



2007  
Partner Recognition  
Award Application

**Organization Name:** St. Mary's Hospital for Children  
*(As it would appear on the award!)*

**Health System Name:** St. Mary's Healthcare System for Children  
**Subscriber ID #:** 02PS01

**Address:** 29-01 216<sup>th</sup> Street  
**City:** Bayside  
**Phone:** 718-281-8800

**State Code:** NY **Zip Code:** 11360  
**Fax:** 718-279-2141

**Primary Contact:** Tina Hess  
**E-mail:** [thess@stmaryskids.org](mailto:thess@stmaryskids.org)

**Title:** Senior Administrative Assistant  
**Department:** Administration

**Secondary Contact:**  
**E-mail:**

**Title:**  
**Department:**

**Please list any past H2E Awards and note the year received:** MMMF Award 2006

**Optional:** Award winners receive a congratulatory letter and award packet sent to the contacts you designate below. Consider addressing the letter to your CEO or other leadership and let us know up to 2 additional people to copy. If no names are listed below, the letter and packet will be sent to the Primary Contact. Please indicate a different mailing address if necessary.

**Award Letter Name and Title:** Tina Hess, Senior Administrative Assistant  
**Cc#1 Name and Title:** Edwin Simpser, MD – COO/CMO  
**Cc#2 Name and Title:** Burton Grebin, MD - CEO

**Name:** Tina M. Hess

**Signature:** \_\_\_\_\_

**Award Application Checklist:** Please confirm with an "X" in the boxes below.

- Reviewed the Award Eligibility Guidelines and Application Guidelines?
- Referenced and attached supporting documentation of no more than 15 pages?
- E-mailed as much of this application as possible, including supporting documents, to [awards@h2e-online.org](mailto:awards@h2e-online.org)?
- Included 3 copies of your full application package?
- Facility is an H2E Subscriber? Subscribe at [www.h2e-online.org/Registration/](http://www.h2e-online.org/Registration/)
- Confirmed no significant EPA or OSHA Violations in past 12 months?

**All applications must be received at the H2E office (address below) by Feb 14, 2007.**

---

## Application Instructions

### Eligibility Guidelines

- ✓ Applicants must be both an H2E Partner & Subscriber to apply for an H2E Award. To become a Partner, please join online at [www.h2e-online.org/partners/joinnow.cfm](http://www.h2e-online.org/partners/joinnow.cfm). To become a subscriber, please subscribe at: [www.h2e-online.org/Registration/](http://www.h2e-online.org/Registration/).
- ✓ Applicants must be in compliance with OSHA and EPA regulations for the last 12 months. Facilities that are in significant violation will not be considered. H2E Partners who submitted excellent applications, but had significant violations have been disqualified from receiving an award as a result. Don't let this happen to you. Take the time to check with your colleagues to find out if you've had a violation in the last calendar year, and visit H2E's [Understanding Your Compliance History](#) webpage for guidance. If you are unsure whether a violation is likely to disqualify you, please contact the H2E Awards Coordinator at [awards@h2e-online.org](mailto:awards@h2e-online.org)

### Application Guidelines

- ✓ If this is your first time applying for an H2E award, you may receive credit for environmental/pollution prevention work you've been doing since the H2E program's inception in 1998. If you've previously applied and received any H2E award, please only include the work done since your last award application. H2E is looking for incremental improvements.
- ✓ All award decisions will be made based solely on the merits of the information provided in the award application.
- ✓ If you are using corporate health system policies, please attach policies and describe how these policies are being implemented at your facility.
- ✓ Award application materials become the property of H2E—they will not be returned.

### How to Apply

- ✓ Please limit your supplemental materials to no more than 15 pages. Contact the H2E office at 603/795-9966 should you need to exceed the 15 page limit.
- ✓ Supporting documentation refers to sample policies, training programs, tracking forms, posters, and other information that could serve as a model for other Partners. We discourage the use of electronic presentations and meeting minutes as supporting documentation.
- ✓ Applications must be received both by post and electronic mail no later than February 14, 2007 at the addresses listed below. Incomplete or late award applications will not be considered for this award cycle. No supplemental materials will be allowed after February 14, 2007.

### Mailing Instructions

- ✓ E-mail an MS Word copy of the application by February 14, 2007 to [awards@h2e-online.org](mailto:awards@h2e-online.org) with as many of the supporting documents as possible in an electronic format. The H2E Awards Coordinator will reply to this e-mail to confirm receipt of your application.
- ✓ Also mail 3 hard copies of application package to arrive by Feb 14, with all supporting documentation to: **Hospitals for a Healthy Environment (H2E),  
PO Box 376, Lyme, NH 03768, Attention: H2E Awards Coordinator.**
- ✓ For Fed Ex or UPS deliveries, use **1 Lyme Common, Lyme, NH 03768**

## I. Facility Information—Required

Facility Type	Total
In-Patient/Hospital	Adjusted Patient Days per Year <sup>1</sup> Or Other Metric (e.g. Patient Days) # Licensed Beds # Staffed Beds
Ambulatory Care/Outpatient Clinics	# Outpatient Visits per year
Long Term Care	# Beds <input type="text" value="97"/>
ALL	# FTE's <input type="text" value="797"/>

<sup>1</sup>Note: We prefer to use adjusted patient days as our primary standardization metric. Check with your Admitting or Finance Department to see if they track "Adjusted Patient Days." If not, please provide "other" standardizing metric. (Adjusted Patient Days = Ttl Patient Days X (Ttl Patient Revenue (Inpatient + Outpatient))/Inpatient Revenue)

**Waste Assessment Summary—Required.** (Applications with incomplete waste summaries will not be considered. Please contact H2E for assistance if necessary.)

Baseline Year: 2005 (If the current year IS your baseline year, complete only baseline column)

Current Year: **2006**

Waste Management Category	Pounds/Year		Percent of Total Waste		Annual Costs	
	Baseline	Current	Baseline	Current	Baseline	Current
Solid Waste	<input type="text" value="740,000"/>	<input type="text" value="562,000"/>	<input type="text" value="90%"/>	<input type="text" value="85%"/>	<input type="text" value="33,300"/>	<input type="text" value="25,290"/>
Recycling/Reuse	<input type="text" value="6000"/>	<input type="text" value="8000"/>	<input type="text" value="5%"/>	<input type="text" value="7%"/>	<input type="text" value="2000"/>	<input type="text" value="2100"/>
Regulated Medical Waste	<input type="text" value="3840 gal"/>	<input type="text" value="5120 gal"/>	<input type="text" value="5%"/>	<input type="text" value="8%"/>	<input type="text" value="1900"/>	<input type="text" value="2261"/>
Hazardous Waste	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>
Total	<input type="text" value="?"/>	<input type="text" value="?"/>	100	100	<input type="text" value="37,200"/>	<input type="text" value="29,651"/>

**Note:** Remember to include Universal Wastes within the recycling/reuse category.

Do the waste numbers above include construction and demolition debris? Yes  No

Construction and Demolition Debris	Pounds/Year	Annual Costs
Amount of C&D waste going to solid waste	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>
Amount of C&D waste being recycled	<input type="text" value="n/a"/>	<input type="text" value="n/a"/>

## II. Facility Mercury Assessment

A. Is your facility virtually mercury free? Yes  No

B. Has your facility:

1. Conducted a facility inventory of mercury containing devices and chemicals?  
**Yes x** No
2. Implemented a mercury-free purchasing policy? (attach) **Yes x** No
3. Eliminated mercury-containing patient care devices? (e.g., thermometers, sphygmomanometers, bougies, dilators) **Yes x** No

**C.** Please highlight efforts to eliminate mercury from your facility to date: **we have received the MMMF award from H2E by eliminating thermometers, sphygmomanometer, and recycling efforts.**

### III. Environmental Policies

Please indicate if your facility has any of the following policies. \*Please attach copies of any policies.

- |   |                 |
|---|-----------------|
| A. Facility Environmental Commitment Statement  | <b>Yes x</b> No |
| B. Comprehensive Waste Management Policy        | <b>Yes x</b> No |
| C. Mercury Management/Elimination Policy        | <b>Yes x</b> No |
| D. Environmentally Preferable Purchasing Policy | <b>Yes x</b> No |
- E. Please highlight other organizational efforts to promote environmental programs in your facility (policies, committee structures, trainings, etc.): **Green Team (multi-disciplinary team), Earth Day – Education opportunity for all staff member as well as residents and families.**

### IV. Waste Minimization Programs

- |   |              |             |
|---|--------------|-------------|
| A. Has your facility implemented an RMW minimization program? | Yes          | <b>No x</b> |
| B. Has your facility implemented any recycling programs?      | <b>Yes x</b> | No          |
- C. Please describe any waste minimization, recycling or reuse initiatives at your facility: **we have reduced the use of Styrofoam in our facility by 75%, we recycle all HIPPA related documentation using SHREDD-IT, and we have educated staff to reduce energy by turning off lights and computers when not in use.**

### V. Hazardous Substances

- A. Has your facility implemented any programs to reduce the use of hazardous chemicals? (e.g. green cleaning, integrated pest management, elimination of glutaraldehyde or ethylene oxide, etc.) Please describe: **We have switched most of our cleaners to Green Certified.**
- B. Has your facility instituted any recycling or reprocessing programs for hazardous chemicals or products with hazardous components? (e.g. electronics, solvents, batteries, fluorescent lamps, etc.) Please describe: **yes – Fluorescent bulbs 2005/2006 – 2007 batteries and electronics**

---

## VI. Other

Please describe any other innovative programs your facility has implemented in an effort to improve environmental performance (including energy efficiency, water conservation, green building, etc.):

St. Mary's Hospital for Children received the **GOLD PERFORMANCE AWARD** at a special dinner in recognition of our exemplary participation in Operation Save New York's Energy Conservation Program. There are 1500 organizations who participate in the program, and we were one of only twelve that were honored at a special tribute dinner in December. **Energy Curtailment Specialists uses St. Mary's graphs and statistics as a Best Practice Model when communicating the program's benefits and outcomes to other organizations.**

---

## VII. H2E Goals

Please describe 3 key goals your facility plans to focus on in the year ahead. YOUR APPLICATION IS NOT EVALUATED ON THE BASIS OF YOUR FUTURE GOALS, but on the merits of your work in the past year. For more information, consult "How to Develop Your H2E Goals" on the H2E website located at <http://www.h2e-online.org/partners/samplegoals.htm>.

**Goal 1:** Increase our REDUCE, REUSE, RECYCLE program

**Goal 2:** Increase Green Team participation to reach more staff members

**Goal 3:** Make suggestions and support Green Building for Future plans