

Entry #: 1

Date Submitted:

General Information

Welcome to the 2019 Green Hospital Scorecard! ***This data call is collecting 2018 data.*** Please note the following:

- The Green Hospital Scorecard (GHS) is managed by the [Canadian Coalition for Green Health Care](#) (the Coalition). The Coalition is a Canadian not-for-profit organisation that has been nationally recognised for over 19 years as Canada's premier green resource network that strives to positively influence the ecological impact of Canadian health care. Visit the Coalition's [website](#), read the [Joint Position Statement](#), or contact Neil at neil.ritchie@greenhealthcare.ca for more information.
- In 2016, the Ontario Hospital Association (OHA) asked the Coalition to take over management of the four-year-old GHS program. The Coalition has been a historic partner with the OHA on the development of the GHS and the Green Health Care Awards in Ontario.
- The Coalition will:
 - Respect data confidentiality and will not share your data or contact information without your permission.
 - Encrypt all submitted data and store it on a secure server.
 - Only publish survey results in aggregate; all data will be de-identified unless agreed to by your facility representative.

Important information on navigating, saving, and sharing the survey

1. At any time, you may navigate through the seven sections of this survey using the number buttons at the top of your screen. Navigating to a different section will not cause you to lose any information that you have entered.

2. If you wish to exit the survey and return later, click SAVE at the bottom of any section. You will be prompted to enter an email address to which a link will be sent for resuming the survey. This link is unique to that survey, and can be used to repeatedly access that survey, even after additional changes are made and saved. Each time you make changes and click SAVE, you will have the option to enter an email address to which a link will be sent. You may enter the same email address or a new one - the link generated will be the same and everyone who has this link will still be able to access the survey.

3. If, after opening, starting, and saving a survey, you click the original survey link sent to your email, a new blank survey will be opened. **For hospitals with multiple sites, this is how a new survey for each site should be opened.**

3. If you wish to share a survey, so that others may edit or add information, simply forward them the email with the link to your saved survey. There is no limit to how many people can access or edit a survey, but multiple users should not access the survey at the same time. Note that anyone with the unique link to your survey can view and edit any information that has already been saved.

4. The Canadian Coalition for Green Health Care will be offering a FREE one-hour educational webinar that will review how to submit data to the GHS. The webinar is scheduled for February 20th, 2020 and will be recorded and posted at <http://greenhealthcare.ca/ghs> for anyone who cannot attend. *This will include explanations and introductions to ALL new sections. Click [here](#) to register for the webinar.*

5. For each question asking about policies, there will be a field to submit names and URLs for the policies. *If you submitted URLs or actual policies last year please respond that these have already been sent. For participants who did not submit information on your policies last year, we encourage you to submit them in the fields provided. If you do not have public URLs, please send the policies directly to dan@greenhealthcare.ca, and keep in mind that we will be randomly selecting facilities to interview to gather more information on your policies. The goal of these interviews will be to better understand the policies and gather information to share through webinars and reports.*

The General Information section of the survey collects information for **ONE** hospital site, its area, number of beds, outpatient visits and inpatient days.

Please note that all data provided throughout this survey must be consistent with the area, bed, inpatient and outpatient information provided in this section. For example, if providing the area for three buildings, the number of beds, inpatient days and outpatient visits as well as energy consumption, waste generation, and water consumption figures should be representative of the same three buildings.

To produce quality results for self-comparison, the buildings for which data is provided should remain as consistent as possible on an annual basis. For example, if you provided information for three buildings last year, ensure, where possible, to provide information for the same three buildings each year going forward.

DEADLINE FOR DATA SUBMISSION

All information submitted in this survey should be for the **2018 calendar year (January-December)**. The deadline to submit data is Monday March 30th, 2020.

If you have any questions , check out the [FAQs](#) or contact dan@greenhealthcare.ca.

Hospital Site Name

If your facility does not have any inpatient beds please identify the building type:

Conditioned Floor Area

Building 1

Conditioned Floor Area

Unit

Building Name

Building Type

Building Address

Canada

Total Beds

Total Inpatient Days in 2018

Total Outpatient Visits in 2018

Peer Group

Contact First Name

Contact Last Name

Contact Title

Email Address

Phone Number

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Energy

The Energy section of the survey collects information on the hospital site's energy sources and use in 2018.

Please ensure that the information provided corresponds with the building data provided in the General Information section.

Fuel Types:

- District Heat: Heat purchased and consumed from a district energy company. This includes steam.
- District Cooling: Chilled water purchased and consumed from a district energy company. This includes deep water cooling.
- Exported Energy: Energy generated on site but not used on site.

What not to report:

- Vehicle fuel use
- Diesel use for backup power generation (unless backup power generation was needed for an unusually long period of time)
- Energy use of buildings that are not represented by the conditioned floor area reported in the survey

Where applicable, please provide your hospital site's 2018 energy consumption (in units billed) for the following:

Electricity	Unit - Electricity
Natural Gas	Unit - Natural Gas
Propane	Unit - Propane
Fuel Oil	Unit - Fuel Oil
District Heat	Unit - District Heat
District Cooling	Unit - District Cooling
Exported Energy	Unit - Exported Energy

If you use a form of district energy such as imported steam or deep water cooling, please describe the source and type of energy.

Please describe and include data for any other applicable energy sources used.

Does your facility have a purchasing policy which stipulates that ENERGY STAR® products should be considered when purchasing when available?

Which of the following Natural Resource Canada energy tools/programs has your facility participated in or utilized?

Portfolio Manager

RETScreen Expert Energy Management Software

Simple Savings Calculator

Which renewable energy options has your facility already implemented?

Which renewable energy options is your facility considering for the future?

Distributed generation (DG), also called on-site generation or decentralized generation, is the term used for electricity generated from sources that are near the point of consumption, as opposed to centralized generation sources such as large utility-owned power plants. Distributed generation systems include on-site renewable energy, combined heat and power (CHP), and small natural gas-fuelled generators which are typically smaller in scale than the traditional generation facilities. These DG systems reduce the amount of energy lost in transmitting electricity because the electricity is generated near the point of consumption, and also help prepare the facility to better manage power outages which are occurring more frequently due to our changing climate.

Another term used is **Distributed Electricity Resources (DERs)**, which are electricity-producing resources (like renewables and CHP) but also include controllable loads that are connected to a local distribution system. Controllable loads include HVAC systems, electric water heaters and other appliances, and electric vehicles for which the facility manager can control electricity usage to avoid peak energy consumption times. Energy storage is also an important part of these systems to facilitate the time of energy use. For additional information on DERs click [HERE](#).

Has your facility discussed Distributed Generation (DG) or Distributed Electricity Resources (DERs) as part of your energy management strategy?

Renewable energy (including solar panels, wind energy etc.)

Combined heat and power plants

Small natural gas-fuelled generators

Controllable loads: HVAC systems

Controllable loads: electric water heaters and/or other electric appliances

Controllable loads: electric vehicles

Controllable loads: electricity storage

Did your facility receive any financial assistance from the following sources to assist in implementing energy efficiency initiatives at your facility in the survey year (2018)?

Does your facility use an internal Green Revolving Fund to earmark funding for new energy projects?

Did your facility implement new technologies or services for energy efficiency and/or conservation you are proud of in the survey year (2018)?

Please provide any comments regarding your answers.

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Water

Please ensure that the water consumption listed corresponds with the building data provided in the General Information section.

Total Water Consumption in 2018

Unit

Is grounds maintenance (i.e. any water use outside of the conditioned floor area) a significant component of your water bill?

Did your facility implement new technologies or services for energy efficiency and/or conservation you are proud of in the survey year (2018)?

Questions? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Waste

This section of the survey collects information on how conventional non-hazardous waste, biomedical waste and recyclable materials are managed through disposal, recycling, green bin, reuse or an alternative form of diversion like on-site composting.

Please ensure that the information provided correlates to the building data provided in the General Information section.

What not to report:

- Your data should represent the weight of the waste "as disposed", not the waste composition.
- Recyclable materials that were present in the general waste stream should be accounted under "General, non-hazardous waste".
- Waste generated from buildings not reported in the General Information section.

How can I to obtain tonnage information for recycled items? Please review the [FAQs](#).

What does Biomedical Waste include? Please review the [FAQs](#).

Where applicable, please provide your hospital site's 2018 generation for the following waste streams:

General, non-hazardous waste

Unit - General, non-hazardous waste

Source of Data - General, non-hazardous waste

Biomedical waste

Unit - Biomedical waste

Source of Data - Biomedical waste

Does your facility have a sharps collection program?

Please record the quantity of sharps diverted in 2018.

Unit - Sharps

Did your facility implement new technologies or services for waste reduction, reuse or recycling you are proud of in the survey year (2018)?

Where applicable, please indicate which material streams your hospital site diverted in 2018 from the general waste stream.

- Blue Bin: Includes plastic, paper, glass or metal/can accepted in your blue bin. If you have diverted plastics, paper, glass or metal outside your blue bin, please use the Other Material Streams section to provide information on the material, its quantity, unit and source of data.
- Green Bin: Includes kitchen, food waste and organics accepted in your green bin. If you compost (or divert from general, non-hazardous waste) food, kitchen waste or other organic materials, please use the Other Material Streams section to provide information on the material, its quantity, unit, source of data.
- If the material is diverted and quantity is captured, please select "Quantity captured" and enter the quantity below.
- If the material is diverted but quantity is not captured, please select "Quantity not captured".
- If the option to divert a particular waste stream is not available, please check "Option to divert not available".

Material Streams

Blue Bin

Green Bin

Cardboard

Shredded Paper

Electronics / E-Waste

Light Bulbs / Tubes / Ballasts

Scrap Metal

Scrap Wood

Pallets

Toner

Batteries

Other Material Streams

Stream 1

Name/Description

Quantity

Unit

If applicable, please list other disposal methods by material not included in waste destined for landfill, recycling, reuse or composting.

Does your facility have a target to reduce food waste?

Does your facility have a food waste management program?

Below, please check off the waste management options for each site of origin for food waste in your facility.

Hospital food prep area

Patient care area

Hospital cafeteria

Other area

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Pollution Prevention

What is Pollution Prevention?

It is a concept that focuses on:

- Selecting less toxic and more environmentally preferred materials for use within the hospital.
- Considering the impacts of building construction on the environment and within the hospital.

Why measure Pollution Prevention?

Pollution Prevention aligns with the "Do not harm" philosophy in health care. It recognizes that the health care system uses materials that are harmful to human health and the environment. For more information, please visit the [FAQs](#).

How is Pollution Prevention measured?

The Green Hospital Scorecard measures Pollution Prevention qualitatively, and takes into account a hospital's actions to reduce its impact on the environment through:

- Environmentally Preferable Purchasing: "upstream" selection and use of less-toxic, lower impact, or local materials.
- Toxins Management: "downstream" management of toxic materials.
- Sustainable Construction / Renovation Practices: selection of sustainable and construction / renovation material and service.

For more information on Environmentally Preferable Purchasing, Toxins Management and Sustainable Construction / Renovation Practices, please review the [FAQs](#).

What is meant by Policies, Targets and Action Plans?

Please refer to the [FAQs](#) for more information including examples of Policies, Targets and Action Plans.

Does your organization's corporate commitment to pollution prevention include a policy in the following areas?

Environmentally preferable purchasing	Policy Name (if applicable)	Policy URL
Toxins management	Policy Name (if applicable)	Policy URL
Sustainable construction / renovation	Policy Name (if applicable)	Policy URL

Does your organization have clearly defined targets in the following areas?

Environmentally preferable purchasing

Toxins management

Sustainable construction / renovation

If applicable, please describe any other Pollution Prevention measures or initiatives the hospital has in place which are not identified anywhere else in the survey. Please provide quantifiable benefits achieved as a result of the Pollution Prevention measures or initiatives.

Did your facility implement new technologies or services for pollution prevention, including environmentally preferred purchasing, toxics reduction and sustainable construction/renovation you are proud of in the survey year (2018)?

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Corporate Leadership, Planning, and Management

What is Corporate Leadership, Planning and Management?

- **Leadership:** A measure of corporate commitment to green initiatives as gauged by the presence of formalized corporate commitments to green initiatives.
- **Planning:** A measure of a hospital's progress in environmental planning and target-setting.
- **Monitoring & Management:** A measure of a hospital's commitment to tracking and monitoring regular resource expenditures.

Why Measure Corporate Commitment?

- To capture the hospital's corporate commitment to green culture and integration of green objectives into corporate planning and regular business.
- To recognize organizations that support their staff in green initiatives. The presence or absence of a policy is a good way to assess corporate commitment rather than through staff commitment.

How is Corporate Commitment Measured?

The Green Hospital Scorecard measures Corporate Commitment qualitatively through the presence and absence of formal commitments, corporate-level programs, and policies that support green initiatives within the hospital.

What is meant by Policies, Targets and Action Plans?

Please refer to the [FAQs](#) for more information including examples of Policies, Targets and Action Plans.

Leadership

Does your organization's corporate commitment to green initiatives include the following:

A corporately recognized environmental mandate or commitment

An executive sponsor accountable for the overall hospital environmental strategy

A dedicated FTE

A Green Team

If applicable, please describe any other green initiatives the hospital has in place which are not identified anywhere else in the survey.

Does your organization offer staff engagement and outreach programming in the following areas?

Energy conservation

Water conservation

Waste management

Green events, such as Earth Day

If applicable, please describe any other staff engagement and outreach programming that the hospital has in place which are not identified anywhere else in the survey.

Does your organization provide a budget for staff engagement and outreach programming in the following areas?

Energy conservation

Water conservation

Waste management

Green Events, such as Earth Day

Monitoring and Management

How frequently do you track and review your billing data?

Planning

Does your organization's corporate commitment to environmental performance improvements include policy in the following areas?

Energy conservation	Policy Name (if applicable)	Policy URL (if applicable)
Water conservation	Policy Name (if applicable)	Policy URL (if applicable)
Waste management	Policy Name (if applicable)	Policy URL (if applicable)

Does your organization have clearly defined targets in the following area?

Energy conservation	If yes, what is the target? Include amount to be reduced, by which year, based on which baseline year.
Water conservation	If yes, what is the target? Include amount to be reduced, by which year, based on which baseline year.
Waste management	If yes, what is the target? Include amount to be reduced, by which year, based on which baseline year.

Does your organization have an action plan in place stating how that target will be achieved (if yes to above)?

Energy conservation

Water conservation

Waste management

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Transportation

What is clean and active transportation?

According to the Government of Canada, active transportation is using your own power to get from one place to another and includes walking, jogging and biking. Clean transportation includes public transit, car-pooling, shuttles and low-emission vehicles.

Why measure it?

- to understand the behaviours, programs and initiatives of Canadian health care facilities promoting alternative and active forms of transportation
- to gain knowledge on the initiatives and trends in transportation programming of Canadian healthcare facilities

What is telemedicine?

According to the Ontario Telemedicine Network, telemedicine uses telecommunications technology to provide clinical health care at a distance. This helps improve access to medical services that often would not be available consistently in distant rural communities.

Why measure it?

- to understand how Canadian health care facilities are adopting telemedicine
- to gain knowledge on the barriers health care facilities are facing with their telemedicine programs

This section will NOT be impacting your score this year.

Does your facility have a policy to address active and clean transportation? Policy URL

Does your facility have a program to promote alternative transportation to replace single occupancy vehicles?

Does your facility have on site bicycle facilities and/or storage options?

Does your facility have electric vehicle charging stations?

Does your facility have preferred parking for low emission vehicles?

Does your facility have low emission vehicles within the hospital emergency fleet?

Is telemedicine utilized at your hospital?

Please indicate practices needed to better utilize telemedicine.

Did your facility implement new technologies or services for clean transportation you are proud of in the survey year (2018)?

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Food

What is it?

Health care facilities have begun to adopt policies and practices to support a healthy food system. This is a system that includes environmental sustainability, improves nutritional quality, supports a shift to low-carbon foods, builds healthy communities, and supports culturally appropriate and sustainable foods.

Why we measure it?

- to better understand the efforts, policies and practices of Canadian health care facilities on supporting a more sustainable food system
- to gain knowledge on the gaps in the work, and what resources and programs can help support facilities in creating and contributing to more sustainable food systems

This section will NOT be impacting your score this year.

Does your facility have a healthy food policy?

Does your facility include local or sustainable purchasing criteria in contracts or RFPs?

Does your facility actively source meats that are raised without antibiotics?

Does your facility purchase local foods?

Has your facility replaced animal based proteins with vegetable based proteins?

Does your facility have any of the following initiatives? Please check all that apply.

Did your facility implement new technologies or services for a sustainable and healthy food system you are proud of in the survey year (2018)?

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Climate Change

What is it?

Health care facilities in Canada are already being impacted by climate-related events. Floods, forest fires, heat and extreme weather, to name a few, have resulted in closed hospitals, patient transfers, damaged infrastructure from smoke and water, roofs blown off, power outages, delays in critical care services, increased patient admissions, stressed health care workers, and reduced access to medicines.

Why measure it?

- to understand how Canadian health care facilities are impacted by climate-related events.
- to help Canadian health care facilities prepare for more frequent and intense climate-related events.

This section will NOT be impacting your score this year.

How has climate change been recognized by Management at your facility as an issue of concern? Please check all that apply.

Has your facility recognized climate change in specific policies?

Which climate change-related events have impacted your facility? Please describe how your facility was affected. Please check all that apply.

Please provide any additional comments.

Has your facility undertaken a climate change resiliency assessment?

Has your facility participated in a climate change vulnerability assessment?

Did your facility implement new technologies or services for climate resiliency you are proud of in the survey year (2018)?

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Anesthetic Gas

What is it?

Anesthetic gases used for surgeries under general anesthesia are potent greenhouse gases which hospitals regularly discharge unabated into the atmosphere. In England, the National Health Service (NHS) discovered the following:

- 5% of the carbon footprint for acute care organisations is from anaesthetic gases
- For acute care organisations, this is equivalent to around half the emissions from gas used to heat buildings and water
- Desflurane and nitrous oxide causes the most global warming and sevoflurane the least
- Measuring, monitoring and reporting carbon dioxide equivalent emissions is crucial for reducing emissions.
- Ref: <https://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/anaesthetic-gases.aspx>

The Green Hospital Scorecard team is adding these questions to our survey because in Canada we currently do not collect this kind of data and we don't know the quantity or how health care professionals use these products, although there is much interest.

- Ref: <https://link.springer.com/article/10.1007/s12630-019-01385-w>

The person filling out the survey will need to work with their anesthesiology department, and possibly the purchasing department and pharmacy to obtain these numbers

How much of each anesthetic gas was purchased in the last year (2018) by your health care organization?

a. Isoflurane - Number of 100 ml bottles

a. Isoflurane - Number of 250 ml bottles

b. Sevoflurane - Number of 250 ml bottles

c. Desflurane - Number of 240 ml bottles

d. Nitrous oxide (which is used as an anesthetic and also a carrier gas for a, b and/or c) - cubic metres / years

d. If other units used, please provide

What practices to reduce greenhouse gas emissions from discharging scavenged anesthetics are employed or being explored at your facility?

Desflurane has the highest global warming potential of the common anesthetic gases. Are Anesthesiologists within your Anesthesia Department choosing to eliminate or reduce the use of Desflurane to reduce greenhouse gas emissions from wasted anesthetic gases?

Intravenous Anesthetics, known as Total Intravenous Anesthesia (TIVA), is a common practice in anesthesia. Are Anesthesiologists within your Anesthesia Department choosing to increase the use TIVA to reduce greenhouse gas emissions from wasted anesthetic gases?

Regional anesthesia or local nerve blocks is a common practice in anesthesia. Are Anesthesiologists within your Anesthesia Department choosing to increase the use of regional anesthesia or local nerve blocks to reduce greenhouse gas emissions from wasted anesthetic gases?

Do your anesthesia machines automatically adjust fresh anesthetic gas flow to the lowest flow necessary for both Desflurane and Sevoflurane?

Do you have to manually adjust the fresh gas flow to the lowest flow rate?

What is the lowest flow rate used with Desflurane (litres / minute)?

What is the lowest flow rate used with Sevoflurane (litres / minutes)?

Nitrous oxide is commonly used as a carrier gas for volatile anesthetics but contributes to Global Warming. Are Anesthesiologists within your Anesthesia Department choosing to eliminate or reduce the use of nitrous oxide and replace it with medical air?

Technology exists to capture waste volatile anesthetic gases, desflurane/sevoflurane/isoflurane, prior to discharge for the purpose of recycling. Does your facility use this technology?

In your Anesthesiology Department, is there interest in learning more about the impact of inhalation anesthetics on Global Warming and what Anesthesiologists can do?

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

Energy Behaviour

The following questions have been developed by health care energy experts and experts on Energy Behaviour. The questions will help identify if/how Energy Behaviour fits into your energy programs at your facility.

This section will NOT be impacting your score this year, but will be evaluated for a new Energy Behaviour Award.

The following questions shall be answered by the person who is responsible for facility energy. Please submit their name below.

Title	Name (first and last)	Email
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What is your understanding of Energy Behaviour?

Does your facility have an Energy Behaviour initiative(s)?

Comment on the following statements as they relate to STAFF using the scale of 1 – 7. For example:

Select 1 if you very strongly disagree with the statement;
 Select 2 if you moderately disagree with the statement;
 Select 3 if you slightly disagree with the statement;
 Select 4 if you are undecided as to the statement;
 Select 5 if you slightly agree with the statement;
 Select 6 if you moderately agree with the statement;
 Select 7 if you very strongly agree with the statement.

How well has Energy Behaviour been applied to your facility? Please use the rating scale below where 1 is not at all to 7, being fully intergrated with CEO support.

Energy consumption data is made visible to staff who may require it to plan new energy saving measures.

Staff feel assured they will not be penalized for taking energy savings actions.

Staff feel encouraged to take energy savings actions.

Staff have permission to try new energy savings measures.

Staff have enough time to practice new energy savings habits

Frontline staff (for example facility operators) participate in energy decision making.

Staff have tried new energy saving activities this year.

Staff attended energy behaviour training (webinars, workshops) in the last year

Staff that have been previously unaware or uninvolved in energy savings participated in energy activities this year.

Energy savings, including energy waste, is regularly talked about in my organisation by staff

Where have you learned about Energy Behaviour? Check all that apply.

Comment on the following statements as they relate to SENIOR LEADERSHIP SUPPORT of Energy Behaviour within your organization using the scale of 1 – 7. For example:

Select 1 if you very strongly disagree with the statement;

Select 2 if you moderately disagree with the statement;

Select 3 if you slightly disagree with the statement;

Select 4 if you are undecided as to the statement;

Select 5 if you slightly agree with the statement;

Select 6 if you moderately agree with the statement;

Select 7 if you very strongly agree with the statement.

RatingScale

Leadership regularly request energy impact analysis on all capital projects

Energy Behaviour approaches are fully integrated across the entire organization

Energy Efficiency is applied consistently across the organization

Energy considerations have been fully integrated into purchasing decisions

Complex energy savings projects have been considered

Complex energy saving projects have been approved

Energy savings in our organisation are exceeding expectations:

Energy savings, including energy waste, is regularly talked about in my organisation by senior leadership.

Our organisation recognizes Energy Champions

If your organization has implemented Energy Behaviour initiative(s), please indicate if an evaluation has been carried out.

Comment on the following statements as it relates to Energy Behaviour within your organization using the scale of 1 – 7. For example:

Select 1 if you very strongly disagree with the statement;
Select 2 if you moderately disagree with the statement;
Select 3 if you slightly disagree with the statement;
Select 4 if you are undecided as to the statement;
Select 5 if you slightly agree with the statement;
Select 6 if you moderately agree with the statement;
Select 7 if you very strongly agree with the statement.

Self Rating

Energy Behaviour has been fully implemented, maintained and evaluated across the entire organization.

Do you have any comments or concerns in relation to Energy Behaviour you would like to share?

The Coalition's GHS manager will randomly select responding facilities to interview on the Energy Behaviour responses above. Please identify the key person who should be contacted, their title, name and email. Title, name, email address

Questions on the survey? Contact dan@greenhealthcare.ca. You can also check out our [FAQs](#).

The information provided in this survey will be used for benchmark reporting purposes. Participating hospitals will receive a report with their own individual data presented against the backdrop of de-identified data provided by the rest of the participating hospitals. Your hospital's results will not be made public.

Individual Green Hospital Scorecard reports will be emailed to participating hospitals.

If you agree to have your data used in this manner, please click 'yes' below. By clicking 'yes', your data will be used for benchmark reporting, and your hospital will be eligible for performance recognition.

If you do not agree to have your data used in this manner, please click 'no' below. Your data will not be used for benchmark reporting and you will not receive the individual Green Hospital Scorecard report. As such, your organization will not be eligible for performance recognition.

I agree to the terms of use outlined above, and attest that the information provided is accurate and complete to the best of my knowledge.

Membership in the Canadian Coalition for Green Health Care

Membership is open to health care organizations, non-profit and government organizations, individuals and students who support the guiding principles contained in Canada's Joint Position Statement: Toward an Environmentally Responsible Canadian Health Sector, available [HERE](#). If you have any questions about membership, please feel free to reach out to dan@greenhealthcare.ca or refer to [our benefits of membership](#).

The Green Digest

The Green Digest is the Coalition's free newsletter that provides information about current and upcoming events and initiatives in green health care, as well as updates on the Coalition's activities. We will be staying connected with GHS participants through updates via The Green Digest, sending updates and reminders about the program, as well as webinar notices and more! Sign up and stay in touch!

Have you signed up for the Digest?