



Healing Our Common Home Together

CommonSpirit Health FY2021
Sustainability Report



Table of Contents



- 3 Message from Leadership
- 4 Who We Are
- 5 Governance and Leadership
- 7 Corporate Responsibility
- 12 Public Policy and Advocacy
- 15 Violence and Human Trafficking Prevention and Response Program
- 18 Diversity, Equity, Inclusion, Belonging
- 22 Community Health
- 27 Innovation
- 32 Employees
- 43 Climate Resilience
- 49 Supply and Service Resource Management
- 56 Waste and Recycling

This report is designed to be read electronically to facilitate navigation, ease of readability, and to support ecological sustainability.

“Now to each
one the manifestation
of the Spirit is given
for the common good.”

1 Corinthians 12:7 NIV

A Message from Our Leadership

Lloyd H. Dean, CEO of CommonSpirit Health

While there is reason for considerable concern about climate change's impact on health and the communities we serve, I write today with a profound sense of optimism. The work that you and your colleagues have done has put our ministry firmly on a path of greater sustainability, and we are showing all of health care what is possible. We know that there is an unbreakable connection between the health of our planet and the health of our people. And, as our FY2021 Sustainability Report shows, we know what to do about it.

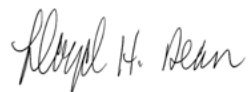
This report documents many of our achievements in the past year. Here are a few examples:

- We provided more than 20 loans and more than \$36 million to support such projects as the construction of new, affordable housing units, renovation of community health facilities, and energy and food sustainability programs.
- Expanded our transportation program to ensure that vulnerable patients in need of a ride to medical facilities were transported free of charge and returned safely home. 4,500 rides were provided.
- Initiated a Retro-Commissioning (RCx) Program across the ministry designed to identify low/no-cost energy conservation measures in our acute care facilities. The program is expected to reduce utility consumption between 5% and 8%.

In 2022, CommonSpirit is developing a comprehensive Climate Action Plan that will leverage new energy-efficient technologies, continue to shift to supplies and sources that advance our sustainability goals and support our supply chain vendors in reducing their emissions.

Climate impact is one of the factors we consider before making major financial decisions. At its core, the commitment we announced at the 2021 United Nations Climate Change Conference (COP26) in Glasgow – to cut our greenhouse gas emissions to net-zero by 2040 – aims to protect our planet and patients while improving our own organization.

Changes like these can make a big difference when scaled across the entire health care sector and beyond. Each of us has an opportunity to achieve sustainability. By caring for our planet, we can create a better and healthier tomorrow for all.



Lloyd H. Dean

→ Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Who We Are

Our Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Our Vision

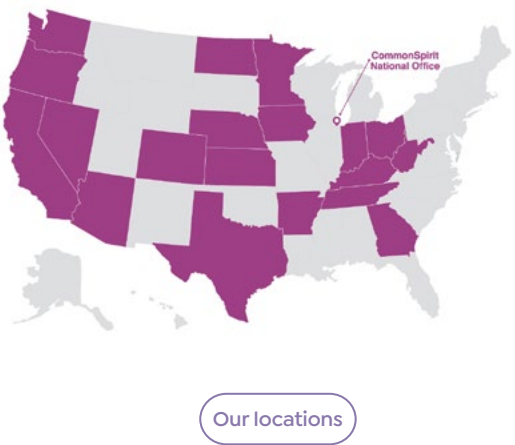
A healthier future for all – inspired by faith, driven by innovation, and powered by our humanity.

Our Values

- Compassion:** We show care with listening, empathy, and love and accompany and comfort those in need of healing.
- Inclusion:** We celebrate each person’s gifts and voice and respect the dignity of all.
- Integrity:** We inspire trust through honesty and demonstrate courage in the face of inequity.
- Excellence:** We serve with fullest passion, creativity, and stewardship, and exceed expectations of others and ourselves.
- Collaboration:** We commit to the power of working together while building and nurturing meaningful relationships.

CommonSpirit Health is a nonprofit, Catholic health system dedicated to advancing health for all people. Formed in 2019 through the alignment of Catholic Health Initiatives (CHI) and Dignity Health, CommonSpirit is one of the largest nonprofit health systems in the U.S., with more than 1,000 care sites and 140 hospitals in 21 states coast to coast, serving 20 million patients in big cities and small towns across America. CommonSpirit is supported by a team of over 150,000 employees, with 25,000 physicians and more than 40,000 nurses who strive to build more resilient communities, advocate for those who are poor and vulnerable, and innovate how and where healing can happen—both inside our hospitals and out in our communities.

- Total Net Assets: \$21.9 Billion
 - Net Operating Revenue: \$33.2 Billion
 - Acute Inpatient Days: 3.9 Million
 - Adjusted Patient Days: 7.7 Million
 - Acute Average Length of Stay: 5.0
 - Community Benefit: \$2.6 Billion
 - Unpaid Costs of Medicare: \$2.5 Billion
 - Acute Care Beds: 21,722
 - Skilled Nursing Beds: 1,956
- Fiscal 2021 (June 30 year-end)



See [CommonSpirit Health/Investor Relations](#) for our most recent audited financial statements, quarterly reports, and bond ratings.

Message from Leadership

→ Who we are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Governance and Leadership

“We believe there is an
unbreakable connection
between the health of our planet
and the health of our people.”

Lloyd H. Dean, CEO of CommonSpirit



Governance and Leadership

The Governance and Leadership/Structure is comprised of a [Board of Stewardship Trustees \(BOST\)](#) and [Executive Leadership Team \(ELT\)](#).

The management of the affairs of the Corporation is vested in the BOST with the power and authority to supervise, control, direct, and manage the property, affairs, and activities of the Corporation, and to determine the policies of the Corporation, and carry out its objectives and purposes. Supporting the BOST are Board Committees that address Sponsorship/Governance, Finance, Mission/Advocacy, Investment, Human Resources/Compensation, Audit/Compliance, Quality/Safety/Patient Experience, and Technology. **There are 15 members of the BOST, 46.7% are female and 40% are diverse.**

The ELT is charged with overseeing the overall operations of CommonSpirit, providing the leadership and organizational management, implementing the strategic plan and meeting the mission, vision, and values of the organization. **There are 18 members of the ELT, 38.9% are female, and 38.9% are diverse.**

Key members of CommonSpirit annually declare any conflicts of interest.

The BOST in consultation with the ELT determines the critical issues facing the organization and approves the overall organizational strategy, operational/capital budget, public policy issues, workforce recruitment/retention, key areas of focus and dashboards. It monitors ongoing performance and ensures that the organization is living out its mission, vision, and values including both internal and external engagement in leadership.

Message from Leadership

Who We Are

→ Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Corporate Responsibility

“At CommonSpirit Health, we believe that corporate responsibility begins with personal responsibility and integrity on the part of everyone who works for and with our organizations.”

Michelle Cooper, Executive Vice President,
Chief Compliance Officer



Key Takeaways

- **Moved to a paperless work environment** in support of a sustainable and healthy environment
- **Assigned 57% of employees from the Corporate Responsibility team to be teleworkers**, thus reducing commute time and the resultant generation of carbon emissions.
- **Volunteered and supported work** to benefit the health of our communities and the environment

Standards of Conduct

The following standards of conduct describe and demonstrate CommonSpirit’s commitment to honest and ethical conduct and provide guidance to employees facing uncertain situations. All board and committee members, officers, employees, volunteers, medical staff and others working with CommonSpirit and its organizations must act in accordance with the following standards of conduct:



Demonstrate fairness, honesty and integrity in all interactions in support of our mission.



Uphold a high standard of skill and knowledge to deliver exceptional quality care, service and outcomes.



Abide by the laws, regulations and policies that govern what we do.



Maintain the integrity and protect the confidentiality of our patient, resident, client, employee and organizational information.



Use our resources wisely to protect our assets, reduce our environmental impact and increase our public health footprint.



Create an environment that promotes community, respects dignity and supports safety and well-being.



Properly disclose and manage situations that pose potential or actual conflicts of interest.



Foster a diverse and inclusive work environment in reverence to our employees, partners and those we serve.

Message from Leadership

Who We Are

Governance and Leadership

→ Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Compliance with Standards of Conduct

Corporate Responsibility assists CommonSpirit employees to understand the organizational Standards of Conduct and works to ensure compliance with those Standards to support ethical conduct, compliance with complex rules and regulations, and stewardship of resources. CommonSpirit's Information Privacy and Security Program is designed to ensure compliance with all data privacy and security laws and regulations using a range of administrative, operational and technological safeguards. CommonSpirit's website includes notices that outline how the organization collects, uses and protects personal information. The Corporate Responsibility team reviews new health technology initiatives, external data sharing partnerships, patient portals and electronic health record platforms to identify and mitigate risks to patient privacy.

The CommonSpirit Corporate Responsibility Program is based on our belief that corporate responsibility begins with personal responsibility and integrity on the part of everyone who works for and with our organization. This means we must strive daily to conduct ourselves in ways that mirror our values. We all have a personal responsibility to behave ethically and appropriately, to meet our obligations and to be good stewards of our resources. We must always hold ourselves accountable for the decisions we make and the actions we take. While our conscience can often be our guide, caring for others, especially in a health care setting, is governed by a complex set of laws and rules that are often difficult to understand and apply consistently.

CommonSpirit's Corporate Responsibility Program provides resources for making ethical decisions based on our values and standards of conduct. This program helps us to understand and comply with complex laws and regulations. To support staff in making the right decisions and getting answers to questions or concerns, CommonSpirit created the Standards of Conduct: Our Values in Action Policy and Reference Guide. We also have Corporate Responsibility Officers (CROs) throughout the organization that serve as resources and a simple reporting process to support staff in making the right decisions and to support others in doing the same. Since the early days when our participating congregations first began their journey to care for those who were poor and vulnerable, we have carried on their tradition of living our values. Maintaining a strong ethical culture is an obligation we all share. These Corporate Responsibility Program resources provide important tools for helping all of us at CommonSpirit fulfill this obligation. Supporting these values and principles is critical to achieving our mission.

Corporate Responsibility Officers and other personnel are available to staff seeking advice about ethical and lawful behavior, organization integrity or organization policies. The Reference Guide includes a resource guide that summarizes the types of concerns typically addressed by specific personnel within CommonSpirit. Corporate Responsibility Officers are always available for assistance.

Message from Leadership

Who We Are

Governance and Leadership

→ Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling



Communicating Concerns

CommonSpirit has a simple process for reporting concerns about unethical or unlawful behavior, and organizational integrity. All staff are responsible for promptly reporting potential violations of law, regulation, policy or procedure. They are protected from retaliation if a good-faith report, complaint or inquiry is made. The CommonSpirit reporting process is described below.

1. Staff should speak with their supervisor or another manager.
2. If the supervisor/manager is not available, or staff are not comfortable speaking with him/her, or believe the matter has not been adequately resolved, they are to contact their Human Resources representative or local Corporate Responsibility Officer.
3. To anonymously report a concern to a neutral third party, there are two options: Call the reporting hotline number or file the report online.

The confidential option described in #3 above is available 24 hours a day, seven days a week. Reports made by phone or the internet are received by trained staff who document and forward information to the local or CommonSpirit Corporate Responsibility Officer for appropriate action. These reports are not traced or recorded. Reporters may remain anonymous if they wish. If staff choose to identify themselves, there is no guarantee their identity will remain confidential. However, when they identify themselves, it is easier for Corporate Responsibility staff to respond. Retaliation against any employee who, in good faith, reports potential or suspected violations is unlawful and will not be tolerated.

Message from Leadership

Who We Are

Governance and Leadership

→ Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling



Telehealth Platforms

The COVID-19 pandemic has inspired health care providers including CommonSpirit Health to expediently deploy Telehealth platforms for providing care. The Corporate Responsibility team partnered with the Technology, Clinical, and Operations teams in conducting compliance reviews of Telehealth initiatives to ensure that data privacy, compliance and information protection requirements were appropriately addressed as part of implementing these new platforms. The Corporate Responsibility team also works closely with Telehealth vendors/partners to ensure that ongoing reviews are established to monitor these platform’s compliance and protection of data privacy for patients using CommonSpirit’s Telehealth platforms.

Confidential Data Leakage and Monitoring

According to The Ponemon Institute, (an independent organization that conducts reviews of data breach costs across different industries) the data breach cost associated with lost or stolen health records is \$429 per record, significantly higher than any other types of data breach cost. The cost associated with a leakage of protected health information to unauthorized parties could pose a significant financial strain to the organization. The Corporate Responsibility Information Privacy and Security team utilizes a variety of mechanisms to review confidential data leaving the organization.



Message from Leadership

Who We Are

Governance and Leadership

→ Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Public Policy and Advocacy

“The impulse to address climate change,
to protect people, and to seek justice
also reflects the beauty of community,
the gift of health, and the majesty
of the natural world.”

Journal of American Medical Association April 2018



Advocating for change is at the heart of CommonSpirit and a significant expression of the ministry’s call to serve the poor and vulnerable. Today, our communities face greater health challenges than ever before. Meeting those challenges—by creating meaningful change in our society—will require more resources, talent, expertise, investment and influence than ever before.

The complexity of public policy issues and the challenging political environment in which they evolve undeniably impact CommonSpirit Health’s mission objectives to create a just and sustainable health care system for all. Nearly every facet of the American health care system has changed as a result of the global COVID-19 pandemic, including our public policy focus. For years to come, health policy will be viewed through the lens of COVID-19, with an emphasis on preparing for the next pandemic, and eliminating health inequities and racism that existed before but were brought into fuller social consciousness during the pandemic. The current moment calls us to safeguard the Medicaid and Medicare programs that serve our most vulnerable brothers and sisters, and to lead on key policies that allow us to reach into communities to address health equity, and impact social and environmental determinants of health.

Through a well-coordinated, system-wide advocacy and grassroots effort, we have been leveraging, mobilizing and stewarding hospital and community resources in order to effectively advance a strong, unified CommonSpirit Health message that will lead to transformational change. CommonSpirit Health’s Public Policy Priorities align and support our organizational objectives to successfully navigate the shifting external demands as we continue to build the health care system of the future.



Public Policy Priorities

Improving Health – Transform the delivery of care and improve the health of individuals and populations by promoting redesigned, consumer-centric delivery systems that improve access to compassionate, high-quality, equitable care.

Advancing Social Justice – Demonstrate leadership and commitment to justice and the communities we serve by promoting social and environmental health, advancing racial justice and building safe, vibrant, connected communities.

Supporting Operational Excellence – Support a diverse and robust workforce that is ready to embrace the environment of the future and further the ministry’s ability to effectively steward resources, protecting the ability to deliver care in keeping with our Catholic identity.

Promoting Fiscal Solvency – Protect CommonSpirit Health’s healing ministry by advocating for fair and sustainable payment models, adequate funding of government programs, support for rural and safety net providers, and a balanced regulatory environment to uphold our ability to provide the highest quality care in our communities.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

→ **Public Policy and Advocacy**

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Key Takeaways

- Through public policy and advocacy, we are using our voice and building common ground to address climate change that, at its core, is both a **health equity issue** and also a **threat to the sustainability of health care**. Our healing mission calls us to leadership and to partner with others to advance meaningful policies and climate-smart actions.

Advocacy Highlights On Climate Change

As the U.S. re-entered the Paris Climate Agreement, CommonSpirit Health President and CEO Lloyd H. Dean, along with Mike Bloomberg, the UN Secretary-General’s Special Envoy for Climate Ambition and Solutions, Washington Governor Jay Inslee, and Charlotte Mayor Vi Lyles, co-chaired [America Is All In](#) and led the most expansive coalition of U.S. cities, states, tribal nations, businesses, schools, and faith, health and cultural institutions. America Is All In champions a whole-of-society mobilization to deliver the transformational change that science demands, with the goal of a healthy, prosperous, equitable and sustainable future.

We successfully advocated for the administration to establish an ambitious U.S. Nationally Determined Contribution (NDC), a new climate goal emission reduction target at 50% below 2005 levels by 2030. CommonSpirit participated in a series of advocacy engagements and social media efforts to inspire and encourage other health care and business sectors to join this movement of non-federal leaders working to cut U.S. emissions by half and reach net zero emissions by 2050, while guarding against the impacts of climate disruption.

With our longtime partners Health Care Without Harm and Ceres’ Business for Innovative Climate and Energy Policy (BICEP), we’ve

participated in Advocacy Days to meet with federal and state policy-makers. As founding members of the Health Care Climate Alliances in both California and Washington, we’ve successfully supported passage of numerous bills to promote health and equity, including legislation to:

- Reduce emissions and particulate matter from diesel medium and heavy duty trucks, which disproportionately impact low-income communities and communities of color.
- Advance a Safe and Affordable Drinking Water fund to help water systems provide an adequate and affordable supply of safe drinking water.
- Develop a strategic plan to increase offshore wind resources.

CommonSpirit Health was also invited by the National Academy of Medicine (NAM) to participate in its launch of the Action Collaborative on Decarbonizing the Health Sector—part of NAM’s Grand Challenge on Human Health and Climate Change. The Action Collaborative is a public-private partnership of interdisciplinary and multi-sectoral leaders from across the health system and related communities that will co-develop and implement a shared action agenda to reduce environmental impacts of the health sector and strengthen its sustainability and resilience.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

→ Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Violence and Human Trafficking Prevention and Response Program

“At the center of nonviolence
stands the principle of love.”

Martin Luther King Jr.



In 2015, the United Nations created the Sustainable Development Goals with the understanding that caring for our environment includes protecting both the physical as well as the social environment. Reducing violence and discrimination are key elements of people's well-being and essential for securing sustainable development. CommonSpirit Health's Violence and Human Trafficking Prevention and Response Program directly addresses three key targets of the UN Sustainable Development Goals.

- Take immediate and effective measures to eradicate forced labor, end modern slavery and human trafficking, and secure the prohibition and elimination of the worst forms of child labor, including recruitment and use of child soldiers, and by 2025 end child labor in all its forms.
- Significantly reduce all forms of violence and related death rates everywhere.
- End abuse, exploitation, trafficking and all forms of violence against and torture of children.

The environment – both built and natural – has a tremendous impact on violence and can directly influence vulnerabilities and risks that invite violence. Climate change, for example, displaces populations and forces migration. The accompanying insecurities associated with forced migration often lead to stress-related violence when families struggle for basic needs. Scientific studies also show a correlation between extreme climate and violence or aggression, and many displaced populations face conditions where they are forced into environments without adequate shelter or protection from the elements. Migrant workers are also those at highest risk for forced labor and sex trafficking. Financial insecurities and a lack of legal protections leave many migrants vulnerable to exploitation.

A CommonSpirit case study on youth violence demonstrated a deep connection with the quality of outdoor environments and young peoples' sense of a caring and safe community. Improving the natural environment increases sustainability and restores a community's sense of caring, contributing to strategies that prevent violence. Similarly, implementing violence prevention strategies creates the space for peaceful communities to address environmental issues. Addressing one or the other naturally improves both.

CommonSpirit's Violence and Human Trafficking Prevention and Response Program (VHTPR) is a unique and holistic approach to addressing and preventing violence using a trauma-informed, patient-centered response within its facilities, while simultaneously working within its communities to prevent violence from happening altogether. The program proudly partners with multiple departments and stakeholders across the system, recognizing the interconnectedness of the functions as a core component of sustainable efforts that advance the organization's commitment to health equity and social justice. <https://commonspirit.org/united-against-violence/>

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

→ **Violence and Human Trafficking Prevention and Response Program**

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling



CommonSpirit’s violence prevention work includes four pillars: public policy, shareholder advocacy, education and awareness, and community-based violence prevention programs. This is a multi-faceted and unique approach to addressing a complex issue, especially for a health system. In FY2021, 32 CommonSpirit communities were actively designing or implementing community-based violence prevention programs. Challenges in programming during the pandemic were largely overcome through CommonSpirit’s model for community-based violence prevention, which elevates community to identify, own and engage in prevention. Violence prevention colleagues from across the system gathered regularly to share best practices solutions, and many communities maintained violence prevention rates, witnessing reductions as great as 50%. This important work was amplified through CommonSpirit’s shareholder advocacy efforts, which worked with multiple corporations on issues of child sex exploitation, labor and sex trafficking, and gun violence.

[CSH Community based Violence Prevention Resource Guide and Model.pdf](#)

CommonSpirit Health is recognized as a national leader in health care’s response to human trafficking, training health care personnel to identify and respond to victims in health care settings. In FY2021, CommonSpirit expanded the work to prevent human trafficking by addressing forced labor in health care’s supply chain. The Violence and Human Trafficking Prevention and Response Program is partnering with the Supply and Services Resource Management (SSRM) department to implement a comprehensive system by the end of the year. All supplier contracts were modified to include prohibitions against forced labor, and training for all SSRM staff was launched in June 2021. A vendor questionnaire has been developed along with communication for suppliers to identify high-risk products and implement procedures to protect vulnerable workers. Education and sample templates have also been shared with other health systems as well as our Group Purchasing Organization. Together, we can protect human rights around the world.

The CommonSpirit Health Human Trafficking (HT) Response Program, now part of the broader CommonSpirit Violence and HT Prevention & Response (VHTPR) Program, helps to prevent human trafficking and ensure a trauma-informed delivery of care to patients and families who may be impacted by human trafficking or other types of abuse, neglect and violence. The HT Response Program partners with international, national and local organizations to further these efforts, including efforts to ensure a trauma-informed continuum of care for victims and survivors in the community. In the past two years, the CommonSpirit HT Response Program has developed a system-wide Abuse, Neglect and Violence policy that now applies to 140 CommonSpirit hospitals and more than 1,000 care centers, serving 21 states. The HT Response Program also updated and released many CommonSpirit resources, including the PEARR Tool, educational modules, victim outreach posters, and patient educational brochures.

[CommonSpirit Health Human Trafficking Response Program](#)



- Message from Leadership
- Who We Are
- Governance and Leadership
- Corporate Responsibility
- Public Policy and Advocacy
- **Violence and Human Trafficking Prevention and Response Program**
- Diversity, Equity, Inclusion, Belonging
- Community Health
- Innovation
- Employees
- Climate Resilience
- Supply and Service Resource Management
- Waste and Recycling

Diversity, Equity, Inclusion, Belonging

“Our ability to reach unity in diversity
will be the beauty and the test
of our civilization.”

Mahatma Gandhi



Key Takeaways

- Designed a **Meaningful Conversation Resource Guide and on-demand video** to help leaders conduct conversations around issues of civil unrest, racism and ways employees can be a part of the solution. **More than 2,000 employees took part in this effort.**
- Supported the National COVID-19 Resiliency Network (NCRN) in partnership with Morehouse School of Medicine (MSM). This partnership **provided access to health care to ethnic minorities and supported outreach efforts along with 45 national partners and 335 community based organizations.**
- Sponsored **vaccination clinics** in communities such as Southern California’s Carson and Compton communities, to help **mitigate the impact of Covid-19 on racial and ethnic minority populations.**



Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

→ Diversity, Equity, Inclusion, Belonging

Community Health

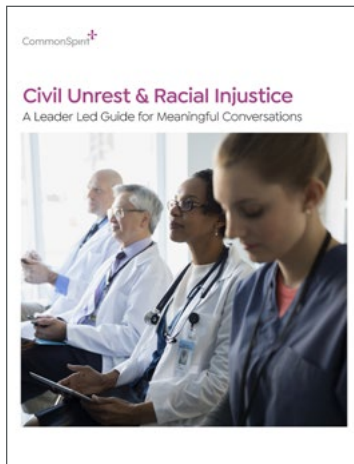
Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling



Civil Unrest & Racial Justice: A Leader Led Guide for Meaningful Conversations

CommonSpirit's Office of Diversity, Inclusion, Equity & Belonging – in collaboration with stakeholders across our markets – developed a leader-led Meaningful Conversation Resource Guide and on-demand video. The guide is designed to help leaders prepare for and conduct conversations with their teams around issues of civil unrest, racism and what employees are doing and can do to be a part of the solution. It was created to help shape behaviors in our workplace and extends to the quality care for our patients. Our hope is that these resources and culture shaping conversations will encourage reflection and sharing of stories to discover anew our CommonSpirit mission and values in light of the beauty, wonder and complexity of our world.



CommonSpirit/Morehouse School of Medicine Partnership/National COVID-19 Resiliency Network Grant (NCRN):

Announced in December 2020, Morehouse School of Medicine (MSM) and CommonSpirit Health united for a 10-year, \$100 million partnership to reduce health disparities and increase access to culturally competent care. Two of our nationally-renowned health organizations are responding to the dual pandemic of COVID-19 and racial injustice with this partnership to develop and train more Black and other ethnic minority physicians, helping address the underlying causes of health disparities. We are uniquely positioned to impact health equity through education and training opportunities and improved access and care delivery. The collaboration extends to addressing cultural competency and developing research programs to impact illnesses that disproportionately affect minority and underserved communities. MSM, a recipient of a \$40 million COVID-19 Resiliency Network grant from the U.S. Department of Health and Human Services, has been at the forefront of biomedical and clinical research initiatives to address diseases that disproportionately affect minority communities. We're leveraging our partnership to address health inequities magnified by the COVID-19 pandemic. Together, we will foster a culturally competent system of care that includes testing, care delivery, and vaccine allocation, directed at the most vulnerable populations to reduce the impact of COVID-19 in racial and ethnic communities.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

→ Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

FY2022 and FY2023 Goals

Partner effectively for community impact.

Advocate for meaningful policy for equity.

Build the analytics engine.

Transform from within.

Standardize equitable whole person care.

Beyond FY2023 Goals

Collaborate with environmental justice communities to advance solutions to environmental health concerns at the local, state and national levels.

Join environmental justice communities to advance programs that provide affordable, healthy housing and promote equitable zoning and land-use planning policies.

Increase diversity and inclusion in environmental and public health sectors through public backing and funding institutional diversity and inclusion and retention programs.

Develop goals and strategies that better serve environmental justice in communities facing disparate impacts and that acknowledge unique characteristics of these communities.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

→ Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Community Health

“Improving social, economic and environmental determinants of health is vital to CommonSpirit Health’s healing mission. This requires a system-wide commitment to collaboration and justice, and a strong calling to the humanity within all of us.”

Tessie Guillermo,
CommonSpirit Health Board of Stewardship Trustee



In communities across America, our health is our common thread. At CommonSpirit Health, we know that the conditions in which our patients were born, grow, work, live and age impact their health status and our ability to effectively care for them. Community Health at CommonSpirit addresses the social, economic and environmental conditions that influence health and health equity in communities by engaging in collaborative health improvement programs, strategic grant-making, investing and innovative partnerships. Climate change will bring to our communities significant and damaging natural disasters as well as health challenges, including increased number of heat days and various diseases. Our efforts to prevent, minimize and adapt to the impacts that do occur speak to our dedication to the health of our communities.

Community Investment Program – The Community Investment Program channels financial resources via below-market interest rate loans to organizations that support projects for housing, access to jobs, food and education, small business and international microlending, environmental improvements, and health care for people of low-income communities.

Connected Community Network (CCN) – The CCN was launched with the intent to provide a smooth transition for patients to community resources, by creating linkages between hospitals, clinics and local community organizations that provide services vital to underserved populations. The broader goal is to construct a community-based, not hospital-based, solution consisting of networks of community partners that address social determinants of health.

Food Systems Strategy – The Food System Strategy aims to: align social needs data and key stakeholders; address clinical manifestations of food insecurity; and serve as an anchor for community-wide food initiatives. Its activities include: developing an aligned infrastructure and playbook that enables us to share best practices; establishing consistent metrics of success; and identifying local and national partners to elevate the work across our organization.



Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

→ **Community Health**

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling



Health Related Social Needs Screening – Multiple departments across CommonSpirit identified the need for a standardized screening tool to identify patients’ health-related social needs and to record these within the electronic health record. Once identified, these needs can then be addressed by appropriate staff and/or by referrals to community-based organizations, including via the Connected Community Network.

Homeless Health Initiative – The HHI works to co-locate, coordinate and integrate health care, behavioral health, safety and wellness services with housing and other social services. In addition to building organizational and community capacity, the strategy is focused on helping providers connect unhoused and housing-insecure individuals with services and resources.

Pathways Community HUB (PCH) – The PCH is an evidence-based model that leverages community health workers to orchestrate care for high-risk individuals and connect them to community resources meeting their health and social needs. The model provides a centralized system to track services and link payments to health outcomes, using care coordinators to manage the process and address barriers while leveraging documented outcomes to secure funding from health plans and government agencies in a sustainable model.

Social Innovation Partnership Grant and Community Grants Program – The Social Innovation Partnership Grant Program invites collaborating organizations to propose new solutions to health and social problems, providing financial grants to help make those solutions a reality. Grantees focus on increasing access to care, improving physical, social and mental health outcomes, and building effective models of coordinated services to address the social determinants of health. Projects are required to produce effective, efficient, measurable and sustainable outcomes. The Community Grants Program is funded by contributions from all Dignity Health member hospitals. Grant funds are awarded to collaborating nonprofit organizations delivering services and strengthening service systems, to improve the health and well-being of vulnerable and underserved populations.

Total Health Roadmap – The Total Health Roadmap screens patients for social needs and integrates community health workers into primary care practices to demonstrate the value of connecting physician enterprise, population health, mission and community health assets to support an equitable continuum of health, wellness and social services.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

→ **Community Health**

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

FY2021 Accomplishments/Highlights

Community Investment Program	<ul style="list-style-type: none"> Approved 20 loans for a total of \$36.8 million, leveraging \$179.5 million in other financing for community improvement. Funding supports affordable housing and health care clinics, sustainable clean power and low-income farmers and ranchers for healthy food sustainability.
Connected Community Network (CCN)	<ul style="list-style-type: none"> Participated in statewide Health Information Exchanges (HIEs) in Nebraska, Iowa and Arizona, as well as in regional HIEs in Santa Cruz County, California, and Northern California.
Food Systems Strategy	<ul style="list-style-type: none"> Developed a system-wide strategy to address food systems.
Health Related Social Needs Screening	<ul style="list-style-type: none"> Submitted a business case to have social needs screening data housed and analyzed to better learn from and act on collected screening data.
Homeless Health Initiative (HHI)	<ul style="list-style-type: none"> Invested nearly \$7 million in services and capital that directly support individuals experiencing housing insecurities and homelessness. Distributed nearly \$2.8 million in California to address COVID-19 related shelter capacity, food insecurities, crisis response, basic needs and support for Project Roomkey and Project Homekey.
Pathways Community HUB (PCH)	<ul style="list-style-type: none"> Completed a readiness assessment and selected five pilot implementation locations.
Social Innovation Partnership and Community Grants Programs	<ul style="list-style-type: none"> Brought clean water access to a park and school system serving 1,670 students in Tulare County, California. Helped California Food Policy Advocates increase enrollment in nutrition programs. Awarded \$5.4 million to 126 projects addressing behavioral health, health care access, housing and food insecurity, the threat or experience of violence, and COVID-19 impacts.
Total Health Roadmap	<ul style="list-style-type: none"> Completed Phase 1 implementation in three CommonSpirit markets, including: Screened more than 40,000 patients and integrated full-time community health workers in 12 clinics to assist patients and providers with managing social needs and making referrals.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

→ **Community Health**

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

FY2022 Community Health Goals	
Community Investment Program	<ul style="list-style-type: none"> • Fifty percent of new community investments will be made in geographic areas served by CommonSpirit that were not formerly served by the program.
Connected Community Network (CCN)	<ul style="list-style-type: none"> • Launch CCN networks in two new geographic areas. • Reduce cost and subsequent hospital visits by 15 percent for patients who receive CCN resources.
Food Systems Strategy	<ul style="list-style-type: none"> • Introduce the strategy across multiple health system departments and local leaders. • Identify 1-2 new projects and implementation regions based on community health priorities.
Health Related Social Needs Screening	<ul style="list-style-type: none"> • Create or adopt an existing screening tool using evidence-informed questions and integrate it into the electronic medical record. Prepare workflow, compliance, data coding and training recommendations for implementation.
Homeless Health Initiative (HHI)	<ul style="list-style-type: none"> • Focus on addressing housing insecurities and homelessness in rural California communities. • Implement a Medical Legal Partnership pilot program in Sacramento County, California. • Use internal Homeless Assessment to identify priority needs and expand beyond California.
Pathways Community HUB (PCH)	<ul style="list-style-type: none"> • Launch the PCH model in two pilot locations and secure partnership commitments from two to three national health plans to sustain pilots for three years to evaluate impact.
Social Innovation Partnership and Community Grants Programs	<ul style="list-style-type: none"> • SIPG: Fund innovative, sustainable and scalable projects focused on achieving health equity. • CGP: Continue meeting short-term needs driven by the COVID-19 pandemic, retain core focus on addressing significant needs in each hospital's community health needs assessment.
Total Health Roadmap	<ul style="list-style-type: none"> • In collaboration with Physician Enterprise and system-wide Population Health, expand universal screening for social needs in three CommonSpirit divisions. • Promote and sustain engagement in cross-sector collaboratives that support health equity.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

→ Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Innovation

“A noble purpose inspires sacrifice,
stimulates innovation and
encourages perseverance.”

Gary Hamel



Key Takeaways

- **Diversity Statement for Partners:** Developed a Diversity, Equity and Inclusion (DEI) statement emphasizing our expectation that potential partners have a strong lens on diversity and health equity within their internal structures, their hiring and in products they develop. Attesting to their organization’s DEI vision and goals, their written response is added to the final contract.
- **Transportation Program Expansion:** Expanded the program to 18 facilities and programs, with Houston, Texas, being the latest implementation. This program ensures that patients in need of a ride to medical facilities are transported free of charge and returned safely home. Specifically, 4,500 rides were provided; 650 homeless patients and 240 victims of human trafficking received rides to safe locations; 560 mothers with addiction issues received rides to substance abuse clinics.
- **Behavioral Health Program:** Successfully launched a virtual Collaborative Care program in Central California, allowing primary care physicians to work closely with licensed clinical social workers and provide a care team for a patient’s mild to moderate behavioral health needs. Approximately 70% of patients using the program have never been to a therapist before.



Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

→ Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Transportation

Transportation is a key social determinant of health. When patients don't have sufficient transportation, care is delayed. When hospital staff can't find adequate transportation for patients leaving the hospital, beds are not available for other patients and productivity is impacted.

Strategic Innovation worked closely with Enterprise Care Coordination to develop a CommonSpirit Transportation Committee to oversee the selection of vendors and the prioritization of use cases. A key benefit was access to free and timely transportation. Staff reported that most rides arrived at the hospital in under 15 minutes, greatly decreasing wait times. In 2021, we provided 4,500 rides to patients who were without transportation access or who were experiencing financial hardship. Cost analysis of several markets show a 30%-55% cost reduction versus taxi transportation costs.

This program supports our core values of compassion and integrity, in that we believe our low-income, vulnerable and homeless patients deserve timely and convenient transportation to their home or to a safe respite destination upon discharge. Implementing a ride ordering platform is resource light and low cost for markets. Plans are in place to scale across many additional facilities in 2022.

Challenges: During the pandemic, many rideshare drivers paused their work due to concerns about catching COVID from customers. This led to shortages of transportation across several of our markets. In addition, some rideshare drivers were afraid to drive patients in their vehicles, causing high cancellation rates from drivers once they realized the pick-up location was at a hospital. We secured the services of a Spanish-speaking physician who recorded a presentation for Lyft drivers explaining the safety of vaccine adoption. Additionally, we procured a vendor specializing in medical transportation to provide an alternative offering in select markets experiencing acute access issues.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

→ Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Behavioral Health

Even before COVID, primary care providers were experiencing a significant surge in patients experiencing mild to moderate behavioral health issues. Yet, they felt there were not enough community health providers to refer them to. As a result, the Collaborative Care model was designed—allowing primary care physicians to work closely with licensed clinical social workers and provide a care team for a patient’s mild to moderate behavioral health needs.

Studies show that when mental health is integrated with medical care, patients have better clinical outcomes. This virtual program can provide more patients with access to Spanish-speaking therapists. The therapists provide frequent “doses” of care. So, in addition to a one-hour session, a patient may receive a 20-minute session during their coffee break at work, or a 30-minute session while their baby is sleeping. The goal was to create a convenient and flexible program for our diverse patient population.

The Innovation Team worked closely with Population Health and Managed Care/PSR on the national level, as well as with primary care offices in some markets to design a program that fits within the clinic’s established workflow. The benefits related to this new program include increased and reliable access to therapists in certain markets, health equity as the program is provided in English and Spanish, and a financial benefit, as Collaborative Care is covered by Medicare nationally and by most commercial plans. Many Medicaid plans are starting to cover Collaborative Care as well.

Challenges: The economics, referral and provisioning of behavioral health care is complex. There are significant access issues in many markets across the U.S., causing delays in patients’ ability to secure an appointment. Depending on the payor arrangement, mild to moderate behavioral health can be “carved in” or “carved out” of the coverage agreement, so patients may pay significant costs out-of-pocket for therapy. It is estimated that as many as 25% of primary care patients will have a diagnosable Diagnostic and Statistical Manual (DSM) mental health problem in a year. The goal of the program is to enable primary care providers to refer most of their patient panel to the Collaborative Care program not just those with top-tier insurance.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

→ Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

FY2021 Goals	FY2021 Results
Transportation Program: Preparing to expand into 6 more facilities or programs, including a non-Dignity Health facility.	Expanded into 21 facilities and programs, including a CHI facility in Houston, Texas, and a ride program for HIV/AIDs patients.
Behavioral Health: Receive grant funding, initiate a pilot program in the California market.	Received grant funding; initial pilot proved successful. Preparing to expand in two additional markets by early 2022.
Diversity Statement: Develop a statement in conjunction with the DEI department and test with one partner.	Developed a DEI statement in conjunction with the DEI department and piloted with Vital, an existing partner organization.

FY2022 Goals	FY2023 Goals
Transportation Program: Expand into 10 additional facilities and programs. Launch medical office and “pharmacy stop” rides.	Implement wheelchair and “assisted”/door-to-door ride type.
Behavioral Health: Launch program in Arizona, Tacoma, Washington, and additional California markets. Demonstrate at least 10% reduction in total clinical costs of care for a subset of patients.	Launch into 3 additional markets .
Diversity Statement: Use DEI statement as standard practice within the diligence and negotiation phases of partnership discussions.	Create case study of lessons learned from the DEI statement; publish for the benefit of our health care ecosystem.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

→ Innovation

Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Employees

“There is nobility in compassion,
a beauty in empathy, a grace in forgiveness.”

John Connolly



Key Takeaways

- Created **Care for Caregivers**, a program focused on providing employees with immediate and lasting support with a special emphasis on the pandemic and recovery. Live, virtual sessions offered support and built community among caregivers nationwide, while online modules taught resilience and reflection techniques that support ongoing well-being.
- **Learning & Organization Development (L&OD) continued to develop Pathways**, CommonSpirit’s online learning system, adding virtual and on-demand courses and increasing access to development programs while reducing travel, expenditures and inefficiencies.
- Launched **Common Ground: Core Learning for Inspiring Leaders**, providing leadership development that reflects our unique mission and ministry to all leaders. Leveraging a variety of virtual technologies, more than 5,000 leaders across CommonSpirit participated in at least one Common Ground session in its first year – a participation rate of approximately 50%.
- Introduced **Care.com** in response to CommonSpirit’s desire to provide additional staff support in order to balance the demands of working in health care during a pandemic and their duties at home.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

→ **Employees**

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

CommonSpirit Health recognizes the undeniable link between the care our patients receive and how employees feel about their jobs and their ability to contribute to our healing ministry. Consistent with our mission and values, we are committed to creating a positive environment for our patients and employees. When we foster an environment of employee well-being, our employees can more fully devote themselves to that mission and to our patients. We become a better organization by drawing inspiration from the best ideas, skills and people.

Our organization's response to supporting employees and serving our communities during the pandemic was incredible. The health and safety of our patients and employees was at the forefront of every decision we made.

It included covering health benefits for eligible employees, creating cafeterias for them to get food/meals in our hospitals, the launch of Care.com, etc. We worked tirelessly to care for people, the essence of our mission, vision and values.

With sustainability in mind, our transition to remote work had a notable impact on the environment with a decreased number of cars on the road and resources used in a traditional work environment at our various locations. Annually, in-person development travel accounted for the elimination of approximately 40 metric tons of CO₂ emissions (carbon footprint), due to virtually led programs. Our ability to successfully operate in that environment is allowing us to grow our remote footprint and make some of those changes more permanent.

Care for Caregivers – Aware of the lasting impact the COVID-19 pandemic would have on caregivers, Learning & Organization Development (L&OD) designed Care for Caregivers to provide easy-to-access and lasting support for caregivers experiencing stress and burnout. The program integrates L&OD's expertise in learning, resilience and mindfulness with input from caregivers themselves. Live, virtual sessions offered immediate support and built community among caregivers nationwide, while online modules, exercises and tools taught resilience and reflection techniques to support their continued resilience. The program is now a permanent offering to CommonSpirit employees.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

→ **Employees**

Climate Resilience

Supply and Service Resource Management

Waste and Recycling



Pathways – During FY21, Learning & Organization Development (L&OD) continued to build and evolve CommonSpirit Health’s virtual learning environment, unifying two systems under common branding and increasing access while reducing travel expenditures and inefficiencies. Leadership development programs made the shift from multi-day, in-person sessions to online offerings using Zoom, videos, online courses and more. This change saved an estimated \$525,000 annually in travel budget, while also making these programs available to hundreds of employees equitably across small and large facilities. Similarly, an online version of New Employee Orientation now provides a consistent welcome that can be completed remotely. Diligent work to move from seat-based to system-wide contracts with vendors offers additional opportunities to increase access and standardization while reducing cost and inefficiencies.



Common Ground: Core Learning for Inspiring Leaders – Launched at the beginning of FY21, Common Ground: Core Learning for Inspiring Leaders develops leadership skills essential to our ministry and grounded in our mission, vision and values. Common Ground is available to all CommonSpirit leaders across large and small facilities, increasing access and equity and reaching approximately 10,000 leaders. It employs a variety of technologies, including online courses, podcasts and virtual instructor-led courses, eliminating travel costs and reducing climate impacts. In its first year, more than 5,000 leaders participated in at least one Common Ground session – a participation rate of approximately 50%.

- Message from Leadership
- Who We Are
- Governance and Leadership
- Corporate Responsibility
- Public Policy and Advocacy
- Violence and Human Trafficking Prevention and Response Program
- Diversity, Equity, Inclusion, Belonging
- Community Health
- Innovation
- **Employees**
- Climate Resilience
- Supply and Service Resource Management
- Waste and Recycling

Care.com – A new program introduced in FY2021 to help employees balance demands of working in health care and duties of home life during the pandemic. We provide premium membership to Care.com to all employees at no cost. In addition, employees have 5 Care Credits valued at \$50 each to use annually towards any service offered by Care.com, including child care, senior care, housekeeping, pet sitting, tutoring, etc. CommonSpirit subsidized the cost of care for 10 back-up care days for employees.

Benefits COE – The Benefits COE supported employees program during the COVID pandemic by including the subsidization for benefit plan premiums for employees whose work hours were reduced; the suspension of elimination periods for certain benefit programs; providing extensions for filing spending account claims for calendar year 2019 and 2020; enhanced access to savings plans account balances to provide financial support for COVID-related expenses.

From an Employee and Community Health perspective, in our medical plans we covered full cost of the testing for and treatment of COVID. The Benefits COE supported employee well-being through the launch of a monthly schedule of free Virtual Fitness classes; on-site daily rounding of EAP counselors in the hospital settings; supporting resources specifically focused on resilience and secondary trauma.

Challenges

- Overall goals had to shift throughout the year to better accommodate for the pandemic response.
- Enabling a virtual environment required investments in technology and learning to eliminate obsolete programs, such as Flash.
- Convincing end users who were accustomed to in-person learning that virtual learning could be effective and engaging.
- Working remotely proved to be a difficult transition for some. We continue to make adjustments and integrate remote work into our typical work environment while being productive and meeting goals.
- Shifted the focus of our work during the pandemic towards how we could support employees without plans and benefits and comply with the many state and federal requirements that rolled out.
- Becoming a centralized structure required attention and change management. Seeing rewards we could build upon, we worked with colleagues across the ministry to promote a truly collaborative workforce to reach new markets with learning and development.



Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

→ Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

FY2021 Goals	FY2021 Results
Support employee well-being and remote work across the organization during the COVID pandemic.	Expanded programs such as Care for Caregivers, Care.com, Pathways and Common Ground.
Transition the administration of the CHI health and welfare plans to the Willis Towers Watson administrative system – the same administrative system used for the health and welfare plans of Dignity Health.	Successfully completed annual benefit enrollment.
Transition to a common administrative system.	<p>The transition and successful launch included:</p> <ul style="list-style-type: none"> • Harmonization of some processes, we continue to harmonize processes in 2021. • Launch of new MyBenefits portal for CommonSpirit Health employees • Transition to CommonSpirit branding for employee communications
Complete successful Annual Benefits Enrollment for 2022 benefits.	Successful completion of 2022 Annual Benefits Enrollment with limited interruptions and positive leader feedback.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

→ **Employees**

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

FY2022 and FY2023 Goals

Focus on innovative ways to attract and engage talent by developing employee wellness and work-life balance programs.

Build skills within the organization to fill the current health care skill gaps while providing opportunities for employee growth and career development.

Continue developing technology systems and well-being programs currently in place.

Integrate technological systems to make communication across platforms more efficient.

Offer additional learning opportunities and benefits for employee engagement, development and growth.

Align labor strategies across Dignity Health and CHI as contracts are negotiated and systems are implemented.

Beyond FY2023 Goals

Develop strategic partnerships with educational institutions to support pipelines of talent into the health care field as well as develop our internal talent through these pipelines.

Develop additional progressive benefit programs, such as onsite health and mental health and well-being support.

Increased harmonization and consolidation of benefit plan designs, vendor partners, measurements, support and infrastructure across most benefits.

Make progress in consolidating and alignment benefit plan design, vendor partners, measurements, support and infrastructure across most benefits leading to more efficient management of benefits, management of benefit changes and programs across the system centrally.

Continued growth and support in building direct-to-employer health care offerings (telehealth) and other in-house initiatives.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

→ **Employees**

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

An explanation of how the data have been compiled, including any assumptions made

- Data is collected from source employee systems and aggregated into an integrated reporting and analytics system.
- Data quality issues may exist, but impact is negligible.
- Data includes employees on the CommonSpirit Health, Dignity Health and Catholic Health Initiatives payroll and does not include non-employed physicians or other subsidiaries and partnerships.
- Data does not include contingent labor.
- Data does not include employees of Joint Operating Agreements or Joint Ventures.

Employment Contract

Total number of employees by employment contract

By Gender					
	Full Time	Part Time	Temporary	Other	Total
Overall	91,861	11,983	443	18,776	123,063
Male	23,227	1,869	316	4,102	29,514
Female	68,614	10,113	127	14,664	93,518
Undisclosed	20	1	0	10	31

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

→ Employees

Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Employment Contract

Total number of employees by **employment contract**

By Division					
	Full Time	Part Time	Temporary	Other	Total
Overall	91,861	11,983	443	18,776	123,063
Midwest	15,322	2,157	26	2,967	20,472
National	5,674	33	11	69	5,787
Pacific Northwest	10,491	1,706	5	1,664	13,866
Southeast	10,493	920	19	1,884	13,316
Texas	8,970	481	58	1,576	11,085
DHMF & DHMSO*	3,341	151	19	310	3,821
Medical Groups	759	247	0	78	1,084
Northern California	9,428	2,985	157	3,538	16,108
Southern California	17,188	1,597	69	4,618	23,472
Southwest	10,195	1,706	79	2,072	14,052

* Dignity Health Medical Foundation (DHMF) and Dignity Health Management Services Organization (DHMSO)

The “Other” group includes any employee who did not have a Full time, Part time, or Temporary Employee status (CHI) or Full time, Part time, or Temporary Work Status (DH). This includes inactive employees, seasonal, etc..

Percentage of total employees covered by **collective bargaining agreements** 39.8% Union Representation Status.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

→ **Employees**

Climate Resilience

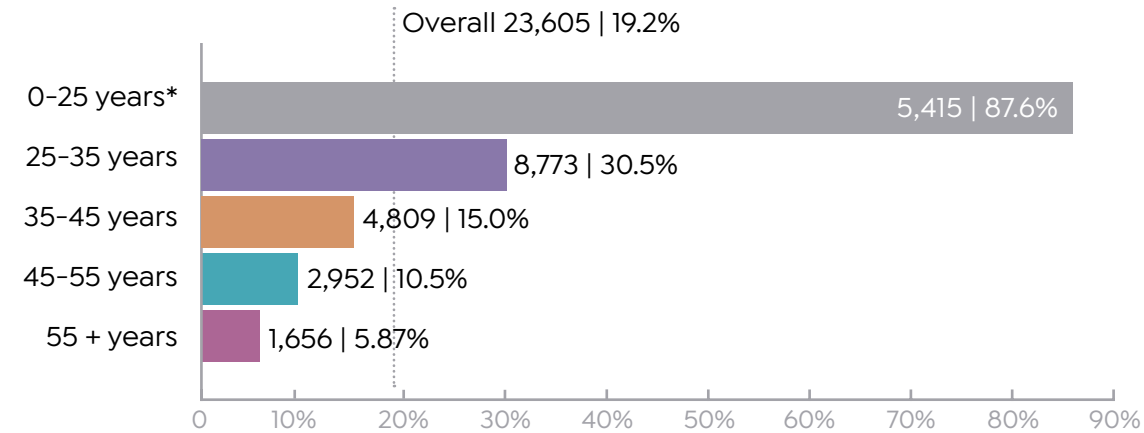
Supply and Service Resource Management

Waste and Recycling

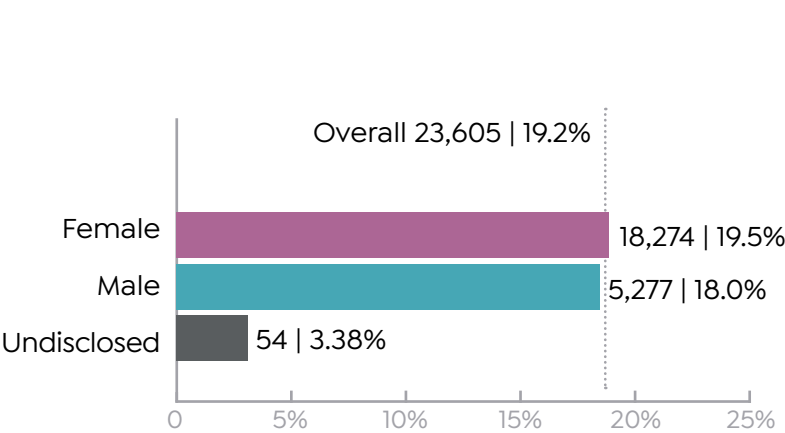
New Employee Hires

Total number and rate of **new employee hires** during the reporting period, by age group, gender and division

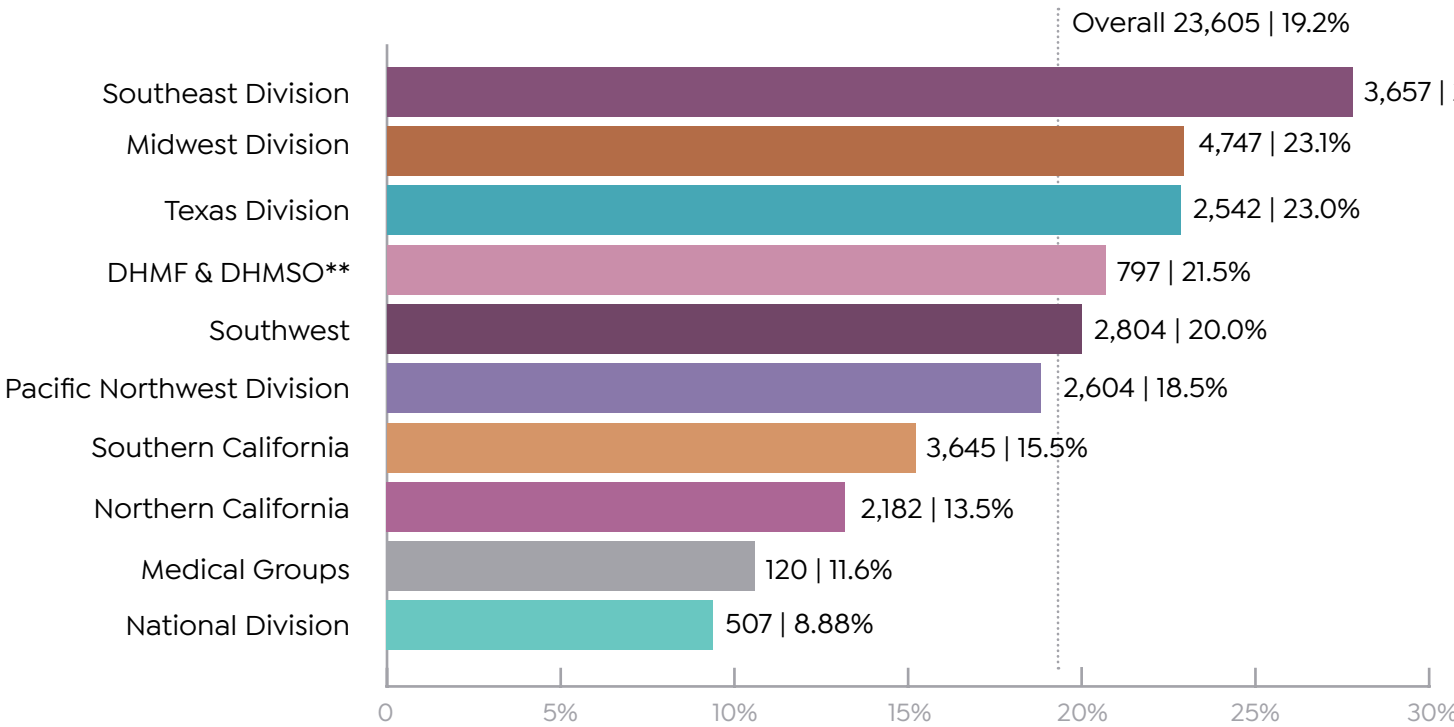
External Hire Count and Rate (Trailing 12 Months) by **Age Group**



External Hire Count and Rate (Trailing 12 Months) by **Gender**



External Hire Count and Rate (Trailing 12 Months) by **Division**



* Of all employees aged 0-25 who began employment in FY21, 87.6% were hired from outside CommonSpirt while 12.4% were promoted internally or transferred from within.

** Dignity Health Medical Foundation (DHMF) and Dignity Health Management Services Organization (DHMSO)

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

→ **Employees**

Climate Resilience

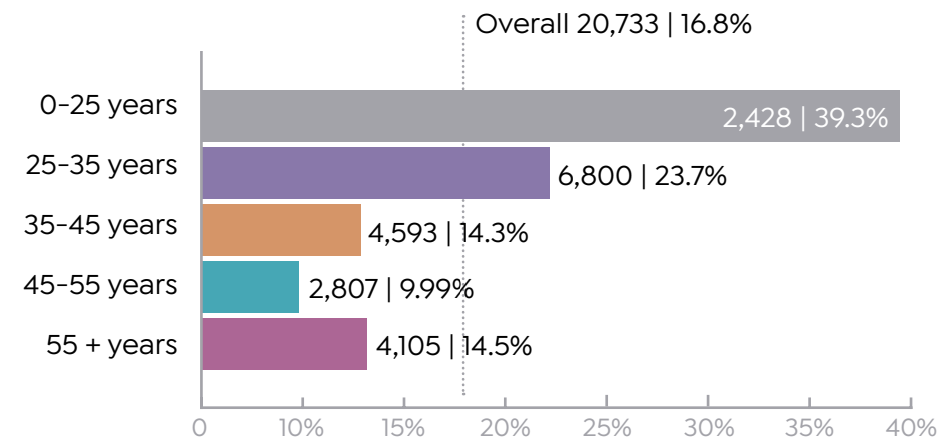
Supply and Service Resource Management

Waste and Recycling

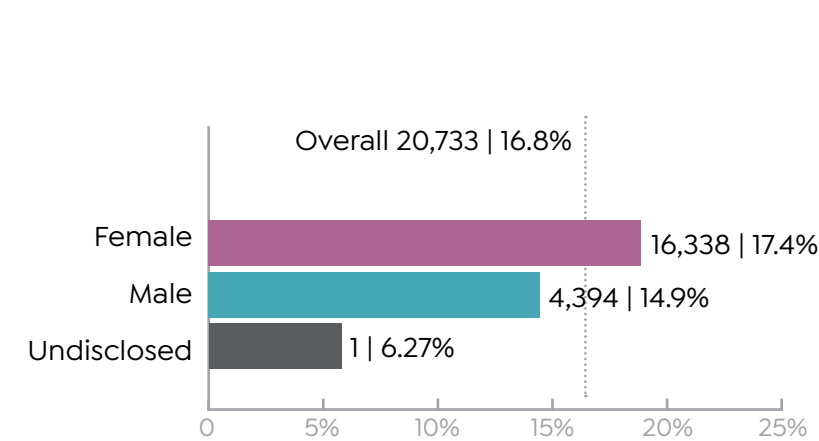
Employee Turnover

Total number and rate of voluntary **employee turnover** during the reporting period, by age group, gender and division

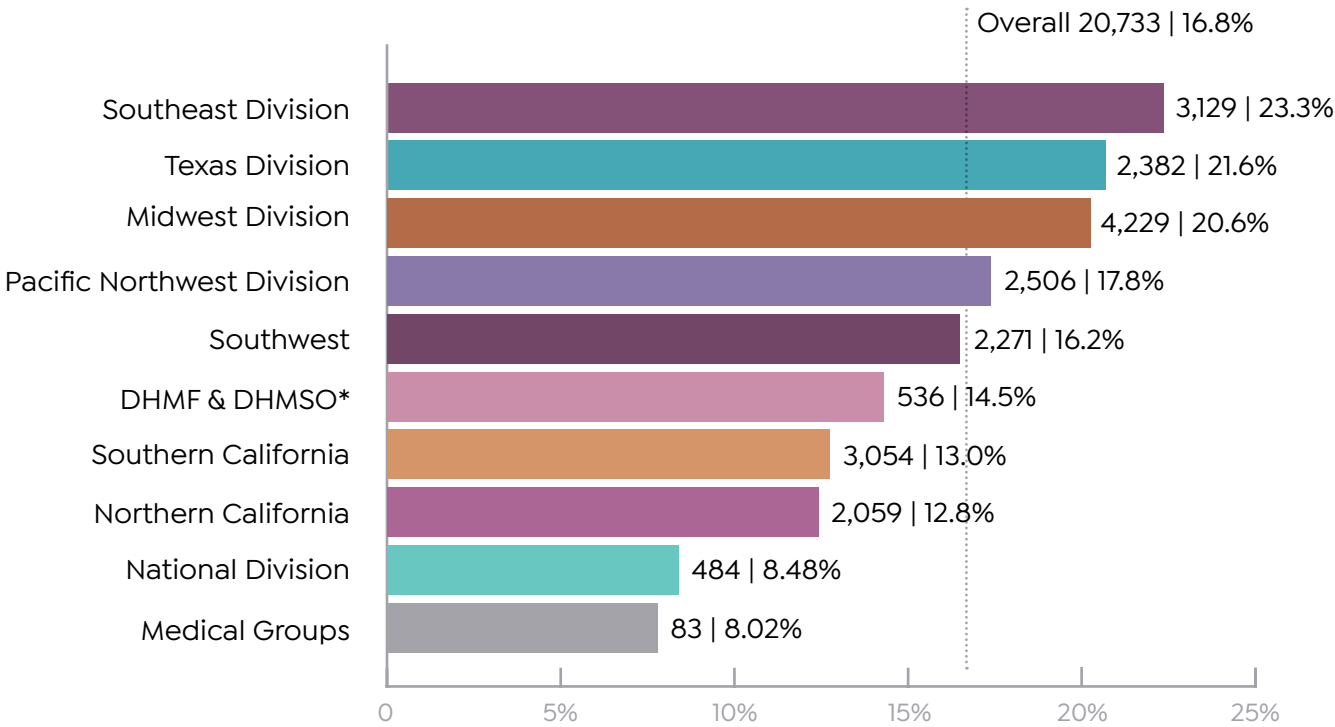
Voluntary Turnover Count and Rate (Trailing 12 Months) by **Age Group**



Voluntary Turnover Count and Rate (Trailing 12 Months) by **Gender**



Voluntary Turnover Count and Rate (Trailing 12 Months) by **Division**



* Dignity Health Medical Foundation (DHMF) and Dignity Health Management Services Organization (DHMSO)

- Message from Leadership
- Who We Are
- Governance and Leadership
- Corporate Responsibility
- Public Policy and Advocacy
- Violence and Human Trafficking Prevention and Response Program
- Diversity, Equity, Inclusion, Belonging
- Community Health
- Innovation
- **Employees**
- Climate Resilience
- Supply and Service Resource Management
- Waste and Recycling

Climate Resilience

“What kind of world do we want to leave
to those who come after us,
to children who are now growing up?
Leaving an inhabitable
planet to future generations is,
first and foremost, up to us.”

Pope Francis



Key Takeaways

- **Initiated a Retro-Commissioning (RCx) Program across the ministry.** The program is designed to identify low-cost/no-cost energy conservation measures in our acute care facilities. The program is expected to reduce utility consumption between 5% and 8%.
- Worked with many utility providers to find **greener ways to procure the energy consumed.** To date, CommonSpirit offsets 4.5% of its Acute Care utility consumption from renewable sources



Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

→ **Climate Resilience**

Supply and Service Resource Management

Waste and Recycling

Energy production and use account for two-thirds of the world’s greenhouse gas (GHG) emissions. The health care industry is among the major energy consumers in any given region. Health care buildings constitute the second most energy-intensive U.S. building sector (consuming energy at an average of twice the intensity of commercial office buildings). These buildings operate continuously, 365 days per year, with multiple back up and redundant mechanical and electrical systems, and they only increase in energy intensity as medical diagnostic equipment with large heat loads continues to enter the marketplace.

At CommonSpirit Health, we’re making targeted, meaningful changes to address climate change and reduce our environmental footprint. While the task ahead can feel daunting, we are excited about the opportunities before us. As part of our upcoming Climate Action Plan, we recently announced new greenhouse emissions goals that replace our previously stated aspirations. These new targets will help us achieve net-zero greenhouse gas emissions by 2040 with an interim target to cut operational emissions in half by 2030.

By addressing climate change, we can serve not only those who come to us for care, but those in our communities and all who are part of the fragile ecosystem of our shared home. Alone, none of us have the capacity to curtail the threat of climate change. Together, if enough of us take even small steps, we can make a tremendous difference and in the end, we can all advance climate action for a healthier future.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

→ **Climate Resilience**

Supply and Service Resource Management

Waste and Recycling

Beyond FY2022 Goals

In FY2022, CommonSpirit will start the development of a Climate Action Plan that will create ambitious targets to reduce our greenhouse gas emissions to the maximum extent practical and establish a pathway of becoming carbon neutral. The plan will demonstrate how CommonSpirit will adapt and improve its resilience to climate hazards that impact our ministry today as well as risks that may increase in the coming years. The plan will follow science-based criteria in support of the international goal set by the Paris Agreement to cap the temperature increase to 1.5 degrees Celsius that scientists believe is necessary to avert the worst consequences of climate change.

Challenges

FY2021 proved to be more challenging than anyone could have predicted. CommonSpirit Health, a newly formed company that was already dealing with the growing pains of merging two large companies, Dignity Health and CHI, now had to also take on the challenge of addressing a global pandemic. Through constrained budgets and resources, CommonSpirit still tried to move the

needle by implementing an system-wide Retro-Commissioning program. Through contracting with select value-added partners, CommonSpirit has positioned itself to start identifying and addressing low and no-cost energy savings opportunities in its acute care facilities.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

→ **Climate Resilience**

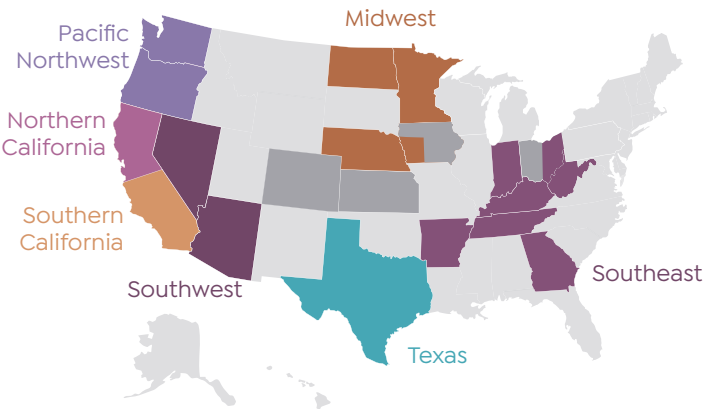
Supply and Service Resource Management

Waste and Recycling

Benchmarking

CommonSpirit Health data is collected and sorted across our seven organizational regions:

Pacific Northwest | Northern California | Southern California | Southwest | Midwest | Texas | Southeast



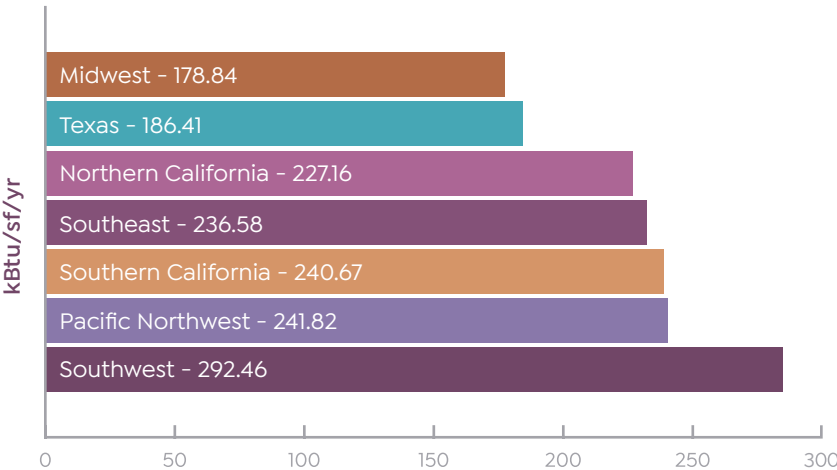
Practice Greenhealth (PGH) produces an annual Sustainability Benchmark Report that contains data from 269 large and small facilities from all across the country. Due to a range of factors, including differing size of the facility, types of markets served, rural versus urban, weather, utilities, and other available services (such as recycling or availability of locally produced food), it is difficult to make apples to apples comparisons even within our own system. However, given these limitations, benchmarking ourselves against our fellow practitioners is still a useful tool in judging our success. With those limitations in mind, here are some key indicators:

Energy Use:

This metric measures energy use per square foot of our buildings per year. CSH energy use ranges from a low of 178.84 kBtu/sf/yr in the Midwest to 292.46 kBtu/sf/yr in the Southwest.

Energy Use Indices by Division (kBtu/sf/yr)

(Most recent 12 months through June 2021)



PGH reports usage from 213 kBtu/sf/yr in small facilities to 238 kBtu/sf/yr in large facilities. From this it can be concluded that in general many of our facilities are **MORE** energy efficient than the PGH group of facilities.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

→ Climate Resilience

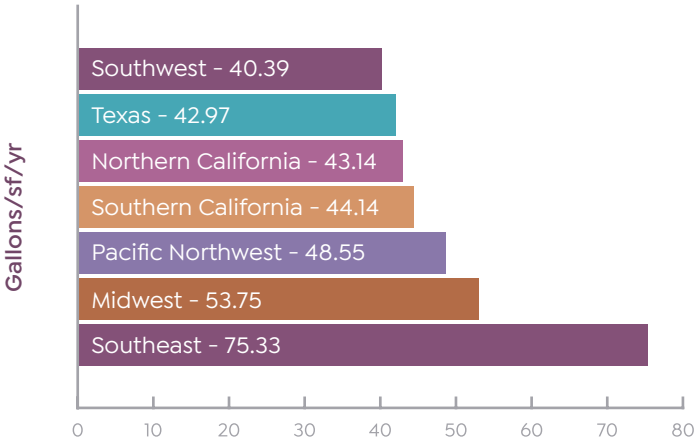
Supply and Service Resource Management

Waste and Recycling

Water

This metric measures water use per square foot per year. CSH water use ranges from a low of 40.39 gallons/sf/yr in the Southwest to 75.33 gallons/sf/yr in the Southeast.

Water (gallons/sf/year)
(Most recent 12 months through June 2021)



PGH reports usage from 37.6 gallons/sf/yr in small facilities to 41.1 gallons/sf/year in large facilities. From this, it can be concluded that in general many of our facilities use **MORE** water than the PGH group of facilities.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

→ Climate Resilience

Supply and Service Resource Management

Waste and Recycling

Supply and Service Resource Management

“Environmental progress
doesn’t just happen.
It takes bold leadership
from all of us.”

Fred Krupp,
President, Environmental Defense Fund



Key Takeaways

- **Launched the Supply Chain Human Trafficking Education Program**, a standardized approach for CommonSpirit, re-emphasizing the importance of identifying and reducing forced labor in our supply chain. This program has been made mandatory for the entire CommonSpirit Health Supply and Service Resource Management (SSRM) Team, in addition to identified divisional roles.
- **Developed a solution to locally produce reusable AAMI (Association for the Advancement of Medical Instrumentation) Level 2 & 3 isolation gowns** that were used in our CommonSpirit Health facilities throughout the COVID-19 pandemic.
- Continued onboarding facilities to participate in the **Sterilization Wrap Recycling Program** to reduce OR waste.
- Facilities have continued to utilize the environmentally friendly clothing formulary to **clothe our patients in need and reduce landfill waste**.



Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

→ Supply and Service Resource Management

Waste and Recycling

Healing is at the heart of what we do at CommonSpirit Health. One way we keep our patients and our communities healthy is by demonstrating environmental stewardship and social responsibility in our purchasing practices. We recognize the environmental and societal impact of our goods and services, from the beginning to the end of their life cycle. Focusing on the effect of our purchasing decisions can contribute to minimizing environmental harm from factors like energy usage, greenhouse gas emissions, water consumption and waste production, and increasing our reliance upon more sustainable solutions. Our decisions also give us an opportunity to address pressing social issues, such as human rights, inequality, and providing business opportunities and jobs in the communities we serve. We continue to embrace our broader healing mission to lead in climate-smart and equitable purchasing practices.

Human Trafficking: SSRM leadership in collaboration with Mission Integration created a supply chain workgroup to address human trafficking through staff education, training, mutual discussions, vendor engagement, contracting and Group Purchasing Organization (GPO) support. This program speaks to our mission of advancing social justice for all and supports our core values of compassion, inclusion, collaboration, integrity and excellence. The workgroup is made up of contracting, sourcing, communications and education staff. Premier, our group purchasing organization, assists us in this work. In FY2021, contracting language was added to all templates requiring vendors to acknowledge CommonSpirit's focus on this topic. During the fiscal year, we became a member of the Mekong Club, a non-Governmental Organization (NGO) focused on education in the private sector. Along with the Mekong Club, we are self-evaluating our status and how we can improve in the area of human trafficking.

Reusable Isolation Gowns: During the heart of the pandemic, many of our markets wanted to purchase reusable isolation gowns to provide protection and comfort, as well as minimizing the amount of disposable plastics, where possible. Our Arizona market led this initiative through one of their local, Phoenix-based manufacturers, Arizona Fashion LLC, and a fabric manufacturer out of North Carolina, Precision Fabric Group (PFG), to begin the production of reusable AAMI Level 2 & 3 isolation gowns. This initiative culminated in the production of 275,000 isolation gowns being produced, 200,000 of which were used within CommonSpirit Health facilities. Currently, most of the gowns produced through this effort have been through 50 to 70 washes and are still holding strong.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

→ Supply and Service Resource Management

Waste and Recycling

FY2021 Goals	FY2021 Results
Develop and include Human Trafficking contract language in all contract templates before end of Q2 FY21.	All templates include contract language (completed prior to goal).
Increase purchases of reprocessed products through partnership with Stryker Sustainability Solutions.	Purchased just under \$20M in reprocessed products, 4% growth from FY20 performance.
Increase reprocessing collections for harmonics, pulse oximeters, fall alarms, external fixation, myosure and ECG leads.	Met and exceeded goals for harmonics, pulse oximetry and ECG leads.
Continue to divert waste from landfill through partnership with Stryker Sustainability Solutions. In FY20, CommonSpirit diverted 544K pounds of landfill, collecting 620K devices.	Diverted 531k pounds of landfill waste by reprocessing 802K devices. Although the overall pounds were slightly reduced by 2.5%, the large increase of devices by 47% shows significant overall growth of the program, with a change in the product mix.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

→ Supply and Service Resource Management

Waste and Recycling

FY2021 Goals	FY2021 Results
Continue to onboard Dignity Health facilities to utilize the Sterilization Wrap Recycling Program to reduce OR Waste.	Requested data from vendor on % of waste diverted.
Continue to utilize the environmentally friendly clothing formulary to divert waste.	Requested data from vendor on % of waste diverted.
Launch a new, or expand upon, an existing waste diversion stream.	CommonSpirit launched an expansion of an existing Dignity Health initiative to move to reusable gait belts. This initiative, launched 6/15/21, is expected to eliminate 30 tons of landfill annually.
Move 100% of produce to locally sourced by 2022.	100% of produce is now locally sourced.
Divert landfill waste by reprocessing lateral transfer mats.	Diverted 2.4 tons of waste from the landfill since starting the lateral transfer mat reprocessing program in December 2020.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

→ Supply and Service Resource Management

Waste and Recycling

Challenges

The human trafficking work is not currently assigned to any one person or group of people. While the project is important, the workgroup members volunteer for this extra assignment as additional duties from their normal workload. This has required patience in the process, as this work was ongoing with the many other challenges SSRM has faced throughout the COVID-19 pandemic.



NewGen Surgical’s “Small Change, Big Impact” has been a challenging program to move forward during the pandemic due to the cost increase of these products. We intend to address this category more fully when the health care setting has returned to a more normal tempo.

With the COVID-19 pandemic, there has been both a significant push away from reusables, towards disposables as well as exponential use of PPE/disposable products. CommonSpirit’s use of plastic isolation gowns increased 10-fold this past year. Additionally, the mindset of moving to disposables has been much stronger, which challenges our programs towards reusables and reprocessed items.

Due to the COVID-19 pandemic, we experienced a global shortage of N95 masks, in addition to other essential personal protective equipment (PPE). A concerted effort was implemented across CommonSpirit Health to establish a process for reprocessing N95s with an emergency use authorized (EUA) sterilizer. This initiative decreased our reliance on scarce raw materials, factory capacity and logistical support, and highlighted the innovation and collaboration present within our organization.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

→ Supply and Service Resource Management

Waste and Recycling

FY2022 and FY2023 Goals

Launch Human Trafficking Education for national SSRM employees.
Launch Human Trafficking Education for divisional SSRM employees.
Begin vendor engagement for Human Trafficking by sending a vendor survey and a letter co-sponsored by CommonSpirit and Premier, our Group Purchasing Organization (GPO), to identify key focus areas.
Introduce Human Trafficking questions for all Request for Proposals (RFPs) and implement forced labor vendor score cards for business reviews.
Identify an Executive Sponsor and a Functional Leader to support a system-wide adoption of the Sterilization Wrap Recycling program.

Beyond FY2023 Goals

Develop tools and educational materials specific to health care and forced labor to use internally and share with other Integrated Delivery Network (IDNs).
Begin work with select vendors to focus on removing human trafficking from the manufacturing process.
See measurable results of waste stream diversion activities; develop a decision matrix that measures the impact of decisions and weighs the environmental and social impact of medicine.
Lead in hospitals and communities to address landfill waste reduction, chemicals of concern, raw material selection and impact on community health.

Message from Leadership
Who We Are
Governance and Leadership
Corporate Responsibility
Public Policy and Advocacy
Violence and Human Trafficking Prevention and Response Program
Diversity, Equity, Inclusion, Belonging
Community Health
Innovation
Employees
Climate Resilience
→ Supply and Service Resource Management
Waste and Recycling

Waste and Recycling

“At its core,
the issue of a clean
environment is a matter
of public health.”

Gina McCarthy,
Administrator for the U.S. EPA

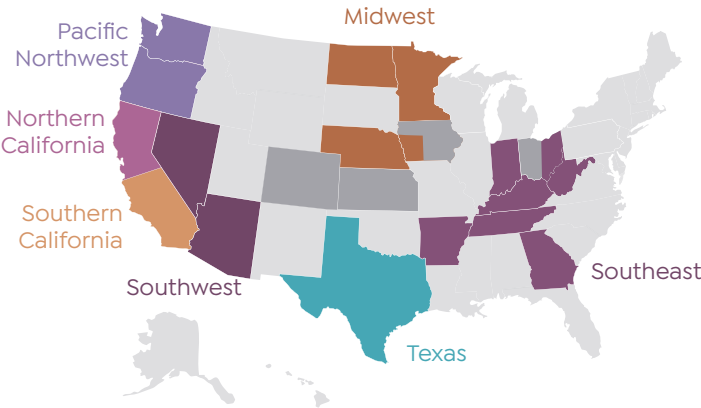


Reducing waste is a component of our stewardship commitment. If improperly handled, this waste poses a very real threat to human and environmental health. Waste reduction, control of regulated medical waste and recycling protects our climate by reducing energy use and greenhouse gas emissions, protects our air and water by reducing waste going to landfills, and improves the environment in the communities we serve and the communities where our waste goes for disposal. Waste minimization and management is a critical aspect of our sustainability initiatives. It's at the core of our prevention efforts, the precursor to healing.

Benchmarking

CommonSpirit Health (CSH) waste and recycling data is collected and sorted across our seven organizational divisions:

Pacific Northwest | Northern California | Southern California | Southwest | Midwest | Texas | Southeast



Practice Greenhealth (PGH) produces an annual Sustainability Benchmark Report that contains data from 269 large and small facilities from all across the country. Due to a range of factors, including differing size of the facility, types of markets served, rural versus urban, weather, utilities, and other available services (such as recycling or availability of locally produced food), it is difficult to make apples to apples comparisons even within our own system. However, given these limitations, benchmarking ourselves against our fellow practitioners is still a useful tool in judging our success.

With those limitations in mind, here are some key indicators:

- Message from Leadership
- Who We Are
- Governance and Leadership
- Corporate Responsibility
- Public Policy and Advocacy
- Violence and Human Trafficking Prevention and Response Program
- Diversity, Equity, Inclusion, Belonging
- Community Health
- Innovation
- Employees
- Climate Resilience
- Supply and Service Resource Management

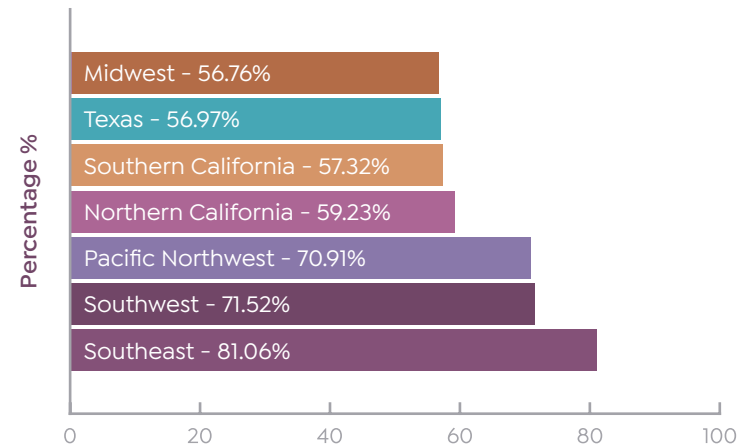
→ Waste and Recycling

Waste

This metric measures the amount of waste generated as a percentage of its various components and uses adjusted patient days (APD) to normalize the volumes against the level of facility use.

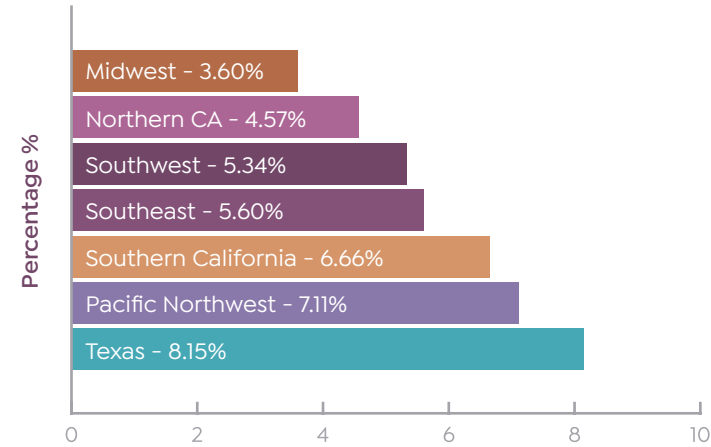
Municipal Solid Waste % by Division

(Most recent 12 months through June 2021)



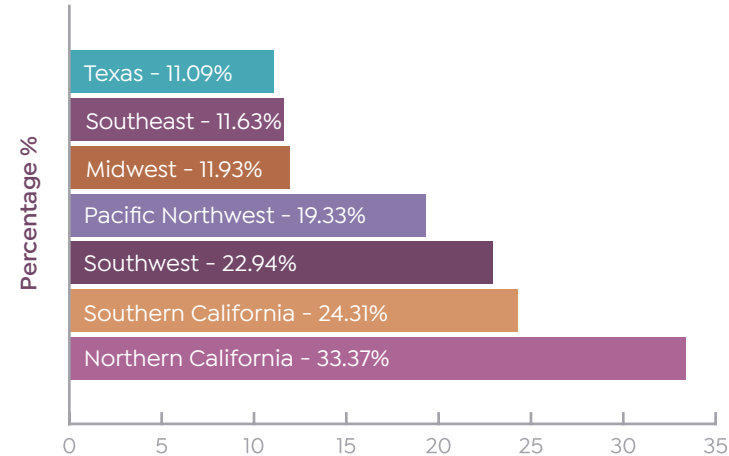
Regulated Medical Waste % by Division

(Most recent 12 months through June 2021)



Recycling % by Division

(Most recent 12 months through June 2021)



PGH reports percentages for their facilities as follows:

- Municipal Solid Waste (MSW) Percentage of Total: 64% - 67%
- Recycling Percentage of Total: 24% - 28%
- Regulated Medical Waste (RMW) Percentage of Total: 5% - 7.8%

From this it can be concluded that in general:

- Our facilities produce a **SIMILAR** amount of MSW and Recycling by percentage than the PGH group of facilities, though our range (differences between our various facilities) is broader.
- Our facilities in general produce a **SMALLER** amount of RMW by percentage than the PGH facilities.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

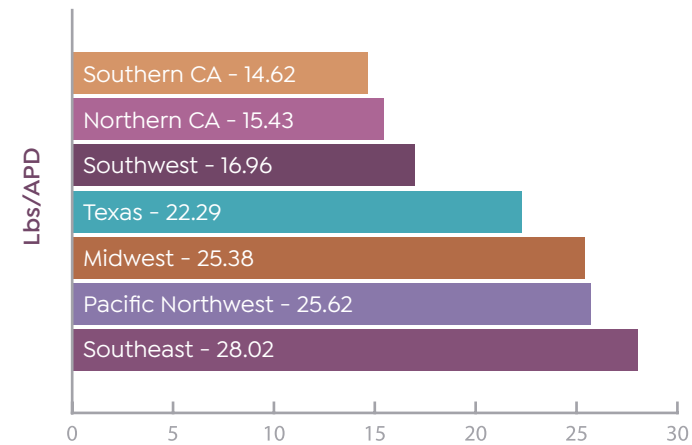
Employees

Climate Resilience

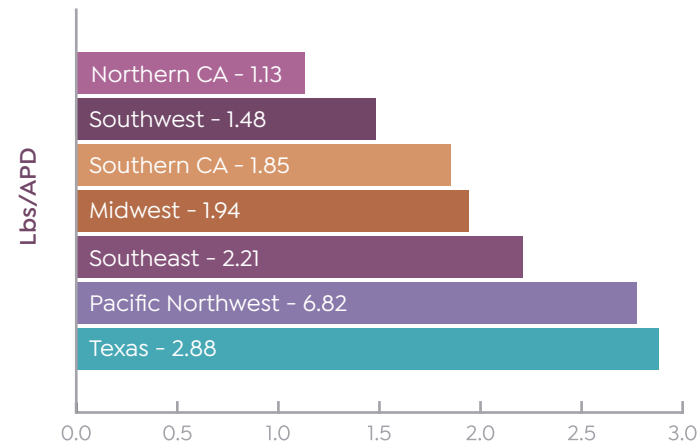
Supply and Service Resource Management

→ Waste and Recycling

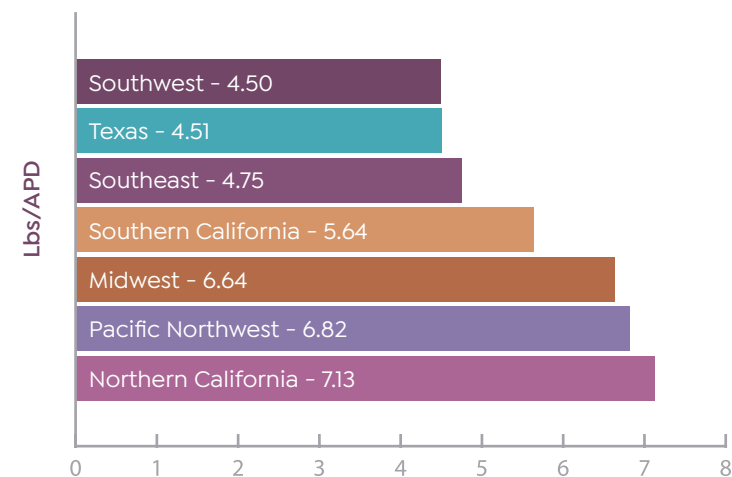
Municipal Solid Waste Pounds per Adjusted Patient Day (APD) by Division
(Most recent 12 months through June 2021)



Regulated Medical Waste Pounds per Adjusted Patient Day (APD) by Division
(Most recent 12 months through June 2021)



Recycling Pounds per Adjusted Patient Day (APD) by Division
(Most recent 12 months through June 2021)



PGH reports percentages for their facilities as follows:

- MSW Pounds per adjusted patient day (#/APD): 18.7 - 21.0
- Recycling #/APD: 4.7
- RMW #/APD: 1.0-1.6

From this it can be concluded that in general:

- Our facilities produce a **SIMILAR** amount of MSW and RMW per APD than the PGH group of facilities, though our range (differences between our various facilities) is broader.
- Our facilities collect a **LARGER** amount of recycling per APD than the PGH group of facilities.

Message from Leadership

Who We Are

Governance and Leadership

Corporate Responsibility

Public Policy and Advocacy

Violence and Human Trafficking Prevention and Response Program

Diversity, Equity, Inclusion, Belonging

Community Health

Innovation

Employees

Climate Resilience

Supply and Service Resource Management

→ Waste and Recycling

FY2021 Accomplishments/Highlights	
Green Seal Certified Cleaners.	<ul style="list-style-type: none"> • 100% compliance for all CommonSpirit.
Equipment ech2O (floor cleaning technology) and Waste Elimination Efforts.	<ul style="list-style-type: none"> • 90% ECH2O compliance.
Stericycle-Biosystems reusable sharps and pharmaceutical waste program.	<ul style="list-style-type: none"> • Reduced contaminants into our streams. • Reduced footprint by additional 50%.
Secure Document Recycling Program.	<ul style="list-style-type: none"> • Recycled 80% of our paper.
Reusable Microfiber Cleaning Program.	<ul style="list-style-type: none"> • Eliminating RTU (Ready to Use) disposable products into landfills. • 100% reusable microfiber compliance.
Chlorine-free Paper Towels.	<ul style="list-style-type: none"> • Reduced chlorine footprint by 40%. • 90% compliance for all CommonSpirit.
Digitization and paper elimination.	<ul style="list-style-type: none"> • Finished inventory of all hospital space that EVS (Environmental Services) cleans and disinfects; digitized all quality assurance inspections, eliminating the need for paper to be utilized for inspections, rounding and validations. This is now completed through using tablets. • 95% compliance.

Beyond FY2023 Goals
Complete systemwide migration to electronic bed tracking, thus eliminating the need for front-line staff to track patient discharges using paper.
Achieve 100% compliance with cardboard recycling across the ministry.
As a part of EVS CommonSpirit 2026, the plan is to transition the entire EVS ministry to a 100% paperless operational model for all elements of the program, including daily assignments, STAR Guides, training, CBOs and project assignments.

- Message from Leadership
- Who We Are
- Governance and Leadership
- Corporate Responsibility
- Public Policy and Advocacy
- Violence and Human Trafficking Prevention and Response Program
- Diversity, Equity, Inclusion, Belonging
- Community Health
- Innovation
- Employees
- Climate Resilience
- Supply and Service Resource Management
- Waste and Recycling



“In the end,
sustainability is about
living in harmony
with whatever place
we call home!”

Joel Makower



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