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| *Insert your institutional logo here* | **HCWH logo.jpg** |

**Request for Executive Support of Our work to Improve**

**Hospital Ventilation Codes**

Existing national ventilation codes contribute to waste of energy and unnecessary cost.

* Up to 2/3 or 3/4 of a hospital’s energy use is heating, cooling and ventilation (HVAC)
* While only 10-15% of spaces need special ventilation for infection prevention, codes over-prescribe one-size-fits all designs and practices
* If codes were updated, we could save up to 20%-30% of electricity and 30%-50% of natural gas, $\_\_\_\_\_\_ *(amount for your institution)*.
* That's $2 - 3.5 billion for the sector, and 8.5-14 million metric tons of greenhouse gases annually.
* Reducing fossil fuel emissions can help reduce community asthma, cardiovascular, and allergen admissions and re-admissions.
* Energy, pollution and human health are linked. As payment models focus on population health, the fiscal case for energy efficiency is more compelling and aligned to core mission.

More and more owners are calling for ventilation codes to be refreshed, because:

* the core framework dates back 40 years or more.
* the evidence-basis isn’t that strong.
* in many cases, alternate codes and standards exist which indicate we can change ventilation codes to save substantial money, and still protect patient and staff health. We only need health care ventilation codes to adopt or adapt relevant portions of the available alternatives.

A revised approach to ventilation codes can also:

* improve the environment of care,
* decrease green house gas and other harmful emissions,
* increase facilities' resilience to extreme weather events and emergencies, and
* reduce climate change's health impact on individuals and communities, which medical societies have called THE defining public health threat of the century.

**Therefore we are asking for your support and executive sponsorship to**:

* engage multiple departments to explore potential benefits,
* evaluate becoming a pilot site in collecting data to drive updates to ventilation codes,
* engage in advocacy to update ventilation codes.

We would be in good company in these actions, with Kaiser Permanente, Ascension Health, Providence Health and Services, Cleveland Clinic, and others.

***What more information or conversations might you need to make a decision?***