

Health Care Sustainability Leadership Council, Maryland Hospital Association, Elkridge, MD

5/12/11 3:00 – 5:00 pm

MEETING MINUTES

Agenda

- Network with peers
- Welcome & Introductions
- Purpose of HCSC
- Summary of 3/31 meeting
- Brainstorm
- Moving Forward

Attendees (see below for information on attendee affiliation)

Jerry Adams, Nicole Bradfield, Colleen Cusick, Beth DiPietroe, Jim Dixon, Molly Englund, Sterling Hart, Suzanne Jacobson, Carla Jones, Heather Keller, Paula Langmead, Tim Lebo, Mary Leresche, Nicole Mazzei-Williams, Louise Mitchell, Sean Nelson, Janel Parham, Joan Plisko, Gary Robson, Rebecca Ruggles, Karin Russ, Rick Sanders, Laura Seifert, Hector Vasquez, Lionel Weeks, Angela Wood

Welcome and Introductions

Joan Plisko – The HCSC is having three gathering meetings to maximize hospital representation in MD.

Nicole Mazzei-Williams – Senior Client Relations Manager, PRIME – PRIME is an affiliate of Med Assets and is MD H2E new liaison to MHA. Works with purchasing and has an index of green contractors to share.

Sterling Hart – Maryland General Hospital, part of UMMS. His predecessor was a part of MD H2E and he's happy to take it on, too.

Audrey Regan – DHMH. Ensure that the healthiest choice is the easiest choice.

Suzanne Jacobson – Green team coordinator at Frederick Memorial Hospital. She hopes to bring a lot back to the hospital from this meeting.

Sean Nelson – Johns Hopkins Outpatient Center. He is hoping to make sustainability part of his title. They have been working on a pretty aggressive program the last few years with red bag waste, recycling, and more. They are currently working on figuring it out system wide.

Tim Lebo – Mercy Medical Center. They just started a CSA; He's here to learn and share.

Lionel Weeks – LifeBridge Health. He came to the first meeting, and is going to keep coming back.

Beth DiPietroe – Kennedy Krieger. It's a small hospital; she's interested in learning some new things they can do to improve, and see what others are doing.

Rebecca Ruggles – Baltimore Medical System. She's here to see if we can create a health care voice around the environmental hazards patients are exposed to.

Janel Parham – Sinai Hospital. Can contribute her knowledge of greening (esp. the OR), and is here to learn.

Jerry Adams – MedStar. Facilitates the nine green teams in the system through the MedStar Environmental Leadership Council.

Hector Vasquez – Kernan Hospital, UMMS. He's new in the area, was involved in sustainability efforts in Cambridge, MA, originally.

Colleen Cusick – Johns Hopkins Hospital. The farmers' market at JHH is starting up again next week. They plateaued last year, but have reinvigorated members now.

Paula Langmead – Springfield Hospital Center. Impressed with the support Joan has offered hospitals. SHC is working on IPM program for which they won IPM award, and they are hosting an educational event on June 21st on what it's like to be pesticide free in a rural hospital setting.

Louise Mitchell – Maryland Hospitals for a Healthy Environment. Also runs the Food Leadership Council of Maryland and DC, so can offer her thoughts in that capacity.

Karin Russ – Maryland H2E. She is also representing the Maryland Nurses Association.

Molly Englund – Maryland H2E. She is taking the minutes.

On the phone:

Rick Sanders – Peninsula Regional Medical Center. Interested in sharing resources here and seeing what everyone else is doing.

Nicole Brandfield – Meritus Medical Center. They are recycling as much of the building as possible, still have a long way to go. They have 18 off-sites within the county, getting those to recycle has been challenging.

Jim Dixon – Garrett Memorial Hospital. They have very ambitious individuals at this small hospital with strong local support from farmers, etc. They had their first green team meeting last month.

Mary Leresche & Laura Seifert – St. Mary's Hospital. They want to see what everyone else is doing and get some information to move our green team along.

Gary Robson – Ft. Washington Medical Center. He's joined to help get some green initiatives into their two facilities and in the corporate structure.

Carla Jones – University Specialty Hospital, UMMS. This is new experience and she's excited to learn more.

Angela Wood – VA Maryland Health Care System. Was previously GEMS Coordinator for Maryland hospitals; now working regionally. Can offer insights on Environmental Management Systems.

MD H2E

Joan Plisko: MD H2E is a grant funded initiative based out of the University of Maryland, School of Nursing, currently in sixth year of funding. Staff includes nursing, food, and operations; Program Director is Barbara Sattler. Most folks are working on sustainability issues at individual facility. There is a menu of programs that MD H2E can work facilities on, such as IPM, energy efficiency, water conservation, red bag waste minimization. Some attendees here are experts in particular areas, including energy, environmental compliance, waste reduction, etc. MD H2E can connect peers who are experts or in need of experts.

Purpose of HCSLC

MD H2E staff can assist in the development and implementation of programs. However, it is the voices of hospitals (through the HCSLC) that are needed:

1. To provide guidance to one another and to others in the MD;
2. To develop collaborative efforts;
3. To move the market; and
4. To advise MD H2E.

Opportunities exist for a statewide campaign – for example, eliminating DEHP from products. It is the collective voice that will move the market and improve staff, patient and community health.

MD H2E has an annual conference; this year it's November 10th, 2011. The theme this year is "Measuring Success." MD H2E wants to learn what success means to each organization. There is a call for abstracts out (find it at <http://e-commons.org/mdh2e/2011/04/26/call-for-abstracts-md-h2es-annual-conference/>) and a confirmed keynote speaker from The Cleveland Clinic.

Logistical Issues

Leadership: MD H2E will facilitate operation of HCSLC. MD H2E vision is that leadership will bubble up in this group. There should be a Chair, Vice Chair, and Secretary. Positions to rotate through on annual basis. HCSLC members will select/vote on positions after several meetings are held.

Membership: The goal is to have every facility and system represented here. We will decide how regularly we will meet and more details. Health care providers only; not vendors at this point. Vendors may be invited to participate for specific things.

Meeting Frequency: Important to meet more regularly in the beginning. Maybe monthly or bi-monthly at first, and then move to more telephonic communication.

Vision: Develop an overarching vision or purpose, and then it will be easier for people to know if they want to sign on, what will that look like.

Expectations: For members that they attend, participation is expected, especially in working committees. Attendance is expected as well.

Highlights of the first meeting, March 31, 2011

For complete minutes of meeting, see <http://e-commons.org/mdh2e/news-and-events/health-care-sustainability-leadership-council/>

- Commonalities exist between and among health care providers
- Expertise is diverse and great
- Collective impact of change is incredible
- No need to reinvent the wheel
- Data is important

Groups came up ideas for HCSLC work:

- **Data:** Develop a standardized tool for all facilities to measure where MD is as a state and for. A self-assessment would be a good first step. If HCSLC can identify a standard tool it could serve as a great metric management practice.
Collective knowledge base/tool box: use internet; info by geography; experts by subject (purchasing, nursing, CSA, green teams). Mentoring program is idea also.
- **Spread the word:** educate executives (either by their peers or from another organization); engage more physicians; involve Medicaid; form a speakers bureau; nurses.
- **Advocacy:** Some are very interested in this. Example of previous efforts include hospitals advocating for the elimination of arsenic compounds from poultry feed (the legislation has been put off for more research, however).
Regarding toxics, individuals cannot protect themselves, but collectively, a group can. Even if institutions can't take a stand, the HCSLC can have a voice as the leaders.
- **Community Benefit** – there could be potential here as many hospitals are dedicated to community outreach.

Brainstorm

The group divided into two subgroups with the goal of developing a short list of potential ideas for the HCSLC; a visioning project of sorts, if the sky is the limit, where would folks see the HCSLC going? The two groups reported back to the larger group. Additionally, folks on the phone e-mailed in their ideas. Here is what the groups came up with:

First group:

- Identify cost neutral initiatives.
- Identify hanging fruit – i.e., what can be done just with education.
- Consolidate the data from facilities. By benchmarking status can see what everyone is doing.
- Develop position statements on topics.
- Lobby service groups (e.g., waste haulers, lawn care companies, etc.) to provide the services we want; create the demand.
- Develop a protocol/template for sharing success/best management practices/RFPs. A protocol with purpose, scope, and cost benefit, hurdles, and manpower.
- Identify tools for measuring numbers and data.

Second group:

- Craft a mission/vision/charter for HCSLC.
- Have educational speakers come to the HCSLC to further enhance knowledge base.

- Develop groups of individuals with similar expertise to do outreach, influence hospital administration/facilities.
- Do advocacy work.
- Have different workgroups – advocacy, practice/protocol, education. They could meet more regularly than the whole HCSLC.
- Catalogue and provide a central location of information on what everyone is doing.

Phone participants:

- Require hospitals to paint their roofs white, and install green roofs. Point of information: Anne Arundel Medical Center, Sinai Hospital, and Good Samaritan have green roofs – the HCSLC can learn from hospitals that have installed them.
- More information on EPP, HIPPA/confidential paper management, integrated pest management, pharmaceutical waste management and universal waste management.
- Delineate differences of regulations between state lines, county lines, etc. for systems with hospitals in more than one county or state.
- Provide listing of facilities, program leaders, and programs to all participants, as a reference document.
- Develop an up-to-date list of companies that can handle special recycling items & cost benefits. Items such as used medical equipment, composting companies (if they exist), silver paper recycling, large tire recycling, etc.
- The VA could share information on developing Environmental Management Systems.

More thoughts:

- The HCSLC could present to the MHA leaders on what collective position is.
- Invite the governor, or MDE secretary to hear and learn about HCSLC.
- Present to CEOs, develop a list of what HCSLC wants CEO's to do (e.g., sign-off on a facility's mission statement, promote it to their peers, provide a budget, etc.).

The next meeting of the HCLSC will be at MHA on July 14th, from 9:00 – 11:00 am.

MD HCSLC Participants to Date:

Hospital/System/Health Care Providers	Last Name	First Name	Title	Mar 31	May 12
MedStar Health	Adams	Jerry	Director, Environmental & Safety Compliance	√	√
Mt. Washington Pediatric Center	Band	Steven	Director, Division of Pediatric Psychology and Neuropsychology	√	
Meritus Medical Center	Bradfield	Nicole	PHO/Managed Care Specialist	√	√
Shady Grove Adventist Hospital	Chandler	Carol	Director, Department of Nursing Education Practice and Research	√	
University of Maryland Medical Center	Choiniere	Denise	Sustainability Manager	√	
The Johns Hopkins Hospital	Cusick	Colleen	Clinical Products Specialist		√
Kennedy Krieger Institute	DiPietro	Beth	Clinical Nurse Specialist		√

Hospital/System/Health Care Providers	Last Name	First Name	Title	Mar 31	May 12
Garrett County Memorial Hospital	Dixon	Jim	Director, EVS		√
Upper Chesapeake Health System	Fasick	Paula	Director, Materials Management	√	
Maryland General Hospital	Hart	Sterling	Director, Materials Management		√
Health Care for the Homeless	Herron	Mary Jean	CFO	√	
Frederick Memorial Hospital	Jacobson	Suzanne	Nurse		√
University Specialty Hospital	Jones	Carla	Director of Clinical Operations		√
St. Joseph Medical Center	Keller	Heather	Integrative Therapist, Maternal Child Health		√
Department of Health and Mental Hygiene	Langmead	Paula	CEO		√
Baltimore Washington Medical Center	Lanham	Mary	Director, Marketing, Planning and Communications	√	
Mercy Medical Center	Lebo	Tim	Safety & Sustainability Specialist	√	√
St. Mary's Hospital	Leresche	Mary	Department Secretary Cancer Care and Infusion Services		√
Greater Baltimore Medical Center	Mercer	Pam	Nurse Educator, Pediatrics	√	
Carroll Hospital Center	Miller	John	Security Manager	√	
Johns Hopkins Outpatient Center	Nelson	Sean	Assistant Director JHOPC, Facilities Engineering, Env. Services, Linen Distribution & Disaster Coordination		√
Sinai Hospital of Baltimore	Parham	Janel	O.R. Liaison Nurse		√
Chester River Hospital Center	Pritzlaff	Angela	Clinical Resource Nurse	√	
Fort Washington Medical Center	Robson	Gary	Director, Materials Management		√
Baltimore Medical System	Ruggles	Rebecca	Director, Special Projects	√	√
Peninsula Regional Medical Center	Sanders	Rick	Director of Facilities Management		√
St. Mary's Hospital	Seifert	Laura	Nuclear Medicine Technologist		√
Maryland General Hospital	Twombly	Heather	Lab Medical Technologist	√	
Kernan Orthopaedics and Rehabilitation	Vasquez	Hector	Director of Engineering and Safety		√
LifeBridge Health	Weeks	Lionel	VP, Facilities	√	√

Hospital/System/Health Care Providers	Last Name	First Name	Title	Mar 31	May 12
VA Maryland Health Care System	Wood	Angela	Regional Environmental Management Coordinator		√