



HACKENSACK MERIDIAN HEALTH - HACKENSACK UNIVERSITY
 MEDICAL CENTER — no.3767451

Partner for Change - 2018: Waste

This application is being viewed in read-only mode.

Data imported from previous year application highlighted in yellow.

Introduction

Practice Greenhealth recommends **comprehensive waste tracking** as a starting point for any healthcare institution looking to improve its environmental footprint. Understanding the breakdown of both cost and weight for different waste categories can be one of the easiest strategies to identify areas of opportunity and low-hanging fruit. Beyond waste data, understanding how waste can be prevented, or shifted from a more environmentally-intensive (and expensive) waste stream to a less environmentally intensive waste stream (e.g., from **regulated medical waste** into **recycling**) is key to truly reducing the facility's waste footprint.

Baseline Year: The facility's baseline year is generally the **first year the facility started tracking waste data**. Some facilities use the first year they apply for an award. If 2017 is your first year of waste tracking, please enter data in **both** the **Baseline Year** and the **Current Year** column (leaving the **Previous Year** column **blank**), and it will become your baseline for next year's award data.

1. **Baseline Year:**

2012

The waste data in this section requires **12 consecutive months of waste data**. While energy data must be tracked in a calendar year, waste data can utilize a fiscal year if necessary. We ask that you please use the **same 12 months consistently** each year you apply, so we can compare year-to-year totals effectively.

Solid Waste

Please indicate the facility's **Solid Waste** totals in Table A below (enter a numerical response). You are required to complete the **Current Year** column at a minimum.

If you are using a vendor that uses a **flat fee for integrated waste removal** (e.g., RMW and **solid waste** go out at the same price per lb), please enter your tonnage but **do not include your cost data** in Table A below, as it will skew the data set.

Non-RCRA Pharmaceutical Waste data will be captured in the category in which it is being treated/disposed. If the facility is segregating and collecting Non-RCRA Pharmaceutical Waste **and disposing of it as solid waste** (e.g. sent to a **municipal waste incinerator**), please enter Non-RCRA Pharm Waste data in **Table A. Solid Waste**. If Non-RCRA Pharm Waste is disposed of as **regulated medical waste** (e.g. sent to an RMW incinerator), please enter Non-RCRA Pharm Waste data in **Table C. Regulated Medical Waste**

DO NOT enter Non-RCRA Pharm Waste in both Tables A and C. This will double count this waste stream.

Table A. **Solid Waste**

(Please do not use commas or \$ signs.)

Solid Waste	TONS per Year Baseline	TONS per Year Previous	TONS per Year Current	Annual Costs Baseline	Annual Costs Previous	Annual Costs Current
Solid Waste	2. 3144	3. 3099.94	4. 2903.33	5. 0	6. 0	7. 0
Non-RCRA Pharmaceutical Waste (MSW)	8.	9.	10.	11.	12.	13.
Total Solid Waste	14. 3144.00	15. 3099.94	16. 2903.33	17. 0	18. 0	19. 0

20.

How does your facility dispose of its regular (non-pharmaceutical) **solid waste**?

- No Answer
- Landfill
- Municipal Waste Incinerator
- Waste-to-Energy Incinerator
- Other

Recycling

21. How did the **recycling** program fare financially in 2017? (Please select one)

Can't calculate

22. Please explain finances of **recycling** program:

We utilize the Stericycle Intergrated Waste Streams Solution, therefore we pay a fixed monthly fee.

23.

Does the facility recycle clinical/**medical plastics**?

- No Answer
- Yes
- No

23.a Which clinical plastics are being recycled by the facility (select all that apply):

- Irrigation bottles
- Skin prep solution bottles
- Trays
- Overwraps
- Rigid inserts
- Blue wrap
- Tyvek
- Basins
- Urinals/Bedpans
- Other

Please indicate tonnage and cost for the selected items above in **Appendix A**.

24. Does the facility recycle precious metals from clinical devices?

No Answer
 Yes
 No

24.a Please indicate which metals from which devices:

Platinum from Catheter Tips

24.b Please indicate vendor recycling precious metals:

Stryker

Please indicate tonnage and cost for the selected items above in Appendix A.

Recycling Profile

Please enter the facility's individual Recycling Totals in Appendix A. The data will self-populate in the **Current Year** column in Table B.

Please enter baseline and previous year recycling tonnage and annual costs in Table B below. If this year is your first year of tracking recycling data, go ahead and enter the same number as **Current Year** in the **Baseline Year** column, leaving the **Previous Year** column blank. Do not enter zeros. A negative number in cost field denotes a revenue (or rebates from recycling). Reuse and diversion are not included in this table but are credited elsewhere in the application. Construction & Demolition (C&D) waste recycling is tracked in the Green Building, Table C.

PLEASE NOTE: The tonnage and costs for Current Year will be autopopulated from Appendix A.

Table B. Recycling

Recycling Streams	TONS per Year Baseline	TONS per Year Previous	TONS per Year Current	Annual Costs Baseline	Annual Costs Previous	Annual Costs Current
Recycling (Current Year data will be entered from Appendix A)	<u>25.</u> 1073.51	<u>26.</u> 1507.89	<u>27.</u> 1737.79	<u>28.</u> 0	<u>29.</u> 0	<u>30.</u> 0
Universal Waste (Current Year data will be entered from Appendix A)	<u>31.</u> 36.2	<u>32.</u> 39.56	<u>33.</u> 28.22	<u>34.</u> 0	<u>35.</u> 0	<u>36.</u> 0
Recycling Total	<u>37.</u> 1109.71	<u>38.</u> 1547.45	<u>39.</u> 1766.01	<u>40.</u> 0.00	<u>41.</u> 0	<u>42.</u> 0

43. This is the value of total annual recycling costs that will be used in calculating total waste cost percentages in Table K at the bottom of this page. Costs will be used unchanged, but a revenue will be changed to zero.

0

44. Is your facility participating in the Recycling Goal of the Less Waste Challenge of the Healthier Hospitals program?

No Answer
 Yes
 No

44.a Please describe any progress toward the Healthier Hospitals Less Waste **Recycling** Goal:

In 2017 we held a Paper Clean Out day which showed an increase in team member engagement. 29 teams comprised of 677 team members participated, and 27,750 lbs. of paper was collected – almost 7x the amount collected in past cleanouts! In 2018 we will be holding an e-waste drive during earth day which will allow team members to bring in old electronics from home to be recycled as well as all the outdated electronics that team members have been hoarding in their units. On a negative note our blue wrap program was put on hold in December of 2017 due to Joint Commission and new construction that is going to be starting in early 2018. We had been holding our blue wrap in the defunct laundry room which will be knocked down in March of 2018. We have not been able to find a storage area that does not violate fire safety regulations to date.

Waste Reduction Activities**45.** Has the facility developed an **internal reuse** program or strategy for office supplies, clinical products and equipment, and furniture before making these materials available for external donation?

- No Answer
 Yes
 No

45.a Please describe reuse program for office supplies, clinical products and equipment, and furniture:

Our internal reuse program is called I-Recycle and the only available items on it are office supplies and furniture. No clinical equipment is allowed on it right now. Each department is allowed to have one point person for I-recycle that can post and request posted items. It is up to the person posting/requesting items to get permission from their manager that they do in fact have the authority to utilize the I-Recycle site. This was done to prevent team members from posting items that their department did not plan on giving away. There has been participation in this program among a few departments. For furniture team members must contact the Design and Construction team who then looks through their inventory of used furniture on campus that can be re-distributed.

46. Does your facility participate in or require through contracting a **Product Take Back Program** for any products after use?

- No Answer
 Yes
 No

46.a Please describe participation in Product Take Back Program:

There is a multi-pronged approach to our Product Take Back Program. First case scenario is when we stay with the same vendor we will always require to trade in their current equipment for the most up-to-date model. If it is a new contract with a new company from what our current equipment is we will trade in with the new company or take the equipment apart and use the pieces for potential future repairs. The third approach is re-selling the equipment through a company called Centurion. We have a contract with Centurion through HealthTrust and utilize their resale market.

47. Has the facility developed an equipment and supplies **donation** program (domestic or abroad) for materials, equipment and furniture that can no longer be used internally? The Catholic Health Association provides an excellent discussion and resources on **Medical Surplus Recovery**

- No Answer
 Yes
 No

47.a

Please indicate which items are routinely donated:

- Unexpired/unopened consumable clinical supplies
- Expired/opened consumable clinical supplies
- Capital medical equipment
- Electronics
- Furniture
- Linens
- Other supplies

47.bDoes organization ensure all donated medical supplies, equipment and electronics are **actually needed**, such as working with an organization that ensures the **needs of developing countries are met** with the donated items?

- No Answer
- Yes
- No

47.b.a

Please outline your quality assurance process:

First off all supplies are reviewed to ensure that they are in working condition and not soiled in any way. There are multiple avenues in which supplies are donated. First we have physicians that go on mission trips and take supplies with them. When they select their supplies they only select the supplies that they need. Second we partnered with Project cure and communicate with them on what supplies they need prior to shipping them.

47.b.b

Please attach policy (if applicable):

No file uploaded.

47.b.c

Please indicate donation vendor:

Project C.U.R.E.

48.Has the facility implemented a **paper reduction** program?

- No Answer
- Yes
- No

48.a

Please indicate which activities the institution has pursued to gain those reductions. Please select all that apply.

- Reduced network printers
- Made double-sided printing the default on printers/copiers
- Reduced number of automatically printed reports
- Implemented EMR/EHR system
- Other

49. How many **cases** of white copy paper did the facility purchase in 2017?

8966

COMMENT:
 Some of the corporate functions for our health system were moved onto HUMC campus. We do not have "corporate" cost centers so these departments utilize HUMC resources, i.e. Paper

50. This was the number of cases of **white copy paper** purchased in 2016:
 7487

51. This is the facility's **Percent Change in Paper Use from Previous Year** (based on the number of cases of white copy paper purchased):
 -19.8

A positive number indicates a decrease in organizational paper use; a negative number indicates an increase in organizational paper use.

Less Food Waste

It is estimated that **10% to 15%** of an average hospital's waste is comprised of food waste. The US EPA and the USDA announced a partnership, calling on businesses to commit to food waste reduction by 50% by 2030. As a result, Practice Greenhealth developed the **Less Food to Landfill** goal intended to mobilize the health care community around the opportunity to reduce food waste, reduce methane gas associated with food breakdown in landfills, and feed hungry people.

Applicants may answer the questions in this section on the Food page and relevant answers will be copied to the Waste page. (If no data has yet been provided on the Food page, the response box on Waste will show a 0). Because food waste is a major component of the total waste stream, the few key questions and data points below have been included on both application pages--to ensure Environmental Services and Food Services are connected around the management and reduction of this important waste stream.

52. Is the facility working on the **reduction of food waste**?
 Yes

53. Does the facility have a **food waste reduction plan/policy** that is implemented and tracked?
 Yes

Based on the Food Waste Prevention table on the Food page, this is how the facility is performing on the prevention of food waste and reduction from baseline.

Food Waste Prevention Metrics

Food Waste Prevention Metrics	
Pounds of Food Waste per Meal Served (Current year)	54. 0.071
Percent Reduction in Food Waste from Baseline Year	55. 17.4
Percent Reduction in Food Waste from Previous Year	56. 20.2

57. Has the facility undertaken any efforts to **divert food waste** from the landfill or incinerator?

Yes

Food Waste Diversion from Landfill

Food Waste Diversion Metrics	
This is the facility's tonnage for food waste compost:	<p>58.</p> <p>102.9</p> <p>Mixed compost includes food waste, paper products, biodegradable food serviceware, etc.</p>
This is the facility's tonnage for digestion:	<p>59.</p> <p>102.9</p>
This is the facility's tonnage for food donation:	<p>60.</p> <p>0</p>
This is the facility's tonnage for animal feed:	<p>61.</p> <p>0</p>
This is the facility's tonnage for "other" diversion from landfill:	<p>62.</p> <p>0</p>

Food Waste Diversion from Landfill Metrics

Total Tons of Food Waste Diverted from Landfill	Pounds of Food Waste Diverted from Landfill per Meal Served	Percent of Total Food Waste Diverted from Landfill
<p>63.</p> <p>205.8</p>	<p>64.</p> <p>0.14</p>	<p>65.</p> <p>200</p>

Regulated Medical Waste

Please indicate the facility's **Regulated Medical Waste** totals in **Table C** below (enter a numerical response). If you cannot break out one of the waste types, please leave it blank and use the comments box to indicate which waste stream it is combined with; do not enter zero. If you are using a vendor that uses a **flat fee for integrated waste removal** (e.g., RMW and **solid waste** go out at the same price per lb), please enter your **tonnage**, but **DO NOT** include your **cost data** in **Table C** below, as it will skew the data set. All applicants must fill out **Current Year** tonnage and costs. If this year is your baseline year (e.g. first year of collecting accurate RMW data), please enter your **Current Year** totals in the **Baseline Year** column as well, but leave the **Previous Year** column blank.

RMW Treated Onsite or Offsite:

Please include **all general RMW** in this number, including any RMW that is **treated onsite and landfilled**. If the facility normally combines treated RMW with its **solid waste**, please estimate weight or contact Awards Technical Assistance for guidance at awards@practicegreenhealth.org or 888-378-2259.

Incinerated RMW

Please include any RMW that is incinerated, such as pathology waste, trace chemotherapeutic waste, or any waste that is segregated and removed by a licensed hauler for **medical waste incineration**. This category may be very small.

Sharps

Sharps waste is typically tracked as a separate waste stream by **regulated medical waste** haulers and should be entered in the Sharps category. If sharps are incinerated, they can be included in the **Incinerated RMW** category, but it should be noted in the comments field that the waste streams are combined. If the facility uses a reusable sharps container service, make sure the sharps disposal data does not include the **weight of the containers**.

Non-RCRA Pharmaceutical Waste

Non-RCRA pharmaceutical waste does not meet the EPA or state agencies' definition of hazardous waste but may still be dangerous to human health and the environment. Many health care institutions choose to use a vendor to manage this waste stream as incinerate-only to protect health. This waste stream is typically managed in a blue or white pharm waste container.

This waste stream can be incinerated as **municipal solid waste** (if so please track in **Table A**) or as **RMW** (please track in **Table C**). Please **do not** enter non-RCRA pharmaceutical waste in both tables or it will be double-counted.

All Non-RCRA pharmaceutical waste data entered in either **Table A** or **Table C** will be autopopulated in **Table E. Pharmaceutical Waste** below.

Table C. Regulated Medical Waste

Regulated Medical Waste Stream	TONS per Year Baseline	TONS per Year Previous	TONS per Year Current	Annual Costs Baseline	Annual Costs Previous	Annual Costs Current
RMW (treated onsite or offsite)	66. 553.62	67. 161.27	68. 152.82	69. 0	70. 0	71.
Sharps	72. 75.98	73. 85.91	74. 99.48	75. 0	76. 0	77.
Non-RCRA Pharmaceutical Waste	78. 25.72	79. 49.11	80. 32.16	81. 0	82. 0	83.
Incinerated RMW	84. 26.97	85. 26.31	86. 42.25	87. 0	88. 0	89.
RMW total waste	90. 682.29	91. 322.60	92. 326.71	93. 0	94. 0	95. 0

RMW Waste Metrics Table

96. Staffed Beds: 748	97. Operating Rooms: 34	98. Patient Days: 227963
99. Pounds of RMW per Staffed Bed per Day (The 2017 median value was 1.78; data generally ranged from 0.6 to 4.3) 2.39	100. Tons of RMW per OR (The 2017 median value was 6.1; data generally ranged from 2.4 to 14.8) 9.61	101. Pounds of RMW per Patient Day (The 2017 median value was 2.95; values generally ranged from 1.5 to 6.9) 2.87

For hospitals and systems that use Adjusted Patient Day (APD), the 2017 median for **Pounds of RMW per Adjusted Patient Day** was 1.36 (values generally ranged from 0.65 to 3.0). 2017 refers to the year the data was submitted but reflects 2016 calendar/fiscal year data. The correlation for APD in 2017 was very high, indicating that this is a good predictor of RMW generation this year.

102. Does the facility incinerate any portion of its **regulated medical waste** (RMW)?

- No Answer
- Yes
- No

102.a Please indicate which medical waste streams are incinerated:(Please select all that apply)

- General RMW
- Path/Chemo
- Sharps
- Non-RCRA Pharm
- Other

103. Does the facility disinfect/treat any portion of its RMW using onsite technology?

- No Answer
 Yes
 No

Please do not include fluid management systems that empty to the sanitary sewer in this question.

COMMENT:

We have been evaluating on-site technology and met with numerous companies in 2017. We just met with the President of Sani-pak in February 2018 and are awaiting a proposal from them.

RMW Reduction/Minimization Strategies

104. Has the facility eliminated the standard use of red bag waste (RMW) containers in regular patient rooms?

- No Answer
 Yes
 No

105. Has the facility implemented a Reusable Sharps Container program?

Yes

105.a How many tons of plastic were diverted from the landfill (or other disposal) as a result of the reusable sharps container program?

86.26

105.b What are the cost-savings (actual or estimated) from diverting reusable sharps containers from the landfill?

14,282.21

106. Has your facility implemented a single-use device (SUD) reprocessing program with an FDA-approved third party reprocessor?

- No Answer
 Yes
 No

A successful reprocessing program includes many patient care areas as well as the operating room. To simplify the application process, Practice Greenhealth is collecting all data pertaining to SUD reprocessing on the Greening the OR section of the Partner for Change application. Please enter all data pertaining to your facility's reprocessing collection and purchasing program - inside and outside the operating room - on that page.

107. Is your facility participating in the Regulated Medical Waste Reduction Goal of the Less Waste Challenge of the Healthier Hospitals program?

- No Answer
 Yes
 No

107.a Please describe any progress toward the Healthier Hospitals Less Waste RMW Reduction Goal.

We continued the same education process as in 2016. One of the challenges we faced was the overload in priorities within all of the clinical units. 2017 was our Joint Commission year so a lot of education was going on. We continued the same education program; Waste management e-learning which was required by all team members campus-wide. Monthly RMW number updates at the Environment of Care Meetings. RMW questions for team members that were conducting the Environment of Care Sweeps. Re-education in our OR's by partnering with education leaders in OR.

Pharmaceutical Waste

Non-RCRA Pharmaceutical Waste

Segregating non-RCRA regulated pharmaceutical waste for incineration is currently considered a best management approach. For facilities using a pharmaceutical waste vendor (not Reverse Distribution), this is typically the blue or white container. **Non-RCRA Pharmaceutical Waste** data is entered in **Table A** (if disposed of through municipal waste incineration) or **Table C** (if disposed of through RMW incineration). Data from Tables A or C will autopopulate **Table E. Pharmaceutical Waste** below. Pharmacy, Environmental Services, EH&S or your pharmaceutical waste vendor are good resources to identify the waste pharmaceutical tonnage.

RCRA-Regulated Hazardous Pharmaceutical Waste

RCRA hazardous pharmaceutical waste is comprised of waste that is either listed as hazardous or meets the characteristics of hazardous waste in **EPA's Resource Conservation and Recovery Act (RCRA)** or via state agency. This waste stream should not be confused with red bag or "biohazardous" waste. For facilities using a pharmaceutical waste vendor (not Reverse Distribution), this is typically the black container.

Please enter the facility's RCRA Hazardous Pharmaceutical Waste totals in tons in Table E below. Entering RCRA Hazardous Pharm Waste data in this table will auto-populate Table G. Hazardous Waste below. Recently 34 drugs have been added to the 2016 NIOSH list of hazardous drugs. Please see the CDC's 2016 publication **NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2016**.

All applicants must enter **Current Year** tonnage and costs. If this is the first year for which you have accurate pharmaceutical waste data, please enter your **Current Year** totals in the **Baseline Year** column as well (but leave the **Previous Year** column **blank**). If the facility does not break out a waste type, leave that space blank and identify any combined waste streams in the comments box. **Do not enter zeros.**

Enter data in tons. Pounds can be easily converted to tons by dividing poundage by 2000.

Table E. Pharmaceutical Waste

Pharmaceutical Waste Stream	TONS per Year Baseline	TONS per Year Previous	TONS per Year Current	Annual Costs Baseline	Annual Costs Previous	Annual Costs Current
RCRA-Hazardous Pharmaceutical Waste	108. 13.86	109. 30.04	110. 8.55	111. 0	112. 0	113. 0
Non-RCRA Pharmaceutical Waste (MSW)	114. 0	115. 0	116. 0	117. 0	118. 0	119. 0
Non-RCRA Pharmaceutical Waste (RMW)	120. 25.72	121. 49.11	122. 32.16	123. 0	124. 0	125. 0
Total Pharmaceutical Waste	126. 39.58	127. 79.15	128. 40.71	129. 0	130. 0	131. 0

Table F. Pharmaceutical Waste Metrics (These numbers are only a rough guideline)

Total Pounds of Pharmaceutical Waste per Patient Day	Total Pounds of Pharmaceutical Waste per Adjusted Patient Day	Total Pounds of Pharmaceutical Waste per Staffed Bed/Day
132. (The 2017 median value was 0.21 pounds per patient day; values generally ranged from 0.01 to 0.95)	133. (The 2017 median value was 0.10 pounds/APD; values generally ranged from 0.01 to 0.50)	134. (The 2017 median value was 0.12 pounds per bed per day; values generally ranged from 0.01 to 0.62)
0.357	0.191	0.298

135.

If the facility has not provided data for Non-RCRA Pharmaceutical Waste, how is the facility currently handling waste pharmaceuticals that are not regulated as Hazardous Waste (such as antidepressants, statins, antibiotics, etc.): Please select all that apply.

- We treat all pharm waste as RCRA-hazardous to better protect human health and the environment
- Pharm waste is being disposed of in red bags or sharps containers
- Pharm waste is going down the drain
- Pharm waste is going into clear trash bags (solid waste)
- Other
- I don't know

136.

Has the facility taken any measures to **reduce the generation** of pharmaceutical waste in 2017?

- No Answer
- Yes
- No

136.a Please describe measures taken to reduce pharmaceutical waste:

No change from last year in measures taken. We provided a campus wide re-education of Nursing through Stericycle's team of pharmaceutical waste experts. They went to every unit of the hospital on each shift over a 5 day span to provide this education. We continue to push out a pharmaceutical waste e-learning that all clinical staff are required to take upon being hired by HackensackUMC and also to be taken each year thereafter. In-services are done in-house throughout the year to continue to raise awareness and photos are shown during Administrative safety rounds of any pharmaceutical waste disposal infractions. New Addition in 2017: Worked with a couple of green champions looking at the amount of wasted tylenol and they have been meeting with pharmacy to see where it can be reduced. No update as of end of 2017.

137.

What **mechanism(s)** is the facility currently using for the **disposal of controlled substances**? Select all that apply.

- Wasting to drain
- Containment with reverse distribution
- Other

COMMENT:

All of our other hospitals in the system have rolled out Stericycles CsRx program. No date set yet for HUMC roll-out

Hazardous Waste

Please enter the facility's Hazardous Waste total in tons in **Table G. Hazardous Waste** below. All applicants must enter **Current Year** tonnage and costs. If this is the facility's first year of tracking comprehensive waste data, please enter the hazardous waste tonnage from **Current Year** into the **Baseline Year** column as well (but leave the **Previous Year** column **blank**).

Do not enter zeros for any year. All health care facilities generate some amount of hazardous waste.

Converting to Tons

If your hazardous waste is in gallons or a mix of gallons and pounds, please convert to tons. It is most accurate to convert gallons to tons using the specific gravity of the waste liquid. However, if this is unavailable, convert gallons to tons using a general conversion factor of 8.35 lbs=1 gallon (e.g., there are approximately 8.35 pounds in a gallon of liquid). Pounds can be easily converted to tons by dividing poundage by 2000.

RCRA-Regulated Hazardous Waste

Please note that your facility's hazardous waste tonnage **should not be zero**.

Hazardous waste includes waste solvents, lab fixatives and stains, spill clean-up residue, lab packs, refrigerants, or any "listed" or "characteristic waste" per RCRA regulations. Check with your Laboratory Manager, Pharmacy Director, Safety Director, Hazardous Materials Coordinator, hazardous waste hauler, Accounts Payable, or review waste removal manifests to identify hazardous waste removal documentation that will provide you with the data needed for this section. **Examples of hazardous waste** from the clinical laboratory can be found at: [Clinical Laboratory Waste](#)

Table G. Hazardous Waste Table

Hazardous Waste Stream	TONS per Year Baseline	TONS per Year Previous	TONS per Year Current	Annual Costs Baseline	Annual Costs Previous	Annual Costs Current
RCRA-Regulated Hazardous Waste	138. 31.72	139. 22.30	140. 25.04	141. 0	142. 0	143. 0
RCRA-Regulated Hazardous Pharmaceutical Waste	144. 13.86	145. 30.04	146. 8.55	147. 0	148. 0	149. 0
Total Hazardous Waste	150. 45.58	151. 52.34	152. 33.59	153. 0	154. 0	155. 0

Hazardous Waste Minimization Activities

156. Has the facility established a contract with a **certified electronics waste/recycling vendor** that is **certified to e-Stewards** (or subcontractors that use e-Stewards certified vendors) for legal and environmentally responsible electronics (or e-waste) management and **recycling**?

Yes

156.a Please provide name of electronic waste **recycling** vendor:

Hugo SAGE

Please enter tonnage and cost for **electronics recycling** in **Appendix A**

157. Does the facility use **digital x-rays**--which reduce the use and disposal costs of fixer solutions?

No Answer
 Yes
 No

158. How does the facility handle its fluorescent lamps?

Ship to recycler

Important Note: The act of crushing fluorescent lamps releases mercury vapor into the atmosphere and is not recommended by the EPA or Practice Greenhealth. Crushed lamps must be removed as hazardous waste by a licensed hazardous waste hauler and cannot be counted toward **recycling** or **Universal Waste** totals. Learn more at [EPA's Mercury Lamp Drum Top Crusher Study \(2006\)](#).

159. Does the facility recycle batteries?

No Answer
 Yes

No

159.a

Please indicate which of the following types of batteries you recycle:

- Ni-Cd
- Lead-acid
- Lithium ion
- Alkaline
- Mercuric oxide
- Ni-MH
- Other

Please indicate tonnage and cost for the selected batteries in **Appendix A**.

160.

Does your facility have an onsite laboratory?

- No Answer
- Yes
- No

160.a

Has your facility done any work to green its laboratory?

- No Answer
- Yes
- No

160.a.a Please describe green laboratory work in 2017:

Virology has continued their efforts from 2016 and said they are still doing what is below..... Things we do in our laboratory that reflect environmental awareness include: • Segregating cardboard from garbage upon disposal • Donating/recycling old ink cartridges • Cutting up excess paper to use for scrap • Giving styrofoam tube holders to departments in need • Purchasing recycled copy paper • repurposing the blank side of our double sided labels to label binders etc. • trying not to put on new gloves whenever possible • accepting excess interchangeable pipettes and other disposables from other departments • reusing plastic pipette tip boxes

Please only describe green laboratory work if completed in 2017—unless this is the first year your facility has filled out an award application.

160.b Does the facility **recycle, reprocess or distill solvents, alcohols or other chemicals** from the lab (such as xylene, alcohols or formalin)?

- No Answer
- Yes
- No

COMMENT:

Quality concerns from Pathologists

Waste Summary

The following tonnages and costs have been **automatically calculated** based on the information that was provided in Tables A, B,C, and G. If the numbers do not look accurate, check the tonnage and costs entered in those Tables.

Table I. Total Waste Tonnage and Cost (comprised of **Solid Waste**, **Recycling**, RMW and Hazardous Waste)

	Total Tonnage (Baseline)	Total Tonnage (Previous)	Total Tonnage (Current)	Total Cost (Baseline)	Total Cost (Previous)	Total Cost (Current)
Total Waste	161. 4981.58	162. 5022.33	163. 5029.64	164. 0	165. 0	166. 0

Table J. Total Waste Metrics

Based on the information above, the facility's total pounds of waste per patient day is:	Based on the information above, the facility's total pounds of waste per adjusted patient day is:	Based on the information above, the facility's total tons of waste per OR is:
167. (2017 median value was 44.3 pounds per patient day; values ranged from 29 to 99) 44.13	168. (The 2017 median value was 21.1 pounds per APD; values generally ranged from 13 to 37) 23.60	169. (2017 median value was 101 tons per OR; values generally ranged from 54 to 235) 147.93

Table K. Total Waste Percentages

	% Waste (Baseline)	% Waste (Previous)	% Waste (Current)	% Cost (Baseline)	% Cost (Previous)	% Cost (Current)
Solid Waste [from Table A]	170. 63.11	171. 61.72	172. 57.72	173. 0	174. 0	175. 0
Recycling [from Table B]	176. 22.28	177. 30.81	178. 35.11	179. 0	180. 0	181. 0
RMW [from Table C]	182. 13.70	183. 6.42	184. 6.50	185. 0	186. 0	187. 0
Hazardous Waste [from Table F]	188. 0.91	189. 1.04	190. 0.67	191. 0	192. 0	193. 0

Waste Successes

Share your stories! Practice Greenhealth has condensed the waste success stories into one section.

Please use the space below to describe your **most successful and/or innovative waste minimization, reduction, recycling, medical waste or hazardous waste management program(s)** in 2017. Practice Greenhealth not only scores these questions but also uses them to **identify great case studies** to share with the sector. Environmental benefit and cost-savings data appreciated. Please use complete sentences.

194. Waste Success 1:

One of HackensackUMC's green champions, Nadine D'Ambrosio, spearheaded our blue wrap initiatives with the OR. Nadine worked with the children's hospital to repurpose the blue wrap into superhero capes, which the children were able to draw on and create their own personalized cape. Bow ties were also made out of blue wrap for the executive team to wear on Earth Day. The whole goal for Nadine was to not only repurpose this blue wrap but to expand sustainability partnerships throughout the campus. Nadine worked with the EVS director to help create the caps and gowns also made from blue wrap for our graduating day care kids. The kids participated by decorating their own cap and gown. The summer green team from MSU created beds for the animals at the shelter. Photos are attached in the powerpoint. Blue Wrap 1. Children hospitals capes 2. Day care Graduation 3. MSU Students - Animal Shelter 4. Blue Wrap Bow Ties for Executive Team on Earth Day 5. Daycare bridal party for Bella the Bride, flowers


195. Please attach any additional documentation (optional) for Waste Success 1:

 [HUMC Blue White Wrap 2017.pptx](#) (HUMC PGH Blue White Wrap 2017.pptx) (19.13 MB)

196. Waste Success 2:

For earth day in 2017 our whole theme was around making waste beautiful and raising awareness on the quantity of waste that is being generated by our medical center. HackensackUMC partnered with Beacon Converters (creator of Bella the Bride) to host Bella the Bride in the lobby of the medical center. The leadership team attended the event and wore bow ties made out of blue wrap. The day care was involved and decorated a bouquet made out of blue wrap. News 12 New Jersey was there to interview the Director of Sustainability and the news clip was on the 5 pm news. Link to the video is below. https://www.youtube.com/watch?time_continue=11&v=EnwYOoup9tY

197. Please attach any additional documentation (optional) for Waste Success 2:

 [Earth Day Bella the Bride HackensackUMC.pptx](#) (Earth Day Bella the Bride HackensackUMC.pptx) (8.62 MB)

198. Waste Success 3:

Through our partnership with Centurion we are able to divert medical equipment from the landfill. Centurion then sells the equipment on our behalf if salvageable. If they are unable to sell it we send it to our e-steward certified recycling vendor. This reuse/sales report shows the total dollars worth of goods that we were able to re-sell in 2017. Click on Hackensack tab as the other tab has the rest of Hackensack Meridian Health. Total Gross Sales: \$83131.33 with HUMC receiving \$44,241.63

199. Please attach any additional documentation (optional) for Waste Success 3:

 [Hackensack Meridian Health Centurion Summary All Hospitals.xlsx](#) (Hackensack Meridian Health Centurion Summary All Hospitals.xlsx) (189.34 KB)

200. Waste Success 4:

Our MSU Green Team made a water bottle recycling container out of used water bottles. We then set it up down in the cafeteria to raise awareness around how many water bottles we go through. The aim was to encourage people to use reusable water bottles. Photo of container is attached here.

201. Please attach any additional documentation (optional) for Waste Success 4:

 [HUMC MSU Water Bottle Recycling Can.pptx](#) (HUMC MSU Water Bottle Recycling Can.pptx) (2.09 MB)

202. Waste Success 5:

In April the Environmental Services Sustainability Committee held its Trim your waste contest to see who could collect and recycle the most amount of paper from their department/team. 29 teams entered with a total of 677 team members. The three winners of the contest were... - Health Information System - Clutter Cleaners (over 3500 lbs) - Child Care - Best Care Anywhere - Security - Sustainability Security Squad (over 3500 lbs) The total amount of paper recycled was 109 containers at around 27,750 lbs. Attached is a photo of the ribbon cutting event was held to announce the winners.

203. Please attach any additional documentation (optional) for Waste Success 5:

 [The Pulse Trim Your Waste May 2017.docx](#) (The Pulse Trim Your Waste May 2017.docx) (535.59 KB)

204. Additional documentation (optional):

No file uploaded.

