



April 2012

Maryland H2E News Roundup



Trailblazer Education Series: GREENING SURGICAL SERVICES

Anne Arundel Medical Center with Practice Greenhealth
April 27th, 11:30 am—1:30 pm

Agenda: *Lunch will be offered at 11:30, which attendees are invited to enjoy during the program, beginning promptly at 11:45*

- **Introduction to Trailblazer Series, Molly Englund**, Communications Coordinator, Maryland Hospitals for a Healthy Environment
- **Welcome to AAHS, Tori Bayless**, President and CEO, Anne Arundel Health Systems
- **The Beginnings of Greening the Surgical Services, Katie Boston**, Former Senior Director of Surgical Services, Anne Arundel Medical Center
- **Waste Segregation, Olive Murray**, Operating Room Staff Nurse, Anne Arundel Medical Center
- **Reprocessing Surgical Devices, Amy Barnes**, Account Manager, Stryker
- **Toxin and Energy Reduction, Charlotte Wallace**, Sustainability Manager, Anne Arundel Medical Center
- **National Trends and What's to Come, Kaeleigh Sheehan**, Project Manager, Practice Greenhealth

[Click here](#) to learn more about AAMC's program.

To register for this FREE event, please send your name, title, facility name, e-mail, and phone to

Englund@son.umaryland.edu.

Next in the Trailblazer Series:

TRACKING AND MEASURING SUSTAINABILITY PROGRAMS



Carroll Hospital Center

May 15th, 10:00 am—12:00 pm

200 Memorial Avenue
Westminster, Maryland 21157



In 2011, Carroll Hospital Center reduced its natural gas, energy, and water consumption through sustainability programs that were tracked using state-of-the-art software.

CHC is the first facility in Maryland to use such a tool! Using this program, the hospital is calculating its carbon footprint reduction and the money saved. Learn how to quantify the results of your sustainability initiatives! CHC reduced its natural gas use by 30% and saved over \$120,000 by doing so; what can your facility accomplish?

For more information on CHC's award-winning program:

<http://mdh2e.org/wp-content/uploads/2011/07/CHCWeb.pdf>

To register for this FREE event, please send your name, title, facility name, e-mail, and phone to Englund@son.umaryland.edu.

What are YOU doing for Earth Day?

Scrub Swap? Eco-Jeopardy?

Bike Workshop?

[It's not too late to plan something!](#)

Earth Day is officially April 22nd, but many hospitals are celebrating on Thursday the 19th or Friday the 20th. Anne Arundel Medical Center, Bon Secours Health System, Carroll Hospital Center, Johns Hopkins Bayview Medical Center, Greater Baltimore Medical Center, and University of Maryland Medical Center are a few of the hospitals with events planned for the day!

You can also celebrate at home or in your community:

[Maryland Outdoor Club](#)

[Montgomery County Earth Day](#)

[Earth Day Festival at Brookside Gardens](#)

[Family-centered Earth Day celebrations in Maryland](#)

[Earth Day Concert](#)

[TreeBaltimore Earth Day Planting](#)

[And some more ideas!](#)



Maryland Health Care Sustainability Leadership Council Update

Was your hospital represented at the quarterly meeting of The Maryland Health Care Sustainability Leadership Council (HCSLC) on April 12th at the Maryland Hospital Association? Touch base with HCSLC Secretary Sean Nelson to find out and learn how to get involved.

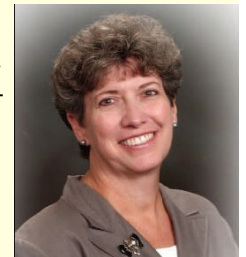
The HCSLC is developing a mission statement and bylaws; a logo and fact sheet; a comprehensive sustainability practice check list; and is planning an inaugural education event on June 21st (more information will be forthcoming).

It was a productive meeting, showing great promise for the future of the group. The next meeting will take place in early July. To find out more, email the HCSLC Secretary Sean Nelson at:

snelsona@jhmi.edu.

"Health Care facilities should promote sustainable efforts as a health care initiative. The Maryland Health Care Sustainability Leadership Council and its members will help to build awareness, consensus and collaboration for common goals."

Colleen Cusick, Chair



Bon Secours and MedStar join Healthy Hospitals Initiative

The Healthier Hospitals Initiative (HHI) launched its new campaign at a press conference April 3rd to engage hospitals throughout the country in improving health and reducing costs by adopting sustainability practices.

MedStar Health and Bon Secours Health System in Maryland are 2 of the 11 founding health systems from across the country who have been working in partnership with Health Care Without Harm, Practice Greenhealth and The Center for Health Design to launch this program.

Bon Secours and Medstar were featured in an article in the [Baltimore Business Journal](#) (for subscribers only) for their commitment to the initiative. The article quotes David McCombs, vice president of supply chain operations at Bon Secours: **"It's not just a program to achieve some results. It's really fundamentally making our communities healthier...The idea is the rising tide – lift all hospitals up together and embed these best practices in their daily practices."**

Bon Secours Health System anticipates it will save about \$1.5 million this year through lowering energy consumption at its hospitals by 3-5 percent. MedStar dedicated itself to reducing its regulated medical waste and increasing recycling rates, which added to a savings of over \$80,000 over the last 5 years. Both hospitals are leading examples of saving money through sustainability programs.

There are many resources available to all hospitals in the U.S. at no cost and there are opportunities for leading hospitals to participate at higher levels, including a mentorship program. We look forward to the additional support that this initiative can provide to hospitals in Maryland and throughout the region. For more information, visit <http://healthierhospitals.org/>.

Union Hospital Trailblazer Event



Several years ago, Union Hospital of Cecil County's CEO Ken Lewis was doing some rounds on the patient floors when a patient complained about the food. The Food and Nutrition Services Manager Holly Emmons was summoned upstairs. The patient turned out to be a farmer with a restricted diet. He complained to Holly that he was unhappy with his salad because it had tomatoes like "red marbles." Holly, humiliated, ran down to the local farmers' market, bought some local tomatoes, and fed the patient a great meal. A few weeks later, the farmer stopped by her office with some of his own offerings, including prize-winning cantaloupes. "The fruits and vegetables he brought were amazing, and I thought, 'Why can't we have this here?'" Holly said. The farmer told her that she had saved his life. "But really, he had saved mine."



This anecdote was one of many told at Union Hospital's Trailblazer Education Event on Sustainable Foods, held at the hospital on March 22nd as part of the MD H2E Trailblazer Award Education Series. Attendees from hospitals, farms, and more came to learn how to add local, sustainable foods to their menus while still saving money.

First the group heard from COO of Union Hospital, Dave Gipson. He welcomed everyone and spoke about the changing culture in health care. Gipson said, "I know the kind of passion and dedication you have for the journey...**I think we finally have in health care a tipping point, where it is becoming embedded in our culture, where [sustainability] becomes important from our staff, from our patients, and from our providers' perspective, an expectation.**"

Maryland Secretary of Agriculture, Earl "Buddy" Hance, also spoke to the crowd of dietitians, farmers, Sustainability Managers, and more. He noted what a great opportunity the local food movement has been for Maryland's farmers. Local foods taste better, are more nutritious, and reduce our carbon footprint, while the money spent in the community stays in the community.

Holly Emmons and Will Morgan, Executive Chef, then addressed cost-saving methods of buying locally and sustainably (i.e., produced without pesticides, hormones, or antibiotics). It's a myth that sustainable local foods have to cost more. Union has remained practically budget neutral with various strategies. First, Holly benchmarks all her initiatives, so she can see the affect on the budget. Buying off-brand cereals has saved Union money, as well as buying whole animals. Individual cuts of meats can cost more money, and there is usually a charge for the deboning process. Will, who gave a turkey butchering demo, said that while at first his cooks were wary about butchering the meat themselves, they now love it and even have turkey butchering parties. Using almost 100% of the animals is a great way to bring costs down – the hospital makes their own stocks from scratch with the parts that don't end up on the plate.

The hospital has signed the [Healthy Food in Health Care pledge](#) and signed up for the [Balanced Menus Challenge](#) and the state of Maryland's [Buy Local Challenge](#) to help kick start their initiatives.

The result of Union's Initiatives is quite impressive. 100% of beef purchased by the hospital is from a local farm. Almost all of their chicken – at least 90%, Holly estimates – is also local. Holly pointed out that when you have a great relationship with your grower, it's beneficial to both parties. One farm has expanded the type animals they keep to accommodate the hospital's needs.

Next, MD H2E's Sustainable Foods Program Manager Louise Mitchell offered tools and resources for purchasing. The Balanced Menus Challenge asks a hospital to reduce its meat purchasing by 20%. By making that change, a hospital will reduce its carbon footprint and save money, which can be used to buy more local sustainable foods. Promoting in the cafeteria which of the foods are local will also lead to increased sales. Karen Fedor, Senior Agricultural Marketing Specialist for the Maryland Department of Agriculture, then gave a brief overview on state and federal regulations for local foods safety. For questions, contact Karen at: FedorKM@mda.state.md.us. Rounding up the afternoon was Alice Chalmers, Executive Director of Future Harvest-Chesapeake Alliance for Sustainable Agriculture with a technical discussion on finding sustainable farmers in the Maryland region. Alice can be reached at alice@futureharvestcasa.org.

Questions or comments, please contact:

Joan Plisko, Technical Director, 410-706-2107, plisko@son.umaryland.edu

www.mdh2e.org



Helping the Environment and Bottom Line

MedStar Union Memorial isn't just a leader in quality health care. It's also among the few to have a Green Team comprised of hospital associates who volunteer their time to participate in green initiatives.



James Flagg from Environmental Services uses the cardboard baler on the loading dock

In partnership with Reduction in Motion, which helps large organizations with waste reduction and sustainability projects, the Green Team is finding ways to decrease its carbon footprint, while also generating revenue for the hospital.

On the hospital's loading dock is a compactor for recycling cardboard, called a baler. The baler is used to neatly and securely collect waste cardboard so it can be recycled. In four batches a week, more than a ton of cardboard is being sold for recycling, versus being dumped in a landfill.

The cardboard, sold as a commodity, will soon pay for the baler's total cost. Now, cardboard that is sold and recycled generates revenue for MedStar Union Memorial.

An additional benefit of recycling cardboard is that it frees space for inventory and other equipment that is needed.

The baler ensures that trash is disposed of, but not recyclable materials. Using the baler makes recycling cardboard easier and more cost effective in terms of lessening the amount of waste being hauled away.

For more about MedStar Union Memorial Green Team efforts, contact Cherry Koontz at Cherry.Koontz@Medstar.net

Trends in Sustainable and Green Design in Healthcare

By Jennifer Larson, contributor

<http://www.ammhealthcare.com/News/news-details.aspx?Id=39592>

April 4, 2012 - The University of Maryland Medical Center is currently building a new critical care trauma tower. When it's completed, the tower will include spacious patient rooms, with space for visiting family members, and lots of natural light.

But it won't just be aesthetically pleasing. Among other features, it will also have LED lighting and rubber flooring that doesn't require stripping and waxing.

"We are shooting for LEED Gold-certified," said Denise Choiniere, MS, RN, the medical center's sustainability manager and the founder of its Green Team.

Choiniere is referring to one of the top certifications in the U.S. Green Building Council's (USGBC's) LEED Green Building Rating Systems. Participating facilities must meet a series of rigorous requirements to achieve certification.

A growing number of health care organizations are making this type of commitment to the environment and sustainability--and to their employees and patients. They are building new facilities that involve green building practices, consume less energy, produce fewer toxins and provide a healthier overall environment, and they are renovating existing facilities to achieve similar results.

"I don't think sustainability is a fad," said Choiniere, noting that she communicates with a network of other professionals who have the same kinds of goals. "I think it's the smart way to do business."



Denise Choiniere,
Sustainability Manager,
UMMC

The LEED for Healthcare rating system was launched in April 2011, expanding the USGBC's series of ratings systems, and was designed to address the unique needs in the healthcare industry. According to the USGBC, healthcare organizations face some very unique design challenges that led to the development of LEED for Healthcare, including "24/7 operations, energy and water use intensity, chemical use, infection control requirements, formidable regulatory requirements, and the heightened need for patient privacy." The system recognizes efforts to create a healing environment for patients and reduce their exposure to harmful chemicals and toxins--and also for staff.

Another piece of evidence: more than 500 hospitals, including Kaiser Permanente and Tenet Health Systems, have joined the Healthier Hospitals Initiative (HHI), which is a partnership coordinated by Practice Greenhealth, Health Care Without Harm (HCWH), and the Center for Health Design. In response to the growing interest, HHI has just issued a new campaign to urge other hospitals to join the three-year initiative. The program urges hospital leaders to respond to six challenges: engage in leadership on environmental health and sustainability, serve healthier foods and beverages, reduce energy use, reduce waste and recycle, use safer chemicals, and purchase environmentally preferable products.



"These efforts go far beyond 'tree-hugging' and are part of a practical strategy to address quality and value in health care," said Gary Cohen, founder and president of Health Care Without Harm.

And value is definitely worth considering, experts say.

"There are long-term cost savings associated with an energy-efficient building," noted Joan Plisko, Ph.D., technical director for Maryland Hospitals for a Healthy Environment (MD H2E).

Can it be more expensive on the front end to invest in environmentally-friendly materials and building practices? Experts say yes, it can be. But the long-term savings, including lower energy bills, make it worthwhile.

Gary Cohen, Founder

and President, Health

Care Without Harm

Said Plisko, "If we can reduce our costs, reduce our environmental impact, while at the same time creating a better and healthier workplace, we're going to retain our employees better than our competitors."

Green advocates add that sustainability efforts shouldn't just stop once the building is built (or renovated). Operational changes really do matter--and they do make a difference, particularly to the employees who work, day in and day out, in a facility.

Continued on page 9

Dignity Healthcare Taps Medline Industries for Dye-Free Plastic

Dignity Health (previously known as Catholic Health Care West) has become the first health system in the U.S. to switch to dye-free patient plastics.

Under the new initiative, Dignity Health will replace everyday products that are used at the patient's bedside, such as bed pans, wash basins, water pitchers and drinking cups, with pigment-free products from Medline Industries in all of its hospitals and other care centers by May 2012.

Pigment-free products support greener manufacturing because they eliminate the need for potentially harmful chemicals during the manufacturing process, Dignity says. The company expects the move to minimize the release of hazardous chemicals into soil and groundwater and help protect and improve the environment and ultimately public health.

Based on its annual usage of these products, Dignity Health will divert an estimated 2,935 lbs of pigment from leaching into the soil and groundwater by switching to pigment-free plastics. The total value of the contract is \$1 million per year.

The announcement is the latest in a line of environmental initiatives by the health care provider.

Between 2007 and 2011, Dignity, which was formerly known as Catholic Healthcare West, decreased water consumption by 9.8 percent. In 2008, it estimated that it [reduced its waste volume by 41 tons](#) by re-using single-use items such as scissors, scrubs and surgical blades.

Three years later the health system diverted 198,000 lbs of medical equipment from landfills and saved \$5.6 million by increasing use of reusable products.

<http://www.environmentalleader.com/2012/04/05/dignity-healthcare-taps-medline-industries-for-dye->

Managing Energy Doesn't Have to Drain Resources



by Rick Dana Barlow
Strip away the environmental justifications and "right thing to do" phi-

losophy and you may find the origins behind any euphoria and excitement about managing energy consumption nestled in a healthcare organization's financial report — retroactively.

In healthcare, supply chain managers and their clinical customers tend to take energy for granted — particularly in managing it. That's partly because it's not a physician preference item or nursing floor product that will bring fits to product evaluation and value analysis committees. In addition, energy doesn't necessarily lend itself to competitive bidding and sourcing.

At the same time, facilities can't operate effectively without it. Still energy typically involves complex, costly, heavy, oversized equipment or commodity/raw materials sourced through few suppliers, some of which — as in local utilities — may be classified as monopolistic. With few to no competitors there is little to no incentive for the vendor to engage the negotiation skills of a supply chain professional. At least, that's the impression.

[Click here for more.](#)

Target 6 Areas of Waste to Curb Healthcare Costs

April 11, 2012 — By [Alicia Caramenico](#)



Hospital leaders looking to cut back on waste should focus on six categories that account for more than 20 percent of escalating healthcare expenditures, according to an [article](#) today in the *Journal of the American Medical Association (JAMA)* by former CMS administrator Donald Berwick and Andrew Hackbarth, an assistant policy analyst for the RAND Corporation.

"The actual total may be far greater. The savings potentially achievable from systematic, comprehensive, and cooperative pursuit of even a fractional reduction in waste are far higher than from more direct and blunter cuts in care and coverage," the authors wrote.

In particular, hospitals should address overtreatment, inferior care coordination, poor execution of care processes, administrative complexity, pricing failures and fraud and abuse.

[Read more.](#)

Sustainable Foods Update

FDA Ordered to Evaluate Safety of Antibiotics for Livestock



In March, the U.S. Food and Drug Administration was ordered to evaluate a 1977 hearing that went unheard. New York Judge Theodore H. Katz is requiring the FDA to follow up on hearings that began 35 years ago to examine the safety and appropriateness of routinely used antibiotics in animal feed. Commonly called "growth promoters," these antibiotics are a major contributor to the cause of antibiotic-resistant "superbugs" in humans. While antibiotics such as penicillin and tetracycline are used to treat disease, these drugs are being used in animal agriculture to fatten livestock. The court order stems from a lawsuit filed last year by several organizations, including the Natural Resources Defense Council and Union of Concerned Scientists. To read more, click [here](#).

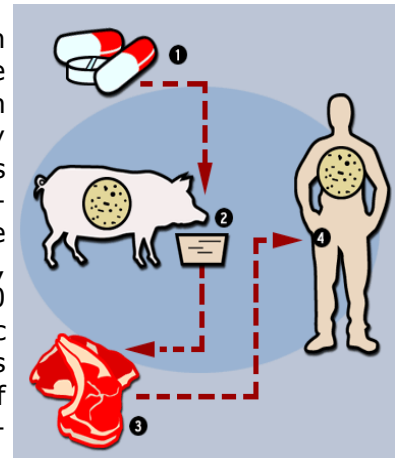
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Rx Now Needed from Vets for Antibiotics in Agriculture

Veterinarians will now need to prescribe antibiotics to farmers and ranchers before they can feed livestock antibiotics.

This is being done in an effort to decrease the negative health effects caused by overuse of antibiotics in agriculture. An estimated 2 million people are sick each year, with around 99,000 dying from antibiotic resistance. While it is unknown how many of these strains are attributed to agriculture,

we do know that roughly 80% of antibiotics sold in the United States are used in livestock routinely. The FDA has also asked drug makers to voluntarily change labels on medications to require a prescription before purchase. Read more from the recent New York Times article [here](#).



INOVA Supports Low Income Communities in Healthy Eating



In 2011, the Community Affairs Department through the INOVA Health System Foundation established a ["Double Dollar" incentive program](#) for recipients of Federal SNAP benefits (formerly called food stamps, now the Supplemental Nutrition Assistance Program) to purchase fresh, local foods at 3 farmers markets and a farm stand in Northern Virginia. Shoppers who use their EBT (Electronic Benefits Transfer) card at participating markets are able to receive up to \$10 in matching funds from INOVA for SNAP purchases at that market, resulting in twice the amount of healthy local foods from their purchases. INOVA contributed \$1,494 in 2011 to recipients through their SNAP/Food Stamp Enhancement Program, which is part of their broader [INOVA "Buy Fresh Buy Local" program](#). INOVA also partnered with Whole Foods Market in Vienna and Old Town to raise additional funds for the Program through the Whole Foods' Community Giving Day Campaign. As a result of 2 Whole Foods events, the program received an additional \$9,086. A small survey of consumers and farmers participating in the program indicated:

is part of their broader [INOVA "Buy Fresh Buy Local" program](#). INOVA also partnered with Whole Foods Market in Vienna and Old Town to raise additional funds for the Program through the Whole Foods' Community Giving Day Campaign. As a result of 2 Whole Foods events, the program received an additional \$9,086. A small survey of consumers and farmers participating in the program indicated:

- Consumers increased the amount of fresh fruits and vegetables they purchased because of the SNAP/Double Dollar Program and they are also purchasing local sustainable meat that they could not previously afford from grocery stores
- Consumers agreed that the additional fruits and vegetables made a difference in their family's diet
- Farmers reported increased sales and some farmers said that the SNAP/ Double Dollar program was an important factor in their participation in the market

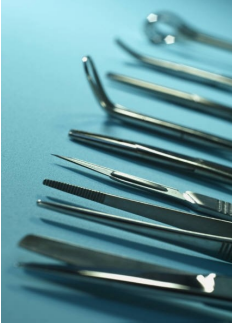
Participating Markets include: Arcadia Farm Stand; Four Mile Run Farmers & Artisans Market; Frying Pan Farm Park Farmers Market; Manassas Farmers Market.



SNAP Token used at market

Education for Surgeons Helps Reduce Hardware Waste in Spine Surgery

http://www.wolterskluwerhealth.com/News/Pages/Education-for-Surgeons-Helps-Reduce-Hardware-Waste-in-Spine-Surgery.aspx?WT.mc_id=EMxj00x20120326xL6



Educational Sessions Lower Rates and Costs of 'Explanted' Spinal Hardware

Philadelphia, PA (March 1, 2012) – An educational program for surgeons can reduce unnecessary hardware "explantations" during spinal surgery, reports a study in the March 1 issue of *Spine*. The journal is published by [Lippincott Williams & Wilkins](#), a part of [Wolters Kluwer Health](#).

At the study hospital, surgeon education reduced the rate of spinal hardware wastage by nearly one-third, leading to cost savings of more than \$20,000 per year. "It is an obligation that spine providers are part of identifying and addressing any process or event that does not add value to the care of the patient," according to an editorial comment by Dr Kevin McGuire of Beth Israel Deaconess Hospital, Boston.

Educational Program Decreases Waste and Costs

Led by Dr Nancy E. Epstein of The Albert Einstein College of Medicine, Bronx, N.Y., the researchers evaluated an educational program designed to reduce the frequency and costs of hardware explanation during spinal surgery. The program focused on one specific procedure—single-level anterior discectomy and fusion, or "1-ADF"—commonly performed in patients with disk disorders in the upper (cervical) spine.

"Explantation" simply means the placement and removal of hardware (instrumentation) during the same operation. "For example, an implanted plate may not fit, or implanted screws may be too loose/too short," Dr Epstein and coauthors explain. In a previous study, they identified explanted hardware as a significant contributor to the cost of surgery.

Toward reducing the rates and costs of explantation, the researchers conducted educational sessions for all surgeons performing 1-ADF at their hospital. At those sessions, the surgeons were educated about the definition and costs of explanation of instrumentation used for 1-ADF.

The surgeons were also told that future rates and costs of hardware explantation would be tracked. The tracking data were used to evaluate how the educational program affected explantation rates.

Before the educational sessions, hardware was explanted in 45.5 percent of 1-ADF procedures. After the education sessions, this rate decreased to 16 percent. Explantation rates decreased for most types of hardware, including screws, plates, and spacers.

The decrease in explantation helped to lower costs of ADF-1 surgery. As a percentage of all hardware implanted, the cost of explanted devices decreased from 20 percent to 5.8 percent. On an annualized basis, avoiding explanted hardware resulted in estimated savings of \$21,000.

For one type of hardware—"cages" used in placing bone graft material—there was no decrease in explantation rates. The tracking data showed that this problem was linked to individual surgeons, who may benefit from further education or tutoring to reduce waste.

Spinal surgery is likely to be a focus of efforts to control escalating surgical costs. Instrumentation is an important contributor to the high cost of spinal surgery—average costs for the hardware used in the study were \$1,450 per plate and \$1,200 per set of screws.

Dr Epstein and colleagues believe that the explantation rates and costs identified in their study may be just the "tip of the iceberg"—similar studies of more complex spinal procedures might identify further opportunities for reducing waste. They conclude, "Our findings should encourage the development and institution of surgeon-education practices to reduce the costs/frequency associated with explantation."

Trends in Sustainable and Green Design in Healthcare, *continued from page 5*

"It's important to recognize the continuum," said Kumkum Dilwali, senior advisor and past senior director for the Green Guide for Health Care, which is a project of HCWH and the Center for Maximum Potential Building Systems. "It doesn't just end at design."

For example, consider your facility's cleaning practices, an area that is rife for improvement possibilities, said Dilwali. There have been technological advances in cleaning practices and equipment that are healthier for everyone in the facility, which are worth investigating. However, facilities that have chosen to use certain materials in their buildings may have fewer practices to change; for instance, a December 2010 report titled "Sustainable Resilient Flooring Choices for Hospitals" points out that certain flooring materials, like rubber, are more sustainable and don't require the frequent use of harsh cleansers.

Changing to safer practices makes sense to Choiniere, who says the health impact especially resonates with her as a nurse. "If there's a safer alternative, then we should do it," she said.

Plisko agreed. "Patients heal better and more quickly in a building that's designed for healing," she said.

Who is Maryland H2E?

Maryland H2E is a technical assistance and networking initiative that promotes environmental sustainability in healthcare. Participants include hospitals, clinics, nursing homes, and other ancillary health care providers in MD.

Our staff now includes:

- Joan Plisko, PhD, Technical Director, plisko@son.umaryland.edu, 410-706-2107
- Louise Mitchell, PT, Sustainable Foods Program Manager, limitc001@son.umaryland.edu, 410-706-1924
- Molly Englund, Communications Coordinator, englund@son.umaryland.edu, 410-706-6832
- Priya Saha, Sustainable Foods Coordinator, saha@son.umaryland.edu, 410-706-3077



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November 14th, 2012

**University of Maryland
School of Nursing**

**655 West Lombard Street
Baltimore, MD 21201**

**Keep a look out for the
Call for Abstracts, coming soon!**



Practice Greenhealth Webinars



April 17, 2 pm (Eastern)

Introducing the Healthier Hospital Initiative

[Click here to Register and Purchase Webinars.](#)

Access to Practice Greenhealth webinars is a fee-based service, and is one of many member benefits.

You can learn more about the fees and benefits of membership by going to our website. See:

<http://practicegreenhealth.org/membership>