NHS: Scope 3 – Goods & Services



**Delivering a 'Net Zero' National Health Service**

Available at: <https://capture.dropbox.com/ajm18B@pxwK1GFE>

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### Scope 3 (Buy & Use): Improving our Carbon Diet

**Nutrition Facts**  
 8 servings per container  
**Serving size 2/3 cup (55g)**  
**Calories 230**

Amount per serving		% Daily Value*
<b>Total Fat</b> 1g		10%
Saturated Fat 1g		5%
Trans Fat 0g		
<b>Cholesterol</b> 0mg		0%
<b>Sodium</b> 100mg		7%
<b>Total Carbohydrate</b> 33g		12%
Dietary Fiber 4g		14%
Total Sugars 15g		
Includes 10g Added Sugars		20%
<b>Protein</b> 1g		
<b>Vitamins</b>		
Vitamin D 2mg		30%
Calcium 200mg		20%
Iron 80mg		45%
Phosphorus 240mg		6%

**Carbon Footprint of A New Mouse**  
**3.3 kg of CO2**

Manufacturing 2.2 kg  
 Transportation 0.3 kg  
 Product Usage 0.7 kg  
 Disposal 0.1 kg

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### Sustainable Health Care: Environmental Necessity

- The Joint Commission is the only accrediting organization leading environmental sustainability.
- We signed White House / HHS Health Sector Pledge committing to:
  - 50% Reduction in CO2 by 2030, net zero by 2050
- We convened two Technical Advisory Panels in 2022:
  1. Reviewed & Revised Joint Commission standards to make sure they do not inadvertently contribute to excess consumption.
  2. Generated proactive requirements to accelerate efforts in decarbonization.

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### Initially, Standards Not Well Received . . .

But, Climate Change Felt More Real ...

- Canadian Wildfires
- California 14' Snow / Flooding
  - "Atmospheric River"
- 101° Florida Waters
  - Fish Kills & Coral Bleaching
- Maui Wildfires
- Vermont Floods

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**It's a Workforce Issue (& Opportunity) . . .**

- Younger workers (18-34) do not want to work for organizations without a credible sustainability plan
  - ~ 50% Workers 18-34 said they would not take a job with an organization without commitment to sustainability
    - Robert Half, Inc. 2022
- **Rare that TJC is asked to ADD Standards . . .**
  - Younger workers & clinicians are requesting !!!

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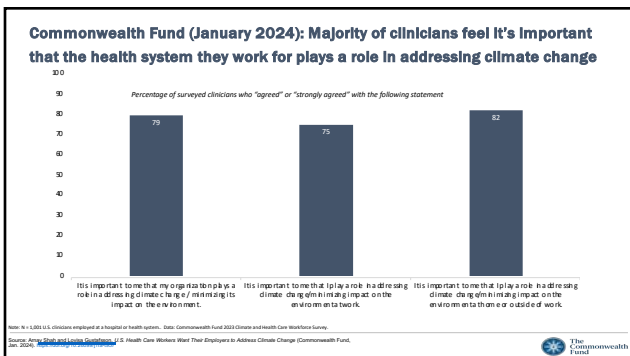
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**Introducing Sustainable Health Care Certification**

- Announced voluntary program on Sept. 18, 2023 to start Jan 1, 2024
- **Four Components:**
  1. Strategic Plan Approved Annually by Board
  2. Designated Leader(s) Responsible for Operational Plan
  3. Measure  $\geq 3$  (in MTCO<sub>2</sub>e):
    - ✓ Combustible fuel use
    - ✓ Purchased energy
    - ✓ Anesthetic gas use
    - ✓ Fleet vehicle fuel use
    - ✓ Waste disposal
    - ✓ Metered dose inhaler use
  4. Reduce Footprint in 3 Measured Areas
    - Annual Analysis of Sustainability Measures Against Goals
    - Revise Approach if Goals Not Met

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### Benefits of Sustainable Health Care Certification

**Achieving Certification:**

- ✓ Help initiating efforts, if just beginning journey
  - Numerous support resources
  - Build "carbon-accounting" competencies
- ✓ Communicate environmental stewardship to community and workforce
- ✓ Position organization for financial incentives
- ✓ Prepare for increasing governance scrutiny
  
- ✓ Certification is virtual, and program fees are modest

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### Unprecedented, Once-in-a-Lifetime Incentives

**Cash Incentives & Tax Credits Under Inflation Reduction Act (IRA):**

**A. Tax Incentives and Direct Pay Provisions**

- Investment tax credit for energy property for projects beginning construction before Jan. 1, 2025
- Energy efficient commercial building deductions
- Credit for qualified commercial vehicles

**B. Grants and Incentives for Greener Energy**

- Rural Energy for America Program (REAP)

**C. Grants and Incentives for Climate Resilience**

- FEMA's Hazard Mitigation Grant Program

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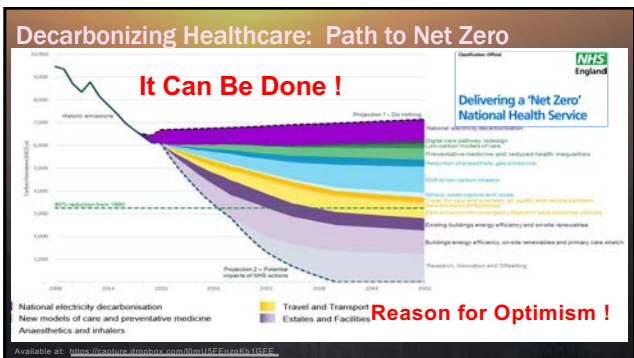
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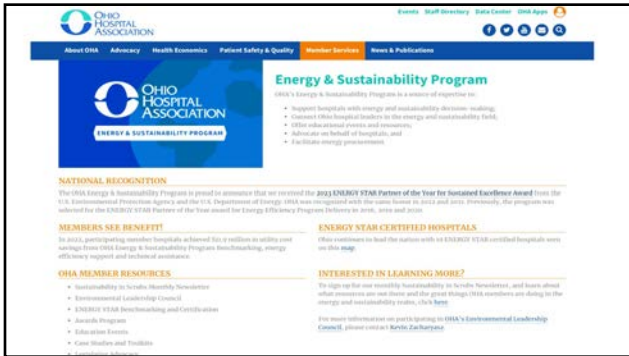
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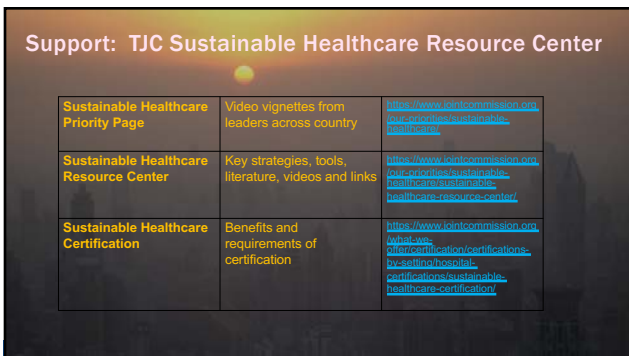
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**Tennessee Hospitals, The Joint Commission and The HELP Agenda: The Next 5 Years**



Jonathan B. Perlin, MD, PhD, MSHA, MACP, FACMI  
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 The Joint Commission

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