Cleveland Clinic

Serving Our Present, Caring for our Future
Progress in Community and Global Citizenship, 2020

About the 2020 Report

Cleveland Clinic is proud to present its 11th consecutive annual sustainability and global citizenship report, Serving Our Present, Caring for Our Future. As a leading healthcare organization committed to sustainability and transparency, we measure our progress in accordance with the UN Global Compact's Ten Principles, UN Sustainable Development Goals and the Global Reporting Initiative standards. Through this report, we communicate progress on the environmental, social and governance issues deemed most significant by our patients, caregivers, communities and global stakeholders. We look forward to continued collaboration and innovation with all of our valued stakeholders to promote public and environmental health.

Reporting

Cleveland Clinic developed this report to highlight progress we made in 2019 on managing our most significant economic, social and environmental impacts. We are committed to sharing our successes—and challenges we have yet to overcome—with our patients, caregivers, communities and global stakeholders.

Patients

We are here to serve patients while promoting healthcare education and researching the treatments of tomorrow. Our goal is to achieve the highest level of safety and effectiveness for all who come to us for care.

Caregivers

Our vision is to become the best place to work in healthcare. We are invested in the safety, development and satisfaction of our caregivers, and encourage them to treat one another as family.

Community

We are dedicated to the communities we serve and are joining with our neighbors to address major public health issues to promote wellbeing and resiliency.

Environment

The health of our environment and human health are interconnected. To this end, we are focused on climate resiliency, resource stewardship, sourcing sustainable products and designing healthy spaces for our patients, visitors and caregivers.

Governance

We have earned the confidence of our patients and the respect of our communities by living our values and upholding ethical principles at the highest level.

Reporting

A Letter from Dr. Mihaljevic, Chief Executive Officer and President

Dear Patients, Caregivers and Community Members

Cleveland Clinic is a proud citizen of the world. Our international mission includes patient care, research and education. We were an early signer of the United Nations Global Compact, an agreement in which businesses pledge to take action to improve society. We share the Global Compact's principles of human rights, environmental responsibility and corporate integrity. We are pleased to offer this 11th annual Communication on Progress, using the Global Reporting Initiative's standards to measure our performance.

Although the COVID-19 pandemic emerged after the period covered by this 2019 progress report, this unprecedented challenge has further highlighted the urgent need to address disparities in treatment outcomes and access to medical care. Responding to the pandemic has reiterated all that is good and courageous in the healthcare workforce. More than ever, hospitals and medical centers are mobilizing to address the social conditions that affect the health of our communities.

Cleveland Clinic's pandemic response has been intensive, broad-based and community-focused. We converted an education building into a 1,000-bed surge hospital in record time to meet the potential needs of Northeast Ohio. Our medical teams traveled to hospitals in New York City, Detroit and abroad to support overburdened providers. We launched initiatives to improve data collection and to develop effective tests and treatments. Our expansive internet presence has enabled us to provide reliable, evidence-based educational material on COVID-19 to reach millions of people worldwide.

Racism also is an urgent public health crisis that demands action. Cleveland Clinic has partnered with civic leaders on a new task force to address issues such as life expectancy, infant mortality, chronic disease and timely care that disproportionately affect people of color. We are expanding the primary care services we provide in urban communities near our main campus. And we have launched internal initiatives to ensure diversity in our leadership and to foster increased discussion of racism and bias concerns.

We continue to improve environmental sustainability through strategic purchasing, construction and recycling. These efforts are mirrored at all locations in the Cleveland Clinic health system.

Cleveland Clinic has again been honored by Ethisphere as one of the world's most ethical companies; recognized as No. 3 on DiversityInc's list of hospitals and health systems leading the way in diversity and inclusion; and ranked by Practice Greenhealth among the Top 25 hospitals demonstrating environmental excellence and sustainability leadership.

We are pleased to share the information in this year's Communication on Progress. Thank you for your interest.

Sincerely,

Tomislav Mihaljevic, MD
Chief Executive Officer and President

About This Report

We are proud to present our eleventh consecutive annual sustainability and global citizenship report detailing our work in the 2019 calendar year. Cleveland Clinic is committed to advancing practices that promote a just, thriving and green global economy. As such, we are a signatory of the United Nations (UN) Global Compact, a voluntary call to companies to align strategies and operations with universal principles on human and labor rights, environmental stewardship and anti-corruption, and take actions that advance societal goals. In this Communication on Progress, we include metrics, highlight stories and our approach for managing various environmental, social and governance topics most important to our organization and valued stakeholders.

- Learn more about the United Nations Global Compact
- Learn more about the UN's Sustainable Development Goals

In addition to addressing the Ten Principles of the UN Global Compact, we prepared this report in accordance with the Global Reporting Initiative's (GRI) standards. The first and most widely adopted global sustainability reporting standards, the GRI standards provide guidance on identifying, prioritizing and measuring progress on the management of an organization's most significant environmental, social and governance impacts, risks and opportunities.

- Learn more about the Global Reporting Initiative

More information on how our report links to the UNGC and GRI standards can be found in the index of our report.

Reporting Process & Oversight

An Executive Steering Committee comprised of leadership across the organization oversees the reporting process, which includes the provision of data and report content, guidance on changes to material topics and/or our management approach of these topics and content review. A cross-functional team produces the report, engages with stakeholders by conducting materiality interviews and ensures alignment with the GRI reporting framework.

The following internal departments collaborated to develop and produce content for this report:

- Art + Design Institute
- Buildings and Properties
- Center for Medical Arts & Photography*
- Cleveland Clinic Community Care (4C)
- Clinical Affairs
- Corporate Communications
- Corporate Compliance Office
- Employee Wellness
- Enterprise Quality
- Environmental Health and Safety
- Executive Administration

- Finance
- Government Relations
- Human Resources
- Law Department
- Nursing Institute
- Office of Caregiver Experience
- Office of Diversity and Inclusion
- Office of Patient Experience
- Protective Services
- Supply Chain + Support Services
- Transportation and Fleet Services

* Photographs from the Center for Medical Arts & Photography were contributed by the following photographers: Mike Candiotti, Marty Carrick, Don Gerda, Matt Kohlmann, Yu Kwan Lee, Willie McAllister, Reen Nemeth and Stephen Travarca.

Stakeholder Engagement

Cleveland Clinic engages with many stakeholder groups, including our patients, surrounding communities, the healthcare industry at large, trade associations, federal and state agencies, regional and national philanthropic foundations, media outlets and others.

As a community anchor and the largest employer in the state of Ohio, our decisions have the ability to impact many different stakeholders. Our stakeholders also have the ability to influence our operations as we work to address their evolving needs. By engaging with our stakeholders on a regular basis, we are better equipped to formulate solutions in partnership with them. We engage our patients and caregivers through internal surveys, we conduct ongoing in-person interviews with our executive team, board members and representatives from key external stakeholder groups, and we invite many of our stakeholders to attend facility openings, addresses by Cleveland Clinic executives and other Clinic-hosted events open to the public and other officials. We also periodically provide briefings to representatives of federal, state and local governments on issues important to healthcare providers.

Some of the external groups we engaged for this report include:

- American Heart Association
- American Lung Association
- Our top suppliers
- City of Cleveland
- Cleveland Foundation
- Department of Energy
- Environmental Protection Agency

- Evergreen Cooperatives
- Health and Human Services
- Local, state and federal government stakeholders
- National Institute of Health
- North Union Farmers Market
- Ohio Hospitals Association
- Practice Greenhealth

Materiality & Boundary

Materiality

In 2016, Cleveland Clinic completed its first materiality assessment to help us identify which sustainability topics matter most, or are most "material" to our operations, and where they matter most within our value chain. We continue to engage with our stakeholders on an annual basis or more frequently and use the results of these discussions, as well as research and trend data related to our material issues, to shift the prioritization of our material topics as necessary.

We group our material topics into three distinct tiers, with Tier 1 topics having the greatest influence on our stakeholders and/or the greatest impact on the economy, environment and society:

- Tier 1: topics to set goals for, manage and provide robust discussion for in our reporting
- Tier 2: topics to set goals for and manage
- Tier 3: topics to manage and monitor

Cleveland Clinic Materiality Assessment

Tier 1

| Topics	Boundary
Indirect Economic Impacts	All wholly owned and operated health system operations in Ohio, Florida and Nevada
Population Health	All health system operations in Ohio, Florida and Nevada
Community Engagement	All health system operations in Ohio, Florida and Nevada
Environmental and Human Health Link	All health system operations in Ohio and Florida
Climate Mitigation and Resilience	All health system operations in Ohio and Florida
Access to Care	All national and international Cleveland Clinic operations
Quality of Care	All national and international Cleveland Clinic operations
Research and Innovation	All national and international Cleveland Clinic operations
Integrated Care	All national and international Cleveland Clinic operations
Patient Experience	All national and international Cleveland Clinic operations
Patient Safety	All national and international Cleveland Clinic operations
Caregiver Engagement	All national and international Cleveland Clinic operations
Transparency	All national and international Cleveland Clinic operations

Tier 2

Topics	Boundary
Government Relations	Local and state in areas of operations, and federal government
Supplier Diversity	All operations with a focus on North American operations
Energy Conservation	All health system operations in Ohio and Florida
Waste Reduction	All health system operations in Ohio and Florida
Healthy Buildings	All national and international Cleveland Clinic operations
Environmentally Preferred Purchasing	All health system operations in Ohio and Florida with plans to expand to additional operations
Healthy Foods	All national operations with a focus on Ohio and Florida
Diversity	All national and international Cleveland Clinic operations
Talent Development	All national and international Cleveland Clinic operations
Workplace Wellness	All national and international Cleveland Clinic operations
Caregiver Safety	All national and international Cleveland Clinic operations

Tier 3

Topics	Boundary
Healthy Chemicals	All health system operations in Ohio and Florida
Water Stewardship	All health system operations in Ohio and Florida
Sustainable Transport	All health system operations in Ohio
Governance	All national and international Cleveland Clinic operations
Conflict of Interest	All national and international Cleveland Clinic operations
Anti-Corruption	All national and international Cleveland Clinic operations
Human Rights and Labor Standards	All national and international Cleveland Clinic operations
Market Presence	All health system operations in Ohio and Florida

Patients	Governance	Environment	Caregivers	Community

Both our internal and external stakeholders ranked several topics similarly high: indirect economic impacts of our operations, our engagement with the communities we serve, population health, research and innovation, access to care, quality of care and the inherent link between human health and the health of the environment. We weighed the responses of our patients and caregivers with additional consideration in alignment with our vision to become the best place for care anywhere and the best place to work in healthcare.

Due to disruptions from COVID-19, we have postponed the thorough update to our materiality assessment that we planned to conduct for this reporting cycle.

Organizational Profile

Located in Cleveland, Ohio, Cleveland Clinic is a nonprofit, multispecialty academic medical center that integrates clinical and hospital healthcare services with research and education.

Four renowned physicians founded Cleveland Clinic in 1921 with a mission to provide better care of the sick, investigation into their problems and further education of those who serve. Drawing from military medicine, they believed in diverse specialists working and thinking as a unit. This kind of cooperation, efficiency and shared vision has fostered excellence in patient care, research and education.

Today, we continue to live and operate by the mission established by these visionary leaders, which is supported by six fundamental values: quality, innovation, teamwork, service, integrity and compassion. As of September 30, 2020, the System operates 18 hospitals with approximately 4,900 staffed beds and is the leading provider of healthcare services in Northeast Ohio. Thirteen of the hospitals are operated in the Northeast Ohio area, anchored by The Cleveland Clinic Foundation (Clinic). The System operates 21 outpatient family health centers, 11 ambulatory surgery centers, as well as numerous physician offices, which are located throughout Northeast Ohio, and specialized cancer centers in Sandusky and Mansfield, Ohio. In Florida, the System operates five hospitals and a clinic located throughout Southeast Florida, outpatient family health centers in Port St. Lucie, Stuart and West Palm Beach, an outpatient family health and ambulatory surgery center in Coral Springs and numerous physician offices located throughout Southeast Florida. In addition, the System operates a health and wellness center and a sports medicine clinic in Toronto, Canada and a specialized neurological clinical center in Las Vegas, Nevada. Pursuant to agreements, the System also provides management services for Ashtabula County Medical Center, located in Ashtabula, Ohio, with approximately 180 staffed beds, and Cleveland Clinic Abu Dhabi, a multispecialty hospital offering critical and acute care services that is part of Mubadala Development Company's network of healthcare facilities located in Abu Dhabi, United Arab Emirates with approximately 364 staffed beds.

View All Cleveland Clinic Locations

Who Are Our Patients?

Cleveland Clinic is a world-class health organization nationally ranked in 15 adult specializations and 10 pediatric specialties. We cared for 2.4 million unique patients in 2019, with nearly 10 million outpatient visits in locations around the globe. While most of our patients live in Northeast Ohio, we are privileged to see patients from every state and 185 countries.

By the Numbers

- [Learn more about Cleveland Clinic's Facts & Figures](#)

Number of Caregivers: 67,500
Number of Physicians and Scientists: 4,500
Number of Nurses: 14,500
Residents and Fellows in Training: 1,974
Cleveland Clinic Ohio Outpatient Locations: 220+
Cleveland Clinic International Locations: 3
Number of Hospitals: 18
Number of Family Health Centers: 18
Number of Institutes: 20

Number of Beds on Cleveland Clinic main campus: more than 1,400+
Number of Beds System-wide: 6,026
Number of Patient Visits: 10 million
Number of Admissions: 309,000
Number of Surgical Cases: 255,000
Number of Subspecialties: 140

Operating Revenue: $10.56 billion
Total Grant and Contract Revenue: $2,488 million
Total Federal Revenue: $140 million
Accredited Training Programs: 104

COVID-19 Resources

- [Learn more about our commitment to safe care](#) during the coronavirus pandemic and access a suite of evidence-based educational materials on COVID-19
- [View Cleveland Clinic's employer resources](#) for developing and implementing a plan to help employees return to work safely and confidently during the coronavirus
- [View the Safer at Home guide](#), a free online resource created by Cleveland Clinic and The Clorox Company that provides general coronavirus prevention information, resources on cleaning and disinfecting a home, tips on communicating with loved ones about the pandemic and guidance on caring for family members who are sick with coronavirus

Patients

Our vision is to be the best place for healthcare, anywhere. In 2019, we provided care for 2.4 million patients, with nearly 10 million outpatient visits in locations around the globe. Our guiding principle of "Patients First" drives our commitment to providing safe, accessible and quality care to an increasing number of patients across their lifetimes.

Patient Experience

Our Office of Patient Experience collaborates with a variety of departments to ensure consistent, coordinated and empathetic care.

Learn More

Patient Safety & Quality of Care Data

We foster a culture of safety and quality in which all caregivers are empowered to contribute to exceptional patient experiences and outcomes.

Integrated Care

Our team of teams collaborate and innovate together to deliver consistent, patient-centered care while reducing costs.

Patient Safety & Quality of Care Data

Overview

Our goal is to achieve the highest level of safety and effectiveness for all who come to us for care. Cleveland Clinic fosters an environment where all caregivers are encouraged to speak up regarding safety concerns and are supported when they do so. In addition to tracking and responding to trends in patient safety and quality of care data, our caregivers engage with patients through a variety of communication channels to ensure their feedback is incorporated in our ongoing efforts to provide the best care.

One of the country's top hospitals

Because we're here for every care in the world

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2020-21

Culture of Safety

Quality & Safety is one of our core values and is embedded in our daily operations. To this end, we provide caregivers extensive safety training, use a Safety Event Reporting System (SERS) and have adopted comprehensive safety policies and standard operating procedures. Cleveland Clinic's online SERS allows any employee to report a near miss, process problem or a patient event. Our Quality and Safety Institute is committed to best practices in quality, treatment outcomes and quality performance. The Institute is made up of the following departments:

- Accreditation
- Clinical Risk Management
- Environmental Safety
- Infection Control
- Quality
- Quality Data Registries
- Quality Improvement
- Radiation Safety

Our caregivers have developed a Patient Safety Program with the goal of providing the safest possible environment for those in our care. The 2019 Fall Leapfrog Group Safety Grades reflect our efforts and our best performance yet. Leapfrog Group releases semi-annual safety grades associated with patient safety performance and practices. These grades represent a composite score of data from a voluntary, self-reported survey, as well as several publicly reported metrics—many of which align with our Enterprise Quality priorities.

Eleven of our hospitals, in addition to Ashtabula County Medical Center, received an "A" in the most recently published grades:

- Akron General Hospital
- Avon Hospital
- Euclid Hospital
- Fairview Hospital
- Hillcrest Hospital
- Lutheran Hospital
- Main campus
- Marymount Hospital
- South Pointe Hospital
- Union Hospital
- Weston Hospital

From fall 2018 to fall 2019, 87% of our hospitals improved their scores. Moving forward, opportunities to improve include leveraging Leapfrog to facilitate hospital integration.

- Learn more about Cleveland Clinic's Patient Safety Program

Safety Champions

We acknowledge that it can take courage for caregivers to speak up about safety events and concerns. In 2019, we created the Speak Up Award to recognize those who show courage to do the right thing for patient and caregiver safety. We also encouraged caregivers to recognize "Safety Champions" across the health system with a Patient Safety honor by submitting a nomination through our online Caregiver Celebrations platform. "Safety Champions" are caregivers that have identified or anticipated potential risks and voiced their concerns to prevent harm, and who work together to develop and share solutions. Their confidence to speak up has eliminated variability, defined best practices, improved environmental factors and standardized processes, and we want to ensure they are celebrated.

Universal Protocol/Safety Checklist

Cleveland Clinic developed a Universal Protocol to prevent serious safety events during every procedure we perform—in the operating room, procedural area, at the bedside and in the medical office setting. This is a required process for caregivers to ensure that a patient's identity, scheduled procedure and procedural site are correct.

To support the Universal Protocol, we require caregivers to use a standardized Safety Checklist. It guides teams with step-by-step scripting for sign-in, time-out and sign-out, ensuring that all teams have the same discussion for procedures.

Effectiveness of the Universal Protocol is dependent upon active team participation of every procedure from start to finish. We foster an environment where caregivers can speak up and be heard when there are safety concerns, and teams only proceed when there is collective agreement to do so.

Tiered Daily Huddles

Every day, our caregivers participate in patient safety huddles across our system. These brief, focused conservations start with bedside caregivers communicating patient safety concerns to their managers. Teams that cannot immediately address concerns can escalate this information to senior teams—tier by tier—within hours to executive leadership. Through these huddles, caregivers make Cleveland Clinic a safer place to receive care. Additionally, they create open lines of communication where caregivers can share lessons learned, accomplishments and ideas, and enable leaders to report back to caregivers regarding actions taken.

Quality of Care

At Cleveland Clinic, we strive to not only provide the best quality care, but to define it by being at the vanguard of innovation in healthcare. In 2019, we continued to enhance our quality of care by strengthening communication among our caregivers and patients and fostering a culture where every caregiver is capable, empowered and expected to make improvements every day.

Plan-of-Care Visits

Cleveland Clinic puts patients first. We believe patients should always be involved in planning their care and deciding the next steps of their treatment. We are committed to improving teamwork, communication, quality, safety and length of stay, which is why we introduced plan-of-care visits in 2019. Pioneered at Hillcrest Hospital and since implemented across the enterprise, a plan-of-care visit is a conversation among the patient, doctor, nurse and other caregivers. The purpose is to create a treatment plan with patients and their families included as part of the team. These visits are enabling patients to go home sooner, enhancing teamwork and promoting relationship-centered communication.

Leadership Rounding

Another way we encourage open communication is through leadership rounding. Each month, leaders at all levels of the organization conduct leadership rounding, in which they speak with caregivers, patients and patients' visitors and/or families. The purpose of these conversations is to improve our quality of care by providing direct access to leaders, and for leaders to view patient care at the point of delivery to hear the "voice of the patient" firsthand.

Cleveland Clinic Improvement Model

The Cleveland Clinic Improvement Model (CCIM) encourages caregivers at all levels of the organization to drive innovation and continuous improvement by promoting values that catalyze change, such as collaboration, candor and accountability. More than 5,000 caregivers across the Cleveland Clinic Health System provided input to develop, test and refine the Cleveland Clinic Improvement Model (CCIM), and its application enables us to continuously improve all aspects of our care:

- Patient Safety
- Patient Quality
- Patient Experience
- Caregiver Experience
- Affordability

Cleveland Clinic Improvement Model (CCIM)

Harnessing the Power of Every One to Achieve Our Goals

ORGANIZATIONAL ALIGNMENT Identify and communicate what matters most.	VISUAL MANAGEMENT Manage what matters most.	PROBLEM SOLVING Improve what matters most.	STANDARDIZATION Sustain what matters most.
SENIOR LEADERS > Set strategy, aligned with our enterprise goals. > Share a common, clear and consistent vision of your area's purpose and future. > Build alignment. Discuss what matters most with patients and caregivers.	**SENIOR LEADERS** > Visit with patients and caregivers to see, hear and confirm what matters most. > Reinforce what matters most and the desired behaviors that support our culture. > Recognize positive outcomes and remove obstacles.	**SENIOR LEADERS** > Help build team problem-solving skills. Provide time to improve work. > Provide focus on the problems that matter most. > Create a safe environment for caregivers to share information in support of high reliability processes.	**SENIOR LEADERS** > Embed standard principles and desired behaviors in your area. > Understand current standards prior to creating new standards. > Make improvement part of the everyday work for everyone.
MANAGERS > Translate leadership's vision. Establish metrics and objectives for team's success. > Align daily work to enterprise goals. > Ensure alignment. Ask patients, senior leaders and team members what matters most.	**MANAGERS** > Post and review drive and watch metrics with your team. > Foster team participation in the process. > Ensure the process drives improvement.	**MANAGERS** > Promote teamwork. > Discuss problems and errors openly with empathy to enable learning. Share improvements.. > Ask questions that help the team discover root causes. Encourage experiments.	**MANAGERS** > Confirm standard processes are maintained. > Make standards visible. Recognize and address deviations right away. > Learn from and adjust to deviations from standards when appropriate.
ALL CAREGIVERS > Connect your work to local and enterprise goals. > Understand how your work impacts patients and others you work with. > Identify your process measures that support Cleveland Clinic's goals.	**ALL CAREGIVERS** > Huddle often. > Track progress and post for all to see. Learn from the metrics and improve your work. > Communicate as a team.	**ALL CAREGIVERS** > Identify and discuss activities that don't add value or could go wrong. > Use team problem-solving process to eliminate waste and drive improvement. > Innovate through small and large changes.	**ALL CAREGIVERS** > Identify and document the current, one best way to do a job. > Share, follow and improve standards through the PDCA process. > Discover a new way? Adopt a new standard.
TOOLS > Leverage our enterprise mission and goals to guide your work. > Use the **Strategic Agenda Management (SAM)** and performance management tools at the ONE HR Portal. > Identify drive metrics.	**TOOLS** > A step-by-step video tutorial is available at **Visual Management Tutorial**. > Create and maintain a world-class environment free of waste. > Use the **tiered huddles** to identify, improve and share issues.	**TOOLS** > Follow the Plan-Do-Check-Adjust (PDCA) process. > Use **Kaizen cards and boards** to share and prioritize problems. > Solve problems using **Just Do It (JDI), Root Cause, or Complex (A3) approaches**.	**TOOLS** > Establish standard work. Follow regulations, standards and policies that apply. > Use the online **5S tutorials**. > Use the **5 Improvement Questions** improve caregiver and patient experience.

18-CCC-5775 | ©Cleveland Clinic Foundation 2018

Every caregiver capable, empowered and expected to make improvements, every day.

Intranet portals.ccf.org/improve | E-mail improve@ccf.org | Internet ccf.org/improve | Twitter #theccim

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- View a larger pdf version of the Cleveland Clinic Improvement Model featured above.

Measuring our quality and safety performance is an essential component of the CCIM. Cleveland Clinic provides healthcare quality data in our annual State of the Clinic report and via the following reporting initiatives to enable stakeholders to benchmark our progress alongside industry peers:

- The Joint Commission Performance Measurement Initiative
- Centers for Medicare and Medicaid Services (CMS) Hospital Compare
- Ohio Department of Health Service Line Reporting
- National Specialty Society Databases and Registries

Additionally, through our Find a Doctor site, patients can leave reviews for our physicians and see experience ratings and comments from other patients to inform their decision making.

Accountable Care Organization

Cleveland Clinic opted to form a Medicare Accountable Care Organization (ACO) in 2015. Today, our ACO is one of the largest in the country, managing 95,000 Medicare patients across Northeast Ohio and Florida. Through our ACO, we successfully connect patients to medical homes and care teams, proactively manage their care across the continuum (including at skilled nursing facilities) and establish other value-based efforts so that patients rely less on emergency care. These efforts to coordinate care improve both the quality and affordability of services we offer our patients. To further support our commitment to population health, we launched our Cleveland Clinic Community Care (CCCC) unit in 2018. From our primary care physicians, to our hospitalists, to our paramedics and APRNs doing house calls, CCCC providers function as a team to proactively address the health needs of communities. In 2018, the most recent year for which we have available data, we monitored ten primary care ACO performance measures for improvement.

Cleveland Clinic Accountable Care Organization

2019 Quality Performance

Percentile	Measure
90th	Falls Screening
80th	Influenza Vaccination Colorectal Cancer Screening Breast Cancer Screening Ischemic Vascular Disease Diabetes Controlled Tobacco Screening & Follow up
70th	Hypertension Controlled
60th	Depression Screening

Percentile axis: 0, 20, 40, 60, 80, 100
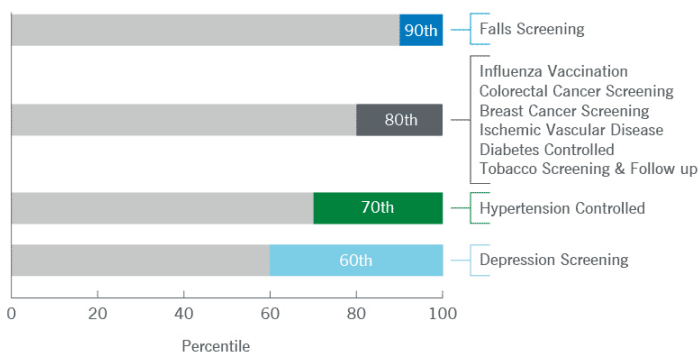
Patient Data

We track and transparently report measures of patient safety, quality of care and satisfaction and set targets to continuously improve the patient experience across the enterprise.

Serious Safety Events (SSEs)

Goal ≤ 15

Goal ≤ 5.4

- SSEs excluding falls
- SSEs Falls
- SSEs excluding falls Target
- SSEs Falls Target
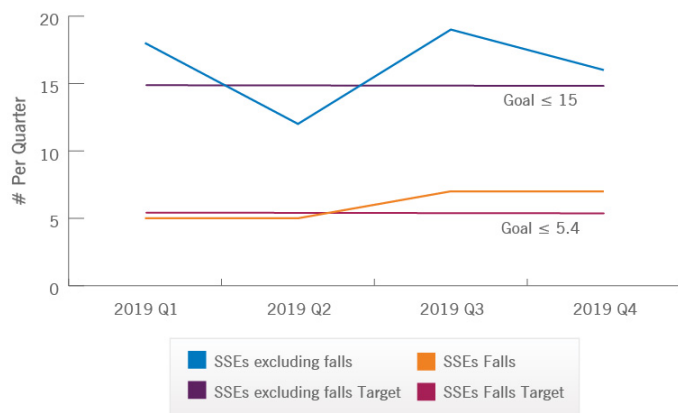
We are proud to be one of the first U.S. health systems to publicly report Serious Safety Events (SSEs), which include incorrect procedures, patient falls with injuries and other events that may harm patients. In 2019, Cleveland Clinic health system reported and disclosed 89 SSEs. Surgical SSEs are an area where our efforts to improve safety resulted in a 46% decline in 2019. Drivers of this progress included greater adherence to standard checklists and speaking up for safety.

All-Cause Readmissions
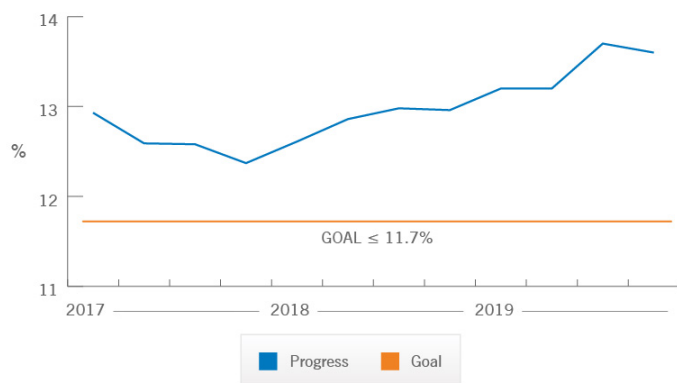
One opportunity we have identified for improvement is to reduce the number of patients who return to the hospital soon after discharge. After five years of steadily reducing our hospital readmission rate, we saw a slight rise in the rate in 2018 and again in 2019 (from 12.9% to 13.4%). To meet this challenge, we are implementing checklists, working with community physicians and skilled care facilities, and addressing non-medical factors affecting readmissions.

Hospital-Acquired Infections
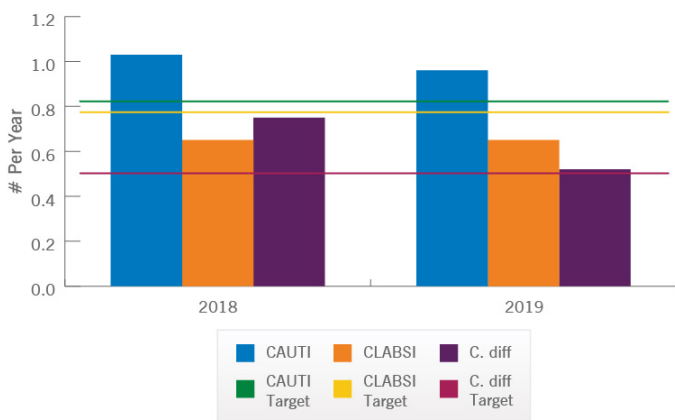
Hospital-acquired infections can result in sepsis, a potentially fatal immune response. Lowering the rate of sepsis occurrence is a major goal in all inpatient settings. Knowing that every hour counts in sepsis cases, we are implementing strategies to identify and treat sepsis at every stage of care — from contact with emergency response personnel through to intensive care. Using checklists and augmented intelligence, our caregivers have achieved a reduction in sepsis mortality since 2017.

Hand Hygiene
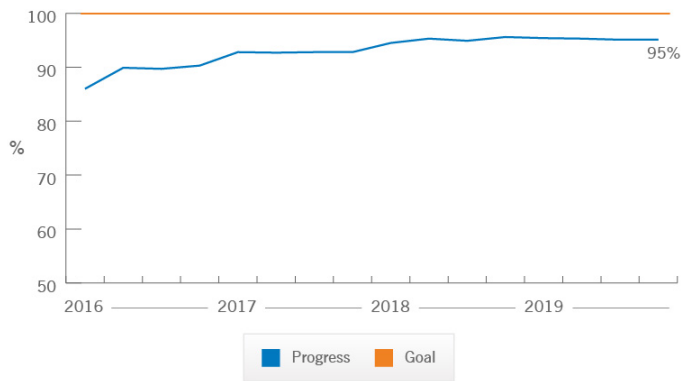
Cleveland Clinic uses external observers to track hand hygiene to decrease self-reported compliance. These individuals will make more than 6,000 observations monthly across the enterprise.

Uncontrolled Diabetes
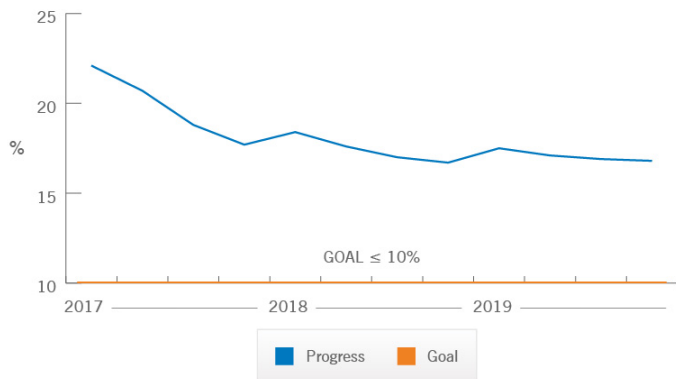
Uncontrolled diabetes is an important population health measure because individuals can experience serious health effects from elevated blood glucose levels. According to the American Diabetes Association, 34.2 million Americans—or 10.5% of the population—had diabetes in 2018. Individuals diagnosed with diabetes have, on average, 2.3 times greater healthcare costs than individuals without diabetes due to complications from the disease. To this end, we provide diabetes screenings as part of our community health fairs and wellness programs.

Outpatient Satisfaction Scores

Legend: National Average for All Scores

Categories (top to bottom):
- APPOINTMENT WHEN WANTED
- PROVIDER COMMUNICATION
- COURTESY / RESPECT OF REGISTRATION STAFF
- COURTESY / RESPECT OF NURSE/MA

X-axis: Percentile (0, 20, 40, 60, 80, 100)
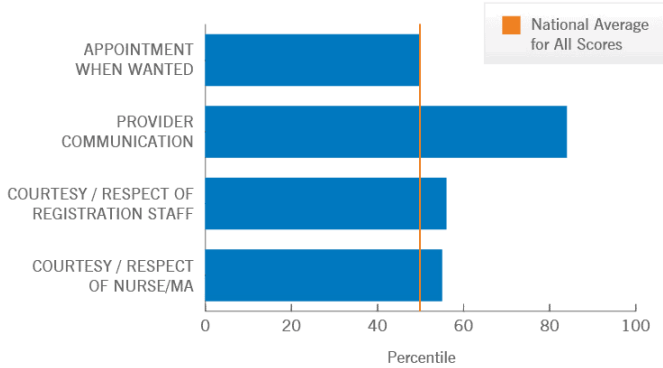
Medical Practice Percentile Rank
Source: Press Ganey

In 2019, Cleveland Clinic transitioned from the CG CAHPS survey instrument to our survey vendor's standard instrument. This new survey will provide more robust national benchmarking for our outpatient satisfaction scores at our hospitals and family health centers.

Patient Experience: HCAHPS

Data by year (Overall Rating, Would Recommend):
- 2008: 32, 43
- 2009: 42, 48
- 2010: 48, 66
- 2011: 53, 66
- 2012: 62, 71
- 2013: 75, 77
- 2014: 75, 80
- 2015: 71, 75
- 2016: 79, 75
- 2017: 66, 75
- 2018: 68, 76

Legend: National Average, Overall Rating, Would Recommend
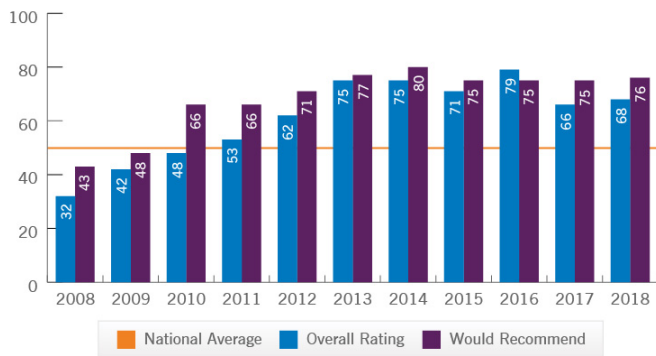
The Center for Medicare and Medicaid Services along with the Agency for Healthcare Research and Quality developed the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey to provide a standardized method for measuring patients' perspectives on care they received.

Complaints and Grievances

Rate Per 1,000 Encounters

- 2010: 2.2
- 2011: 2.1
- 2012: 1.75
- 2013: 1.3
- 2014: 1.2
- 2015: 1.13
- 2016: 1.16
- 2017: 1.22
- 2018: 1.18
- 2019: 1.05
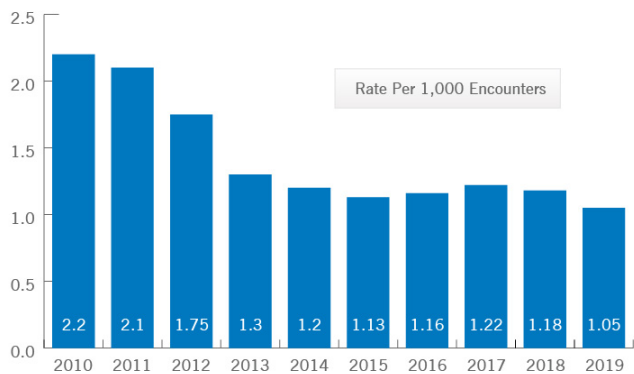
The number of complaints and grievances we receive from patients continues to trend downward. In 2019, Cleveland Clinic reduced patient complaints and grievances by 11% compared to 2018.

Integrated Care

Overview

A multidisciplinary team guides the evolution of our enhanced primary care model. This model integrates our world-class specialty care with population health to emphasize primary care, prevention and lifelong engagement. We are designing new ways to care for patients through expanded teams and increased access enabled by technology. The result will be a system of seamless, integrated care for all patients. Cleveland Clinic is moving beyond episodic healthcare delivery to caring for patients across their lifetimes. We will serve as partners to our patients in their health journey from prenatal care to geriatric services.

Community Health

As a leading academic health center, we are committed to helping to address the top public health challenges facing our region. In spring of 2018, we extended our population health model further by launching Cleveland Clinic Community Care (4C), and hired our first Chief of Population Health.

4C takes a new, population health approach to managing the care of patients. Rather than addressing individual patients' needs on a visit-by-visit basis, 4C leverages a wealth of data and an expanded care team to proactively address the health needs of populations. The team includes physicians and advanced practice providers from Internal Medicine, Family Medicine, Hospital Medicine, Geriatrics and General Pediatrics, supported by Wellness, Express Care, Medical Care at Home and the Quality Alliance to best equip 4C to manage access, quality, experience, utilization and cost across the entire continuum of care. In 2019, 4C added several areas to enhance and expand care for the community, including Community Relations and Functional Medicine.

Cleveland Clinic clinicians and IT analysts built customized registries and reports that enable providers to see the entire population of Cleveland Clinic patients, whether they're coming in for appointments or not. Any member of the patient care team—including physicians, advanced practice providers, nurses, care coordinators, medical assistants, pharmacists and social workers—can identify and reach out to consenting patients who have not recently seen a healthcare provider to discuss their current health status and determine appropriate care steps.

Researh and Innovation

Our research model brings scientists together with clinical researchers and caregiver teams to address our patients' biggest challenges. In 2019, Cleveland Clinic had 2,488 active research projects supported by $307 million in research funding. Over 1,200 scientists and support personnel work in our world-renowned Lerner Research Institute (LRI), seeking new treatments and cures for disease. To reduce the amount of time and money required to create new therapeutic drugs and bring new medications to market, we opened the Cleveland Clinic Center for Therapeutics Discovery, located within LRI, in 2019. The center uses state of the art technology to investigate the absorption, distribution, metabolism and elimination of new compounds to accelerate further development of promising candidates.

In November of 2019, we established the Cleveland Clinic Florida Research and Innovation Center in Port St. Lucie, Florida. The approximately 100 full-time researchers and support staff at the center will complement and expand clinical research underway at our five Florida hospitals, as well as enhance research conducted by our caregivers in Ohio. Additionally, Cleveland Clinic celebrated the 10th anniversary of our Lou Ruvo Center for Brain Health in Las Vegas in 2019, which has earned a global reputation for neurodegenerative disease care, research and education. The center also conducts prevention trials for people at risk for brain disease and offers risk-reduction programs such as HealthyBrains.org, where visitors from around the world sign up to receive free online brain health self-assessments.

25 Years of No. 1 in Heart Care

Cleveland Clinic performs more cardiac surgeries than any other U.S. hospital and has the best outcomes, while frequently serving patients with more complex medical needs. In 2019, U.S. News & World Report released its 2019-20 Best Hospitals rankings, with Cleveland Clinic surpassing all other hospitals in heart care for an unprecedented 25 years in a row. No other hospital has ranked higher in this specialty since 1995.

Innovation in 2019

Each year, Cleveland Clinic promotes idea-sharing through its Medical Innovation Summit. Organized by Cleveland Clinic Innovations, the development and commercialization arm of Cleveland Clinic, the Medical Innovation Summit brings together healthcare thought leaders to discuss and celebrate new ideas happening locally and around the globe. In October 2019, more than 2,000 healthcare influencers and leaders gathered in downtown Cleveland for the three-day event. The theme of the summit was "Caring for Every Life through Innovation" and focused on topics such as personalized healthcare, artificial intelligence and strategic investing to help translate healthcare technology.

"Innovation is one of our six core values at Cleveland Clinic and it runs deep. With innovation we welcome change, encourage invention and continually seek better, more efficient ways to achieve our goals." Will Morris, MD, Senior Medical Director Cleveland Clinic Innovations.

In 2019, Cleveland Clinic was proud to be recognized as one of the 5 most innovation hospitals by our peers. To develop the list, Reaction Data surveyed more than 300 C-level executives, department heads and staff members from hospitals and clinics across the United States. They asked survey participants what provider organization comes to mind as being a model for innovation, quality care at a sustainable cost and thought leadership on topics related to healthcare transformation.

In November of 2019, we established the Cleveland Clinic Florida Research and Innovation Center in Port St. Lucie, Medical breakthroughs our caregivers achieved in 2019 included:

• The first U.S. birth from a deceased donor uterine transplant
• Northern Ohio's first in utero spina bifida repair
• The world's first successful single-port robotic kidney transplant
• The Midwest's first purely laparoscopic living donor surgery for liver transplant

Distance Health

Technology is helping us to reach more patients in more places. An early adopter of digital health services, Cleveland Clinic has had a rapid increase in the use of virtual visits to deliver patient care. In 2019 alone, the number of annual virtual visits grew 29%. Telehealth is a key part of Cleveland Clinic's growth strategy to double the number of patients served in the next five years. As we expand our distance health services, we are increasingly vigilant in protecting the integrity of our patients' information. In 2019, we established new Data Management Principles and Guidelines that specify how we use and protect patient data. We are at the forefront of digital transformation, using augmented intelligence, machine learning and big data to improve the patient and caregiver experience. Some of the digital tools we use to support patient access and care include:

• Express Care Online, a HIPAA-compliant Skype®-like app that connects patients directly with Cleveland Clinic providers for face-to-face visits
• Our DrConnect® tool is an internet-based program specially developed to provide physicians who refer their patients to specialists at Cleveland Clinic secure, real-time information about their patients' treatment progress
• MyChart is a secure, online health management tool that connects Cleveland Clinic patients to portions of their electronic medical record, allowing them to see test results, message physicians, schedule appointments and more

Distance Health Initiatives	2018	2019	% Change
Virtual Visits	45,497	58,765	29.1%
Electronic Medical Record Patients	8,785,627	9,028,206	2.8%
MyChart Users	1,132,207	1,290,843	14.0%
DrConnect Users	11,882	12,480	5.0%

With the addition of a new Digital Health Support Desk at main campus in 2019, caregivers can better assist patients in setting up and using our telemedicine services. The desk is located in the Miller Pavilion lobby, near the main entrance information desk, and is staffed weekdays from 8 a.m. to 5 p.m. Our telemedicine services also help patients stay better connected to their loved ones. For example, physicians in the Cleveland Clinic Hillcrest Hospital Intensive Care Unit (ICU) found that only 25% of patients had a family member at the bedside during patient rounds since family members are often unable to be with loved ones during their entire stay. So, they established a way to virtually connect up to eight family members using an application of Express Care Online via a camera mounted on a mobile station. This enables families to be able to see and speak to a patient's entire care team to ensure they have an in-depth understanding of the patient's care and treatment.

In 2019, Cleveland Clinic announced a partnership with one of the world's largest telemedicine companies on a first-of-its-kind initiative to provide broad access to comprehensive and high-acuity care services via telehealth. The service will focus on leading the industry toward integrated, digital care delivery models that complement and are connected to traditional care settings. Through a secure digital platform, people from around the world will be able to connect with Cleveland Clinic's leading specialists and receive insights, opinions, recommendations and assistance for a variety of conditions.

We created the Center for Clinical Artificial Intelligence in 2019 to develop clinical applications for Machine learning (ML) and augmented intelligence (AI). The center will be a hub of collaboration between physicians, researchers, computer scientists and statisticians across the United States and globally to advance the application of ML and AI to diagnostics, disease prediction and treatment planning. Projects already underway include building machine learning models to predict inpatient length of stay and readmission risk with a higher degree of accuracy than existing models.

Patient-Centered Medical Home

To be successful in population health, we have been transitioning to a team-based care model. A patient-centered medical home (PCMH) is team-based model for patient primary care designed to improve accessibility, reduce costs and address patients' mental and physical health needs. Patients are at the center of the model and are surrounded by a team of caregivers that coordinate appropriate care, including prevention and wellness services.

Cleveland Clinic participates in the Comprehensive Primary Care Plus (CPC+) program, a public-private collaboration created to achieve better primary care health outcomes at lower costs using population health strategies. The goal of the CPC+ program is to improve patient primary care in the program's 18 participating regions across the United States through multi-payer fee and care delivery reform. The program supports participants through value-based payments that promote performance and provides shared resources to improve:

• Access and Continuity
• Care Management
• Comprehensiveness and Coordination
• Patient and Caregiver Engagement
• Planned Care and Population Health

Team Based Care Model

Behavioral Health
Phone, virtual &office visits

Clinical Pharmacy
Phone, virtual & office visits

Population Health Medical Assistant
Assist in closing care gaps

Provider — MA
Patient
RN/CC — PSR

Navigation Team
Payor-sensitive patient management

Care Coordination
High Risk patient population

Social Work
Phone consultations

Transitional Care Management
Manage hospital transitions

Shared Medical Appointments

Shared medical appointments (SMAs) improve access to care by including several patients in a visit with a physician, leading to longer visits (90 minutes in duration versus individual appointments, which are typically 15 to 30 minutes) and more prompt scheduling. SMAs benefit patients by providing an environment where they can share experiences and knowledge with one another, creating a sense of support and community. Patients also have the opportunity to bond with one another and serve as a source of motivation and inspiration, which can be especially beneficial to patients with chronic conditions. In 2019, Cleveland Clinic continued to increase SMAs, completing 35,472—an increase of 10.3% over 2018.

Caregivers

Our vision is to become the best place to work in healthcare. We refer to all of our employees as caregivers, because each of our 67,500 caregivers is an integral part of providing the Cleveland Clinic experience to our patients. We are committed to providing a safe, diverse and inclusive workplace, investing in the wellness and professional development of our caregivers and engaging our caregivers in co-creating the best work environment. Through our Office of Caregiver Experience, we actively solicit feedback through surveys and listening tours with our caregivers. This enables us to make changes and add resources where there are unmet needs, and build upon what is working well. When compared with counterparts at other academic medical centers, our caregivers are among the most engaged.

Read our 2019 ONE HR Report to learn more about our caregivers' experiences

Caregiver Engagement

Engaged caregivers deliver better outcomes and experiences for our patients, one another, our communities and organization.

Caregiver Safety

We are committed to providing a safe work environment and encourage our caregivers to "speak up" for safety to promote continuous improvement.

Diversity and Demographics

Being intentional about fostering a diverse and inclusive work environment helps us better serve patients, each other and our communities.

Workplace Wellness

Our wellness programs support the wellbeing of our caregivers, enabling them to lead healthier lives, reduce healthcare costs and lead by example for our patients.

Talent Development

We invest in the growth of our caregivers through professional development offerings, continuous learning resources, mentorship programs and financial support for higher education.

Caregiver Engagement

Overview

At Cleveland Clinic, we believe that engaged caregivers contribute to innovation, continuous improvement, workplace safety, a positive workplace culture and a better experience for our patients. To this end, we provide a variety of resources and initiatives through which our caregivers can stay informed, make their voices heard, co-create solutions, recognize peers and take action on issues important to them. Some of these resources and initiatives include our intranet, surveys, Caregiver Celebrations, town hall meetings and team huddles. Through caregiver groups such as our Wellness Champions, green teams, Caregiver Interest Groups, career development pathways, employee resource groups and more, we encourage caregiver involvement and collaboration in communities that are meaningful and rewarding to them.

Caregiver Experience Survey

Cleveland Clinic surveys its caregivers to better understand their experiences, state of well-being and needs. The Caregiver Experience Survey is open to all caregivers across the enterprise and measures engagement, reliability, team effectiveness and alignment with objectives and key results for safety and patient care. In 2019, we had the highest ever number of survey respondents, best ever engagement score and a significant increase in our safety culture score.

We ensure anonymity of individuals to promote candid responses on the survey, but supervisors and teams are able to aggregate results to identify common themes so that feedback is actionable. Additionally, through healthcare industry benchmarks provided by our survey vendor, we can compare our results with peers to identify opportunities for improvement and areas of success. We review our survey results alongside our patient satisfaction survey to identify trends in our performance and for more comprehensive insight into how the caregiver experience is related to the experiences of our patients.

Caregiver Celebrations

Everyone at Cleveland Clinic is a caregiver who provides direct patient care or supports those who do. Caregivers who share our organizational values and provide exceptional care deserve recognition and rewards for putting patients first. That is why we created the easy-to-use online recognition and rewards program: Caregiver Celebrations. It is one of the many Cleveland Clinic programs we are proud to offer that supports our ongoing goal of being a great place to work and grow.

Caregivers can receive seven different kinds of recognition, which includes Appreciation Awards, eCards, Strategic Business Goal Awards, Excellence Awards, Caregiver Awards, CEO awards and Milestone Awards. All caregivers are eligible to give recognition via the Appreciation Award, the eCard and the Strategic Business Goal Award. Managers with direct reports can recognize employees at the Excellence Award and Caregiver Award levels. Each year, we honor one individual and one team with the CEO Award. Since the inception of our Caregiver Celebrations program in 2010, caregivers have recognized one another with more than 1.6 million awards.

4 Tiers of Caregiver Celebrations

Tier 4: **Caregiver Awards**
Annual "Best of the Best"

Tier 3: **Excellence Awards**
Quarterly institute-level managers nominate top performing individuals and teams

Tier 2: **Strategic Business Goal Awards**
Managers provide awards for oustanding behavior and performance

Tier 1: **Appreciation Awards**
Awards received from other caregivers

- 46
- 387
- 790
- 156,772

Annual Caregiver Awards Dinner

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Recipient Highlights

Tomislav Mihaljevic, MD, CEO and President with Michael Roizen, MD

The recipient of the Well-Being Award was Michael Roizen, MD, founding chair of our Wellness Institute for his many contributions to patient and caregiver wellness. We also announced that starting in 2020, the award will be named the Dr. Michael Roizen Well-Being Award in his honor.

Aaron Hamilton, MD, presents the inaugural Speak-Up Award to Heeyoon Kim, MD, with Tomislav Mihaljevic, MD, CEO and President

Our first awardee of the Speak-Up Award was Heeyoon Kim, MD, an Internal Medicine resident at Fairview Hospital. The purpose of this award is to recognize those who have the courage to speak up and do the right thing for patient and caregiver safety. Dr. Kim was persistent in speaking up about a patient's condition following surgery, which led to them being transferred to the intensive care unit right as their condition began to worsen. This led to the patient's care team being able to administer interventions, ultimately saving the patient's life.

Our CEO and President, Tomislav Mihaljevic, MD, presented the prestigious CEO Awards. The team and individual award winners each received a $10,000 prize.

The Face Transplant Team earned this year's CEO Award. In May 2017, they performed Cleveland Clinic's third face transplant—and on the youngest patient in the U.S. to ever receive one. It was the true spirit of teamwork, involving more than 20 departments. Last year, we began to tell the patient's story through the help of National Geographic, which reached 3 billion people worldwide.

Members of the Face Transplant Team accept the CEO Award with Tomislav Mihaljevic, MD, CEO and President

Matthew Layne, chief dialysis technician at main campus, earned the CEO Award for an individual. Layne worked with an external device manufacturer to try equipment that introduces a new method of dialysis. This new device, which had never been introduced to an acute hospital or ICU setting, manages dialysis treatments for a longer time period and at a slower rate, requiring little caregiver oversight. Layne provided feedback to the manufacturer that would improve the experience for the caregivers using it. Additionally, Layne developed a new supply chain auditing process, helping save Cleveland Clinic $172,000.

Tomislav Mihaljevic, MD, CEO and President presents Matthew Layne, chief dialysis technician at main campus, the CEO Award for an individual

Caregiver Celebration Facts

- Nearly 1,000 caregivers with 25 years of tenure or more celebrated 29,355 combined years of service in 2019
- Caregiver Awards winners since inception: 447
- Excellence Award winners since inception: 5,489
- Strategic Business Goal Awards since inception: 3,226
- Patient Recognition Awards received since inception: 85,870
- Appreciation Awards since inception: 1,285,448
- Total number of all awards since inception: 1,641,367

Office of Caregiver Experience

"We will create the best place to work—not for you, but with you."

– Tomislav Mihaljevic, MD, CEO and President

Cleveland Clinic created the Office of Caregiver Experience (OCE) in 2018 to support our vision of being the best place to work in healthcare. The Office of Caregiver Experience was designed around four strategic areas: culture, tools and technology, physical environment and my experience –belong, be-well & grow. In 2019, the team launched Culture & the Caregiver Experience Executive Briefing series featuring famed Harvard author Dr. Amy Edmondson as their inaugural speaker. The team also runs the enterprise Caregiver Experience Survey and Action Planning process, which recorded over an 84% participation rate and more importantly, increases in the CEO's metric of "Would recommend Cleveland Clinic as a good place to work".

ONECLICK to Well-being

To support caregiver well-being, the OCE created the ONECLICK to Well-being site, which centralizes resources from teams across the enterprise, including Employee Wellness, Spiritual Care and Healing Services and more. The site contains a plethora of easily accessible tools and resources to help caregivers with the following dimensions of well-being:

- Emotional Well-Being: personal relationships, stress and grief, mental health, substance use and legal/financial
- Physical Well-Being: nutrition, sleep, exercise and stress management
- Spiritual Well-Being: care box and code lavender, spiritual healing, grief and end of life ethics
- Social Well-Being: employee resource groups, social involvement, caregiver interest groups and diversity councils

Thrive Where U Are

To raise caregiver awareness regarding the wide array of resources available, OCE developed the "Thrive Where U Are," program. Modeled after a health or college fair, teams from across the enterprise come to a central location and within just a few minutes, caregivers can gather information and learn about, signup and attend informational sessions. Caregivers tend to have higher engagement scores after participating in this event.

Additionally, in 2019 OCE created Caregiver Interest Groups on Connect Today—our cloud-based social learning and collaboration platform—to facilitate connections between caregivers with similar interests or life circumstances. The goal of the groups is to help caregivers make new friends, find support and share resources with one another through virtual discussions, live events and group challenges. Communities launched in 2019 include:

• Caregiver at Home and Work
• New Parents
• Foodies of Cleveland

Caregiver Interest Groups in development include Caring for a Child with Special Needs and New to Cleveland. Caregivers can also submit suggestions for new Caregiver Interest Groups at any time.

Caregiver Safety

Overview

The safety of our caregivers is of the upmost importance. Cleveland Clinic has an extensive safety program managed by a team of teams who provide training and resources to prevent safety events, respond when events occur and review our safety performance for continuous improvement. Our Environmental Health and Safety (EHS) team monitors and implements safety practices at our main campus and family health centers. Due to variances in the structure and needs of our regional hospitals, each hospital maintains written management plans to address their unique environments of care.


The enterprise safety leadership team revises safety policies, equipment, procedures and training as appropriate based on regulatory changes and ongoing reviews of our performance. Occupational Health promotes the health and safety of our caregivers through new hire pre-placement assessments, urine drug screenings, annual compliance, Tuberculosis testing, audiograms and mandatory immunizations and flu vaccinations.

Our Protective Services Department is responsible for the safety and protection of patients, visitors, caregivers and property throughout the Cleveland Clinic Health System. The department is comprised of teams focused on personal safety, confidentiality, security, transportation and parking services and emergency readiness. This includes our Cleveland Clinic Police Department, who work 24 hours a day, seven days a week to make the Cleveland Clinic main campus one of the safest areas in the city to work or visit. The Cleveland Clinic Police Department is comprised of more than 150 sworn police, security, communications and traffic control officers, and is nationally accredited by Commission on Accreditation for Law Enforcement Agencies (CALEA). One of the many services they provide is the Safety Escort program, which is a free service available to all caregivers, patients and visitors who need safe transportation to locations on main campus.

Environmental Health & Safety (EHS) Data

Cleveland Clinic records and reports accident statistics in accordance with Occupational Safety and Health Administration (OSHA) and Bureau of Labor Statistics (BLS) requirements. An injury or illness is work-related if an event or exposure in the work environment either caused or contributed to the resulting condition, or significantly aggravated a pre-existing condition. In 2019, all of our Ohio hospitals had total recordable injury rates less than the 2018 hospital industry average of 5.6 injuries per 100 full time equivalent (FTE) employees. There were no OSHA-recordable occupational illness nor work-related fatalities in 2019.

Caregiver Injury Rates, Cleveland Clinic Ohio Hospitals
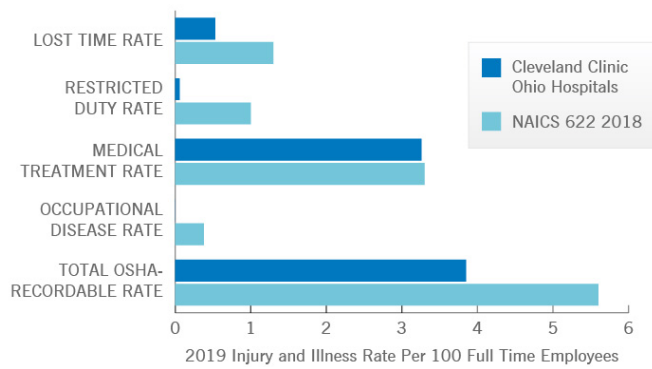
In 2019, caregivers in our ambulatory health and surgery centers experienced a slightly higher total recordable injury and medical treatment frequencies than the 2018 ambulatory healthcare industry average, but significantly lower severity rates as measured by restricted duty or lost time cases.

Caregiver Injury Rates, Cleveland Clinic Ohio Hospitals
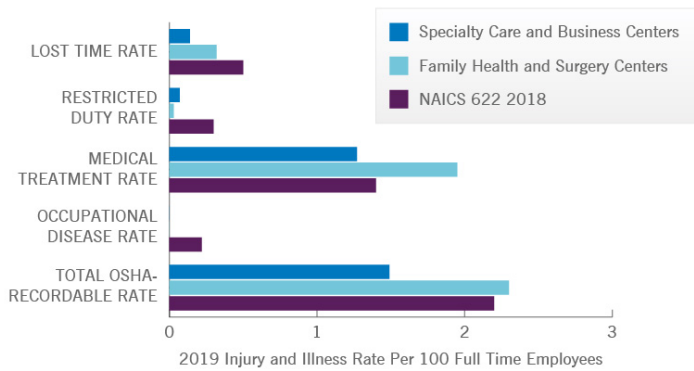
Bloodborne Pathogens

Cleveland Clinic has a comprehensive Bloodborne Pathogen Exposure (BBPE) program and a BBPE Operations Committee, which is comprised of multiple BBPE Committees representing hospitals across the Enterprise. The committee meets regularly to share metrics, best practices and ideas for improving our program and performance. To reduce BBPE in the workplace, Cleveland Clinic:

• requires all new hires to complete BBPE training during onboarding
• maintains a 24/7 BBPE hotline for caregivers to report events
• has dedicated Occupational Health caregivers to document exposures, schedule lab work and follow up with exposed caregivers following a report
• provides all caregivers access to BBPE procedures and our BBPE Toolkit via our intranet, which includes training materials, educational graphics and videos, best practices and other assets to help prevent and reduce BBPE
• offers a train-the-trainer program facilitated by the Simulation Center, which is designed to replicate scenarios in which BBPE occur frequently

2019 Enterprise Bloodborne Pathogen Exposures (BBPE)
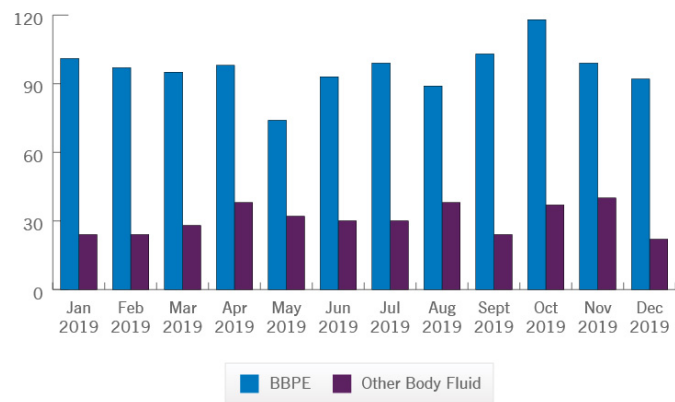
OSHA Recordable Injuries, Other Emphasis Programs

Ergonomic principals support our caregivers in working as safely, comfortably, efficiently and effectively as possible. Ergonomic injuries in healthcare most commonly occur when individuals are handling patients, but also occur when individuals move objects and use equipment. Through our intranet, we provide caregivers with guidance and recommended products to help them correctly set up workstations, perform daily tasks and request help to accommodate a disability. Resources include:

• A list of ergonomically approved office products and workstations compiled by Environmental Health & Safety
• Step-by-step instructions for adjusting chairs, computers and workstations
• Laboratory set-ups and practices
• Disability accommodation examples and request forms
• Guidance documents on safely moving patients and lifting, pushing and pulling items
• Work area design recommendations
• Best practices documents on clinical ergonomics, office workstations and work at home computer set ups

Ergonomic OSHA-Recordable Injuries

US Locations, excl. Florida
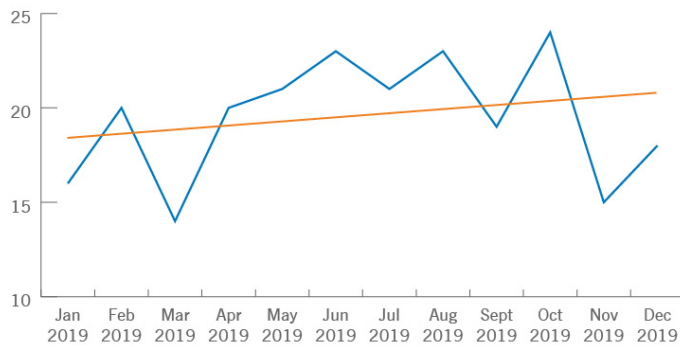
To ensure the safety of our patients, visitors and caregivers, our Environmental Health & Safety team provides resources to help reduce slips, trips and falls. Materials available to caregivers on our intranet include:

• Safety and Environmental Health & Safety hotlines to report slip, trip and fall hazards
• FIX-IT: Facilities Maintenance and Repair form to report safety issues for correction
• Severe weather alerts
• Guides for identifying and preventing common slip, trip and fall hazards
• Winter walking tips

Additionally, we continue to evaluate walking and working surfaces to proactively eliminate slip, trip and fall risks. We experience a greater number of recordable injuries in the winter months of Northeast Ohio from slips, trip and falls compared to other months of the year due to snow and ice accumulation.

Slip/Trip Fall OSHA-Recordable Injuries

US Locations, excl. Florida
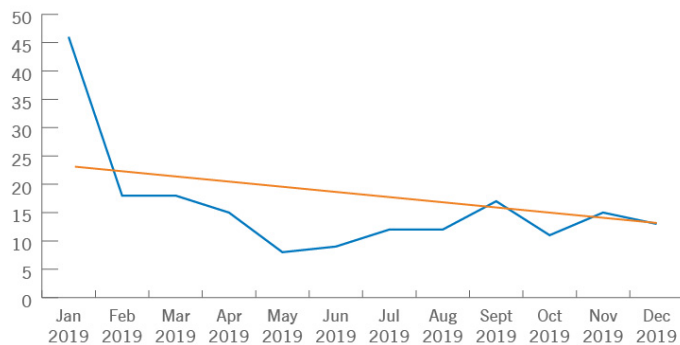
Workplace Violence Prevention

According to the Occupational Safety and Health Administration, healthcare workers' risk of injury due to workplace violence is four times greater than that of workers in other industries. This important topic was the subject of a keynote session led by K. Kelly Hancock, DNP, RN, NE-BC, Executive Chief Nursing Officer at Cleveland Clinic at our May 2019 Patient Experience: Empathy + Innovation Summit. The session included panelists Christy Sandborg, MD, Chief Experience Officer at Stanford University School of Medicine; Janet Schuster, DNP, MBA, RN, Chief Nursing Officer at Cleveland Clinic Lutheran Hospital and Co-Chair of Cleveland Clinic's Workplace Violence Committee; and Gordon Snow, Chief Security Officer at Cleveland Clinic, who shared how their organizations have been affected by acts or threats of workplace violence, as well as best practices for curtailing these incidents and improving the resiliency of caregivers.

Our efforts to prevent workplace violence include:

• Non-Abusive Psychological and Physical Intervention (NAPPI) training, during which caregivers learn how to identify and de-escalate threatening situations
• An enterprise-wide Workplace Violence Committee, policy, and procedure
• Round-the-clock police coverage at our emergency departments
• An internal website and downloadable toolkit dedicated to workplace violence prevention
• An online system through which caregivers can report alarming incidents
• The Speak-Up Award, for caregivers who go above and beyond in reporting workplace concerns
• Support resources for caregivers affected by workplace violence

Cleveland Clinic is committed to providing a safe environment for our patients, visitors and caregivers. We have pledged to speak out against workplace violence and create a culture in which those who report incidents are supported. We discuss all cases of workplace violence at our tiered daily huddles and address them immediately.

Workplace Violence OSHA-Recordable Injuries

US Locations, excl. Florida

A.L.I.C.E.

Alert
Lockdown
Inform
Counter
Evacuate
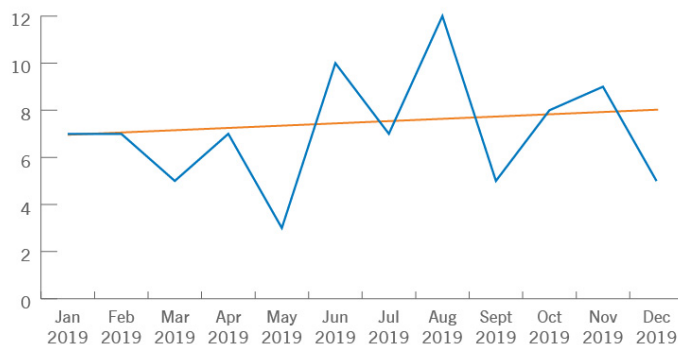
To help caregivers protect themselves, other caregivers, patients and visitors in an active shooter situation, Cleveland Clinic provides ALICE Program training. ALICE stands for: Alert. Lockdown. Inform. Counter. Evacuate. Due to the unique vulnerabilities of healthcare settings, the Emergency Management Department and Cleveland Clinic Police Department developed a healthcare-oriented ALICE training module for use by all of our certified Instructors.

Caregivers learn each step of the program so they can deploy it dynamically based on each unique situation and environment. Caregivers receive training through a module within our annual mandatory online Emergency Management training, live "lunch-and-learn" training sessions and department meetings. Additionally, caregivers can request an ALICE training for their team or location at any time, which includes a walkthrough component with a certified instructor so caregivers know how to best respond in their specific workspace. All new caregivers and contracted vendors complete ALICE training, and all caregivers receive refresher courses annually.

Victim Advocate Program

The Cleveland Clinic Police Department offers a Victim Assistance Program to all patients, visitors and caregivers. Through the program, we provide victims affiliated with Cleveland Clinic individualized, efficient and effective support, and resources to cope with the aftermath of a criminal offense, such as domestic violence, sexual assault, workplace violence, harassment, homicide survivors, assault, child or elder abuse, human trafficking and/or robbery. Advocates offer victims information about the different options available to them and support their decision-making related to medical, legal or emotional interventions. Services advocates offer include:

• Providing information regarding victimization and the criminal and/or civil justice system
• Informing individuals of their rights as a victim of crime according to the Ohio Revised Code
• Providing local resources and referrals, such as counseling, shelter, transportation, etc.
• Assisting with safety planning and protection orders
• Helping apply for Ohio Crime Victim's Compensation and/or registering for victim notification programs
• Accompanying individuals to file a police report, meet with detectives and/or prosecutors and participate in court proceedings

Advocacy services are free of charge and are available at Cleveland Clinic main campus, regional hospitals, family health centers and administrative offices.

Diversity & Demographics

Overview

Diversity & Inclusion Statement

Cleveland Clinic values a culture where caregivers integrate diversity and inclusion throughout the enterprise. We respect and appreciate our similarities and differences; they enable us to better serve our patients, one another and our global communities.

Cleveland Clinic is committed to creating a diverse and inclusive organization. Our core values fortify this commitment.

They are:

- Quality & Safety
- Teamwork
- Empathy
- Inclusion
- Integrity
- Innovation

In 2019, we added the **Value of Inclusion** to our core values. Intentionally practicing inclusion across our system creates the best care and outcomes for our patients, and promotes engagement through the best work experience for our caregivers. To carry out this commitment, we promote key behaviors of inclusion.

Our Inclusion Value states:

"We intentionally create an environment of compassionate belonging where all are valued and respected."

The corresponding inclusion behaviors are:

- I seek to learn, understand and respect difference with a curious heart and an open mind.
- I achieve better outcomes through a diversity of perspectives and experience.
- I hold myself and others accountable for demonstrating the values of inclusion and respect.
- I support an inclusion-driven culture through my compassionate interactions with all others.

To foster a more inclusive environment at Cleveland Clinic, the Office of Diversity and Inclusion launched Inclusion Cafés in 2019. Through this initiative, we asked caregivers to share a complementary beverage with a fellow caregiver that they wanted to get to know better. We hosted Inclusion Cafés system-wide at various Cleveland Clinic locations reaching over 5,600 participants during fall and winter to facilitate understanding, respect, and sense of community among caregivers and build our inclusion capacity. This initiative was designed to intentionally build upon our commitment to the American Hospital Association Equity Pledge, CEO Action for Diversity and Inclusion, our value of Inclusion and mitigating unconscious bias.

Racism as a Public Health Crisis

In June 2020, Cleveland Clinic supported the City of Cleveland's resolution declaring racism a public health crisis. As a health system, we are committed to ending long-standing systemic racism and bias that results in health disparities and are taking an active role to further develop strategies to guide our pursuit of true equality, justice and care for our patients and community.

2020 DiversityInc Top Health Systems

For the 11th year in a row, DiversityInc named Cleveland Clinic a top hospital and health system. This year, we were named third on the list.

The rankings are data driven and assess performance based on:

•
• Talent pipeline
• Talent development
• Leadership accountability
• Supplier diversity

ERGs & Councils Honors AwardTM

We were also recognized for our employee resource groups (ERGs), which connect caregivers with similar interests or cultural backgrounds. For the fourth year in a row, our ERGs have been ranked among the nation's best by PRISM International. Out of 1,300 applicants, Cleveland Clinic had the most ERGs recognized with three—including one in the Top 10 Leaders' Circle.

Here's how our winning ERGs ranked:

• 5 – SALUD (Leaders' Circle)
• 14 – ClinicPride
• 17 – Military/Veterans

Caregivers who participate in an ERG are visible in the organization and our community. They live our values and provide strategic insights on diversity and inclusion across Cleveland Clinic. These awards demonstrate our commitment to our value of Inclusion and contribute to creating an environment of compassionate belonging where all are valued and respected.

The [Office of Diversity and Inclusion](#) provides strategic leadership for creating an inclusive organizational culture for patients, caregivers, business partners and the communities Cleveland Clinic serves.

Our three core focus areas are:

• Enterprise Demographics
• Cultural Competency Education and Training
• Health Equity and Community Engagement

Creating a diverse and inclusive environment complements our yearly enterprise goals by enabling us to better serve our stakeholders. Programming from the Office of Diversity and Inclusion promotes our charge of building and sustaining a culturally competent and diverse caregiver population that reflects communities we serve.

Enterprise Demographics

"In 2019, the Office of Diversity & Inclusion advanced Cleveland Clinic's Inclusion Value through the integration of best and next practices across the health system. Our goal is to intentionally create an environment of compassionate belonging where all caregivers and patients are valued and respected."

– Le Joyce K. Naylor, MA, CCDP/AP
  Chief Diversity & Inclusion Officer

Cleveland Clinic recognizes that having a workforce that reflects the patient population it serves includes a diverse leadership team and pipeline. The integration of diversity and inclusion initiatives across the enterprise addresses the strategic need to expand the number of diverse candidates available to hire into healthcare with succession into management and executive roles.

Cleveland Clinic Workforce Demographics, 2019*

74.8% — Female
25.2% — Male

71.7% — White
16% — Black
5.6% — Asian
4.6% — Hispanic
2.1% — Other
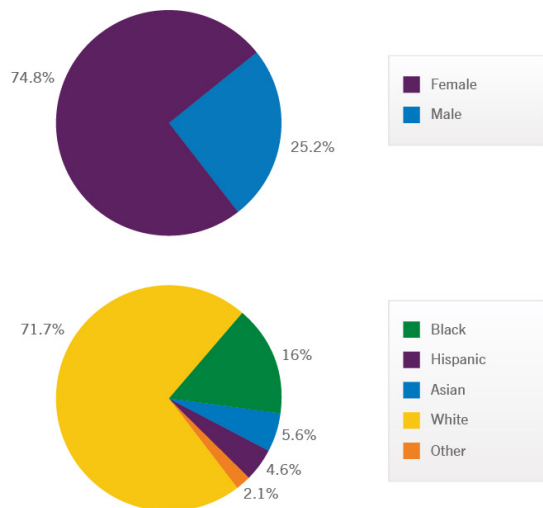
Percentage of Caregivers by Region, 2019

76.7% — Ohio
14.8% — Florida
7.8% — Abu Dhabi
0.3% — Canada
0.2% — Nevada
0.2% — London
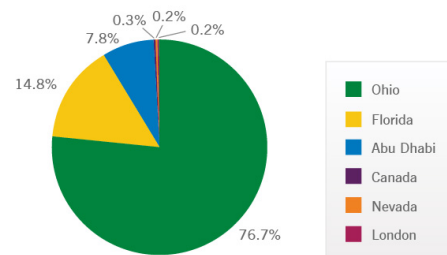
Cleveland Clinic Workforce by Generations, 2019*

0.3% — Silent Generation (1928–1945)
22.2% — Baby Boomers (1946–1964)
32.2% — Gen X (1965–1980)
42.2% — Millennials (1981–1997)
3.1% — Gen Z (1997–Onwards)
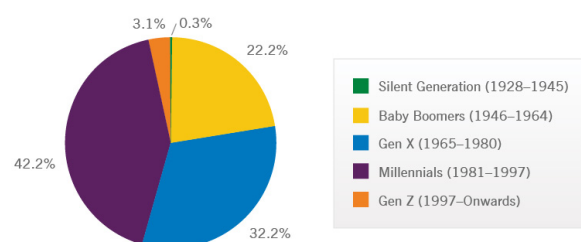
Cleveland Clinic Physician Demographics, 2019*

Female / Male pie chart:
- 61.7% Male
- 38.3% Female

Race/ethnicity pie chart:
- 19.4% Asian
- 4.7% Hispanic
- 2.4% Black
- 2% Other
- 71.5% White

Legend:
- Black
- Hispanic
- Asian
- White
- Other
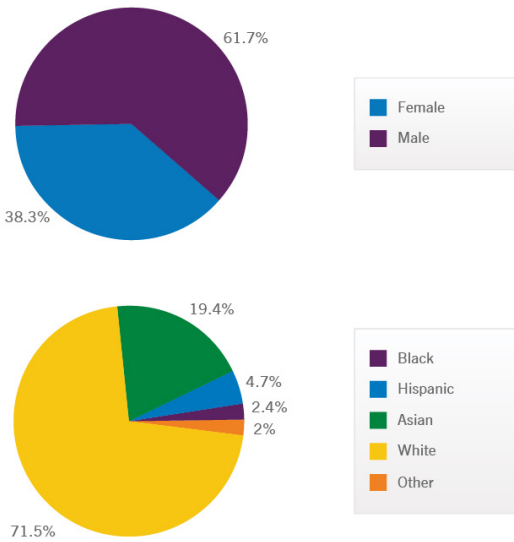
Cleveland Clinic Management, Demographics, 2019*

Female / Male pie chart:
- 59.2% Female
- 40.8% Male

Race/ethnicity pie chart:
- 1.1% Other
- 4.8% Black
- 2.7% Hispanic
- 3.9% Asian
- 87.5% White

Legend:
- Black
- Hispanic
- Asian
- White
- Other
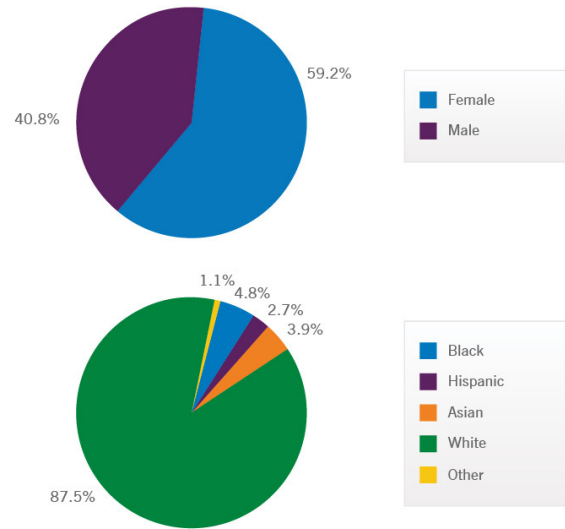
Cleveland Clinic Nurse Demographics, 2019*

Female / Male pie chart:
- 12.4% Male
- 87.6% Female

Race/ethnicity pie chart:
- 2% Other
- 7.7% Black
- 3.8% Hispanic
- 3.4% Asian
- 83.3% White

Legend:
- Black
- Hispanic
- Asian
- White
- Other

Part-Time Caregivers, 2019*

Part-time / Full-time pie chart:
- 81.3% Full-time caregivers
- 18.7% Part-time caregivers

Female / Male pie chart:
- 15% Male
- 85% Female

Legend:
- Female
- Male
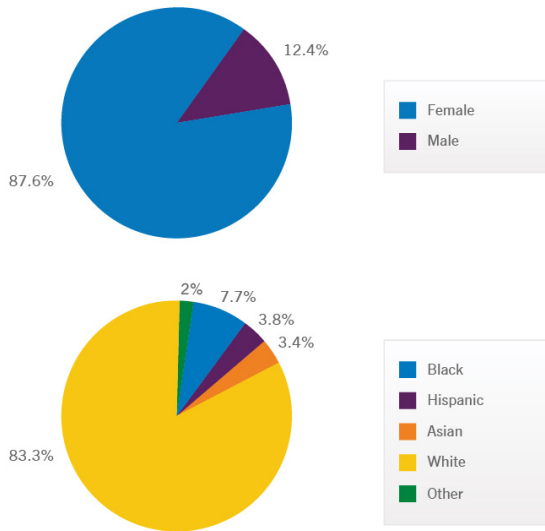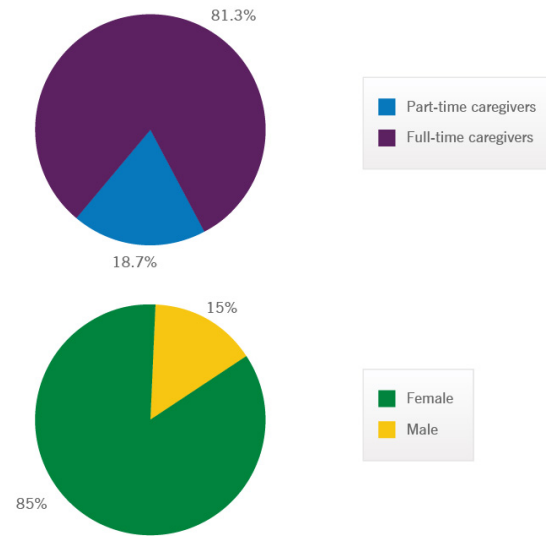
Pipeline Talent Development – Increasing the enrollment of underrepresented minority (URM) students in health professions is an increasingly important and urgent issue. Cleveland Clinic takes an innovative approach to foster the continuing education and development of URM talent into healthcare. We offer various programs for high school and college students to enhance professionalism by providing them with career information, coaching and mentoring, team-based experiential learning and problem-solving expertise.

Mentorship – Cleveland Clinic is committed to increasing diverse talent in management and executive roles:

• **African American Employee Resource Group (AAERG) / SALUD Leadership Development Program** – We addressed a system-wide education gap through the AAERG / SALUD Caregiver Development Series, a group-led professional development workshop series. The goal of the series is to increase participants' visibility and access to senior leaders, and to create a pipeline of talent from within the organization for future leadership roles. In 2019, 70 caregivers participated in the AAERG / SALUD Caregiver Development Series, after which 30% were promoted. Additionally, participants in the program have a lower turnover rate compared to the rest of the organization. In the last 7 years, a total of 390 caregivers have participated in the AAERG / SALUD Caregiver Development Series.

• **Mentoring Circles** – A collaborative effort of the Global Leadership and Learning Institute (GLLI) and the Office of Diversity and Inclusion, mentoring circles bring together a diverse group of employees—identified by their managers as capable future leaders—for informal talks with senior leaders to support their growth. In 2019, 26 Staff members participated in Professional Staff Mentoring Circles facilitated in collaboration with the Office of Professional Staff Affairs and GLLI. The 2019 cohort was 54% underrepresented minorities in medicine and 63% female.

Cultural Competency Education and Training

Enterprise-wide cultural competency skill development is fundamental in achieving the best patient and caregiver experience to an increasingly diverse population. We build skills, increase awareness and knowledge and enhance the patient/caregiver experience by providing online trainings, seminars, events, coaching and consultation services to caregivers and departments.

Online Training – A Diversity and Inclusion module created for caregivers provides an overview of diversity, inclusion and cultural competence across the Cleveland Clinic enterprise including Ohio, Florida and Nevada locations. All caregivers complete this training annually.

LGBTQ Diversity & Inclusion Training – To date, 855 caregivers have completed LGBTQ-specific training based on the Safe Zone model. The course covers: 1) providing culturally competent care for LGBTQ patients and their families, and 2) creating a culture of safety, quality, and intentional inclusion for LGBTQ caregivers and patients. Knowledge among participants increased by an average of 25% after completing the course.

Unconscious Bias Training – To date, over 1,200 of our leaders have completed Unconscious Bias training. The Office of Diversity and Inclusion launched this training in collaboration with Global Leadership and Learning in 2017. Its objective is to raise awareness about our biases and increase our caregivers' cultural competence with a particular emphasis on the Talent Review process. Its impact is creating a more diverse and inclusive workforce. Participants' knowledge increased by an average of 20% after completing the course.

Language Enrichment Programs – Offered in-person and online, these programs enhance the communication skills of our caregivers to improve the patient experience. Courses include: Spanish for Healthcare Professionals, Accent Modification and English as a Second Language.

Health Equity and Community Engagement

"By seeking to learn, understand and respect our differences, we can offer and provide the very best patient care in all of the communities we serve."

– Tomislav Mihaljevic, MD
Cleveland Clinic CEO and President

We partner with key internal and community stakeholders to make advancements in research, patient access and patient education to reduce health disparities. Our focus areas include enhancing patient access, outcomes and satisfaction, and improving community health outreach, education and research.

- Learn more about our community programs
- Learn more about our commitment to purchasing from diverse and local suppliers

Employing diverse caregivers that represent our patients and members of our communities is key to our success in these endeavors. Caregivers in our Employee Resource Groups (ERGs) and Diversity Councils (DCs) serve as ambassadors of diversity and inclusion strategies to support recruitment efforts, provide personal and professional development, increase engagement and promote health equity throughout our system.

Employee Resource Groups and Diversity Councils

Cleveland Clinic has 11 affinity-based Employee Resource Groups (ERGs) that span the enterprise and 19 location-specific Diversity Councils (DCs). Through our ERGs and DCs, we offer strategic programming to address the healthcare and wellness needs of our diverse patient population and provide caregivers with the opportunity to increase their cultural competence. Services provided by our ERGs and DCs raise awareness of health disparities and inequitable care that may exist in the organization and across the communities we serve.

Select highlights of contributions our ERGs and DCs made in 2019 can be found below.

- The SALUD Hispanic/Latinx ERG developed an innovative six-to-eight week bilingual/bicultural health and wellness program for Hispanic youth. ACTiVHOS® (which stands for Activity, Cognitive Therapy, Incentives in Health Outreach for Students) encourages youth to be physically active and adopt healthy behaviors by integrating fun, educational dialogues and fitness activities with incentive-based awards and prizes. When we first launched the program in 2014, it was the first fully bilingual health and wellness youth outreach program in Northeast Ohio. In 2018, we began offering ACTiVHOS®in one of our local schools, and in 2019, we expanded to a second school and increased overall participation in the program by 47%. Engagement was at an all-time high with students achieving 16,700,000 total moves, a 66% increase over previous years. In five years, 213 students have participated in ACTiVHOS®, with 80% reporting improved personal health perception and logging in a total of 24.5 million moves. In 2020, we also leveraged our social media platform to increase outreach of Hispanic/Latinx community during the COVID-19 pandemic through clinician videos and translated Cleveland Clinic collateral.

- Cleveland Clinic Office of Diversity & Inclusion, in collaboration with SALUD and the African American Employee Resource Group, provided guidance and support in the expansion of Glickman Urological & Kidney Institute's Men's Minority Health Fair at Akron General, Lorain Family Health Center and Lutheran Hospital. At the health fairs, we provided BMI, diabetes, hypertension, hepatitis C, prostate, cholesterol and vision screenings. Through its continued expansion, overall participation of African American and Hispanic/Latinx men increased by 96% (239 men screened in 2018 vs. 469 men screened in 2019 at these specific locations). Since its inception, more than 17,800 men have attended the health fair and undergone more than 50,000 screenings.
- The Greater University Circle Employee Resource Group (GUC-ERG) is comprised of Cleveland Clinic caregivers who reside in one of the eight Greater University Circle neighborhoods. GUC-ERG members serve as ambassadors to other GUC caregivers, potential caregivers and all members of these communities. Through peer-to-peer activities and initiatives, GUC-ERG emphasizes the overall goals of Cleveland Clinic's strategic plan while supporting recruitment, retention and caregiver engagement strategies. The group also connects to the overarching goals of the Greater University Circle initiative to Live Local, Buy Local, Hire Local & Connect. In collaboration with Talent Acquisition and the Greater University Circle Employee Resource Group (GUC-ERG), we conducted 11 workforce readiness workshops to promote Cleveland Clinic as a "great place to work and grow". Through these workshops we explored employment opportunities with community members and provided guidance on navigating our career website and application process, resume writing and behavioral-based interviewing. Out of 127 workshop attendees, we had 83 applicants, 10 active candidates, and 12 hires in 2019.

Workplace Wellness

Overview

Cleveland Clinic works to strengthen the culture of wellness throughout the Cleveland Clinic caregiver community by taking a whole person approach, which includes delivering programs, resources and incentives that support increased physical activity, eating healthier, avoiding tobacco, managing stress, practicing mindfulness and sleeping better. Some of the resources we offer include starting with step-by-step instructions for a well-being self-assessment, to offering tailored in person and virtual programs that help individual caregivers build healthy practices in the four dimensions of well-being: emotional, physical, spiritual and social.

In 2019, the National Business Group on Health named Cleveland Clinic among the Top 50 Best Employers for Excellence in Health & Well-Being. We were one of 19 employers to achieve the highest honor, platinum. The award honors organizations that have recognized a connection between workforce well-being and key business outcomes, and have implemented strategies with demonstrated results across several dimensions of well-being. Highlighted strategies include:

- Our generous Employee Health Plan and Healthy Choice program
- Focused, evidenced-based wellness programs delivered by collaborative teams that meet the caregiver where they are in their wellbeing journey
- Specific, impactful emotional supports through our Caring for Caregivers program and Wellbeing Resource and Referral Center, critically important during the pandemic
- A steadfast commitment to our caregivers, patients and community health by not hiring tobacco users or allowing tobacco use at any of our facilities
- A continued emphasis to provide an environment that supports making the healthy choice the easiest choice

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Healthy Choice Premium Discount Program

Poor nutrition, inactivity, tobacco use and excessive alcohol consumption are the key risk factors for developing chronic diseases, which impact 60% of Americans and are the leading cause of the United States' annual $3.5 trillion healthcare costs.[1] The American workforce spends a significant portion of their waking hours in the workplace and an increasing number of employers are investing in workplace health. According to the Centers for Disease Control, nearly 50% of U.S. organizations employing 10 or more people offered health or wellness programs to their employees in 2017.[2] Cleveland Clinic offers the Healthy Choice program to members of our Employee Health Plan (EHP), which includes over 104,000 members. The Healthy Choice program is a way for Health Plan members to take charge of their well-being, and 53% of EHP members participated in 2019.

Caregivers and their spouses who participate can improve their health and get up to 30% off their premiums by meeting personalized annual medical, nutrition or fitness goals. In 2019, nearly 650,000 caregivers and spouses were eligible for the Healthy Choice premium discount program. Individuals track progress toward their goals by tracking steps, active minutes or visits to fitness centers, or by participating in one of the chronic disease management programs depending on their health status. To help users track their progress, all Healthy Choice Program participants have access to a personal wellness portal where they can view their health goals, track progress from their step-counting devices and create fitness contests with other participants. To date, Cleveland Clinic has recorded more than 39,000 portal users.

The Healthy Choice program has encouraged EHP members to improve their health and wellbeing, leading to lower annual increases in healthcare premiums than the national average since 2009. For example, Cleveland Clinic Employee Health Plan premiums increased 3% in 2019 for the 2020 calendar year, compared to the national average of 5-8%.[3] Additionally, the Healthy Choice Program has contributed to the avoidance of over $850 million in healthcare costs since its inception. Benefits of our health and wellness programs to our members include decreases in our inpatient and emergency department admission rates, including members with diabetes, hypertension and asthma.

[1] National Center for Chronic Disease Prevention and Health Promotion, "About Chronic Diseases ," 23 October 2019, accessed 16 June 2020, cdc.gov/chronicdisease/about/index.htm

[2] Centers for Disease Control and Prevention, "Half of Workplaces Offer Health/Wellness Programs ," 22 April 2019, accessed 16 June 2020, cdc.gov/media/releases/2019/p0422-workplaces-offer-wellness-infographic.html

[3] National Business Group on Health, "Large Employers Double Down on Efforts to Stem Rising U.S. Health Benefit Costs which are Expected to Top $15,000 per Employee in 2020," 13 August 2019, accessed 16 June 2020, businessgrouphealth.org/who-we-are/newsroom/press-releases/large-employers-double-down-on-efforts-to-stem-rising-us

Healthy Living

Physically Fit

Cleveland Clinic has 14 on-site fitness centers enterprise wide that are free to caregivers. Additionally, several vendors nationwide offer discounts to our caregivers at their workout facilities through our total rewards employee benefits program. Through our Group Exercise Program, we offer a variety of free exercise classes at our fitness centers led by leading area instructors. Classes vary from high intensity aerobics to yoga, and by exercising as a group, we encourage caregivers to motivate one another to maintain their routines and achieve fitness goals. Other fitness programs we provide include:

- Annual health fair at Walker Fitness Center on main campus for caregivers and their family members ages 16 and up
- Personal Training sessions with a fitness specialist for a fee at our Walker Fitness Center at main campus
- Run Club, Run Club meetups and Virtual 10k Training Program
- Get Active events and annual 5k Employee Wellness Run/Walk
- Sunrise, sunset and lunch-time yoga classes for caregivers at 12 different locations across the enterprise, including several complementary classes
- Yoga on Demand and Strength Improvement videos for caregivers to practice as their schedule permits

Healthy Eating

Good nutrition supplies the body with important vitamins and minerals, which strengthen immunity, help prevent chronic disease and contribute to overall health. According to the National Center for Chronic Disease Prevention and Health Promotion, less than 10% of adults and adolescents eat the recommended amount of fruits and vegetables, and 90% of Americans ages two and up consume more than the recommended amount of sodium.[1] Cleveland Clinic is committed to offering healthy food options that support the wellbeing of our patients, visitors and caregivers.

To this end, Cleveland Clinic launched the Foods that YOU Love That Love YOU Back program in 2018 to provide healthier food and beverage offerings at our food service locations. Through this program, we are working to reduce and/or elimination the following from our food service offerings at all Cleveland Clinic facilities:

- Trans Fat
- Fried Foods
- High Fructose Corn Syrup
- Beverages with Added Sugar or Syrup
- Non-100% whole grains
- Sodium (greater than 80mg per serving)
- Saturated fats (greater than 4mg per portion)
- Processed red meats

Educational Programs

To support our caregivers on their wellness journey, we provide ongoing education opportunities, such as our Wellness Grand Rounds (a bi-monthly, one-hour presentation given by an expert in the field of wellness) and Wellness Connections (a monthly half hour presentation by a wellness professional). Caregivers who cannot attend a Wellness Connection can visit the Employee Wellness website and view past presentations in our Wellness Connection Video Library.

We also offer wellness toolkits, seminars and the following free online courses for caregivers:

- Go! to Sleep: A six week web-based program that employs "Cognitive Behavioral Therapy for Insomnia," a therapeutic strategy that helps patients to identify and then re-frame specific thoughts and behaviors that are interfering with their ability to sleep deeply.
- Stress Free Now: A six week program with relaxation tools, educational resources and daily strategies to decrease stress, build resilience and increase energy.

Wellness Champions

Wellness Champions work in collaboration with the Employee Wellness team to promote a culture of wellness within their teams and facilities. These enthusiastic individuals encourage participation in Cleveland Clinic Wellness programs by spreading the word about wellness events and programs, leading by example and serving as a point of contact to facilitate events at their locations. Champions meet for a monthly conference call where they receive updates about programs, facilities, resources and incentives that are available to caregivers to help them meet their wellness goals. In 2019, we had 215 Wellness Champions across the enterprise.

[1] *National Center for Chronic Disease Prevention and Health Promotion, "Poor Nutrition," 14 April 2020, accessed 17 June 2020, cdc.gov/chronicdisease/resources/publications/factsheets/nutrition.htm*

Healthy Environments

Green Transit

We support initiatives to reduce our transportation footprint because cleaner air means healthier communities. We offer caregivers a 20% parking discount for driving high-efficiency vehicles, as well as rebates on the purchase of a fuel efficient, hybrid or electric vehicle (up to $1,000 on a new vehicle or $500 on a used vehicle). To promote carpooling, we offer a carpooling discount and established a Gohio commute platform. By creating an account on this platform, caregivers can see the work schedules and locations of their colleagues who are interested in setting up a carpool, helping caregivers who may not have met before connect with one another. The platform also measures carbon emissions avoided from individuals who carpool, walk, bike or take public transit to work. We provide access to shower facilities and bike racks for caregivers who opt to bike to work, and have been expanding the amount of bike racks available at our facilities, especially in new construction.

Flexible Work Arrangements

We work with our caregivers to help them achieve a healthy work-life balance. For some caregivers, this may mean flexing their schedules to pick up children from school or daycare, and for other caregivers, it may be working from a different location one day per week. Caregivers can work with their supervisors and teams to establish arrangements such as telecommuting to offsite meetings, working from home, condensing their work weeks and flexing when they start and end their day to accommodate other engagements. An additional benefit of our Employee Health Plan is that it enables many caregivers to schedule healthcare appointments at their work sites and at times most convenient for their schedules.

Encouraging Family Fun

We ask that our caregivers treat the organization as their home and patients and fellow caregivers as family. We foster a sense of community among our caregivers by hosting events and activities for caregivers and their families to enjoy one another's company. In 2018, we held our first-ever Family Day at Progressive Field—home of the Cleveland Indians—with 33,000 caregivers and family members in attendance. In 2019, we held a Family Fun Day in Florida for over 3,000 caregivers and their families. These important events are a way to thank our caregivers, make new caregivers and their families feel welcomed as part of Cleveland Clinic and provide opportunities for attendees to make meaningful connections with one another.

Discount Programs for Employees

Cleveland Clinic has networked with regional and national vendors to provide an extensive suite of discounts on activities, products and services to our caregivers. Through our discount programs, we aim to help caregivers relax, enjoy time with family and friends and promote financial wellness and work-life balance. Discounts are available in the following categories:

- Arts & Entertainment
- Automotive
- Dependent Care
- Dining
- Education
- Family Friendly
- Financial
- Health & Wellness
- Housing
- In-House Offers
- Products & Services
- Sporting Events
- Stores
- Travel

One of our most popular discounts is an exclusive discount ticket offer for Cedar Point Amusement Park in Sandusky, Ohio, with caregivers purchasing more than 20,000 tickets annually. Through the TicketsatWork® program, caregivers can purchase tickets for Playhouse Square, Disney, Cleveland Orchestra, Blossom Music Center, the Rock & Roll Hall of Fame & Museum, Cleveland Cavaliers, Cleveland Indians and other family events and venues at a discounted rate. By offering discounts for local organizations, we encourage caregivers to support local businesses and discover assets around the Greater Cleveland area.

A Calming Environment

Cleveland Clinic's Art Program and Arts & Medicine help create serene, restorative environments for our patients, caregivers and visitors.
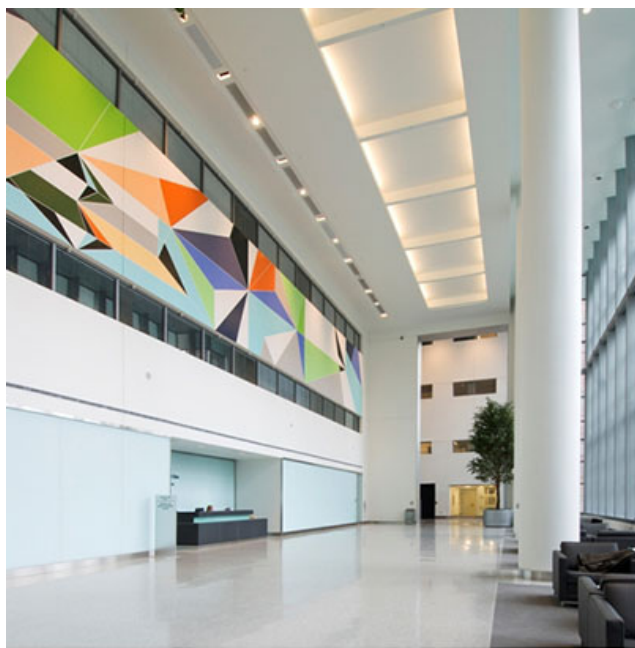
Sarah Morris, *Three Swans*, 2008, wall painting. Glickman Tower.
©Thom Sivo Photography

Cleveland Clinic's Art Program crafts engaging, meaningful interactions with contemporary art within a healthcare setting. Integral to the healing environment, the fine art collection of more than 7,000 works is shown in public spaces, hallways and patient rooms to activate and anchor spaces throughout Cleveland Clinic Enterprise. The art collection is designed to present a broad range of perspectives, promoting empathy and inclusion by making visible the diversity of patients, visitors and caregivers.

Our Arts & Medicine Institute was created for the purpose of integrating the visual arts, music, performing arts and research to promote healing. The team includes art and music therapists to aid in the wellbeing of patients during treatment of an illness. Additionally, regularly scheduled visits from performing artists such as musicians, choirs and dancers at our facilities provide therapeutic benefits that enhance the lives of our patients, visitors and caregivers.

During their time at our facilities, caregivers, visitors and patients of all faiths may also request services from our Center for Spiritual Care, which provides holistic and compassionate care through our clinically trained chaplains, holistic nurses and Family Liaisons.

Talent Development

Overview

Our Learning Culture

We learn for life. As caregivers, we grow and develop throughout our careers. We do so to enrich the lives of our patients, our team members and ourselves. That's the promise of lifelong learning: You get back what you put in. And that effort is what transforms healthcare for all.

We promote four qualities to encourage a learning culture at Cleveland Clinic:

CURIOSITY   OWNERSHIP   OPENNESS   COLLABORATION

We offer learning and development resources through our Mandel Global Leadership and Learning Institute that help caregivers excel and grow throughout their careers, including:

- New caregiver experience and onboarding
- New leader and executive onboarding
- Talent and performance management
- Assessments
- Coaching
- Facilitation and retreats
- Leadership and team consulting
- Social collaboration communities and resources

In 2018 we launched Connect Today—a cloud-based social learning and collaboration platform—to support our learning culture. This platform empowers caregivers to share information, stay informed and improve workflows. As of 2019, caregivers created more than 140 active online communities spanning multiple departments and institutes on Connect Today, and more than 32,000 caregivers registered to use the platform.

Career Growth Pathways

In 2019, Cleveland Clinic was excited to launch four career growth pathways based on caregiver research and feedback:

- **Enrichment:** growing in an individual's current role
- **Exploratory:** learning about other roles of interest
- **Lateral:** moving sideways into a position that offers new challenges
- **Vertical:** moving up in the organization.

To assist caregivers in identifying the pathway best suited to their career development goals, we developed a self-assessment tool and a Career Development Getting Started Guide. Once a caregiver has selected a pathway, they will receive access to a suite of resources and a workbook with activities. Each pathway has developmental steps, along with an online community where caregivers can collaborate with one another at work and after work to grow and develop together. Each pathway contains 5–7 hours of material that caregivers can complete at their leisure. Once completed, caregivers will have access to actions they can take to continue developing in their selected path, including how to have developmental conversations with their manager.

Cleveland Clinic also supported caregivers' professional development in 2019 by offering them access to thousands of online courses through a partnership with LinkedIn Learning. To promote the platform, we held several webinars to provide an overview of LinkedIn Learning and how to access it, and also recommended relevant courses as part of our four career growth pathways.

Development Opportunities

Cleveland Clinic is an organization of lifelong learning where we encourage our caregivers to achieve their full potential. By supporting a learning culture, our caregivers grow in ways that enrich their own lives and improve how they care for patients and one another.

Our Learning Culture

We promote four qualities to encourage a learning culture at Cleveland Clinic:

Curiosity
Caregivers are forever curious to learn from others

Ownership
Caregivers own their plans to grow and develop

Openness
Caregivers embrace change and the opportunity it brings

Collaboration
Caregivers openly share knowledge and collaborate as one

We prepare every caregiver to take responsibility their professional growth by providing a suite of resources through our Global Leadership and Learning Institute that best suit caregivers' individual goals for improvement and advancement, including:

- An extensive suite of courses to support continuous learning, including online, in the classroom and on-the-job formats
- Coaching and mentoring programs
- Team and leadership development assessments
- Talent management resources, including formal reviews and tools to establish and track objectives and key results
- Technical training in all clinical and technical fields
- A diversity of ongoing lectures, speaker series, grand rounds, conferences and symposia featuring thought leaders covering best practices and salient healthcare industry issues
- Robust development programs for current, emerging and aspiring leaders

Mandel Global Leadership & Learning Institute (GLLI)

A New Name and Location for Mandel GLLI

A generous gift from the Jack, Joseph and Morton Mandel Foundation in 2019 enabled Cleveland Clinic to create the Jack, Joseph and Morton Mandel Global Leadership and Learning Institute. Located within our Health Education Campus, the newly created institute will advance experiential learning, simulations, assessments and research-driven content to prepare leaders from around the world to solve future healthcare delivery issues.

The gift also supported the creation of the Jack, Joseph and Morton Mandel Global Leadership and Learning Pathway. This training initiative will be housed within the Mandel Institute, and will support top-performing Cleveland Clinic caregivers and cultivate them for future executive leadership roles throughout the organization. This grant makes it possible to create an intensive leadership development experience uniquely developed for Cleveland Clinic leaders. The pathway will align to Cleveland Clinic leader behaviors: Drive Results, Lead Change, Inspire and Coach, Connect Teams and organizational values: Quality & Safety, Empathy, Teamwork, Integrity, Inclusion, and Innovation. The leader behaviors and organizational values serve as a foundation for the education, assessments, experiential learning and mentoring frameworks that will be components of the pathway.

Learning Strategy

At Mandel GLLI, we provide caregivers the tools and resources to own their development and grow in their careers at Cleveland Clinic. We inspire Cleveland Clinic leaders and caregivers through our offerings of learning expertise, experiences and exposures; driving a learning culture rooted in the Cleveland Clinic Values, Leader Behaviors, and Care Priorities. Our team of experts in leadership, organizational and professional development, learning and technology are dedicated to crafting, delivering and supporting the continuous development of our caregivers.

Our four Learning Priorities for our caregivers are as follows:

- **Coach:** Helping caregivers grow through the observations and developmental conversations of their leaders and peers
- **Change:** Helping caregivers understand the behaviors needed as we grow, become more Global, and venture into new care areas for our patients
- **Team:** Helping leaders and followers learn the best ways to work together
- **Thrive:** A focus on how caregivers' approach to their work impacts their patients, team, and the organization

In 2019, the Mandel GLLI offered more than 354 eLearning courses and 149 seminars to help caregivers build the necessary knowledge and skills to excel their current positions and advance in their careers. A total of 4,870 caregivers participated in our learning programs, People Leader series and high potential programs designed to develop the next generation of healthcare leaders. In 2019, 91% of caregivers set development goals, 60% of caregivers completed mid-year reviews and 99% of caregivers completed annual performance reviews.

Total Rewards

Our vision is to become the best place to work in healthcare and improving the caregiver experience is one of our top priorities. To attract and retain top talent, we offer a competitive benefits package that provides added value equivalent to approximately 30% of a caregiver's base pay on average. Benefits include multiple health and dental plan choices, vision and prescription drug coverage, life and disability insurance, flex spending, partner benefits, 403(b) investment and pension plans, wellness programs, tuition reimbursement, career development and more. In 2019, we announced that we would raise our minimum wage to $15 per hour at locations not covered by preexisting contracts. Additionally, Cleveland Clinic was proud to announce that by April of 2020, we will offer fully paid time away to eligible new parents. This benefit includes eight weeks of maternity leave for the mother following childbirth plus four weeks of parental leave, and four weeks of parental leave for the other parent.

- Learn more about Total Rewards through our 2019 One HR report

Tuition Reimbursement

To empower caregivers to build upon their knowledge, strengths and skills, we offer a tuition reimbursement program toward the completion of graduate and undergraduate degrees. All caregivers who have been employed for a year or more are eligible for financial support, which is provided via reimbursement at the end of each semester contingent upon students completing their approved coursework. Encouraging our caregivers' educational pursuits enables us to attract and retain top talent and provide the best care for our patients.

In 2019, 3,096 caregivers participated in the program and received $11 million in reimbursements.

Annual Maximum Cap Allowance

Type of Degree	Nursing Major	Non-nursing Major	Physician Assistant Major
Graduate, Doctorate & PhD	Full Time: $7,500 Part Time: $3,750	Full Time: $4,500 Part Time: $2,250	Full Time: $7,500 Part Time: $3,750
Bachelor	Full Time: $5,000 Part Time: $2,500	Full Time: $3,000 Part Time: $1,150	Full Time: NA Part Time: NA
Associate	Full Time: $2,500 Part Time: $1,250	Full Time: $1,500 Part Time: $750	Full Time: NA Part Time: NA

Cleveland Clinic collaborates with EdAssist™ to schedule and facilitate onsite and online college fairs and to process tuition reimbursement requests.

Community

Cleveland Clinic is committed to helping our communities thrive. As a nonprofit multi-specialty academic medical center with a proud history of serving our neighborhoods, we continue to prioritize the health and wellbeing of our community members through a comprehensive set of opportunities. Cleveland Clinic provides Community Benefit through clinical services, medical research and education.

Community Health Strategy

Our community health strategy (CHS) is based upon 3 main principles as we partner with our community based organizations to provide optimal opportunities for the communities in which we work, live and play to thrive.

- Responsive to local needs
- Creating a measurable improvement to well-being
- Providing lifelong engagement through educating, hiring and healing

The programs provided are all in alignment with the Community Health Needs Assessment (CHNA), evidence-based and use the social determinants of health to deliver measurable impact. There are two overlapping and intertwined arms to the CHS which drive our programs in our four identified regions that represent all of our Hospitals and Family Health Centers in Northeast Ohio- east, west, central and south.

Anchor Institution Initiatives

The Cleveland Clinic has adopted an Anchor mission strategy which is a place based approach to address health outcomes based upon underlying social determinants. The goal is to align resources such as hiring, purchasing and investing to create a larger impact in a given community.

Public Health Programs

As a healthcare institution, it is our mission to address and improve the overall health and wellbeing of our community. Our goal with the CHS is to measurably improve key health indicators that are prevalent based upon our CHNA priorities as well as identified emergent needs such as substance abuse and infant mortality.

Our Stories

Learn more about the impacts of our public health programs and anchor institution initiatives in 2019

Advocacy & Policy

Through our advocacy of healthcare delivery system reform at the local, state and federal levels, we strive to improve access and quality of care. Learn more.

Anchor Institution Initiatives

K-12 Education

Community Relations offers resources and programs that support success in the classroom and beyond; empowering our youth to become Northeast Ohio's next generation of leaders.

Overview

Education and workforce development are in our Cleveland Clinic DNA. Cleveland Clinic works to improve health and wellness, promote academic achievement and foster career preparedness for students in grades pre-K through 12. Our Clinic-Based, School-Based and Connected Learning programs provide a wide range of authentic learning experiences at Cleveland Clinic facilities, in schools and through technology-mediated activities. Aligned with academic content standards and centered on real-world applications, these programs leverage organizational resources and community partnerships to support student success, both inside and beyond the classroom, empowering our community's next generation of leaders.

School Based Programs

New name, same mission for youth education

Since 2005, Cleveland Clinic Civic Education has worked to improve health and wellness, academic achievement and career readiness for students in grades K through 12. And, it still will—just under a new name. As K–12 Education, the team will continue its award-winning, nationally recognized work to advance student success, both within and beyond the classroom, to empower our community's next generation of leaders.

Caregivers engaged 15,000+ students through K–12 School Programs

In 2019, Cleveland Clinic K–12 Education's School Programs engaged a record 15,617 students from 190 schools across 6 states, producing measurable improvements in the areas of health literacy, academic achievement and career readiness—and representing an 86% increase in students participation over 2018. The reach and impact of these authentic learning experiences, which are facilitated by caregivers both on-site at schools and online through webinar technology, exemplify Cleveland Clinic's commitment to youth education and the well-being of the communities we serve.

"Awesome" growth for connected learning School Program

2019 marked the sixth year of Adventures in Health Science and Medicine® program—or AHSM® (pronounced "awesome") for short. As a series of connected learning experiences designed to promote learning about health science and medical professions for middle school students, AHSM features an ongoing case study, hands-on activities and collaborative discussions facilitated by Cleveland Clinic caregivers.

Historically, each cycle of AHSM engaged students from 8 area middle schools. However, with an increased demand among K–12 educators, the School Programs staff worked diligently to nearly double the size of the program, engaging 15 schools this past year.

To expand the reach of this impactful program to even more students in more communities, the K–12 School Programs team has created a turnkey version of AHSM that other healthcare organizations can license to help achieve their own workforce development and community benefit goals. In fact, in 2019 the department entered year three of its licensing partnership with Reading Hospital (Tower Heath) in Reading, PA, and is currently in talks with other organizations.

2020 eXpressions
Where Research and Creativity Meet
SCIENCE - ART - LANGUAGE - MATH

focus
on community health

An eXciting opportunity for girls (and boys) in STEM

The eXpressions® program engages middle and high school students in the creative exploration of science and medicine. Through project-based, peer-to-peer learning, students translate Cleveland Clinic research projects, producing artistic, literary and mathematical interpretations of the science.

In the spring, four students from Notre Dame-Cathedral Latin whose project was showcased in the 2018-2019 eXpressions eXhibition caught the attention of local news station WKYC-TV 3. The four young women and their Best in Show-winning math project, entitled "Floating Body of Hand Washing," were featured on Betsy Kling's segment, Girls in STEM, as part of the "Donovan Live" show.

This fall, as part of the 2019-2020 program, nearly 1,500 students from 59 schools submitted 1,410 creative interpretations of research focused on important community health topics. The award-winning projects, which will be exhibited for six weeks and published in the program's annual booklet early in 2020, will help inform, educate and inspire the community at large to make a positive impact on public health.

WORLDWIDE CLASSROOM®

Worldwide Classroom®

This program includes free, interactive, real-time courses delivered through video conference or live stream technology that address a wide range of important health topics and healthcare careers for regional and national middle and high school-aged students. Educators can register their students to participate in one or all of the courses offered through the program's two unique learning series—Hot Topics and Meet the Caregivers.

- Hot Topics courses explore an array of important health topics, with one health topic being spotlighted each month.
- Meet the Caregivers courses showcase the work of Cleveland Clinic caregivers whose careers relate to the health topics being spotlighted each month in the Hot Topics courses.

Internships

Cleveland Clinic's K–12 Education Team offers annual paid summer experiences and internship programs to support our chief aim of Youth Education Leading to Workforce Development. Post high school and/or college graduation, participants in our programs have been hired as caregivers into clinical and business-related roles at Cleveland Clinic, and gained acceptance to (and graduated from) Cleveland Clinic's Lerner College of Medicine. Many have published and presented research along with their Cleveland Clinic mentors. These programs have proven to be rewarding for students, families, schools, mentors and the organization.

2019 marked 15 Years of Opportunity, Advancement, Experience, Confidence, Transformation and Growth.

Then (2005)	Now (2019)
42 students	2,246 students impacted by our programs
25 schools	225 schools have participated
8 cities/communities	159 cities/communities have been involved
Participation started with 1 county	8 counties now participate
1 internship program - Science Track	4 internship programs and 15 career tracks
42 mentors - mentors contributed 15,120 hours	1,632 mentors to date - mentors have contributed over 587,520 hours

Community Relations' internship programs give Northeast Ohio middle and high school students the opportunity to learn and work alongside world-renowned caregivers at Cleveland Clinic's Main Campus, Regional Hospitals and Family Health Centers.

Through their experiences in the internship programs, students gain exposure to healthcare fields and careers, cultivate their 21st century skill set through hands-on learning opportunities and find practical, real-world applications for their academic knowledge.

These programs promote learning in health and wellness, the arts, innovation, financial literacy and more. Each program is formulated to inspire students to embrace a variety of disciplines as keys to success, and to foster skills that will help them become life-long learners.

• Healthcare+ Pathways® Internship Program (8th grade students)
• NEOREMA™ Internship Program (9th grade students)
• Louis Stokes Workforce Readiness Internship Program (9th grade students- 12th grade students)
• Health Horizons Internship Program (10th and 11th grade students)
• Science Internship Program: Applied Medicine, Creative Learning, Laboratory Medicine, Nursing Care, Pharmacy, Public Health, Radiology, Respiratory Care and Translational Medicine (10th and 11th grade students)

2019 Internships Metrics At-a-Glance

- **97%** Overall intern completion rate
- **94%** Matriculation of Stokes Senior Scholars to higher education and/or employment
- **224** Students impacted
- **6** College interns supported programs
- **1092** Community Service Hours
- **56** Cereal Boxes donated for CC Cereal Box Day
- **2** Science interns admitted to CCLCM

Stokes Scholars Hired
- **2** hired as Caregivers
- **1** hired as Contracted Employee
- **1** hired as College Intern in HR

Mentor Metrics
- **96** participating departments/institutes
- **24 (25%)** of total participating depts./institutes were new
- **84,738** Mentor hours in one summer
- **267** Caregiver Mentors

Neighborhood Impact by Focus Areas
- **Ward 6** 14 students impacted
- **Ward 7** 14 students impacted

- **$305,000** Philanthropic Support

2019 marked the graduation of the first cohort of Stokes Scholars with 94% of them moving on to higher education opportunities, military and/or employment upon graduation.

PLEASE NOTE: Community Relations does NOT offer college-level or graduate-level internship programs

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Economic Development

Overview

As an academic medical institution anchored in the community, Cleveland Clinic is committed to leveraging its economic power and resources for the mutual benefit of the Institution and the communities where we are located.

Community Partnerships

Community Relations partners with key community organizations to provide a meaningful and measurable experience for our communities. Working with these partners to identify, connect and provide the resources they need to thrive builds a sense of trust and community.

Community Service Time Off (CSTO)

Cleveland Clinic has a long-standing history of caring for our communities by supporting efforts to:

- Improve personal and community health and well-being
- Expand educational and workforce development opportunities
- Invest and participate in economic development initiatives

In 2019, to further demonstrate Cleveland Clinic's commitment to the communities we serve, the department of Community Relations launched the Caregiver Community Service Time Off program (CSTO), a new initiative that gives caregivers across the enterprise a one-time opportunity each year to use up to four paid hours providing service at an approved community partner organization. This benefit, unique among health care providers in the US, launched in April 2019 and is now in place at all Cleveland Clinic sites in North America. Through the end of the year, more than 1,800 caregivers provided 6,500 hours of community service.

Community Partnerships & Event Sponsorship

Cleveland Clinic's community outreach efforts, collaborations and sponsorships have included on-the-ground programs, hands-on community service experiences, health & wellness education sessions, health screenings and navigation, and funding investments for requested programs, activities and events. These alliances annually involve and support over 250 community partners, non-profits, community resource centers and other organizations wherever the Clinic has a presence.

The focus of Community Relations continues to be connecting with our communities and residents through a variety of neighborhood-based partners and social organizations, schools, houses of worship and other sites to consistently engage in discussions about local health needs and create action plans to connect young and old alike with the medical, social and economic resources that will empower them to transform their own health and well-being, as well as that of their communities. This is standard throughout all Cleveland Clinic locations.

An approved partnership request in 2019 focused on sustainable program(s) to impact and improve the health and well-being of the communities Cleveland Clinic serves in the United States. An event or sponsorship request approved in 2019 was specific to a health and wellness-related attraction or engagement in each community. Essential elements for investment include providing community education for people of all ages; Enhancing Economic Vitality; and Supporting Workforce Development. With the ever-changing landscape in health care and services, the dynamic is changing from "sick" care to "health" care. As such, the health of a community is not determined solely on physical well-being, but on all the factors that go into the experience of living, working and thriving in the communities where our patients, caregivers and families reside. Cleveland Clinic is committed to working with individuals and organizations that understand this reality, and these social and environmental determinants are considered within the framework of any request for support.

Greater University Circle Initiative (GUCI)

This collaboration addresses the specific challenges of some of Cleveland's most disinvested neighborhoods—Hough, Glenville, Fairfax, Central, Buckeye-Shaker, Little Italy and East Cleveland. In 2005, the Cleveland Foundation convened the leaders of key anchor institutions—Cleveland Clinic, University Hospitals, and Case Western Reserve University—as well as the City of Cleveland and other partners to undertake the difficult task of creating "jobs, income and ownership opportunities" for all Greater University Circle residents.

The leaders set four goals:

- Buy Local—increase the capacity and use of local businesses.
- Hire Local—link residents to jobs and income opportunities.
- Live Local—attract new residents and support existing residents in quality housing.
- Connect—connect people, neighborhoods and institutions in a vital network.

In many cities like Cleveland, anchor institutions have surpassed traditional manufacturing corporations to become their region's leading employers. Cleveland Clinic is currently Ohio's largest employer and recognizes the important role it plays as an anchor institution in the local economy.

There have been some remarkable early successes, including:

- A leadership table that is the forum for collaboration for GUCI;
- An evolving local procurement program to funnel purchasing power to local businesses;
- The creation of the Evergreen Cooperatives (three employee-owned businesses that aim to create wealth in GUCI neighborhoods);
- Workforce training programs;
- A Greater Circle Living employer-assisted housing program;
- A comprehensive community engagement strategy emphasizing the power of networks; and
- Hundreds of millions of dollars in new real estate development that have boosted the area's commercial and residential base.
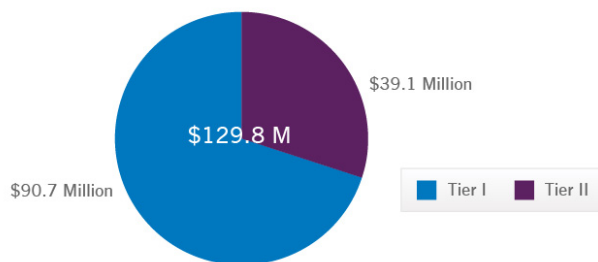
Local and Diverse Spending

We support our local communities by sourcing products and services from diverse and local suppliers. In 2019, our procurement budget was nearly $3 billion, of which 26% was invested in suppliers within Cuyahoga County, and of that 26%, one quarter was spent with suppliers located in the City of Cleveland.

Through our Supplier Diversity strategy, we focus on increasing procurement spend with businesses that are at least 51% owned and operated by minorities, women, veterans, service-disabled veterans, individuals identifying as LGBTQ and/or are Historically Under-utilized Business Zone (HUBZone) certified. Elements of our strategy include identifying and sharing procurement opportunities with diverse businesses across the enterprise (including Tier II opportunities with our contracted vendors), providing mentorship and learning resources to diverse suppliers to support their continued growth and development and collaborating with professional organizations and leadership at the local, state and national level to create a network and targeted programming that supports diverse businesses.

In 2019, our diverse supplier spend was approximately $130 million, and over the last decade, we have spent approximately $1.1 billion on products and services from certified diverse suppliers.

2019 Supplier Diversity Spend

$39.1 Million

$129.8 M

$90.7 Million

Tier I   Tier II

Diverse Vendor Spend

Legend:
- Minority Owned
- Women Owned
- Veteran Owned
- Tier II*
- Total

2014: $90 M
2015: $101 M
2016: $131 M
2017: $122 M
2018: $159 M
2019: Minority Owned $51 M, Women Owned $37 M, Veteran Owned $2 M, Tier II* $39 M

Local Procurement

$193 Million
$2.17 Billion
$568 Million

Vendors in the City of Cleveland
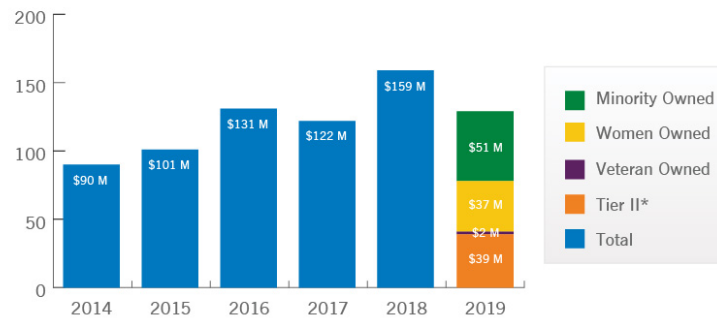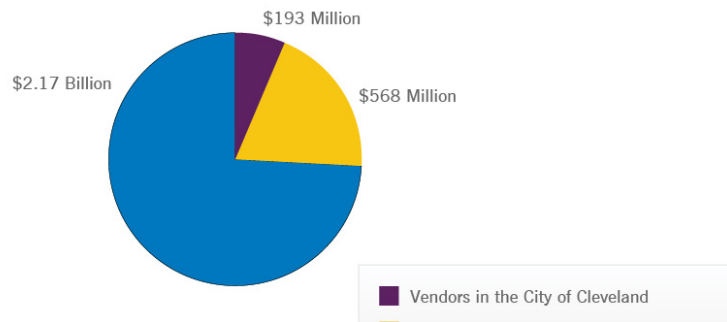
Public Health Programs

Healthy Communities

Healthy Communities Initiative (HCI)

The Healthy Communities Initiative (HCI) fosters collaboration between Cleveland Clinic and community partners to promote optimal health and wellness. Based on the community health needs assessment and utilizing combined resources within our local communities, Healthy Communities Initiative programs will be customized around four core areas: physical activity, nutrition, tobacco cessation and lifestyle management.

Disease prevention is at the core of the how the U.S. will improve the health care system. External forces are simultaneously putting pressure on the system to reduce cost, improve quality and implement value-based payment programs. Providers are expected to go outside the walls of their institutions and play a prominent role in keeping people well, promoting health and leading public health initiatives. So in addition to providing world class care, Cleveland Clinic's responsibility as an anchor institution is to provide the tools to our community to empower people to be more accountable and responsible for their own well-being. With this in mind, Community Relations is working to better advance the health of the community.

Our goal is to transform the health and wellbeing of the communities in which we work, live and play. We have defined a transformed community as one in which empowered individuals work together to maintain and improve their health.
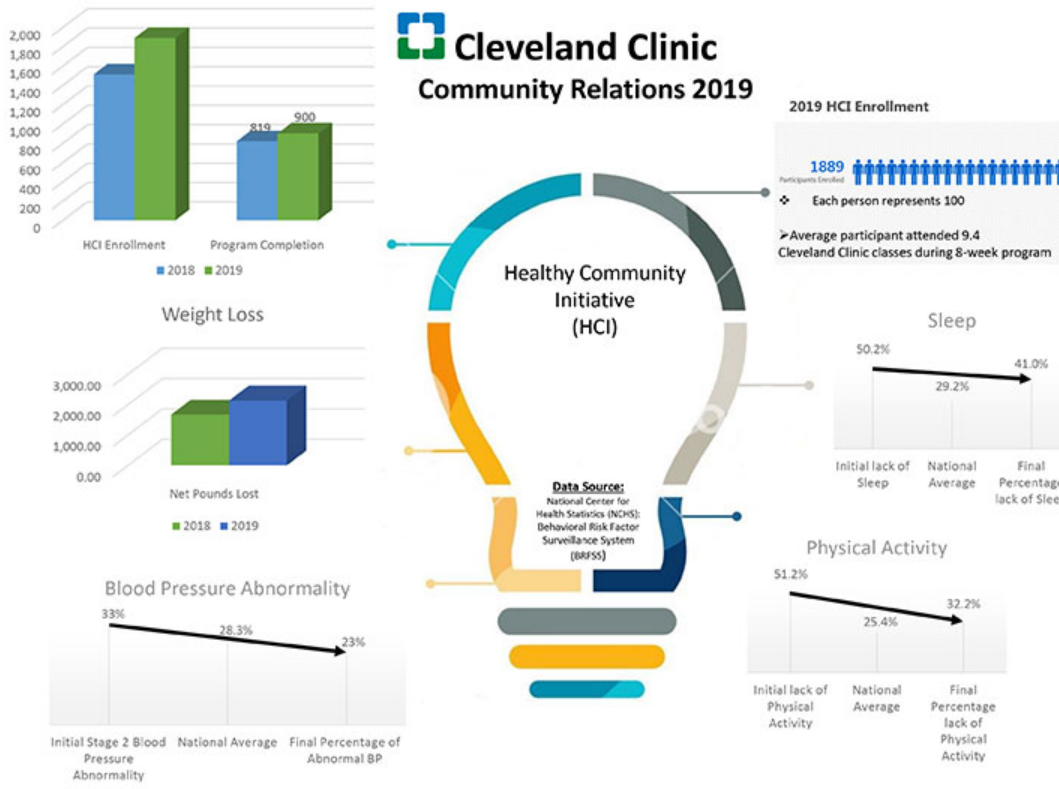
The Healthy Communities Initiative (HCI) focused on recruiting and engaging community members in an eight week health challenge that we measured by tracking BMI, blood pressure and weight change.

ENGAGEMENT PLATFORM GOALS: WE MEET THE PARTICIPANTS/COMMUNITIES WHERE THE ARE ON THEIR JOURNEY TOWARDS BETTER HEALTH AND WELLNESS.

- **There are multiple levels of engaging participants/communities in our health challenges** Dynamic programming built for fun whether at the individual level or population level Includes education on nutrition, exercise, mobility sleep, hydration, recipes, videos, social interaction, incentives as the participants learn to move more, eat better and make positive lifestyle changes.
- **Level 1:** Core Challenge: Come to free education classes that support your well-being journey
- **Level 2:** Comprehensive Challenge: come and participate in an 8- week challenge and choose your own educational classes to support your health journey
- **Level 3:** Total Commitment Challenge: start with 8 week group challenge that starts with community activity, mindfulness, results-oriented goal setting, friendly competition with your neighbors, family and friends that includes a combination of physical activity, nutrition classes

Our caregivers have a chance to address and teach about issues gathered from the tri-annual Community Health Needs Assessment (CHNA), which points to community concerns around diabetes, heart disease, hypertension, etc. Many individuals participate in the health challenges for 2-3 sessions with a smaller percentage continuing to attend after the initial sessions. Our caregivers have 12-18 opportunities per year to equip community members with the tools and minformation they need to make healthy choices now and later. Essential topics taught include: know your numbers, label reading, meal planning/prepping, exercise basics (aka finding the exercise you like that works for you), diabetes prevention/control, healthy heart habits, managing hypertension, sleep, stress management, journaling/tracking and more.

As health care moves from a traditional clinic-based model of care to one that reaches patients where they are in the community, Community Relations is positioned to facilitate the transition from a sick care model to well care.

Cleveland Clinic — Community Relations 2019 (Healthy Community Initiative infographic)

The Healthy Communities Initiative was retired in 2020.

- [If you are having trouble reading the image above, view a pdf of the data.](#)

Women's Health / Men's Health

Mammography Clinic at the Langston Hughes Community Health & Education Center

The Mammography Clinic provides breast exams, women's health education and more. Breast Exams and mammogram screenings are usually covered under most insurance plans. Cleveland Clinic offers financial aid for the uninsured and underinsured. Financial responsibility is determined by completing the financial assistance application. The Mammography Clinic is offered through a collaboration between Community Relations and Taussig Cancer Institute.

To schedule an appointment, please visit clevelandclinic.org/mammographyclinic, or call 216.444.2626 and indicate you would like a mammogram at Langston Hughes Community Health & Education Center.

Women's Health Clinic at Langston Hughes Community Health & Education Center and South Pointe Hospital

A warm, welcoming environment for all. Free, comprehensive and confidential care, including: routine women's health exams, preventative screenings, contraception and more.To schedule an appointment, please visit clevelandclinic.org/womenshealthclinic

Come Learn with Us!

A wide variety of topics are available for health talks in the community. To join us for an upcoming program, please visit clevelandclinic.org/comelearnwithus, or email us at letsmoveit@ ccf.org.

Fitness Classes

Our interactive fitness classes get people active and moving. No matter where you are on your fitness journey, we have classes to help you reach your goals so you can live a happier, healthier life. Classes are open to people of all ages and abilities at the Langston Hughes Community Health and Education Center and also at Stephanie Tubbs Jones Family Health Center.

To join us for an upcoming program, please visit clevelandclinic.org/fitnessclasses

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Maternal Infant Mortality

The Cleveland Clinic is a founding partner of First Year Cleveland and maintains a board of directors' seat currently occupied by Rebecca Starck, MD, president CC Avon Hospital and member of the Women's Health Institute. Working in conjunction with First Year Cleveland, the Task Force focuses on the priority areas of racial disparities, prematurity and safe sleep by participating in First Year Cleveland Action Teams.

First Year Cleveland GOAL:> By 2020, our community will reduce Cuyahoga County's infant mortality rate from 10.5 in 2015 to 6.0 by mobilizing the community through partnerships and identifying a unified strategy centered on reducing racial disparities, addressing extreme prematurity and eliminating sleep-related infant deaths.

On November 29, 2019 The Ohio Department of Medicaid awarded First Year Cleveland a two year grant of $4.8 Million dollars to fund activity to reduce infant deaths.

Key successes:

- Hosted 140 participants total at 4 sites (STJFHC, Lakewood, Columbia, South Pointe) in Centering (a group prenatal care model that is proven to lead to better health outcomes for babies and mothers by bringing expecting parents together for interactive learning and community building)
- Maintained steady Centering enrollment at Stephanie Tubbs Jones Health Center (STJFHC) from 2018 to 2019 (43 participants)
- Established Centering at South Pointe Hospital and hosted 4 groups (16 participants)
- Held 4 CCF Baby Shower programs at East Cleveland, Warrensville and Maple Heights with over 217 families in attendance, and reached 400 families at the Lorain County Community Baby Shower
- Multiple Community Collaborations, including a Radio One Day at the Cleveland Metroparks Zoo that reached over 1,200 pregnant women and families
- Safe Sleep Training: 5,960 caregivers trained to be Safe Sleep Heroes in 2019
- Pregnancy Emergency Information Card approved and disseminated throughout the Women's Health Institute for use with all Obstetric Patients
- Infant Mortality Task Force members are actively participating with the Fetal Infant Mortality Review Action Team, First Year Cleveland, Ohio Equity Institute and Healthy Cleveland
- Awarded over $100K in grant funding to support Infant Mortality Initiatives

Learn more about our work in addressing the opioid crisis in 2019.

Opioid Awareness Education

The Opioid Education and Prevention committee is made up of caregivers from across the Enterprise with a passion for educating the community on opioids and substance abuse.

Key accomplishments for 2019 include:

- Distribution of over 2,500 Deterra bags to the community to encourage and promote proper disposal of unused medications
- Presentations to 10 senior centers on the proper disposal and storage of medication
- Caregivers made Nix Opiates presentations to over 1,200 students
- Collaboration and agreement created with Rachel's Angels to expand programing to Cuyahoga County
- Hosted Operation Street Smart educational forum after receiving a grant to bring the program to the area

Our Stories

Public Health

Addressing the Opioid Crisis

In 2018, the most recent year with available data, prescription opioid-related deaths in Ohio decreased by 22.7% compared to 2017.[1] We continued to address the ongoing opioid crisis through advocacy and policy work, as well as through our partnership with the Northeast Ohio Hospital Opioid Consortium.

The Northeast Ohio Hospital Opioid Consortium is a partnership between The Academy of Medicine of Cleveland and Northern Ohio, The Center for Health Affairs, Cleveland Clinic, MetroHealth, Northeast Ohio VA Healthcare System, St. Vincent's Charity Medical Center and University Hospitals. David Streem, MD, Medical Director of the Alcohol and Drug Recover Center, began his two-year tenure as the Consortium's physician chair in January 2020. The Consortium serves as a model hospital system-based and physician-led consortium that aims to reduce the impact of the opioid crisis through:

- Education of hospital employees across the healthcare continuum
- Use of medication-assisted treatment (MAT)
- Expanded distribution and use of Naloxone
- Sharing and implementing evidence-based alternative pain management practices
- Promoting policy changes
- Increasing opioid prevention efforts

In 2019, the Consortium launched an online opioid education program for nurses and an online Naloxone (a medication used to prevent many life-threatening effects of an opioid overdose by blocking opioid receptors in the brain) toolkit. Additionally, members of the Consortium continued to improve access to Medication-Assisted Treatment (MAT) by increasing the number of physicians and other providers trained in providing this treatment. Cleveland Clinic offered mentoring opportunities to caregivers interested in building knowledge and skills in treating patients with opioid addiction by connecting them with experienced MAT providers.

Tomislav Mihaljevic, MD, Cleveland Clinic CEO and President s peaking with U.S. Surgeon General Jerome M. Adams, MD, MPH

Other actions Cleveland Clinic took in 2019 included:

- Cleveland Clinic established an Opioid Awareness Center to support its caregivers and their families, who may be suffering from Opioid Use Disorder (OUD).
- Reduced opioid prescribing for all patients by 11.8% and opioid prescribing for new mothers by 90% compared to 2018
- Increased prescribed naloxone from 475 units in 2018 to 6541 units in 2019
- Increased dispensed naloxone from 17 units in 2018 to 516 units in 2019
- Provided educational talks to over 4,000 people and distributed more than 2,500 drug deactivation bags for safe prescription drug disposal at home
- Cleveland Clinic's Emergency Department at Lakewood and Lutheran connected patients struggling with OUD to recovery specialists through Project SOAR (Support Opiate Addiction Recovery), a peer support program. These programs allow medically cleared patients the opportunity to speak with a peer support specialist, rapidly increasing access to treatment and recovery support.
-     Overdose calls in Lakewood dropped from 107 to 67 from 2017 to 2018, and were down to 51 as of November 21, 2019.
- Overdose calls in Lutheran dropped from 155 to 67 from 2017 to 2018, and were down to 51 as of November 21, 2019.
- During the first ten months of 2019, Cleveland Clinic collected 1,851 pounds of unused opioid medications.
- Hosted U.S. Surgeon General Jerome M. Adams, MD, MPH at main campus on May 29, 2019 for our Heart and Vascular Institute (HVI) Grand Rounds and panel discussion to discuss the opioid epidemic with our caregivers
- The panel discussion was moderated by Lars Svensson, MD, PhD, Chairman, HVI and panelists included: Dr. Adams; Cleveland Ward 6 Councilman Blaine Griffin; Adam Myers, MD, Chief, Population Health and Director, Cleveland Clinic Community Care; Gosta Pettersson, MD, Director, Endocarditis Center; Steve Gordon, MD, Chairman, Infectious Disease; David Streem, MD, Medical Director, Alcohol and Drug Recovery Center; and Brendan Patterson, MD, Chairman, Orthopedic Surgery and Chair, Cleveland Clinic Pain Management Committee

Minority Men's Health Fair Provides Expert Care to Our Communities

Cleveland Clinic has hosted the Minority Men's Health Fair for 17 years. This year, in an effort to reach more minority men, we expanded the event across four locations simultaneously: main campus, Akron General, Lorain Family Health and Surgery Center and Lutheran Hospital.

A total 650 volunteers dedicated their time and talent to make the fair successful, with 48 Cleveland Clinic departments represented and a record number of individuals in attendance. Since the event's beginning, more than 17,800 men have attended the health fair and have undergone more than 50,000 screenings.

In addition to free health screenings, attendees also receive information on topics such as prostate cancer, blood pressure, cholesterol, kidney function, diabetes (blood sugar), heart disease, Hepatitis C, HIV, lung health, skin cancer, vision and dental screenings, oral cancer, stress/depression, body mass index and wellness. This critical event helps us care for our communities, providing life-saving screenings regardless of race, ethnicity, gender or any other status.

Cleveland Clinic Healthy Communities Initiative

The Healthy Communities Initiative (HCI) is a response to the Community Health Needs Assessment and is a means of directly impacting the health and well-being of the cities and communities served by Cleveland Clinic.

The Health Challenge is the signature program of the Healthy Communities Initiative. It is a collaborative effort between Cleveland Clinic and community partners to engage individuals in the community to help manage chronic conditions and promote a healthier lifestyle. Neighborhood residents representing each area acquire points by attending health and wellness classes and events held at partner locations.

In 2019, Cleveland Clinic held 17 different 8-week challenges impacting individuals in 59 different zip codes throughout Northeast Ohio. The average age of the 1,889 participants in the challenges was 60 years old, and the average participant completed 9-10 classes during the challenge.

Participants in the challenge improved health outcomes by:

* Losing a total of 2,133.7 pounds
* Decreasing lack of sleep by 9%
* Increasing physical activity by 19%
* Reducing abnormal blood pressure by 10%

Infant Mortality

Safe Sleep Heroes for Babies

Cleveland Clinic caregivers and other community businesses are part of a communitywide collaborative to reduce infant mortality deaths in Cuyahoga County by educating the community on safe sleep practices. Sleep-related deaths are the second leading cause of infant deaths in the US. In the past decade, more than 200 babies in Cuyahoga County in Ohio died from preventable sleep-related causes, almost all of them through accidental suffocation.[2] To raise awareness about safe sleep practices, the Safe Sleep Heroes Action Team of First Year Cleveland created an online module.

The ABCDs of Safe Sleep highlighted in the module are:

* Alone
* On their Back
* In an empty Crib
* Don't smoke

In 2019, Cleveland Clinic offered this module to caregivers on our MyLearning platform, as well as community members to increase the number of safe sleep heroes in our communities.

[1] Ohio Department of Health, "Drug Overdose," accessed 8 June 2020, odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/Drug-overdose/
[2] First Year Cleveland, "Safe Sleep Heroes Program," accessed 8 June 2020, firstyearcleveland.org/solutions/eliminating-sleep-related-deaths/safe-sleep-heroes

Anchor Initiatives

Connecting Caregivers to K–12 Classrooms

Through our Worldwide Classroom® program, we bring health information and insider looks at careers in medicine direct to K–12 classrooms. In October 2019, more than 800 middle and high school students from 36 schools across five states participated in a Cleveland Clinic Worldwide Classroom connected learning session with Charles Modlin, MD. The students were taken through a kidney transplant surgery, where Dr. Modlin explained the health issues that can lead to kidney disease and the need for kidney replacement surgery. He also discussed his career as a surgeon and the team of healthcare professionals that supports him in the operating room.

Worldwide Classroom engages middle and high school students in explorations of health issues and health science and exposes them to career opportunities in medicine. Each experience includes interactive exchanges with healthcare professionals that are designed to influence and encourage students to make healthy life choices and to explore health science and medicine career paths.

Exploring Art and Architecture with the New ar+ App
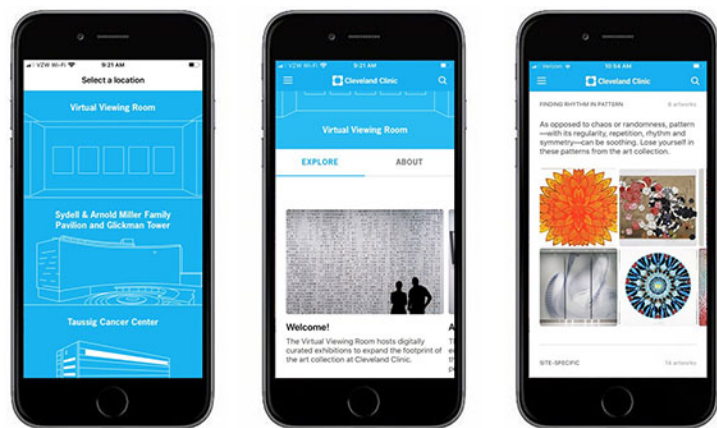
Experience Cleveland Clinic's world-class art and architecture from wherever you are with the free app **ar+**. Designed to promote a healing environment, the app allows users to explore Cleveland Clinic's art collection and facilities across the globe through augmented reality, images, videos and more.

The app launched with nine locations, including several buildings at main campus, regional hospitals throughout North East Ohio, Las Vegas, Florida and Abu Dhabi. In response to the ever-changing pandemic landscape, a newly added Virtual Viewing Room features digitally curated, thematic exhibitions that investigate pertinent topics, such as "Take Me There" and "Finding Rhythm in Pattern."

New content is added regularly, with four more locations joining the roster in 2020.
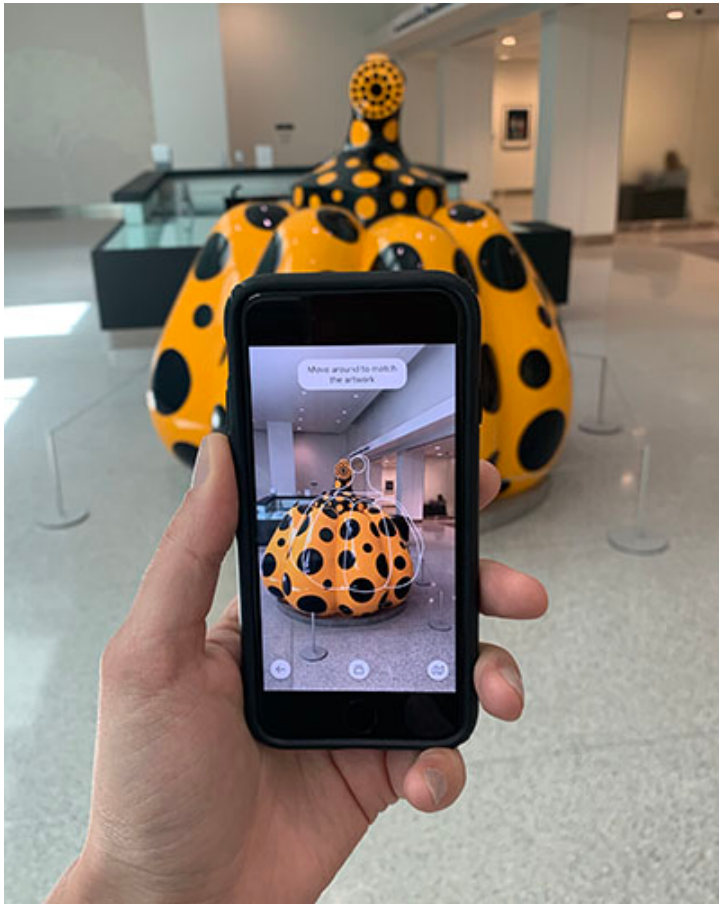
ar+ allows you to:

• Interact with dynamic media from wherever you are
• Experience augmented reality (ar) at featured locations
• Discover how art and architecture at Cleveland Clinic create unique healing environments
• Learn about artworks in Cleveland Clinic's contemporary art collection
• Engage with artists and explore buildings through video, audio and 360° views
• Access a calendar of events and performances
• Locate patient and visitor amenities like cafés, boutiques and special resources
• Connect to hospital facilities and departments

Download Cleveland Clinic ar+ for free in the Apple App Store for iOS devices 6s or later.

Made possible by a gift from Anita Cosgrove and her daughters in honor of Toby Cosgrove, MD, Executive Advisor and former CEO and President of Cleveland Clinic.

Louis Stokes Internship Program

The Louis Stokes Internship Program is a six-week paid summer internship that honors Congressman Louis Stokes' legacy of public service and his longstanding commitment to the youth of Cleveland. It provides rising high school sophomores, juniors, and seniors from Cleveland, East Cleveland, and Warrensville with real-world experience in non-clinical/business focused areas of healthcare, such as Administration, Buildings & Properties/ Engineering, Community Outreach, Hospitality, Human Resources, Information Technology, Law Department, Marketing, Protective Services & more. Almost 16,000 students have completed this and other Cleveland Clinic civic education programs over the years.

Caregivers Volunteer to Sort Life-Saving Supplies at Medwish

Caregivers from Cleveland Clinic's Art + Design Institute Volunteering at Medwish

MedWish International is a not-for-profit organization based in Cleveland, Ohio that collects and reuses medical supplies and equipment to help save lives and divert valuable materials from landfills. Medwish repurposes these supplies that are no longer needed by healthcare organizations to provide humanitarian aid locally and in developing countries.

Caregiver champions at various facilities across Cleveland Clinic identify, collect and arrange pickups of materials suitable for donation. Many of our 25 enterprise-wide Green Teams support our collection efforts for Medwish by sharing updates with other caregivers at their facilities on which supplies are currently accepted and in the greatest demand.

In 2019, Cleveland Clinic donated nearly 61 tons of medical supplies to Medwish, and caregivers volunteered 1,846 hours to help organize and prepare shipments of medical supplies for others in need.

Greater Cleveland Food Bank Recognizes
Cleveland Clinic as Volunteer Group of the Year

Caregivers, including President and CEO Tomislav Mihaljevic, MD, Pack Lunches at The Greater Cleveland Food Bank

Strengthening our impact in the community by partnering with local service organizations to help better serve the community's needs is one of our strategic goals.

In 2019, Cleveland Clinic was recognized by the Greater Cleveland Food Bank as the Volunteer Group of the Year. This award is presented annually to companies, community organizations and groups of people who have gone above and beyond to give back to the Food Bank.

Since Oct. 1, 2018, more than 1,400 caregivers volunteered over 4,300 hours of their time assisting with many different projects to support the Food Bank's mission. Included in these numbers are individual as well as group service outings, including more than 700 caregivers who participated in the new Community Service Time Off program.

Caregivers Prepare Thanksgiving Meals for Main Campus Neighbors

Hundreds of community residents near main campus got an early taste of traditional Thanksgiving dishes following a special caregiver volunteer opportunity. On November 23, our Community Outreach department worked with Supply Chain and Morrison Health (one of our main campus food providers) to provide meals to Cleveland's Fairfax and Hough neighborhood residents. Caregivers packed turkey, mashed potatoes, green beans and rolls into boxed meals that were distributed at six locations.

In addition to connecting caregivers with the community, the volunteer experience also helped build camaraderie among caregivers.

"When we have opportunities to give back beyond our normal responsibilities, we are able to bond on a different level—which further impacts the community in a positive way." Melvonna Williams, administration program coordinator for the Global Leadership and Learning Institute.

Volunteers exceeded their goal of assembling 650 meals—ultimately distributing 730 to local community members.

Environment

Our Commitment To Environmental Health

More than ever before, climate change, exposure to industrial chemicals, air pollution, water and soil contamination and the prevalence of microplastics in our surroundings demonstrate the intrinsic link between environmental and human health. In the United States, 80% of health outcomes are determined by factors other than healthcare, with socio-economic factors and health behaviors comprising 70% and the physical environment (indoor and outdoor) accounting for 10%.[1] The effects of environmental health are even more significant globally, with 25% of health outcomes attributed to the physical environment.[2] Founded in 2007, Cleveland Clinic created its sustainability team to make a positive impact on human health through resource conservation, green procurement, sustainable design and engaging as many people as possible in sustainable behaviors.

[1] University of Wisconsin Public Health Institute, "Country Health Rankings Model," 2019, accessed 16 July 2020, countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model.
[2] World Health Organization, "Priority Environment and Health Risks," accessed 16 July 2020, who.int/heli/risks/en/.

Energy Conservation

Through our energy reduction initiatives, we have improved the efficiency of our facilities by more than 20% over the last decade.

Climate Resilience

We promote resiliency by reducing our greenhouse gas emissions, advocating for climate-smart healthcare and increasing green space on our properties and in our communities.

Waste Reduction

We minimize the waste we generate through reducing, recycling and composting, and manage our waste streams responsibly to keep our air, water and environment clean.

Healthy Buildings

Through innovative design standards and principles, we ensure our facilities promote the health of both building occupants and the environment.

Sustainable Procurement

Cleveland Clinic is driving innovation and demand for products that support our commitments to human health, environmental health and the delivery of affordable, high quality care.

Innovative Collaboration

Our caregivers collaborate with one another and entities from local to international levels to advance sustainable practices in the healthcare industry, our operations and surrounding communities.

Water Stewardship

Clean water is essential for human life and wellbeing. Our water stewardship initiatives include conservation, preserving water quality and managing stormwater and wastewater.

Energy Conservation

Overview

Burning fossil fuels for energy is a major source of air pollution. According to the American Lung Association's 2020 State of the Air report[1], nearly 50% of Americans lived in a county with a failing grade in at least one of three different measures of air quality in 2016-2018. This is an increase of 25 million people living in communities impacted by unhealthy air pollution from the 2017 State of the Air report covering 2013-2015. Cleveland Clinic's efforts to reduce our energy consumption are a core component of our sustainability strategy and support our commitment to public health. Since the commencement of our sustainability commitments in 2007, we have saved approximately $80 million dollars through energy conservation initiatives, reducing our carbon intensity by 28% and inspiring our caregivers to engage in environmentally beneficial behaviors at work, at home and in their communities.

[1] American Lung Association, "State of the Air 2020 Report," accessed 21 April 2020, stateoftheair.org/key-findings/

Goal Progress

Better Buildings Challenge

Cleveland Clinic achieved its 10-year Better Buildings Challenge goal in 2019. An initiative of the U.S. Department of Energy (DOE), Better Buildings is designed to promote leadership in energy innovation and better the lives of Americans. In 2010, Cleveland Clinic committed to reducing its energy use per square foot by 20% by 2020. The DOE completed their annual review and found we improved the energy efficiency of our facilities by 22% from 2010-2019, exceeding our goal. Cleveland Clinic is only the 3rd healthcare system to complete the Better Buildings Challenge.

Achieving this result is due to the effort of a dedicated "Team of Teams." Operations professionals assessed and implemented changes in how we run our buildings; designers and engineers placed more energy efficient systems into our 6 million square feet of LEED buildings and other facilities; finance provided capital to invest in LED retrofits, OR setbacks, and many other infrastructure upgrades; and our caregivers have provided daily support by turning off equipment when not in use and taking action to reduce energy consumption.

Cleveland Clinic is proud to support the DOE's efforts to drive leadership in energy innovation. By transparently reporting our progress throughout the duration of the challenge and sharing best practices, we hope to inspire other organizations to reduce their energy use for the benefit of environmental and human health.

**Enterprise Weather Normalized
Source Energy Use Intensity**
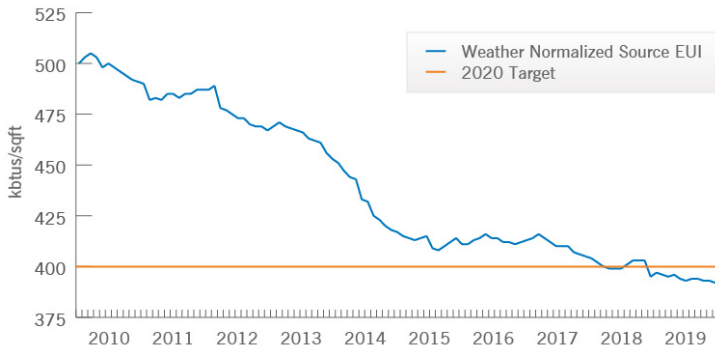
Measuring Progress

Cleveland Clinic measures energy reduction using a weather-normalized source Energy Use Intensity (EUI) metric, which measures the efficiency of our facilities relative to their size and accounts for annual weather variances. This metric includes transmission, delivery and production losses of fuel used to generate energy. It also enables us to compare year over year performance even as our building portfolio continues to expand.

To track energy usage data of our facilities, we use an energy data management platform and create custom reports to run our own analytics on energy consumption. As we continue to expand our building portfolio, we are increasing our energy metering and integrating it with our building automation system (BAS) to access more real-time energy use data for our facilities. We provide monthly energy performance reports to all facility managers to enable them to track progress on our energy reduction goals and proactively reach out to individual facility managers with any discrepancies in energy consumption.

Energy Treasure Hunts

In December 2019, a cross-functional team of approximately 20 caregivers conducted Cleveland Clinic's first ENERGY STAR Energy Treasure Hunt in Taussig Cancer Center on main campus. An Energy Treasure Hunt is a process in which a team comprised of employees across departments work together to identify low- and no-cost ways to reduce energy use in a facility during operating and non-operating hours. The goal of an Energy Treasure Hunt is to engage staff with diverse perspectives and backgrounds in identifying and implementing energy saving behaviors in an appreciative way to achieve greater success in realizing and maintaining energy savings.

The Taussig Energy Treasure Hunt Team worked together to identify energy saving opportunities that would reduce annual energy use by at least 8%, which included lighting and HVAC setbacks, reducing lighting, powering down equipment during unoccupied periods and optimizing air handling units. We plan to conduct additional Energy Treasure Hunts at our regional hospitals and family health centers in the future.

• [Learn more about how we engage our caregivers in saving energy](#)

Green Fund

Cleveland Clinic maintains a $7.5 million Green Revolving Fund (GRF) to support projects that reduce our energy consumption, such as installing LED lighting, expanding building automation controls and upgrading building systems and equipment. To sustain the GRF, we reinvest savings and rebates from these energy conservation measures back into the fund, which enables us to continue to reduce our energy footprint by investing in conservation projects each year across the enterprise.

- Learn more about our energy reduction projects and programs

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LED Retrofits

In 2019, we continued to install LEDs in new construction and retrofit bulbs in existing buildings to LEDs to reduce our energy consumption from lighting, which comprises approximately one-sixth of our energy footprint organization-wide. Additionally, incorporating LEDs in our facilities supports our caregiver safety, hazardous waste reduction and climate efforts because they provide better lighting for our patients and caregivers, are mercury-free and safer to dispose of and have led to a 4% reduction in our carbon footprint. To date, we have installed more than 500,000 units in our hospitals, family health centers and administrative spaces. We source LED tubes made locally in Solon and contract local businesses for installation, which has helped create 20-25 manufacturing and installation jobs. Some of our 2019 LED installations included:

- Exterior lighting retrofits at Brunswick Family Health Center and Lutheran Hospital
- Atrium lighting conversion at Lorain Family Health and Surgery Center
- Parking lot pole lighting retrofits at Twinsburg Family and Surgery Health Center and Willoughby Hills Family Health Center
- Facility-wide retrofits at Akron General Hospital

Greening our ORs

Cleveland Clinic has 215 operating rooms (ORs) across our health system, including 86 ORs on our main campus. According to Practice Greenhealth[2], ORs, on average:

- Are responsible for 40-60% of the organization's total supply costs
- Produce more than 30% of a facility's waste and two-thirds of its regulated medical waste
- Can consume three to six times more energy per square foot than anywhere else in the facility

To this end, Cleveland Clinic created a Greening the OR Committee in 2013 to educate and engage caregivers in resource conservation. This cross-functional committee ideates and executes green initiatives to reduce the environmental impact of our ORs and has received top honors from Practice Greenhealth for leadership in Greening the OR initiatives and outcomes.

ORs have a large energy footprint due to their energy-intensive surgical lighting systems, high number of required air changes per hour when in use and stringent temperature and humidity specifications. To reduce energy consumption in our ORs, we setback hourly air changes from more than 25 during occupied periods down to 6 when ORs are unoccupied, resulting in $2 million in energy savings annually. Cleveland Clinic Sustainability collaborated with the Surgical Operations Executive Committee and Facilities Department to implement this plan while ensuring we continued to meet or exceed all regulations for OR operations.

[2] *Practice Greenhealth, "Greening the OR," accessed 3 May 2020, practicegreenhealth.org/topics/greening- operating-room/greening-or*

Building Systems

Analyzing opportunities to adjust and enhance controls and equipment in our facilities is an ongoing process. In 2019, we continued to identify and implement energy conservation measures (ECMs) in our existing facilities to improve energy efficiency and occupant comfort. This year, we focused on making improvements at several of our regional hospitals, including Akron General, Avon, Fairview, Medina, Euclid, South Point, Lutheran and Shaker Children's. Initiatives implemented included temperature resets, scheduling setbacks, optimizing and repairing building equipment and systems, removing excess equipment and lighting, establishing temperature policies and powering down equipment and lighting in occupied areas. Combined, these initiatives will yield an annual utility cost savings of $362,000 and reduce our annual energy consumption by more than 1.5 million kWh—the greenhouse gas equivalent of removing 236 passenger vehicles from the road for one year.
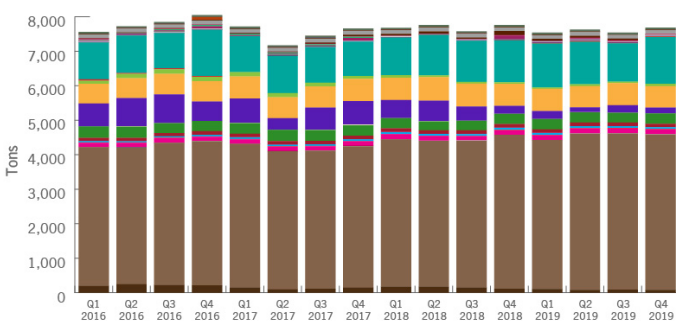
Waste Reduction

Overview

Cleveland Clinic has a goal to divert 100% of our non-hazardous waste from landfills by 2027. Our efforts include reducing the amount of waste we generate, reprocessing, recycling and composting programs and creative reuse initiatives. We involve our caregivers in waste reduction and sorting efforts in various ways, including contests and competitions for our green teams, and collaborate with various departments across the enterprise to maintain our programs and make progress.

Landfill Diversion

Cleveland Clinic Enterprise Waste Profile
Main Campus and Regional Operations

C&D-L*	Cardboard	Medical Supplies
MSW	Clinical Plastics	Other Recycling
Universal Waste	Paper	Plastic PT Units
X-Ray Film	Composting	Scrap Metal
RMW-Biohazard*	Hazardous	Sharps Plastic Credit
RMW-Non-Reg Pharm*	E-Waste	Single Device Reprocess
RMW-Path & Chem*	E-Waste (Other Plastics)	Toner
RMW-Reg Pharm*	Furniture	X-Ray Silver
RMW-Sharps*	Ice-Packs	Document Destruction
Treated RMW*	Lab-Pack	Auction
Batteries	Lamps	Pulse Ox
C&D-R*	Landscaping Organics	Wood Pallets
Comingled	Linen	Plastic Sharps Containers

*C&D is construction and facilities debris such as concrete, metal or wood.
**RMW is regulated medical waste such as biohazard, sharps, pathology, chemotherapy, pharmacy and on-site autoclave treated.

Main Campus Landfill Diversion Improvement

— Landfill Diversion Rate (-C&D*) --- Linear (Landfill Diversion Rate (-C&D*))
— Landfill Diversion Rate (+C&D*) --- Linear (Landfill Diversion Rate (+C&D*))
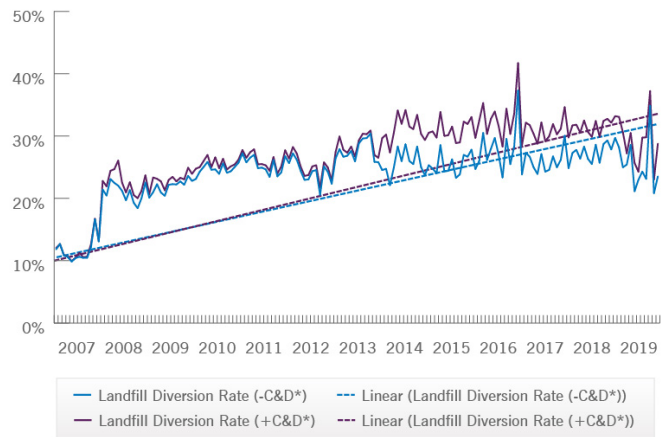
*C&D is construction and facilities debris such as concrete, metal, or wood.

In 2019, our enterprise landfill diversion rate excluding construction and debris (C&D) decreased slightly from 31% in 2018 to 30% in 2019. Our enterprise landfill diversion rate including C&D was 32% in 2019, compared to 34% in 2018 because we had fewer active construction projects in 2019.

Hazardous and Regulated Medical Waste

While we work to reduce the amount of hazardous waste we generate, important items for healthcare delivery such as sterilization chemicals, pharmaceuticals, electronics, laboratory chemicals and radiological films contain hazardous properties. We have several policies and standard operating procedures (SOP) to ensure the safe handling, storage, transportation and disposal of all hazardous wastes, including but not limited to a Hazardous Materials Transportation SOP, Hazardous Waste Management SOP, Hazardous Chemical Identification and Communication Policy, Hazardous Chemical Delivery and Storage Policy and Hazardous Drug and Pharmaceutical Waste Disposal Procedure. We work with a U.S.-based vendor to manage our hazardous waste within the U.S. and do not import, export or ship any hazardous waste internationally. In 2019, we transported 83 tons of hazardous waste from our Ohio and Florida hospitals and family health centers for treatment. Additionally, we have an e-waste recycling program and recycled 80 tons of electronics in 2019.

We collaborate across departments to minimize our use of products and processes that generate regulated medical waste (RMW) and to ensure proper waste sorting. In 2019, our Greening the Operating Room (OR) Committee focused on reducing our RMW in operating rooms by standardizing the number of bins in our ORs and reducing the size of our RMW bins where possible. Committee members also met with caregivers to share the environmental and cost benefits of ensuring only RMW is placed in these bins, and provided signage on sorting waste in our ORs. As a result of this initiative, we found a 22% reduction in RMW in the first full month of data we collected compared to the monthly average for the last three years during this same time period. We also process a portion of our RMW at main campus, Hillcrest Hospital and Akron General Hospital where we have equipment to do so, reducing the transportation footprint of managing this waste.

Reprocessing, Recycling and Composting

Single-Use Device Reprocessing

Caregivers prepare operating rooms by arranging sterile clinical instruments that surgeons may need during a procedure, however, surgeries do not always require the use of all instruments. We have been reprocessing these devices since 2011 to prevent them from entering the waste stream by following a strictly regulated process for sterilization and quality assurance. Once completed, we reuse or resell the reprocessed items at a lower cost to healthcare providers. In 2019, we reprocessed approximately 62 tons of single-use devices through this program.

Recycling

Since China's foreign waste ban in January 2018, many vendors have discontinued, scaled back or significantly increased the cost of recycling programs. Our recycling services remained consistent throughout calendar year 2019 because we had arranged a multi-year recycling contract years prior covering services through the end of 2019. In anticipation of changes to local recycling programs, we focused on updating our recycling messaging in 2019 to reduce contamination in our comingled recycling bins.

Contamination occurs when individuals place items that cannot be recycled in a recycling bin. Some common examples include plastic film, bubble wrap, foam coolers and cups, plastic utensils, napkins, paper towels, gloves, masks, tubing, containers with food waste, bottles and cans that still contain liquids and paper cups. While seemingly harmless, contamination can result in recyclers throwing an entire bag of recyclables into the landfill because it can degrade the value of other recyclable materials, damage recycling machinery, decrease recycling efficiency due to the time it takes to remove contamination or potentially injure employees sorting recyclables. To learn more about contamination, recycling challenges, regional recyclables processing and how to best communicate proper recycling to caregivers, Cleveland Clinic Sustainability visited a local Material Recovery Facility (MRF) in the fall of 2019. In addition to creating new signage, we provided regular recycling updates to our Green Teams so they could champion proper recycling across the enterprise.

Comingled Recyling (Tons)

Year	Tons
2014	2118
2015	2171
2016	2329
2017	2505
2018	2621
2019	2504
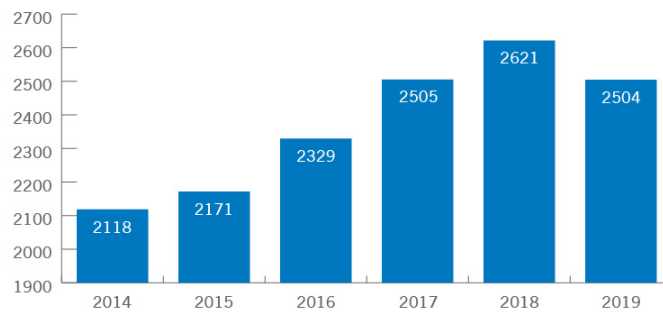
Our paper shredding recycling program is one of our most successful and cost effective recycling programs, and we have continued to increase the amount of material we collect for this stream each year since the program's inception in 2010. By collecting paper for recycling separately from other materials, we minimize contamination rates, generate a highly marketable product and protect sensitive patient and internal information. In 2019, we recycled nearly 4,968 tons of paper, a 6% increase over 2018.

Metal Recycling Program

To reduce our landfill waste and repurpose valuable materials, Cleveland Clinic Sustainability and our facilities teams began a metal recycling program with a local vendor at all northeast Ohio locations in 2017. In 2019, we recycled 90 tons of metal and since the inception of the program, we have collected approximately 285 tons of scrap for recycling.

Composting Food Waste

In 2019, we continued composting pre-consumer food scraps from our nutritional services at our main campus and Euclid, Avon, Fairview and Lutheran hospitals following a successful pilot program with Rust Belt Riders in 2018. Rust Belt Riders is a Cleveland-based company that uses windrows to compost food waste and sells the resulting nutrient-dense soil for use by urban gardeners and farmers. During our 2019 caregiver tree giveaway, we provided caregivers with bags of this compost to enrich the soil where they planted their trees. We composted approximately 18 tons of food waste in our 2018 pilot year and in 2019, we increased the amount we composted to approximately 70 tons. We look forward to expanding compost collection services at other regional hospitals in the future.

Creative Reuse

In addition to our waste reduction, reprocessing, recycling and composting efforts, we look for projects and collaborations that enable us to give waste products new life through creative reuse. In 2019, this included a collaborative installation with local artist, Dana Depew, and a contest for our enterprise green teams to create art from single-use plastic waste.

Makeshift Sanctuary

Cleveland Clinic Sustainability and the Art Program teamed up with local artist Dana Depew to create a structure made from single-use plastics in celebration of Cuyahoga50—a citywide event commemorating Cleveland's efforts toward environmental sustainability. Depew lives and works in Sullivan, Ohio, and is best known for using reclaimed materials from around the city of Cleveland to create his colorful installations.

Depew's piece, Makeshift Sanctuary, was on display in the green space behind the Taussig Cancer Center on main campus from May through October 2019. Depew constructed the installation from reused plastic pipette tip boxes collected from the clinical labs of Special Chemistry, Clinical Pathology and the Genomic Medicine Institute. The artist upcycled other reclaimed materials,

Artist Dana Depew in front of Makeshift Sanctuary

and he constructed simple wooden benches to decorate the interior. These benches reinforce the idea that this sanctuary is a space for visitors to pause and reflect—to consider the nature of the structure, its materials, their own environmental efforts, and what it means to feel secure both in one's surroundings and in the future.

The piece aims to show that—both as a healthcare system and as a society—we generate an enormous amount of single-use plastic waste. Plastics don't dissolve, but instead they break down into tiny pieces over time in our waterways, creating microplastics. These microplastics are challenging and expensive to remove, and pose dangers to our health, wildlife and waterways.

Green Team Great Lake Plastic Art Contest

We tasked our green teams with tackling plastic pollution to protect Lake Erie through a creative reuse contest. The goal of the contest was to encourage green teams to reduce single-use plastic waste at their facilities and to generate awareness of plastic pollution by creating a work of art of Lake Erie from single-use plastic waste (80% or more of which was generated from the workplace and up to 20% from home).

To decide on a winner, we posted all works of art on our intranet for caregivers to vote on their favorite piece. The Avon green team created the winning piece and chose to depict the Cleveland script sign at Edgewater Park to show their gratitude for the waterfront and the regionally-famous Cleveland script signs located around the city that highlight various photo-op backdrop gems of Cleveland.

Cleveland Sign at Sunset, Edgewater Park, Lakewood by the Avon Green Team

Caregivers at the Avon Hospital and Avon Family Health Center collected all the plastic to make the artwork, the majority of which were caps from needles, syringes, vials and medication bottles. Their aspiration for the mural is that it will raise awareness about plastic use in the hospital system and at home, and make people think about the single use plastics they use every day and ways they can minimize their impact.

Climate Resilience

Overview

According to the National Institute of Environmental Health Sciences, climate change repercussions such as extreme heat waves, rising sea-levels, changes in precipitation resulting in flooding and droughts, intense hurricanes and degraded air quality directly and indirectly affect the physical, social and psychological health of humans.[1] These changes to our environment disproportionately impact vulnerable populations and threaten public health. Cleveland Clinic supports healthy, resilient communities through its commitment to carbon neutrality and carbon sequestration initiatives. We communicate the interconnectedness of environmental and human health to our stakeholders and advocate for a low-carbon economy within our supply chain, areas of operation and industry.

[1] *National Institute of Environmental Health Sciences, "Climate and Human Health", 31 October 2019, accessed 15 July 2020, niehs.nih.gov/ research/programs/geh/climatechange/health_impacts/index.cfm*

Reducing Our Carbon Footprint

Cleveland Clinic has committed to becoming carbon neutral by 2027. Since 2010, we have decreased our carbon emissions intensity—or CO2 equivalents (CO2e) generated per square foot of building space—by nearly 31% through our commitment to green building, design and operations even as we have continued to serve more patients in more locations. In 2019, Cleveland Clinic emitted 124,108 metric tons of Scope 1 and 291,852 metric tons of scope 2 CO2e for a total of 415,960 metric tons of CO2e, a 1.6% reduction from 2018 and a 20% reduction from our 2010 baseline. Our Scope 1 emissions, or CO2e generated from on-site combustion and consumption, include emissions from natural gas, generator fuel, fleet vehicle fuels and anesthesia gases. Our Scope 2 emissions, or CO2e generated from utility providers, includes emissions from purchased electricity.

Cleveland Clinic CO_2 Emissions Intensity

Improvement Scope 1 & 2
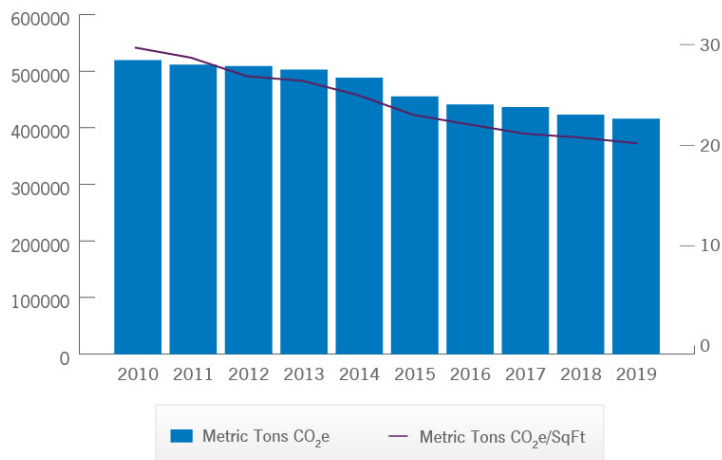
In 2019, we continued gathering data to better measure and reduce our Scope 3 emissions— or emissions from our upstream and downstream operations. Our focus areas include sustainable transportation initiatives for our patients, caregivers and supplies, and sustainable sourcing efforts. We continued to serve as a member of the Sustainable Transportation Action Committee, which focuses on expanding sustainable transportation options for all travelers and residents in the University Circle area of Cleveland.

We also conduct ongoing research into sustainable transportation offerings for our caregivers. We currently offer preferred parking and discounts for carpoolers, RTA commuter advantage discounts and green vehicle rebates. Through a collaboration with the Northeast Ohio Areawide Coordinating Agency (NOACA), our caregivers can use Gohio Commute to track and reduce their transportation footprint. This online platform helps pair up caregivers for carpooling based on their location and shifts, houses information on local sustainable and alternative transit options and can track the carbon footprint of our caregivers' daily commutes.

Cumulative Metric Tons CO_2e Avoided

Year	Value
2010	211
2011	651
2012	1198
2013	1842
2014	2531
2015	3230
2016	4111
2017	5047
2018	5989
2019	6909
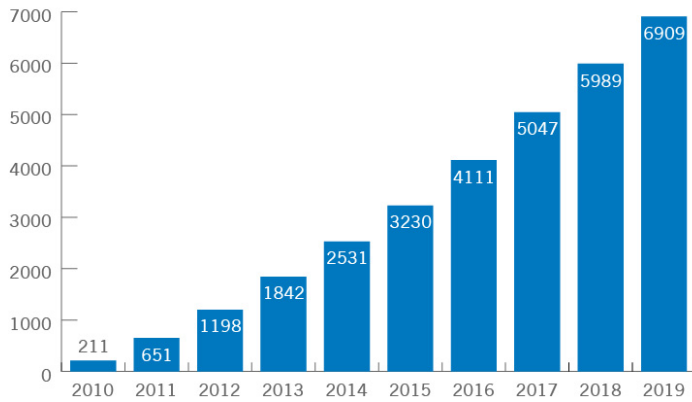
Community Tree Planting

According to the Cleveland Tree Plan, the City of Cleveland lost more than 45% of its tree canopy between 1960 and 2015.[2] In addition to providing numerous environmental benefits, trees also benefit human health by improving air and water quality, absorbing stormwater, buffering noise, cooling surrounding environments and beautifying spaces. More specifically, a systematic review and meta-analysis of cohort studies published by The Lancet found increased time spent in green spaces reduces all-cause mortality, with studies associating green space with reduced cardiovascular disease, better mental health, immune system benefits and improved pregnancy outcomes.[3] Cleveland Clinic supports the Cleveland Tree Plan, a community plan to conserve and strategically restore Cleveland's urban canopy in locations that promote neighborhood equity. We are committed to expanding green space at our facilities and in our communities through our tree planting initiatives.

Additionally, in 2019 we held our third consecutive Caregiver Tree Giveaway, in which we provided caregivers 795 trees free of charge to plant at their homes and in their communities. We also made 100 bags of soil from the local organization, Rust Belt Riders, available to caregivers during the giveaway, which was made in part from Cleveland Clinic compost. Since its inception in fall 2017, caregivers have planted 1,445 trees in more than 100 zip codes through the Caregiver Tree Giveaway. The infographic below from an impact report generated by the Arbor Day Foundation projects the 20 year cumulative benefits of these plantings:

TOTAL TREES PLANTED
1,445

TOTAL HOMEOWNERS ENGAGED: 1,445

1,630,416 kWh SAVED

6 C 12.0107 CARBON 3,979,743 lbs CARBON SEQUESTERED/AVOIDED

10,058,250 GALLONS OF STORMWATER FILTERED

11,458 lbs OF AIR POLLUTANTS ABSORBED

$65,000 INVESTED

$464,932 IN COMBINED ENERGY AND COMMUNITY BENEFITS

*projected 20 year cumulative values

Established Fall 2017
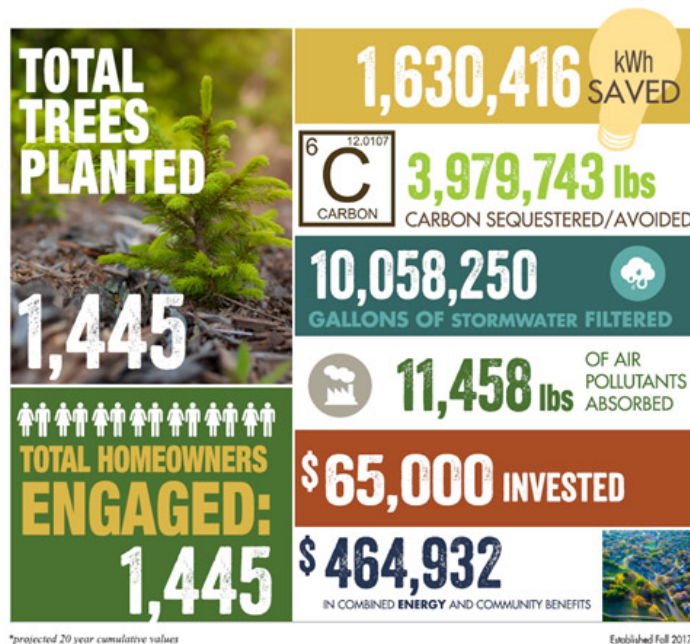
[2] Davey Resource Group, "The Cleveland Tree Plan", August 2015, accessed 14 July 2020, city.cleveland.oh.us/sites/default/files/forms_publications/ClevelandTreePlan.pdf

[3] David Rojas-Rueda, Mark J Nieuwenhuijsen, Mireia Gascon, Daniela Perez-Leon, Pierpaolo Mudu, "Green spaces and mortality: a systematic review and meta-analysis of cohort studies," Lancet Planet Health (November 2019): 3: 469–77, accessed 15 July 2020, doi.org/10.1016/S2542-5196(19)30215-3

Climate Action Fund

The first community-based, open-access carbon reduction fund in the United States, the Cleveland Climate Action Fund (CCAF) uses donations to fund local projects to support climate action and community resiliency. Cleveland Clinic, the Cleveland Foundation, The George Gund Foundation, the Cleveland Museum of Natural History and the City of Cleveland founded the CCAF in 2008 to empower local innovators and entrepreneurs to drive positive environmental and social change in Cleveland neighborhoods. To date, the CCAF has promoted and funded more than 70 resident-led carbon mitigation projects that foster economic growth, social well-being, and environmental stewardship. In 2015, the CCAF funded a community composting pilot program by Rust Belt Riders, an organization that has continued to grow and has provided composting services to Cleveland Clinic since 2018.

Healthcare Climate Council

Cleveland Clinic is a member of Health Care Without Harm's Climate Council, a group of hospitals and health systems committed to addressing climate change and communicating its impacts on public health. Membership includes 19 health systems representing 500 hospitals in 36 states, 75 million patients served annually, a total annual operating revenue of more than $215 billion and 1 million employees. The Council encourages healthcare systems to use their purchasing power and unique position as anchor institutions to promote resiliency in their communities through investing and influencing policies. Their three-pillar strategy includes mitigation, resilience and leadership. In October 2019, Cleveland Clinic joined members of the House Climate Action Committee in a discussion and ideation session on progressing the climate agenda using a health-based lens. We will continue to collaborate with our peers to drive climate resiliency in our industry and communities.

Regulated Air Emissions

Under Title V of the Clean Air Act, facilities that generate air pollutants above a designated threshold must obtain a Title V air permit, and comply with emissions limits and reporting requirements. Cleveland Clinic main campus meets the Title V emissions criteria and reports regulated emissions annually. Per the Title V requirements, we do not report normalized emissions.

EPA Air Title V Emissions for Cleveland Clinic's main campus

Air Pollutant	2016 Emissions Total (Tons)	2017 Emissions Total (Tons)	2018 Emissions Total (Tons)	2019 Emissions Total (Tons)
Nitrogen Oxides	15.803	17.416	21.684	20.131
Sulfur Dioxides 0.267	0.267	0.293	0.315	0.306
Organic Compounds	4.198	4.370	4.809	4.807
Particulate Matter (PM)-10	0.731	0.761	0.837	0.835
Volatile Organic Compounds	2.150	2.257	2.476	2.463
Carbon Monoxide	37.072	33.401	36.751	36.733
Total of Chargeable Pollutants	21.031	22.845	28.931	26.082

Healthy Buildings

Overview

Cleveland Clinic is committed to addressing the intrinsic link between an individual's health and the health of the environment in which they work and heal by constructing and operating healthy buildings. Across our portfolio, we strive to incorporate leading-edge products and technologies for lighting, thermal comfort, ergonomics, air quality, water quality and other factors that support the health of our caregivers, patients and communities.

According to the International Energy Agency, buildings are responsible for more than one-third of all energy consumption, 12% of water use and nearly 40% of carbon dioxide emissions.[1] To reduce the environmental impact of our built environment, Cleveland Clinic has certified 18 building projects to the U.S. Green Building Council's (USGBC) Leadership in Energy and Environmental Design (LEED) standards since 2007. The LEED rating system provides a framework for identifying, implementing and tracking green building processes and materials. Cleveland Clinic's Art + Design Institute has an Environmental Engineer with a LEED AP (accredited professional) credential on staff to support our commitment to greener, healthier buildings.

In 2019, Cleveland Clinic Sustainability explored opportunities to advance green building in the healthcare sector through industry-specific standards that prioritize human and environmental health in building design and operations. We will continue to investigate solutions in the coming year.

Health Education Campus

Cleveland Clinic and Case Western Reserve University launched a new era of health education in 2019 with the completion of the Health Education Campus, a joint project that the university and hospital first began working toward in 2013. The two institutions collaborated to develop shared courses and other experiences in which students from Case Western Reserve's dental, nursing and medical schools—including those from Cleveland Clinic Lerner College of Medicine—learn the fundamentals of team-based care, while also practicing skills together in simulated settings and at actual clinical sites.
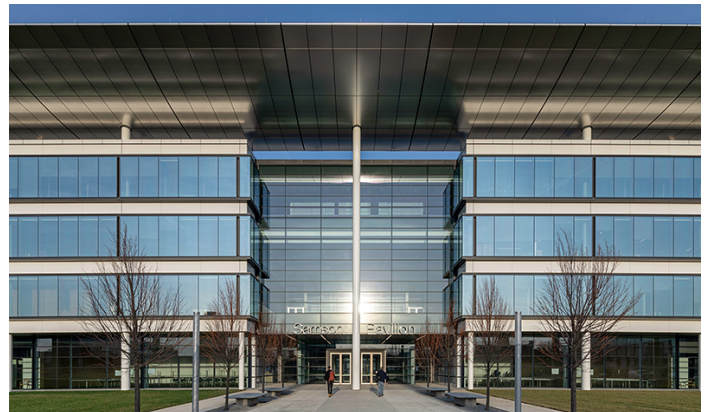
The LEED Gold-Certified, 477,000-square-foot Sheila and Eric Samson Pavilion also welcomed its first 2,200 students in 2019. The Samson Pavilion expressly encourages interaction and collaboration through each floor's open walkways and dedicated shared space for students from all programs to study and relax. The Samson Pavilion also features extensive cutting-edge technology, including:

- Two distinct digital anatomy programs, one using mixed reality, and the other virtual;
- Simulation programs for flight nursing and ultrasound training;
- Visualization tables that allow students to see anatomic structures in precise detail and explore clinical cases with classmates; and
- Large LED wireless touch screens in classrooms that allow students to interact with high-resolution images and easily participate in videoconferences from around the world.

Across the street from the Samson Pavilion is the second building of the Health Education Campus, a three-story, 132,000-square-foot dental clinic. The new facility is almost double the size of Case Western Reserve University's existing clinic, which welcomes about 19,000 patients a year—about 60% of them Cleveland residents. The new space enjoys frontage on the well-traveled Chester Avenue, ample space for parking and curbside drop-off for patients. It also puts dental faculty and students closer to residents of Hough neighborhood, allowing for increased engagement at nearby schools and community centers.

The Health Education Campus also includes Newton Avenue Park, a 28,000-square-foot park with playground equipment, a walking trail and abundant green space. Located next to the historic Newton Apartments at 1871 East 97th St., the intergenerational park provides local residents a welcoming space for children's play, modest exercise and community gathering for picnics or simply shared conversations.

[1] International Energy Agency, "Buildings: A Source of Enormous Untapped Efficiency Potential," 2020, accessed 8 July 2020, iea. org/topics/buildings.

Current Projects

In 2019, we continued to make progress on the construction of Cleveland Clinic London, as well as the LEED certification process for this facility.

Cleveland Clinic London

In October 2019, we reached a major milestone in the construction of our 184-bed hospital at 33 Grosvenor Place, when the final external piece of the eight-story, 324,000 square-foot building was put into place. We marked this achievement with a 'Topping Out' ceremony.

Cleveland Clinic London is scheduled to open in 2022 and will have 184 inpatient beds, eight operating rooms, a full imaging suite, endoscopy and catheterization labs, day case rooms for surgery and a full neurological suite with rehabilitation.

- Learn more about Cleveland Clinic London

New Construction

In 2019, Cleveland Clinic announced several new building projects to help us serve more patients in more places, including:

- Consolidation of the Neurological Institute's outpatient services in a new tower at Euclid Avenue and East 96th Street on main campus, which will serve as a hub for collaborative patient-centered care delivery using digital tools
- Expansion of the Cole Eye Institute building on main campus to twice its current size, which will include new operating rooms, an imaging center, training facilities and a larger research center
- Facilities upgrade and expansion of the Moll Cancer Center, Medical Office Building and parking facilities at Fairview hospital to enhance the safety and experience of both patients and caregivers
- A new-concept hospital with comprehensive services in Mentor, Ohio, which will feature a flexible modular design to accommodate changing patient needs, and expansion of primary care capacity at our facilities in Chardon, Madison, Mentor and Willoughby Hills to supplement this new hospital

For additional information on these new projects, please view our 2019 State of the Clinic.

Shanghai Luye Lilan Hospital

The Luye Lilan Hospital is being built and managed by the Luye Medical Group for opening in 2024 in Shanghai, China. Through a new partnership called Cleveland Clinic Connected, we have the opportunity to be part of the project by establishing specialty services, sharing care protocols, supplying quality and safety expertise, and exploring opportunities for research and education. Shanghai Luye Lilan Hospital will focus on key therapeutic areas including cardiology, digestive disease and oncology, improving clinical outcomes, performing technology-intensive complex surgeries and providing a wide range of high-quality patient-centered medical services.

The hospital will adopt the latest digital technologies and follow the international quality assurance standards to create an eco-friendly and comfortable space. Every patient will be able to enjoy an environment tied to nature, including an open, landscape-rich atrium, a well-vented glass rooftop that can provide plenty of natural light and the main building surrounded by a courtyard.

Sustainable Procurement

Overview

According to Health Care Without Harm, 71% of the Healthcare's footprint is generated by its supply chain via the production, transportation and disposal of goods and services, such as pharmaceuticals, food, equipment and devices.[1] To this end, we encourage our suppliers to make products that are better for environmental and human health, and we work to increasingly source these products.

Many caregivers throughout the enterprise support our responsible procurement efforts, including our commitments to sourcing local, sustainable foods and green IT equipment, and purchasing from local and diverse suppliers. In 2019, Cleveland Clinic received its second consecutive three-star Electronic Product Environmental Assessment Tool (EPEAT) Purchaser Award from the Green Electronics Council for our ongoing commitment to procuring green electronics.

Cleveland Clinic Sustainability has a project manager dedicated to sustainable procurement efforts, such as evaluating products and suppliers for environmental, social and governance (ESG) criteria; monitoring and evaluating sustainable supply chain rating and ranking data; engaging directly with suppliers and Group Purchasing Organizations (GPOs) to gather product information and advocate for sustainable products and standards; and integrating sustainability criteria into supplier agreements and requests for proposals.

Sustainable procurement initiatives we focus on include:

- Sourcing products created by processes and made with materials that minimize resource use and waste generation
- Minimizing packaging waste and the transportation footprint of products and services
- Eliminating polyvinyl chloride (PVC) and Di-2-ethylhexyl phthalate (DEHP)
- Promoting reuse, recyclability, reprocessing, renewable materials and recycled content
- Reducing hazardous waste and bioaccumulative toxins (PBTs)

Our sustainable procurement subject matter expert collaborates closely with Supply Chain and attends a monthly strategic sourcing meeting during which attendees review contracts up for renewal. In 2019, Cleveland Clinic Sustainability and Supply Chain worked together to incorporate language on sustainable practices to our Supplier Handbook, due to be published in 2020. Sections to be added to the handbook include:

- Waste Reduction and Recycling
- Safer Chemicals
- Energy Conservation
- Climate Resilience
- Water Stewardship
- Green Building

These sections provide guidance on our approach to sustainable practices and encourage alignment with our sustainability commitments. Our efforts to identify new and innovative ways to collaborate with our vendors are ongoing, and we look forward to making further progress on greening our supply chain and promoting public health.

[1] Health Care Without Harm, "Health Care's Climate Footprint: How the Health Sector Contributes to the Global Climate Crisis and Opportunities for Action," accessed 4 June 2020, noharm-global.org/sites/default/files/documents-files/5961/HealthCaresClimateFootprint_092319.pdf

Sector Leadership

Cleveland Clinic Supply Chain is guided by its mission to deliver a world class patient and customer experience through informed decisions and smarter work. Over the years, Supply Chain has become a growing strategic pillar capable of saving the enterprise hundreds of millions of dollars and adapting to the ever-changing demands of the healthcare landscape. Our proven model includes 5 key imperatives: aggregation, governance, robust analytics, total resource stewardship and digitalization.

In 2019, the Supply Chain team grew with the addition of Support Services, combining complimentary skills (e.g. contract management, logistics) to drive exceptional patient experience and operational excellence. This addition included the functions of food service, linen and laundry, Red Coat customer service, service express and patient transport to form a new department, Supply Chain + Support Services. This new team manages products and services from source to delivery and has even greater end-to-end visibility for both caregivers and patients, enabling team members to better serve our patients, caregivers and communities. In 2019, Cleveland Clinic Supply Chain was recognized as the number two healthcare supply chain by Gartner, a global research and advisory firm. This is the fourth consecutive year Cleveland Clinic was included in Gartner's top 25 global healthcare supply chain list.

Sharing Sustainable Practices

We strive to serve as a thought leader and role model in the healthcare industry for sustainable practices. As a member of Practice Greenhealth (PGH), we join more than one-third of U.S. hospitals in committing to reduce our environmental impact and sharing best practices with our peers. We are a signatory to PGH's Environmentally Preferred Purchasing Pledge and actively participate in its market transformation working groups, which have goals to source safer chemicals and healthier foods. Our participation in these initiatives is ongoing throughout the year, and includes monthly calls with PGH, quarterly calls with market transformation groups, quarterly calls with regional groups to address geographic specific issues and sending caregivers to attend and present at PGH's annual, multi-day CleanMed conference.

In 2019, several of our caregivers attended and presented at CleanMed Nashville, including multiple Cleveland Clinic Sustainability caregivers. The Cleveland Clinic Sustainability supply chain project manager presented strategies for supplier Environmentally Preferable Purchasing (EPP) engagement and incorporation of environmental, social and governance (ESG) rating frameworks into purchasing decisions. For our leadership in sustainable procurement, PGH recognized Cleveland Clinic with its national Circle of Excellence Award for EPP in 2015, 2016, 2017 and 2019.

Phasing Out Foam

Each year, Cleveland Clinic uses more than 12 million disposable cups, or an average of 180 cups for every caregiver in the enterprise. In response to caregivers' feedback and passion for the health of our environment, in 2019 we committed to phasing out polystyrene foam items in Ohio, Florida, Nevada and London facilities starting on February 1, 2020.

Some of our facilities already took steps to phase out polystyrene foam products in 2019. In Ohio, the Beachwood Family Health and Surgery Center eliminated foam cups given to patients and caregivers outside of food service areas, and our Strongsville and Wooster family health centers also initiated phasing these out at their facilities. In Florida, Weston Hospital already completely phased out polystyrene foam items and replaced plastic straws with paper straws. Cleveland Clinic will be replacing the polystyrene foam items with paper products. To promote waste reduction and reuse, Cleveland Clinic Sustainability is sharing messaging with caregivers, providing reusable items as giveaways and working to increase the number of hydration stations at our facilities.

We also committed to reducing the availability of single-use plastic straws in concession areas starting on February 1, 2020. Straws will continue to be available by request and for all patients on hospital floors.

Healthcare Chainnovator

Laundry services play an important role in safety and healthcare delivery, and include clean linens for bedding, patient gowns and caregiver lab coats and scrubs. We identified a unique opportunity to team up with Evergreen Cooperatives when independent evaluators determined that no national linen service provider could meet Cleveland Clinic's requirements, and at the same time, the local Evergreen laundry co-op was ready to expand, but required significant investment for new equipment or facilities.

A worker-owned network of companies that operates as a nonprofit cooperative, Evergreen Cooperative offers a path to employment for people marginalized by past incarceration or living within six low-income neighborhoods in Greater University Circle. By working together, Cleveland Clinic and Evergreen Cooperative developed a unique operating model in Collinwood in which Cleveland Clinic owns the laundry facility, while Evergreen Cooperative Laundry (ECL) operates and staffs the plant. The result enabled the cooperative to expand and employ over 150 full-time employees, while Cleveland Clinic reduced laundry rates by 20% (due to the installation of new energy efficient equipment) and improved its fill rate from 30% to 100%. For its innovative Collinwood laundry plant solution with Evergreen Cooperatives, Cleveland Clinic was recognized with Gartner's 2020 Healthcare Chainnovator Award.

Local and Sustainable Food

According to a 2016 report by The Food Trust, one in four residents in Cuyahoga County and half of Cleveland residents live in areas that lack access to healthy food.[2]

Cleveland Clinic provides food service offerings for millions of patients, visitors, and caregivers each year. Currently, 27% of food we buy for our main campus is local (sourced within 250 miles) or from farms and producers that use sustainable practices. Our goal is to collaborate with our on-site nutrition service providers to purchase 30% of our ingredients for main campus locally or from sources that use sustainable practices in 2020. Criteria we use to evaluate food we source include:

- Health Care Without Harm's Sustainably-Raised Meat and Poultry guide
- Practice Greenhealth's Healthy Beverage and Less Meat, Better Meat criteria
- Third-party animal welfare certifications, such as Certified Humane and Global Animal Partnership
- USDA-approved label claims

We have incorporated local and sustainable food criteria into our food service contracts to further our progress. Additionally, we have quarterly calls with our food service providers and work with them to gather product data and measure our impact.

Cleveland Clinic also wants to improve access to fresher, healthier foods for our patients, visitors, caregivers and surrounding communities to enjoy at home. Cleveland Clinic Sustainability, Wellness & Preventive Medicine and Community Outreach sponsor a community Farmers Market program, which includes a flagship market at main campus and supporting markets and farm stands at several of our regional hospitals and family health centers. To make the markets available to as many audiences as possible, we offer unlimited free or free parking up to one hour at all markets and the following USDA programs: Supplemental Nutrition Assistance Program (SNAP), WIC Farmers Market Nutrition Program (FMNP) and Senior Farmers Market Nutrition Program coupons. Our main campus farmers market receives an average of 48,000 visitors annually. Additionally, our cross-departmental Health and Wellness Committee meets monthly and works to identify ways to expand our offerings of healthy, nutritious foods to our patients, caregivers and visitors.

[2] *The Food Trust, "Food Access Raises Everyone: A Collaborative, Comprehensive Approach to a Healthier Cleveland and Cuyahoga County," accessed 4 June 2020, thefoodtrust.org/uploads/media_items/fare-report-final-lowres.original.pdf*

Innovative Collaboration

Overview

Environmental sustainability is a fast moving frontier of possibility where knowledge of environmental science, sustainable design and practice and community implementation is ever advancing. Because of this, we recognize the process of developing and implementing sustainable solutions is best when it builds and leverages a robust network of expertise across functions and regions. To this end, we collaborate with stakeholders at the industry, federal, regional and local levels to develop and advance sustainable practices in the healthcare industry at large and the communities in which we operate. Additionally, we have robust programs at Cleveland Clinic to engage caregivers in our sustainability efforts regardless of their location or position in the institution. Through this report and other communication channels, we are committed to sharing best practices and learning from our stakeholders to magnify the positive impact we can make on human and environmental health

Industry

Cleveland Clinic is committed to sharing best practices and learning from our peers to advance sustainable practices in healthcare. We have been a member of Practice Greenhealth (PGH)—the nation's leading community for healthcare organizations committed to sustainable practices—since 2007. Through this collective, we share sustainable practices and data with other PGH members via case studies, reports, webinars, cohort calls, conferences and meetings. Through PGH's annual benchmarking reports and case studies, members can identify and reach out to leaders in areas such as energy, water, waste, emissions, green building, environmentally preferred purchasing, local and sustainable food and other topics to discuss successful strategies and share resources.

PGH recognizes the sustainability efforts of its members through their annual awards cycle. PGH has acknowledged Cleveland Clinic with its Top 25 Environmental Excellence award, their highest honor for hospitals leading the industry in all-around sustainability performance, for five consecutive years. PGH also recognizes individual Cleveland Clinic hospitals and family health centers across the enterprise with various awards, which we celebrate with our green teams annually. Cleveland Clinic is one of three systems that have won their "System for Change" award every year since its inception, which is a measure of the depth and breadth of our facility engagement.

Federal

In 2019, Cleveland Clinic continued to participate in the Environmental Protection Agency (EPA) and the Department of Energy's (DOE) ENERGY STAR program, and the DOE's Better Buildings Challenge. These voluntary federal initiatives support our energy reduction strategy by supporting facility-level energy efficiency.

Cleveland Clinic Sustainability and facility managers across the enterprise use ENERGY STAR's Portfolio Manager to track energy use and cost data of our buildings. This cost-free online data management platform enables us to easily measure progress toward our energy reduction goals and compare the performance of our facilities. Additionally, Cleveland Clinic completed its first energy treasure hunt in 2019, an ENERGY STAR program that encourages cross functional teams to work together to find energy saving opportunities in their facilities. ENERGY STAR provides case studies and industry-specific checklists for treasure hunts, as well as a plethora of other online educational materials we share with caregivers for saving energy at work and at home.

ENERGY STAR also certifies products, appliances and buildings for energy efficiency. In 2019, Lutheran Hospital achieved ENERGY STAR certification for its efficient operations. Additionally, incorporating ENERGY STAR-certified appliances and products in buildings better positions facilities for meeting the U.S. Green Building Council's Leadership in Energy and Environmental Design (LEED) standards and ultimately, achieving LEED certification.

In 2019, Cleveland Clinic was proud to meet our Better Building Challenge goal of reducing energy use in our facilities by 20% from our 2010 baseline, exceeding the goal by 2%. Cleveland Clinic provided facility-level energy use data reports to the DOE every six months as part of the challenge, which are publicly available and used to enable benchmarking across the healthcare industry.

Cleveland Clinic also participates in Healthcare Without Harm's Climate Council, a national group of healthcare systems committed to climate action. In October 2019, Cleveland Clinic participated in a group engagement with members of the House Climate Action Committee and shared ideas on how to progress the climate agenda with a health-based lens.appliances and products in buildings better positions facilities for meeting the U.S. Green Building Council's Leadership in Energy and Environmental Design (LEED) standards and ultimately, achieving LEED certification.

Local and Regional

Since its inception, Cleveland Clinic has supported Mayor Frank G. Jackson's Sustainable Cleveland 2019 (SC2019) initiative to build a thriving green city on a blue lake. Cleveland Clinic Sustainability has collaborated with the Mayor's Office of Sustainability on SC2019, as well as the Cleveland Tree Plan and the Cleveland Climate Action Plan to drive action on sustainability in the region. By aligning our sustainability initiatives with the City, we accelerate progress toward common goals. Learn more about our participation in SC2019 and Cuyahoga50.

In 2019, the Ohio Environmental Protection Agency (EPA) awarded Cleveland Clinic its platinum level environmental stewardship award—the highest recognition available for environmental excellence. Cleveland Clinic earned this award for our emphasis on recycling, energy demand reduction, green infrastructure and work to create environmental improvements throughout the community. To earn the platinum award, a business or organization must expand their environmental program beyond their facilities and demonstrate how their environmental stewardship efforts benefit the local community, region or larger geographic area.

"We are committed to supporting a healthier region through our efforts in energy conservation and overall sustainability policies and practices. As a healthcare provider, we want to safeguard the health of our communities by adopting environmental best practices in the delivery of our exceptional patient care." Chris Connell, Chief Design Officer.

Ohio EPA's Encouraging Environmental Excellence (E3) program recognizes businesses and other organizations for completing environmentally beneficial activities and serves as an incentive for organizations to commit to ongoing environmental stewardship.

Caregiver

Cleveland Clinic Sustainability is a team of seven individuals with subject matter expertise in various sustainability facets that mirror our focus areas: energy, waste, water, climate, purchasing, communication and engagement, transportation, community programs, local and sustainable food, healthy chemicals and green building. They set the organization's sustainability strategy, collect data to measure progress on our goals and collaborate across the organization to drive our sustainability efforts. Cleveland Clinic also has 25 caregiver-led green teams located at our hospitals, family health centers and administrative buildings to champion progress at their facilities and in their surrounding communities.

Cleveland Clinic's growing number of green teams are comprised of caregivers spanning a variety of departments and with diversity of expertise. Examples of actions green teams take to support our sustainability efforts include:

- Sharing information with their colleagues, including changes to our recycling programs, progress on our goals, best practices and opportunities for engagement
- Promoting engagement by hosting events, activities, volunteer opportunities and contests, role-modeling sustainable behaviors and celebrating successes
- Reducing the environmental impact of their facility by recycling, conserving water and energy, minimizing waste to landfill and purchasing green products
- Documenting successes and measuring results to assist Cleveland Clinic Sustainability in tracking progress toward the organization's goals

In 2019, we held a half-day innovation and design session for our green teams using appreciative inquiry to find out what was working well for them, what inspired them and what they needed to build on their successes. Representatives from different green teams sat together to share best practices and collaborate with caregivers from outside of their facilities. We also shared and celebrated the 2019 facility-level awards Cleveland Clinic received from Practice Greenhealth for our sustainability efforts, as well as our annual EcoCaregiver award.

EcoCaregiver Program

EcoCaregivers are caregivers that lead by example and champion energy, water and waste reduction efforts across the enterprise. They also support our sustainable sourcing, green transportation and safe chemical initiatives. EcoCaregivers can be located in any department across the enterprise and often participate as members of our green teams and volunteer events. Cleveland Clinic Sustainability develops resources and projects to channel our caregivers' passion for the environment in their work areas. This includes an introduction to our sustainability efforts in the onboarding process through Energy Savings and You, a mandatory online training module that shows caregivers how to save energy and respond during energy shortages.

In 2018, Cleveland Clinic Sustainability introduced an EcoCaregiver award to recognize individuals across the organization that go above and beyond in their work area to make a positive environmental impact. In 2019, we recognized Mario Cammarata for his contributions to increasing the tree canopy on our properties and in our neighboring communities. He also supports the planting of pollinator and rain gardens, collecting data to help reduce bird strikes at our facilities and incorporating sustainable practices into our landscaping.

Celebrating Earth Day

To educate, excite and engage our patients, caregivers and community members in our journey toward sustainability, we host several Earth Day events across the enterprise. Cleveland Clinic Sustainability hosts an annual Earth Day Expo at our main campus and our green teams host events at our regional hospitals, family health centers and administrative spaces. During our 2019 Earth Day celebration at main campus, participants could play "Can It for the Planet"—a game about recycling, snap a picture in a photo booth, get a progress update on Cleveland Clinic's sustainability goals, try local produce, learn about local sustainability assets and programs from neighboring organizations, enjoy giveaways and purchase a raffle ticket for the chance to win a bike.

Water Stewardship

Overview

Nearly all of the human body's major systems depend on water to function effectively. Clean water sources are essential not just for our own wellbeing, but for the health of innumerable species on our planet. We are committed to protecting bodies of water located near our areas of operation, such as Lake Erie in Ohio and the Everglades in Florida. Our water stewardship strategy includes conserving water, preserving water quality and managing stormwater and wastewater.

In 2019, Cleveland celebrated Cuyahoga50, a series of events celebrating the improvement of water quality in the Cuyahoga River. Commemorating the 50th anniversary of the 13th and most widely publicized time the Cuyahoga River caught fire, Cuyahoga50 was the largest series of clean water events in the country with 25 events over the course of five days. When the Cuyahoga River caught fire in 1969, TIME magazine covered the story, raising awareness of industrial pollution and the state of the country's waterways. One year after the infamous fire, the U.S. government created the Environmental Protection Agency and signed the Clean Water Act into law two years later. Today, the Cuyahoga River supports more than 60 different species of fish. Cleveland Clinic participated in various events throughout the week, including supporting the Sustainable Cleveland 2019 Summit as a Blue Lake-level sponsor. To raise awareness of Cuyahoga50 and clean water, we also collaborated with local artist Dana Depew on an art installation outside of Taussig Cancer Center on our main campus.


Water Conservation

To conserve water, we incorporate high efficiency and low-flow faucets, toilets and showers in new construction and retrofit these fixtures into our existing facilities. Additionally, by building new construction projects to LEED standards, we prioritize water conservation in our design process through the inclusion of high efficiency process equipment, rainwater capture, high-efficiency sprinkler systems with moisture sensors and drought-tolerant plantings, which reduce water needed for irrigation. In 2015, we set a goal to reduce our water consumption by 10% from our 2015 baseline by 2027. As of the end of 2019, we have reduced our water use intensity by nearly 3%.

Additional examples of our water conservation strategies include:

- Incorporating sensors and controllers in our irrigation systems, which prevents watering following rain events
- Installing motion sensors on water fixtures to prevent them from being left on
- Using waterless hand scrub in operating rooms
- Sharing and promoting water-saving behaviors to our caregivers and green teams
- Engaging caregivers in proactive leak detection and reporting by sharing a form to report leaks on our intranet

Water Use Intensity (Gallons/Sqft)
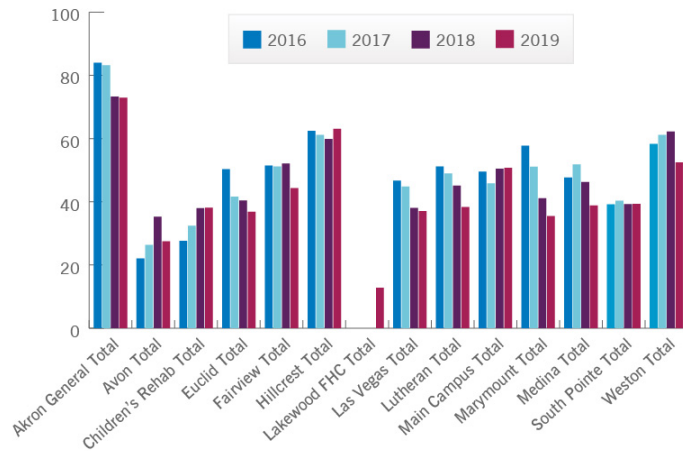
We continue to gather comprehensive data to measure our water use. In this year's report, we added data for Cleveland Clinic Children's Hospital for Rehabilitation and our new Lakewood Family Health Center, which opened in 2018 and for which 2019 is the first year we have a full calendar year of data.

Water Quality

To safeguard water quality, Cleveland Clinic has robust initiatives regarding chemical use and management, and the generation and handling of waste. For example, we have reduced the number of chemicals we use and promote the use of chemicals that are safer for human and environmental health through our Green Cleaning Directive and Integrated Pest Management Operating Procedure. We also minimize the use of herbicides and pesticides in our landscaping, and prioritize organic treatments on the lawn of Crile Mall at main campus, where we host our weekly farmers market during the months of April through September each year.

Our drug take-back program supports our efforts to reduce illegal diversion and disposal of unused medications, protecting communities and water quality. Caregivers, patients and families can drop off unused prescription medications (including inhalers), over-the-counter medications and other drugs at nine drop off locations in Northeast Ohio 365 days a year:

• Beachwood Family Health Center
• Crile Pharmacy (main campus)
• Euclid Avenue Pharmacy (main campus)
• Hillcrest Hospital
• Independence Family Health Center
• Lutheran Hospital
• Marymount Hospital
• Medina Hospital
• Richard E. Jacobs Family Health Center

We ensure the shredding of all prescription bottles with labels to ensure confidentiality. In 2019, Cleveland Clinic pharmacies collected more than 2,100 pounds of unused medications.

Wastewater & Stormwater Management

Through our water conservation and water quality improvement efforts, we reduce the amount of wastewater we generate and have measures in place to prevent hazardous materials from entering our waterways. We also take action to manage stormwater and prevent stormwater runoff, which is important to us because several of our facilities are located near bodies of water. During heavy rains, if there are not enough areas where rainwater can be reabsorbed into the ground, it travels to the sewer system and local bodies of water. This can negatively impact local bodies of water because as stormwater travels, it can collect herbicides, oil, gasoline and other pollutants and carry them into waterways. When large quantities of water enter drains in areas with combined sewer systems (e.g. Cleveland), the mixed rainwater and sewage overflow into local bodies of water when the system reaches capacity. For this reason, nearly 4.5 billion gallons of combined rainwater and sewage from Cleveland and its surrounding communities overflow into Lake Erie and other local waterways each year, according to the Northeast Ohio Regional Sewer District.[1]

Actions Cleveland Clinic is taking to manage stormwater and reduce runoff include:

- Increasing the amount of vegetated space and decreasing the amount of impervious space in our new construction projects
- Creating a green masterplan for our main campus, which includes green roofs, gardens and more trees
- Collecting rainwater at our hospitals and family health centers and installing stormwater management infrastructure, such as rain gardens with native plants, pervious pavers and detention ponds
- Supporting Green Teams in creating and maintaining gardens at their facilities
- Reducing impervious area created by surface parking lots by consolidating parking at main campus and Fairview Hospital via parking garages
- Collaborating with community partners to plant trees in our neighboring Fairfax community and giving away trees to our caregivers to plant at their homes in support of Cleveland's Tree Plan

[1] Northeast Ohio Regional Sewer District, "About Project Clean Lake," accessed 30 July 2019, neorsd.org/community/about-the-project-clean-lake-program.

Governace

Cleveland Clinic is committed to upholding its reputation of honesty and integrity. Regardless of title or position, all caregivers are required to comply with the laws, regulations, standards and policies that govern their daily job responsibilities. We uphold ethical standards at the highest level and provide caregivers with training and resources to guide them in making the right decisions for patients, one another and our organization.

Overview

The Cleveland Clinic Foundation is an Ohio nonprofit corporation whose mission is to provide better care of the sick, investigation into their problems and further education of those who serve. The Cleveland Clinic Foundation is the direct or indirect parent (or the "sole member" or "sole regular member") of each affiliate within the Cleveland Clinic Health System (CCHS).

Each of the various corporate entities that comprise CCHS has its own board of directors/trustees and officers. The Cleveland Clinic governs CCHS through direct representation on such boards, reserved powers and other governance controls via its Members, a Board of Directors and a Board of Governors.

The Cleveland Clinic Board of Directors is the primary governing body for CCHS and is charged with the fiduciary duty to act on behalf of the Cleveland Clinic. Directors are elected to four-year terms and selected for their expertise and experience in a variety of areas beneficial to the Cleveland Clinic and CCHS. Directors are not compensated for their services, and a majority are required to be independent. Within the Board of Directors, the Governance Committee nominates new Directors, who then become Members if they are confirmed by a vote by the Board. When a Director's four-year term has concluded, the Governance Committee completes an evaluation to determine whether the Director should be re-nominated. Any Director may voluntarily resign from active service and request appointment as an Emeritus Trustee.

The Cleveland Clinic Board of Trustees serves the Board of Directors in an advisory capacity. Like Directors, Trustees do not receive compensation and are selected for their expertise and experience, including community service. Trustees also serve on the committees of the Board of Directors.

Existing voting Members elect new Members, who must possess specific qualifications specified in the Cleveland Clinic's Code of Regulations. Only Members serving as Directors of the Cleveland Clinic have voting rights. The voting Members meet once or more per year to elect new Directors to the Board of Directors, consider and adopt amendments to governing documents and to address other matters as appropriate.

The Board of Directors has the following committees: Audit, Board Policy, Compensation, Conflict of Interest and Managing Innovations, Finance, Governance, Medical Staff Appointment and Philanthropy.

The Governance Committee nominates individuals annually to serve as Directors of the Cleveland Clinic and periodically elects individuals to serve as Trustees of the Cleveland Clinic. When evaluating Director and Trustee candidates for nomination, the Governance Committee considers business/professional expertise, independence, judgment, skill, diversity and civic involvement.

A Board of Directors governs each regional hospital and delegates certain responsibilities and duties to an Executive Committee. Additionally, most Regional Hospitals have a Board of Trustees to assist in overseeing quality, safety, patient experience, credentialing, community engagement and hospital leadership evaluation issues, subject to final approval by its respective Regional Hospital Board of Directors.

The Chair of the Cleveland Clinic Board of Directors holds the highest Board position but is not an executive officer, employee or staff member of the Cleveland Clinic. As of September 2020, there are 27 members of the Cleveland Clinic Board of Directors, which includes two senior members of the Cleveland Clinic Board of Governors, nine female Directors (including the Board Chair), two African-American Directors, one Asian Director and one Hispanic Director.

According to the Cleveland Clinic's Board Independence Policy, a majority of the Board of Directors must be independent. Under this Policy, a Director cannot be considered independent if he or she is employed by the Cleveland Clinic, receive compensation from the Cleveland Clinic or serve as director or executive officer of an entity that receives more than 1% of its gross revenues from the Cleveland Clinic. Additionally, a Director's status as independent must be ratified by the Governance Committee, who consider the advice and guidance of the Chief Governance Officer, the recommendations of the Board's Conflict of Interest and Managing Innovations Committee and all relevant facts and circumstances in accordance with the Board Independence Policy. Presently the Board of Directors has 23 independent Directors.

Awards

In 2019, Cleveland Clinic was recognized for excellence across several disciplines, including but not limited to clinical care, innovation, diversity ethics, supply chain and environmental initiatives.

- View full list of awards

Memberships

Cleveland Clinic is a member of the following organizations:

- American Association of Medical Colleges
- American Clinical Laboratories Association
- American College of Physicians
- American Hospital Association
- American Medical Group Association
- Association for Community Health Improvement
- Association of American Medical Colleges
- Association of Health System Pharmacies
- Center for Health Affairs
- DiversityInc.
- Greater Cleveland Health Association
- Greater Cleveland Partnership
- Health Management Academy
- Healthcare Leadership Council
- Leadership Cleveland
- National Quality Forum
- OHA Environmental Leadership Council
- Ohio Hospital Association
- Ohio Minority Supplier Development Council
- Practice Greenhealth
- Research!America.
- Society for Human Resource Management (SHRM)
- Society of Black Academic Surgeons (SBAS)
- Sustainable Cleveland 2019
- US Green Building Council

Through our participation in these boards and committees, we share best practices with other member organizations, recruit talent and take collective action to improve public health and advance healthcare policies. In doing so, member organizations, including the Cleveland Clinic, benefit from their lobbying activities by extension. We also encourage our physicians and researchers to become members of organizations relevant to their areas of expertise.

Transparency & Anti-Corruption

Cleveland Clinic's Chief Integrity Officer reports directly to the Board of Directors and oversees the audit and compliance programs focused on risk management, regulatory compliance, business ethics and internal controls for the health system. Responsibilities of the Chief Integrity Officer include annually reviewing expenses and invoices, conducting fraud detection audits, evaluating background check procedures performed by Protective Services, operating an anonymous whistle-blowing hotline and ensuring appropriate individuals complete compliance training. The Chief Integrity Officer also supervises the Internal Audit Department and Corporate Compliance Department to ensure compliance with federal, state and local laws and regulations.

Our anti-corruption risk analysis includes the entire Cleveland Clinic healthcare system. We require all caregivers to review the Code of Conduct policies and procedures as part of the onboarding process. Additionally, caregivers can access the Code of Conduct at any time via our caregiver intranet. Following an investigation, caregivers found to have committed fraud are subject to disciplinary action, including termination and prosecution.

Our commitment to transparency supports our ability to innovate, attract and retain talent, drive value throughout our value chain and deliver the highest quality of care. Through industry benchmarks, this report, email communications, social media platforms, our intranet site and a variety of other communication channels, we strive to provide timely and relevant information to patients, caregivers and communities. For example, during the height of the 2020 spring surge of the COVID-19 pandemic, our CEO provided daily communications to our caregivers and the community. Senior management also met weekly with the Board of Directors' Governance Committee to provide updates on issues and actions taken.

Conflict of Interest

Cleveland Clinic maintains the highest ethical standards to ensure we operate in accordance with our guiding principle of "Patients First" across our entire enterprise. To identify, prevent and manage any potential conflicts of interest, Cleveland Clinic has a Board of Directors Conflict of Interest and Managing Innovations Committee, a Board of Directors Conflict of Interest Policy and a Professional Staff Conflict of Interest Committee.

The Cleveland Clinic Board of Directors Conflict of Interest and Managing Innovations Committee is responsible for (a) determining the existence of, assessing, resolving and managing any conflicts of interest arising from an individual interest of a Director, Trustee or Officer of CCHS, or from an interest held directly or indirectly by Cleveland Clinic, in accordance with the current Board of Directors Conflict of Interest Policy and (b) supervising the Cleveland Clinic Professional Staff Conflict of Interest Committee in the performance of its responsibilities for professional staff conflicts of interest matters. The Committee conducts its duties in accordance with all applicable rules and regulations, including those applicable to nonprofit and tax exempt charitable organizations.

On an annual basis, the Cleveland Clinic distributes a questionnaire to CCHS directors, trustees, officers and key employees to determine independence, as defined by the United State Internal Revenue Service and Cleveland Clinic Conflict of Interest Policy. We use information gathered from this questionnaire to review business affiliations and transactions that might give rise to potential conflicts of interest.

Directors and Trustees who are not independent are entitled to participate fully in their duties as a Board member, subject to the Cleveland Clinic's Conflict of Interest policies and the requirements applicable to Board members to recuse themselves from any actions that involve a personal interest. A Director or Trustee deemed not independent is nevertheless assumed to be always acting in the best interests of the Cleveland Clinic.

Compliance and Ethics

The Office of Corporate Compliance ensures caregivers, contractors and vendors understand and act in full compliance with applicable federal, state and local laws, regulations, policies and ethical standards. Cleveland Clinic offers comprehensive compliance training to establish expectations across the organization. All caregivers complete mandatory online compliance training annually and receive regular compliance highlights by newsletter. The Office of Corporate Compliance provides in-person education sessions to all institutes each year, all new financial managers and at all regional annual board meetings. Additionally, the Office of Corporate Compliance has their own intranet page accessible to all caregivers that contains compliance news, educational materials and training resources. Educational offerings include monthly corporate compliance education sessions, quarterly administrative compliance meetings, research compliance program meetings, research orientations and monthly clinical research roundtables.

Compliance committees provide additional support in fulfilling duties and oversight responsibilities and include the Corporate Compliance Committee, 13 regional hospital compliance committees, nearly 30 institute and division compliance committees and the Research Compliance Committee.

Ensuring patient privacy and data security is paramount to providing our patients the highest quality care. To this end, we instituted the Privacy Office in 2003 under the Office of Corporate Compliance to guarantee enterprise-wide integration of HIPAA regulations into our culture and procedures. The Office of Corporate Compliance and Technology Security Department collaborate to evaluate our compliance program on an ongoing basis, proactively implementing changes to address the evolution of technology and its application in the healthcare sector. One outcome of this partnership includes the Electronic Data Stewardship program, designed to prevent data loss, identify fraud, and offer advanced malware protection.

We encourage our growing number of patients and caregivers to contact the Office of Corporate Compliance directly with questions and concerns related to privacy and ethics through anonymous email accounts and hotlines. In 2019, Corporate Compliance investigated 2,232 reported compliance concerns, an increase from 1,608 inquiries in 2018. The increase in reported concerns each year for the last five years is a positive reflection on the effectiveness and communication of the Cleveland Clinic compliance program. Cleveland Clinic has a culture of compliance, where caregivers know they can speak up and have their concerns appropriately addressed.

Total Compliance-Related Inquiries

Year	Inquiries
2015	1074
2016	1177
2017	1452
2018	1608
2019	2232
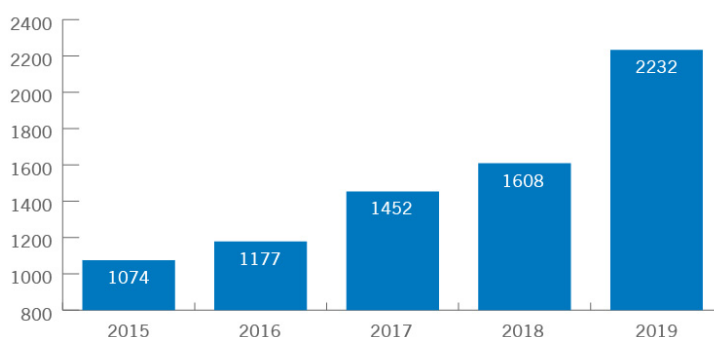
Over the past several years, Cleveland Clinic developed and regularly tested its plan to address a sudden surge of patients, whether due to terrorist activities or a pandemic. As a result, Cleveland Clinic was able to quickly expand its number of beds from 3,400 to over 8,000, and had sufficient supplies of PPE on hand to protect caregivers during the spring 2020 surge of the COVID-19 pandemic. Cleveland Clinic leadership also played a significant role in supporting and advising national and State of Ohio leadership daily on appropriate actions to be taken.

Human Rights & Labor Standards

Quality care starts with our caregivers, who better serve our patients, one another, and our global communities when they respect and appreciate our similarities and differences. Through our value of inclusion, we intentionally create an environment of compassionate belonging where all are valued and respected. Cleveland Clinic provides equal opportunity across all employment practices, including recruitment, selection, training, promotion, transfer and compensation, without regard to age, gender, race, national origin, religion, creed, color, citizenship status, physical or mental disability, pregnancy, sexual orientation, gender identity or expression, marital status, genetic information, ethnicity, ancestry, veteran status or any other characteristic protected by federal, state or local law ("protected categories"). In addition, we administer all personnel actions without regard to disability and provide reasonable accommodations for otherwise qualified disabled individuals.

Cleveland Clinic develops an empathetic and culturally sensitive workforce, and provides annual cultural competency training online for all caregivers, as well as seminars and consultation services to caregivers and departments to create a more inclusive environment.

- Learn more about our caregiver diversity and inclusion programs here.

Under Cleveland Clinic policy, employees are entitled to file complaints relating to possible discriminatory treatment or other violations of policy with their managers, Human Resources and/or our confidential Compliance Reporting line. We conduct investigations for each report and administer corrective action as necessary. Employees are also entitled, by law, to submit complaints regarding alleged discriminatory actions with various state and federal agencies. During the 2019 calendar year, no findings of probable cause were issued by any administrative agency.

We designed our compensation system to attract and retain top talent while maintaining internal equity. To this end, we conduct an internal review process for any salary offer that has the capacity to disrupt this equity. We offer an integrated, competitive and comprehensive benefits package that applies to all part-time and full-time caregivers scheduled to work at least 40 hours per two-week pay period, with the exception of short-term disability and long-term disability benefits that are only available to full-time caregivers. To assist with long-term financial planning and retirement, Cleveland Clinic offers a pension plan and tax-deferred retirement plan. We automatically enroll all caregivers, with the exception of students, residents/fellows and research associates, in a noncontributory pension plan for which Cleveland Clinic's contribution is a percentage of caregiver compensation based on years of service. Full-time, part-time and PRN caregivers can take part in the 403(b) investment fund, and the rate of caregiver participation in this benefit was stable from 2018 to 2019 at 92%. Cleveland Clinic matches caregiver investments in this fund at a rate of 50%for up to 6% of employee contributions.

Our policies prohibit off-the-clock work for non-exempt caregivers, as well as supervisory behavior that permits, encourages or requires off-the-clock work. We designed our timekeeping systems and policies to comply with applicable federal and state regulations regarding pay, including accurate calculation of overtime compensation. Human Resources policies address appropriate use of independent contractors, student interns and hospital volunteers. We adhere to state regulations regarding working hours, duties and breaks for caregivers who are minors. Prior to commencing employment, every minor under the age of 18 must possess a valid Age and Schooling Certificate (work permit) unless otherwise exempted as stated in Chapter 4109 of the Ohio Revised Code.

Awards

2019 World's Most Ethical Companies – Ethisphere

No. 2 hospital in the world – Newsweek

Modern Healthcare | 50 Most Influential Clinical Executives
Modern Healthcare 50 Most Influential Clinical Executives, Tomislav Mihaljevic, MD, CEO and President

U.S. News & World Report consistently names Cleveland Clinic as one of the nation's top hospitals in its annual "America's Best Hospitals" survey and has named Cleveland Clinic's heart program No. 1 for 25 consecutive years. We rank nationally in 15 specialties, including 11 specialties in the top 10.

Cleveland Clinic was named the No. 2 most innovative hospital in a survey of more than 300 hospital leaders

Clinical

Cleveland Clinic's main campus, Akron General, Fairview Hospital, Hillcrest Hospital, South Pointe Hospital and Cleveland Clinic Abu Dhabi earned the American Nurses Credentialing Center's Magnet designation for the strength and quality of our nursing programs. Fewer than 10% of American hospitals have earned Magnet status.

Top Performer in Caring for LGBTQ Patients – Human Rights Campaign
- Avon Hospital
- Cleveland Clinic Akron General
- Cleveland Clinic Florida
- Cleveland Clinic main campus
- Euclid Hospital
- Fairview Hospital
- Hillcrest Hospital
- Lutheran Hospital
- Marymount Hospital
- Medina Hospital
- South Pointe Hospital

Joy in Medicine™ Recognition for outstanding efforts to improve physician satisfaction and address systemic causes of burnout

Outstanding Patient Experience Award™ – Healthgrades
- Avon Hospital
- Cleveland Clinic Florida
- Cleveland Clinic main campus

Vizient's 2019 Bernard A. Birnbaum, MD, Quality Leadership Award
- Fairview Hospital
- Lutheran Hospital (third consecutive year)

Primary Stroke Center Certification by The Joint Commission

Joint Commission Certification for Advanced Primary Stroke Centers
- Avon Hospital

Ohio Patient Safety Institute's Dr. Frank Dono Best Practice Award for outstanding efforts to improve patient safety in Ohio
- Cleveland Clinic main campus
- Fairview Hospital

American Heart Association recognized Indian River Hospital with the Get With The Guidelines® Gold Plus Target: Heart Failure Honor Roll Quality Achievement Award for meeting specific quality achievement measures for the diagnosis and treatment of heart failure patients

Emergency Nurses Association recognized the Medina Hospital Emergency Department with a Lantern Award for exceptional and innovative performance in leadership, practice, education, advocacy and research

Human Resources

Top Workplace – The Plain Dealer

Modern Healthcare's Best Places to Work in Healthcare

Top 50 2019 Best Employers: Excellence in Health & Well-Being –
National Business Group on Health

Employer Partner of Inclusion Award (silver level) –
Opportunities for Ohioans with Disabilities

Best-in-Class award for Workforce Diversity –
The Commission on Economic Inclusion

Top Employer in Northeast Ohio

Military Friendly Employer

Smart Culture Award – Smart Culture Program

2020 Top Hospitals and Health Systems (third) –
DiversityInc (eleventh consecutive year listed)

Environmental

Ohio Environmental Protection Agency's Encouraging Environmental Excellence (E3) Platinum Level recognition for expanding environmental stewardship efforts in benefit of local communities

Practice Greenhealth's Top 25 Environmental Excellence Award, its highest honor (fifth year in a row)

Practice Greenhealth's Greening the OR Leadership Award (fourth straight year), for top performance nationally in reducing the environmental impact of our operating rooms

Practice Greenhealth's System for Change Award for our system-wide sustainability efforts

Practice Greenhealth's Circles of Excellence in four areas for top ten performance in the country, including Energy, Green Building, Climate and Greening the OR

Green Electronics Council 2019 EPEAT Three-Star Purchaser Award

Northeast Ohio Areawide Coordinating Agency 2019 Commuter Choice Awards Bronze Winner

Operations

Supply Chain Ranked No. 2 in Healthcare by Gartner

Protective Services Ranked No. 3 in healthcare in Security magazine's Security 500

2019 HealthCare's Most Wired list by the College of Healthcare Information Management Executives and Modern Healthcare Custom Media for excellence in healthcare IT
- Cleveland Clinic main campus
- Martin Health System

GRI Index

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
ORGANIZATIONAL PROFILE, GRI 102: GENERAL DISCLOSURES 2016		
102-1	Cleveland Clinic	a. Name of the organization.
102-2	**Organizational Profile**	a. A description of the organization's activities. b. Primary brands, products, and services, including an explanation of any products or services that are banned in certain markets.
102-3	Cleveland, Ohio, United States of America	a. Location of the organization's headquarters.
102-4	**Organizational Profile**	a. Number of countries where the organization operates, and the names of countries where it has significant operations and/or that are relevant to the topics covered in the report.
102-5	The Cleveland Clinic Foundation is an Ohio nonprofit corporation. As such, it is not owned by any individuals or corporate entities. The Cleveland Clinic Foundation serves as a direct or indirect parent or as the "sole member" or "sole regular member" of each affiliate within the Cleveland Clinic Health System (CCHS).	a. Nature of ownership and legal form.
102-6	**Who Are Our Patients?**	a. Markets served, including: i. geographic locations where products and services are offered; ii. sectors served; iii. types of customers and beneficiaries.
102-7	**By The Numbers** **State of the Clinic 2019**	a. Scale of the organization, including: i. total number of employees; ii. total number of operations; iii. net sales (for private sector organizations) or net revenues (for public sector organizations); iv. total capitalization (for private sector organizations) broken down in terms of debt and equity; v. quantity of products or services provided.
102-8	**Enterprise Demographics**	a. Total number of employees by employment contract (permanent and temporary), by gender. b. Total number of employees by employment contract (permanent and temporary), by region. c. Total number of employees by employment type (full-time and part-time), by gender. d. Whether a significant portion of the organization's activities are performed by workers who are not employees. If applicable, a description of the nature and scale of work performed by workers who are not employees. e. Any significant variations in the numbers reported in Disclosures 102-8-a, 102-8-b, and 102-8-c (such as seasonal variations in the tourism or agricultural industries). f. An explanation of how the data have been compiled, including any assumptions made.
102-9	**Sustainable Procurement**	a. A description of the organization's supply chain, including its main elements as they relate to the organization's activities, primary brands, products, an services.

GRI Index

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
102-10	**State of the Clinic 2019**	a. Significant changes to the organization's size, structure, ownership, or supply chain, including: i. changes in the location of, or changes in, operations, including facility openings, closings, and expansions; ii. changes in the share capital structure and other capital formation, maintenance, and alteration operations (for private sector organizations); iii. changes in the location of suppliers, the structure of the supply chain, or relationships with suppliers, including selection and termination.
102-11	We apply the precautionary approach in our operations through our green design and construction and purchasing standards. **Healthy Buildings**, **Sustainable Procurement**	a. Whether and how the organization applies the Precautionary Principle or approach.
102-12	Healthcare Anchor Network's Impact Purchasing Commitment, Practice Greenhealth's Environmentally Preferable Purchasing Pledge, United Nations Sustainable Development Goals, United Nations Global Compact, Greater University Circle Initiative, Department of Energy's Better Building Challenge, Cleveland Climate Action Plan and Heathcare Without Harm's Healthcare Climate Pledge	a. A list of externally-developed economic, environmental and social charters, principles, or other initiatives to which the organization subscribes, or which it endorses.
102-13	**Memberships**	a. A list of the main memberships of industry or other associations, and national or international advocacy organizations.
STRATEGY, GRI 102: GENERAL DISCLOSURES 2016		
102-14	**Letter from Tomislav Mihaljevic, MD** Chief Executive Officer and President	a. A statement from the most senior decision-maker of the organization (such as CEO, chair, or equivalent senior position) about the relevance of sustainability to the organization and its strategy for addressing sustainability.
102-15	**Materiality & Boundary**, **Patients**, **Caregivers**, **Community**, **Environment**, **Governance**	a. A list of the main memberships of industry or other associations, and national or international advocacy organizations.
ETHICS AND INTEGRITY, GRI 102: GENERAL DISCLOSURES 2016		
102-16	**Mission, Vision, Values** **Governance**	a. A description of the organization's values, principles, standards, and norms of behavior.
102-17	**Governance**	a. A description of internal and external mechanisms for: i. seeking advice about ethical and lawful behavior, and organizational integrity; ii. reporting concerns about unethical or unlawful behavior, and organizational integrity.
GOVERNANCE, GRI 102: GENERAL DISCLOSURES 2016		
102-18	**Governance**	a. Governance structure of the organization, including committees of the highest governance body. b. Committees responsible for decision-making on economic, environmental, and social topics.
STAKEHOLDER ENGAGEMENT, GRI 102: GENERAL DISCLOSURES 2016		
102-40	**Stakeholder Engagement**	a. A list of stakeholder groups engaged by the organization.

GRI Index

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
102-41	3.7% of our enterprise caregivers are covered by enterprise collective bargaining agreements. Cleveland Clinic has collective bargaining agreements with various groups of employees working at certain subsidiaries in a variety of roles. Cleveland Clinic believes that its relationships with the unions are positive and that any expiring collective bargaining agreements during the current or upcoming fiscal years will be renegotiated without any disruption in service or operations of the related facilities.	a. Percentage of total employees covered by collective bargaining agreements.
102-42	**Stakeholder Engagement**	a. The basis for identifying and selecting stakeholders with whom to engage.
102-43	We engage with all of the stakeholder groups involved in our materiality process on an annual basis or more frequently. **Stakeholder Engagement**	a. The organization's approach to stakeholder engagement, including frequency of engagement by type and by stakeholder group, and an indication of whether any of the engagement was undertaken specifically as part of the report preparation process.
102-44	Confidentiality Constraints: In our materiality process, we respect the confidentiality of information individual stakeholders share with us and report the responses of all our external stakeholders in aggregate. We invited subject matter experts in environmental, social and governance issues to aid in the prioritization process and to provide additional context around key topics specific to their areas of expertise. **Stakeholder Engagement**, **Materiality & Boundary**	a. Key topics and concerns that have been raised through stakeholder engagement, including: i. how the organization has responded to those key topics and concerns, including through its reporting; ii. the stakeholder groups that raised each of the key topics and concerns.
REPORTING PRACTICE, GRI 102: GENERAL DISCLOSURES 2016		
102-45	**Financial Statements**	a. A list of all entities included in the organization's consolidated financial statements or equivalent documents. b. Whether any entity included in the organization's consolidated financial statements or equivalent documents is not covered by the report.
102-46	**Materiality & Boundary**	a. An explanation of the process for defining the report content and the topic Boundaries. b. An explanation of how the organization has implemented the Reporting Principles for defining report content.
102-47	**Materiality & Boundary**	a. A list of the material topics identified in the process for defining report content.
102-48	There are no restatements of information given in previous reports.	a. The effect of any restatements of information given in previous reports, and the reasons for such restatements.
102-49	There are no significant changes from previous reporting periods in material topics and topic boundaries.	a. Significant changes from previous reporting periods in the list of material topics and topic Boundaries.
102-50	Calendar year, January - December 2019	a. Reporting period for the information provided.
102-51	Dec-19	a. If applicable, the date of the most recent previous report.
102-52	Annual	a. Reporting cycle.
102-53	For more information regarding this report's content, contact Cleveland Clinic's Corporate Communications Department at +1.216.444.0141	a. The contact point for questions regarding the report or its contents.

GRI Index

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
102-54	This report has been prepared in accordance with the GRI Standards: Core option	a. The claim made by the organization, if it has prepared a report in accordance with the GRI Standards, either: i. 'This report has been prepared in accordance with the GRI Standards: Core option'; ii. 'This report has been prepared in accordance with the GRI Standards: Comprehensive option'.
102-55		The reporting organization shall report the following information: a. The GRI content index, which specifies each of the GRI Standards used and lists all disclosures included in the report. b. For each disclosure, the content index shall include: i. the number of the disclosure (for disclosures covered by the GRI Standards); ii. the page number(s) or URL(s) where the information can be found, either within the report or in other published materials; iii. if applicable, and where permitted, the reason(s) for omission when a required disclosure cannot be made.
102-56	The Cleveland Clinic Foundation ("Cleveland Clinic") is an Ohio nonprofit corporation that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code. It operates an academic medical center and health system. Cleveland Clinic makes mandatory and voluntary disclosures to a variety of governmental and nongovernmental entities, including the Internal Revenue Services, the Centers for Medicare and Medical Services, the Environmental Protection Agency, Ohio Department of Health, Department of Energy, Ohio Hospital Association and Practice Greenhealth. Cleveland Clinic's financial statements are audited on an annual basis by Ernst & Young LLP, and it makes quarterly financial disclosures pursuant to requirements of its outstanding debt. The Cleveland Clinic's Executive Steering Committee has determined it will not seek third-party verification of this report at this time.	a. A description of the organization's policy and current practice with regard to seeking external assurance for the report. b. If the report has been externally assured: i. A reference to the external assurance report, statements, or opinions. If not included in the assurance report accompanying the sustainability report, a description of what has and what has not been assured and on what basis, including the assurance standards used, the level of assurance obtained, and any limitations of the assurance process; ii. The relationship between the organization and the assurance provider; iii. Whether and how the highest governance body or senior executives are involved in seeking external assurance for the organization's sustainability report.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
ECONOMIC		
GRI 203: INDIRECT ECONOMIC IMPACTS 2016		

103-1	**Community**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. any specific limitation regarding the topic Boundary.

103-2	**Community**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Community**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

201-3	**Anchor Institution Initiatives**, **Public Health Programs**, **Our Stories**	The reporting organization shall report the following information: a. Extent of development of significant infrastructure investments and services supported. b. Current or expected impacts on communities and local economies, including positive and negative impacts where relevant. c. Whether these investments and services are commercial, in-kind, or pro bono engagements.
203-2	**Anchor Institution Initiatives**, **Public Health Programs**, **Our Stories**	The reporting organization shall report the following information: a. Examples of significant identified indirect economic impacts of the organization, including positive and negative impacts. b. Significance of the indirect economic impacts in the context of external benchmarks and stakeholder priorities, such as national and international standards, protocols, and policy agendas.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
SUPPLIER DIVERSITY (GRI 204: PROCUREMENT PRACTICES 2016)		

103-1	**Sustainable Procurement**, **Economic Development**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Sustainable Procurement**, **Economic Development**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Sustainable Procurement**, **Economic Development**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

204-1	**Sustainable Procurement**, **Economic Development**	The reporting organization shall report the following information: a. Percentage of the procurement budget used for significant locations of operation that is spent on suppliers local to that operation (such as percentage of products and services purchased locally). b. The organization's geographical definition of 'local'. c. The definition used for 'significant locations of operation'.
ENVIRONMENTAL		
ENVIRONMENTAL HEALTH AND HUMAN HEALTH LINK		

103-1	**Environment**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements

103-2	**Environment**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Environment**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

CLIMATE MITIGATION AND RESILIENCE (GRI 305: EMISSIONS 2016)		

103-1	**Climate Resilience**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Climate Resilience**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Climate Resilience**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements

305-1	We use the GHG protocol methodologies and factors to calculate our carbon footprint. Gases in our Scope 1 emissions calculations include CO2 and anesthesia gas. **Reducing Our Carbon Footprint**	a. Gross direct (Scope 1) GHG emissions in metric tons of CO2 equivalent.
		b. Gases included in the calculation; whether CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, or all.
		c. Biogenic CO2 emissions in metric tons of CO2 equivalent.
		d. Base year for the calculation, if applicable, including:
		  i. the rationale for choosing it;
		  ii. emissions in the base year;
		  iii. the context for any significant changes in emissions that triggered recalculations of base year emissions.
		e. Source of the emission factors and the global warming potential (GWP) rates used, or a reference to the GWP source.
		f. Consolidation approach for emissions; whether equity share, financial control, or operational control.
		g. Standards, methodologies, assumptions, and/or calculation tools used.

305-2	We use the GHG protocol methodologies and factors to calculate our carbon footprint. Gases in our Scope 2 emissions calculations include CO2. **Reducing Our Carbon Footprint**	a. Gross location-based energy indirect (Scope 2) GHG emissions in metric tons of CO2 equivalent.
		b. If applicable, gross market-based energy indirect (Scope 2) GHG emissions in metric tons of CO2 equivalent.
		c. If available, the gases included in the calculation; whether CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, or all.
		d. Base year for the calculation, if applicable, including:
		  i. the rationale for choosing it;
		  ii. emissions in the base year;
		  iii. the context for any significant changes in emissions that triggered recalculations of base year emissions.
		e. Source of the emission factors and the global warming potential (GWP) rates used, or a reference to the GWP source.
		f. Consolidation approach for emissions; whether equity share, financial control, or operational control.
		g. Standards, methodologies, assumptions, and/or calculation tools used.

305-3	Information Unavailable: We currently do not have data to track our Scope 3 emissions. We are in the process of gathering data to track scope 3 emissions, with an emphasis on emissions from supply chain and caregiver transportation.	a. Gross other indirect (Scope 3) GHG emissions in metric tons of CO2 equivalent.
		b. If available, the gases included in the calculation; whether CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, or all.
		c. Biogenic CO2 emissions in metric tons of CO2 equivalent.
		d. Other indirect (Scope 3) GHG emissions categories and activities included in the calculation.
		e. Base year for the calculation, if applicable, including:
		  i. the rationale for choosing it;
		  ii. emissions in the base year;
		  iii. the context for any significant changes in emissions that triggered recalculations of base year emissions.
		f. Source of the emission factors and the global warming potential (GWP) rates used, or a reference to the GWP source.
		g. Standards, methodologies, assumptions, and/or calculation tools used.

305-4	**Reducing Our Carbon Footprint**	a. GHG emissions intensity ratio for the organization. b. Organization-specific metric (the denominator) chosen to calculate the ratio. c. Types of GHG emissions included in the intensity ratio; whether direct (Scope 1), energy indirect (Scope 2), and/or other indirect (Scope 3). d. Gases included in the calculation; whether CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, or all.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
305-5	**Reducing Our Carbon Footprint**	a. GHG emissions reduced as a direct result of reduction initiatives, in metric tons of CO2 equivalent. b. Gases included in the calculation; whether CO2, CH4, N2O, HFCs, PFCs, SF6, NF3, or all. c. Base year or baseline, including the rationale for choosing it. d. Scopes in which reductions took place; whether direct (Scope 1), energy indirect (Scope 2), and/or other indirect (Scope 3). e. Standards, methodologies, assumptions, and/or calculation tools used.
305-6	Not applicable: CFC emissions comprise an immaterial proportion of our emissions (less than 1%).	a. Production, imports, and exports of ODS in metric tons of CFC-11 (trichlorofluoromethane) equivalent. b. Substances included in the calculation. c. Source of the emission factors used. d. Standards, methodologies, assumptions, and/or calculation tools used.

305-7	**Reducing Our Carbon Footprint**	a. Significant air emissions, in kilograms or multiples, for each of the following:
		  i. NOX
		  ii. SOX
		  iii. Persistent organic pollutants (POP)
		  iv. Volatile organic compounds (VOC)
		  v. Hazardous air pollutants (HAP)
		  vi. Particulate matter (PM)
		  vii. Other standard categories of air emissions identified in relevant regulations
		b. Source of the emission factors used.
		c. Standards, methodologies, assumptions, and/or calculation tools used.

ENERGY CONSERVATION (GRI 302: ENERGY 2016)		

103-1	**Energy Conservation**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Energy Conservation**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements

103-3	**Energy Conservation**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

302-1	In 2019, we consumed 21522 gallons of fuel oil, 239,389 gallons of gasoline and 40,490 gallons of diesel fuel. We used 559,268,712 kWh of electricity, 20,646,474 therms of natural gas, and 165,916,303 kBtus of district steam. We generated 82,471 kWh of renewable energy from our solar array on main campus.
	Energy Conservation
		a. Total fuel consumption within the organization from non-renewable sources, in joules or multiples, and including fuel types used.
		b. Total fuel consumption within the organization from renewable sources, in joules or multiples, and including fuel types used.
		c. In joules, watt-hours or multiples, the total:
		  i. electricity consumption
		  ii. heating consumption
		  iii. cooling consumption
		  iv. steam consumption
		d. In joules, watt-hours or multiples, the total:
		  i. electricity sold
		  ii. heating sold
		  iii. cooling sold
		  iv. steam sold
		e. Total energy consumption within the organization, in joules or multiples.
		f. Standards, methodologies, assumptions, and/or calculation tools used.
		g. Source of the conversion factors used.

302-2	Information Unavailable: We do not currently track energy use outside our organization, but are in the process of gathering data to track scope 3 emissions, with an emphasis on emissions from supply chain and caregiver transportation.	a. Energy consumption outside of the organization, in joules or multiples. b. Standards, methodologies, assumptions, and/or calculation tools used. c. Source of the conversion factors used.
302-3	**Goal Progress**	a. Energy intensity ratio for the organization. b. Organization-specific metric (the denominator) chosen to calculate the ratio. c. Types of energy included in the intensity ratio; whether fuel, electricity, heating, cooling, steam, or all. d. Whether the ratio uses energy consumption within the organization, outside of it, or both.
302-4	**Goal Progress**	a. Amount of reductions in energy consumption achieved as a direct result of conservation and efficiency initiatives, in joules or multiples. b. Types of energy included in the reductions; whether fuel, electricity, heating, cooling, steam, or all. c. Basis for calculating reductions in energy consumption, such as base year or baseline, including the rationale for choosing it. d. Standards, methodologies, assumptions, and/or calculation tools used.
302-5	Products are not applicable as we are a service-based organization. Our largest consumption of energy related to our services is from our facilities. **Energy Conservation**, **Healthy Buildings**	a. Reductions in energy requirements of sold products and services achieved during the reporting period, in joules or multiples. b. Basis for calculating reductions in energy consumption, such as base year or baseline, including the rationale for choosing it. c. Standards, methodologies, assumptions, and/or calculation tools used.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
WASTE REDUCTION (GRI 306: EFFLUENTS AND WASTE 2016)		
103-1	Waste Reduction	For each material topic, the reporting organization shall report the following information: a. An explanation of why the topic is material. b. The Boundary for the material topic, which includes a description of: i. where the impacts occur; ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships. c. Any specific limitation regarding the topic Boundary.
103-2	Waste Reduction	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization manages the topic. b. A statement of the purpose of the management approach. c. A description of the following, if the management approach includes that component: i. Policies ii. Commitments iii. Goals and targets iv. Responsibilities v. Resources vi. Grievance mechanisms vii. Specific actions, such as processes, projects, programs and initiatives
103-3	Waste Reduction	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization evaluates the management approach, including: i. the mechanisms for evaluating the effectiveness of the management approach; ii. the results of the evaluation of the management approach; iii. any related adjustments to the management approach.
306-1	Information Unavailable: We do not currently have this data available and will explore obtaining it for the next reporting period.	a. Total volume of planned and unplanned water discharges by: i. destination; ii. quality of the water, including treatment method; iii. whether the water was reused by another organization. b. Standards, methodologies, and assumptions used.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
306-2	**Landfill Diversion**	a. Total weight of hazardous waste, with a breakdown by the following disposal methods where applicable: i. Reuse ii. Recycling iii. Composting iv. Recovery, including energy recovery v. Incineration (mass burn) vi. Deep well injection vii. Landfill viii. On-site storage ix. Other (to be specified by the organization) b. Total weight of non-hazardous waste, with a breakdown by the following disposal methods where applicable: i. Reuse ii. Recycling iii. Composting iv. Recovery, including energy recovery v. Incineration (mass burn) vi. Deep well injection vii. Landfill viii. On-site storage ix. Other (to be specified by the organization) c. How the waste disposal method has been determined: i. Disposed of directly by the organization, or otherwise directly confirmed ii. Information provided by the waste disposal contractor iii. Organizational defaults of the waste disposal contractor
306-3	We did not have any significant spills during this reporting period.	a. Total number and total volume of recorded significant spills. b. The following additional information for each spill that was reported in the organization's financial statements: i. Location of spill; ii. Volume of spill; iii. Material of spill, categorized by: oil spills (soil or water surfaces), fuel spills (soil or water surfaces), spills of wastes (soil or water surfaces), spills of chemicals (mostly soil or water surfaces), and other (to be specified by the organization). c. Impacts of significant spills.
306-4	**Hazardous and Regulated Medical Waste**	a. Total weight for each of the following: i. Hazardous waste transported ii. Hazardous waste imported iii. Hazardous waste exported iv. Hazardous waste treated b. Percentage of hazardous waste shipped internationally. c. Standards, methodologies, and assumptions used.
306-5	We do not significantly affect local bodies of water or habitats with water discharges and/or runoff associated with our operations.	a. Water bodies and related habitats that are significantly affected by water discharges and/or runoff, including information on: i. the size of the water body and related habitat; ii. whether the water body and related habitat is designated as a nationally or internationally protected area; iii. the biodiversity value, such as total number of protected species.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
ENVIRONMENTALLY PREFERRED PURCHASING (GRI 204: PROCUREMENT PRACTICES 2016, GRI 308: SUPPLIER ENVIRONMENTAL ASSESSMENT 2016)		

103-1	**Sustainable Procurement**, **Economic Development**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Sustainable Procurement**, **Economic Development**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Sustainable Procurement**, **Economic Development**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

204-1	**Sustainable Procurement**, **Economic Development**	The reporting organization shall report the following information: a. Percentage of the procurement budget used for significant locations of operation that is spent on suppliers local to that operation (such as percentage of products and services purchased locally). b. The organization's geographical definition of 'local'. c. The definition used for 'significant locations of operation'.
308-1	Information Unavailable: We are focusing on screening products and eliminating polyvinyl chloride (PVC) and Di-2-ethylhexyl phthalate (DEHP) from our supply chain, and will share additional information on screening our suppliers in the future. **Sustainable Procurement**	a. Percentage of new suppliers that were screened using environmental criteria.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
308-2	Information Unavailable: We are focusing on screening products and eliminating polyvinyl chloride (PVC) and Di-2-ethylhexyl phthalate (DEHP) from our supply chain, and will share additional information on screening our suppliers in the future. **Sustainable Procurement**	a. Number of suppliers assessed for environmental impacts. b. Number of suppliers identified as having significant actual and potential negative environmental impacts. c. Significant actual and potential negative environmental impacts identified in the supply chain. d. Percentage of suppliers identified as having significant actual and potential negative environmental impacts with which improvements were agreed upon as a result of assessment. e. Percentage of suppliers identified as having significant actual and potential negative environmental impacts with which relationships were terminated as a result of assessment, and why.
HEALTHY FOOD (GRI 204: PROCUREMENT PRACTICES 2016)		
103-1	**Local and Sustainable Food**, **Workplace Wellness**	a. Percentage of the procurement budget used for significant locations of operation that is spent on suppliers local to that operation (such as percentage of products and services purchased locally). b. The organization's geographical definition of 'local'. c. The definition used for 'significant locations of operation'.

103-2	**Local and Sustainable Food**, **Workplace Wellness**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Local and Sustainable Food**, **Workplace Wellness**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

204-1	**Local and Sustainable Food**, **Workplace Wellness**	a. Percentage of the procurement budget used for significant locations of operation that is spent on suppliers local to that operation (such as percentage of products and services purchased locally). b. The organization's geographical definition of 'local'. c. The definition used for 'significant locations of operation'.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
HEALTHY BUILDINGS		

103-1	**Healthy Buildings**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Healthy Buildings**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Healthy Buildings**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

SOCIAL		
CAREGIVER ENGAGEMENT		

103-1	**Caregiver Engagement**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements

103-2	**Caregiver Engagement**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Caregiver Engagement**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

TALENT DEVELOPMENT (GRI 404: TRAINING AND EDUCATION 2016)		

103-1	**Caregivers**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Talent Development**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Talent Development**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
404-1	Information Unavailable: We do not currently have this data available and will explore obtaining it for the next reporting period. **Talent Development**	a. Average hours of training that the organization's employees have undertaken during the reporting period, by: i. gender; ii. employee category.
404-2	**Talent Development**, **Workplace Wellness**	a. Type and scope of programs implemented and assistance provided to upgrade employee skills. b. Transition assistance programs provided to facilitate continued employability and the management of career endings resulting from retirement or termination of employment.
404-3	**Talent Development**	a. Percentage of total employees by gender and by employee category who received a regular performance and career development review during the reporting period.
DIVERSITY (GRI 405: DIVERSITY AND EQUAL OPPORTUNITY 2016)		
103-1	**Diversity & Demographics**	For each material topic, the reporting organization shall report the following information: a. An explanation of why the topic is material. b. The Boundary for the material topic, which includes a description of: i. where the impacts occur; ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships. c. Any specific limitation regarding the topic Boundary.
103-2	**Diversity & Demographics**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization manages the topic. b. A statement of the purpose of the management approach. c. A description of the following, if the management approach includes that component: i. Policies ii. Commitments iii. Goals and targets iv. Responsibilities v. Resources vi. Grievance mechanisms vii. Specific actions, such as processes, projects, programs and initiatives
103-3	**Diversity & Demographics**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization evaluates the management approach, including: i. the mechanisms for evaluating the effectiveness of the management approach; ii. the results of the evaluation of the management approach; iii. any related adjustments to the management approach.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
405-1	As of December 2020, there are 27 members of the Cleveland Clinic Board of Directors, which includes two senior members of the Cleveland Clinic Board of Governors, nine female directors (including the Board Chair), two African-American Directors, one Asian Director and one Hispanic Director. All members of the Cleveland Clinic Board of Directors are over the age of 50. **Diversity & Demographics**	a. Percentage of individuals within the organization's governance bodies in each of the following diversity categories: i. Gender; ii. Age group: under 30 years old, 30-50 years old, over 50 years old; iii. Other indicators of diversity where relevant (such as minority or vulnerable groups). b. Percentage of employees per employee category in each of the following diversity categories: i. Gender; ii. Age group: under 30 years old, 30-50 years old, over 50 years old; iii. Other indicators of diversity where relevant (such as minority or vulnerable groups).
405-2	Information Unavailable: We do not currently have this data available and will explore obtaining it for the next reporting period.	a. Ratio of the basic salary and remuneration of women to men for each employee category, by significant locations of operation. b. The definition used for 'significant locations of operation'.
WORKPLACE WELLNESS		
103-1	**Workplace Wellness**	For each material topic, the reporting organization shall report the following information: a. An explanation of why the topic is material. b. The Boundary for the material topic, which includes a description of: i. where the impacts occur; ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships. c. Any specific limitation regarding the topic Boundary.
103-2	**Workplace Wellness**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization manages the topic. b. A statement of the purpose of the management approach. c. A description of the following, if the management approach includes that component: i. Policies ii. Commitments iii. Goals and targets iv. Responsibilities v. Resources vi. Grievance mechanisms vii. Specific actions, such as processes, projects, programs and initiatives
103-3	**Workplace Wellness**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization evaluates the management approach, including: i. the mechanisms for evaluating the effectiveness of the management approach; ii. the results of the evaluation of the management approach; iii. any related adjustments to the management approach.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
CAREGIVER SAFETY (GRI 403: OCCUPATIONAL HEALTH AND SAFETY 2018)		
103-1	**Caregiver Safety**	For each material topic, the reporting organization shall report the following information: a. An explanation of why the topic is material. b. The Boundary for the material topic, which includes a description of: i. where the impacts occur; ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships. c. Any specific limitation regarding the topic Boundary.
103-2	**Caregiver Safety**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization manages the topic. b. A statement of the purpose of the management approach. c. A description of the following, if the management approach includes that component: i. Policies ii. Commitments iii. Goals and targets iv. Responsibilities v. Resources vi. Grievance mechanisms vii. Specific actions, such as processes, projects, programs and initiatives
103-3	**Caregiver Safety**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization evaluates the management approach, including: i. the mechanisms for evaluating the effectiveness of the management approach; ii. the results of the evaluation of the management approach; iii. any related adjustments to the management approach.
403-1	Cleveland Clinic has not implemented an occupational health and safety management system.	a. A statement of whether an occupational health and safety management system has been implemented, including whether: i. the system has been implemented because of legal requirements and, if so, a list of the requirements; ii. the system has been implemented based on recognized risk management and/or management system standards/guidelines and, if so, a list of the standards/guidelines. b. A description of the scope of workers, activities, and workplaces covered by the occupational health and safety management system, and an explanation of whether and, if so, why any workers, activities, or workplaces are not covered.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements

403-2	As part of the Compliance Program, employees are expected to report suspected noncompliant behavior to their manager, the Corporate Compliance Office, or the Chief Legal Officer. To promote reporting, Cleveland Clinic maintains anonymous reporting phone lines and email options. Non-Retaliation is included in our code of conduct: There will be no negative consequences or retaliation for good faith reporting of possible misconduct.
	
	Caregiver Safety, **Compliance and Ethics**
		a. A description of the processes used to identify work-related hazards and assess risks on a routine and non-routine basis, and to apply the hierarchy of controls in order to eliminate hazards and minimize risks, including:
		  i. how the organization ensures the quality of these processes, including the competency of persons who carry them out;
		  ii. how the results of these processes are used to evaluate and continually improve the occupational health and safety management system.
		b. A description of the processes for workers to report work-related hazards and hazardous situations, and an explanation of how workers are protected against reprisals.
		c. A description of the policies and processes for workers to remove themselves from work situations that they believe could cause injury or ill health, and an explanation of how workers are protected against reprisals.
		d. A description of the processes used to investigate work-related incidents, including the processes to identify hazards and assess risks relating to the incidents, to determine corrective actions using the hierarchy of controls, and to determine improvements needed in the occupational health and safety management system.

403-3	**Caregiver Safety**	a. A description of the occupational health services' functions that contribute to the identification and elimination of hazards and minimization of risks, and an explanation of how the organization ensures the quality of these services and facilitates workers' access to them.
403-4	Cleveland Clinic has not implemented an occupational health and safety management system. Through our daily tiered huddles, workers at all levels of the organization share information, including any health and safety concerns, which are reported to the executive level. **Caregiver Safety**	a. A description of the processes for worker participation and consultation in the development, implementation, and evaluation of the occupational health and safety management system, and for providing access to and communicating relevant information on occupational health and safety to workers. b. Where formal joint management–worker health and safety committees exist, a description of their responsibilities, meeting frequency, decision-making authority, and whether and, if so, why any workers are not represented by these committees.
403-5	All new hires complete safety training and all caregivers complete safety training on an annual basis. We provide additional training for caregivers relating to any and all specific work-related safety issues pertaining to their work areas. **Caregiver Safety**	a. A description of any occupational health and safety training provided to workers, including generic training as well as training on specific work-related hazards, hazardous activities, or hazardous situations.
403-6	**Workplace Wellness**	a. An explanation of how the organization facilitates workers' access to non-occupational medical and healthcare services, and the scope of access provided. b. A description of any voluntary health promotion services and programs offered to workers to address major non-work-related health risks, including the specific health risks addressed, and how the organization facilitates workers' access to these services and programs.
403-7	**Caregiver Safety**	a. A description of the organization's approach to preventing or mitigating significant negative occupational health and safety impacts that are directly linked to its operations, products or services by its business relationships, and the related hazards and risks.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
403-8	Not Applicable: Cleveland Clinic has not implemented an occupational health and safety management system.	a. If the organization has implemented an occupational health and safety management system based on legal requirements and/or recognized standards/guidelines: i. the number and percentage of all employees and workers who are not employees but whose work and/or workplace is controlled by the organization, who are covered by such a system; ii. the number and percentage of all employees and workers who are not employees but whose work and/or workplace is controlled by the organization, who are covered by such a system that has been internally audited; iii. the number and percentage of all employees and workers who are not employees but whose work and/or workplace is controlled by the organization, who are covered by such a system that has been audited or certified by an external party. b. Whether and, if so, why any workers have been excluded from this disclosure, including the types of worker excluded. c. Any contextual information necessary to understand how the data have been compiled, such as any standards, methodologies, and assumptions used.
403-9	**Caregiver Safety**	a. For all employees: i. The number and rate of fatalities as a result of work-related injury; ii. The number and rate of high-consequence work-related injuries (excluding fatalities); iii. The number and rate of recordable work-related injuries; iv. The main types of work-related injury; v. The number of hours worked. b. For all workers who are not employees but whose work and/or workplace is controlled by the organization: i. The number and rate of fatalities as a result of work-related injury; ii. The number and rate of high-consequence work-related injuries (excluding fatalities); iii. The number and rate of recordable work-related injuries; iv. The main types of work-related injury; v. The number of hours worked. c. The work-related hazards that pose a risk of high-consequence injury, including: i. how these hazards have been determined; ii. which of these hazards have caused or contributed to high-consequence injuries during the reporting period; iii. actions taken or underway to eliminate these hazards and minimize risks using the hierarchy of controls. d. Any actions taken or underway to eliminate other work-related hazards and minimize risks using the hierarchy of controls. e. Whether the rates have been calculated based on 200,000 or 1,000,000 hours worked. f. Whether and, if so, why any workers have been excluded from this disclosure, including the types of worker excluded. g. Any contextual information necessary to understand how the data have been compiled, such as any standards, methodologies, and assumptions used.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements

403-10	**Caregiver Safety**
	Information Unavailable: We do not currently have all the information available for this disclosure and will explore obtaining it for the next reporting period.
		a. For all employees:
		  i. The number of fatalities as a result of work-related ill health;
		  ii. The number of cases of recordable work-related ill health;
		  iii. The main types of work-related ill health.
		b. For all workers who are not employees but whose work and/or workplace is controlled by the organization:
		  i. The number of fatalities as a result of work-related ill health;
		  ii. The number of cases of recordable work-related ill health;
		  iii. The main types of work-related ill health.
		c. The work-related hazards that pose a risk of ill health, including:
		  i. how these hazards have been determined;
		  ii. which of these hazards have caused or contributed to cases of ill health during the reporting period;
		  iii. actions taken or underway to eliminate these hazards and minimize risks using the hierarchy of controls.
		d. Whether and, if so, why any workers have been excluded from this disclosure, including the types of worker excluded.
		e. Any contextual information necessary to understand how the data have been compiled, such as any standards, methodologies, and assumptions used.

COMMUNITY ENGAGEMENT (GRI 413: LOCAL COMMUNITIES 2016)		

103-1	**Community**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Community**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Community**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
413-1	**Community** We have community advisory boards for every hospital comprised of local community members to discuss and address concerns.	a. Percentage of operations with implemented local community engagement, impact assessments, and/or development programs, including the use of: i. social impact assessments, including gender impact assessments, based on participatory processes; ii. environmental impact assessments and ongoing monitoring; iii. public disclosure of results of environmental and social impact assessments; iv. local community development programs based on local communities' needs; v. stakeholder engagement plans based on stakeholder mapping; vi. broad based local community consultation committees and processes that include vulnerable groups; vii. works councils, occupational health and safety committees and other worker representation bodies to deal with impacts; viii. formal local community grievance processes.
413-2	**Not Applicable:** Our stakeholders have not identified material potential or actual negative impacts on local communities from our operations.	a. Operations with significant actual and potential negative impacts on local communities, including: i. the location of the operations; ii. the significant actual and potential negative impacts of operations.
POPULATION HEALTH		
103-1	**Community**, **Community Health**	For each material topic, the reporting organization shall report the following information: a. An explanation of why the topic is material. b. The Boundary for the material topic, which includes a description of: i. where the impacts occur; ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships. c. Any specific limitation regarding the topic Boundary.
103-2	**Community**, **Community Health**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization manages the topic. b. A statement of the purpose of the management approach. c. A description of the following, if the management approach includes that component: i. Policies ii. Commitments iii. Goals and targets iv. Responsibilities v. Resources vi. Grievance mechanisms vii. Specific actions, such as processes, projects, programs and initiatives
103-3	**Community**, **Community Health**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization evaluates the management approach, including: i. the mechanisms for evaluating the effectiveness of the management approach; ii. the results of the evaluation of the management approach; iii. any related adjustments to the management approach.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
GOVERNMENT RELATIONS		

103-1	**Advocacy and Policy**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Advocacy and Policy**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Advocacy and Policy**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

TRANSPARENCY		

103-1	**Reporting**, **Governance**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements

103-2	**Reporting**, **Governance**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Reporting**, **Governance**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

ACCESS TO CARE		

103-1	**Integrated Care**, **Community**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Integrated Care**, **Community**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Integrated Care**, **Community**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
QUALITY OF CARE		

103-1	**Patient Safety & Quality of Care Data**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Patient Safety & Quality of Care Data**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Patient Safety & Quality of Care Data**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

RESEARCH AND INNOVATION		

103-1	**Integrated Care**, **State of the Clinic**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
103-2	**Integrated Care**, **State of the Clinic**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization manages the topic. b. A statement of the purpose of the management approach. c. A description of the following, if the management approach includes that component: i. Policies ii. Commitments iii. Goals and targets iv. Responsibilities v. Resources vi. Grievance mechanisms vii. Specific actions, such as processes, projects, programs and initiatives
103-3	**Integrated Care**, **State of the Clinic**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization evaluates the management approach, including: i. the mechanisms for evaluating the effectiveness of the management approach; ii. the results of the evaluation of the management approach; iii. any related adjustments to the management approach.
INTEGRITY CARE		
103-1	**Integrated Care**	For each material topic, the reporting organization shall report the following information: a. An explanation of why the topic is material. b. The Boundary for the material topic, which includes a description of: i. where the impacts occur; ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships. c. Any specific limitation regarding the topic Boundary.
103-2	**Integrated Care**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization manages the topic. b. A statement of the purpose of the management approach. c. A description of the following, if the management approach includes that component: i. Policies ii. Commitments iii. Goals and targets iv. Responsibilities v. Resources vi. Grievance mechanisms vii. Specific actions, such as processes, projects, programs and initiatives
103-3	**Integrated Care**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization evaluates the management approach, including: i. the mechanisms for evaluating the effectiveness of the management approach; ii. the results of the evaluation of the management approach; iii. any related adjustments to the management approach.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
PATIENT EXPERIENCE		

103-1	**Patients**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

103-2	**Patients**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization manages the topic.
		b. A statement of the purpose of the management approach.
		c. A description of the following, if the management approach includes that component:
		  i. Policies
		  ii. Commitments
		  iii. Goals and targets
		  iv. Responsibilities
		  v. Resources
		  vi. Grievance mechanisms
		  vii. Specific actions, such as processes, projects, programs and initiatives

103-3	**Patients**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of how the organization evaluates the management approach, including:
		  i. the mechanisms for evaluating the effectiveness of the management approach;
		  ii. the results of the evaluation of the management approach;
		  iii. any related adjustments to the management approach.

PATIENT SAFETY		

103-1	**Patient Safety & Quality of Care Data**	For each material topic, the reporting organization shall report the following information:
		a. An explanation of why the topic is material.
		b. The Boundary for the material topic, which includes a description of:
		  i. where the impacts occur;
		  ii. the organization's involvement with the impacts. For example, whether the organization has caused or contributed to the impacts, or is directly linked to the impacts through its business relationships.
		c. Any specific limitation regarding the topic Boundary.

Specific Standard Disclosures

Standard Disclosure	Standard Disclosure Title	Disclosure Requirements
103-2	**Patient Safety & Quality of Care Data**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization manages the topic. b. A statement of the purpose of the management approach. c. A description of the following, if the management approach includes that component: i. Policies ii. Commitments iii. Goals and targets iv. Responsibilities v. Resources vi. Grievance mechanisms vii. Specific actions, such as processes, projects, programs and initiatives
103-3	**Patient Safety & Quality of Care Data**	For each material topic, the reporting organization shall report the following information: a. An explanation of how the organization evaluates the management approach, including: i. the mechanisms for evaluating the effectiveness of the management approach; ii. the results of the evaluation of the management approach; iii. any related adjustments to the management approach.

UN Global Compact Principles

Principle	Description	Report Link
CONTINUING SUPPORT		
	Statement of Continuing Support	**Letter from Tomislav Mihaljevic, MD** Chief Executive Officer and President
HUMAN RIGHTS		
Principle 1	Businesses should support and respect the protection of internationally proclaimed human rights; and	**Human Rights and Labor Standards**
Principle 2	make sure that they are not complicit in human rights abuses.	**Human Rights and Labor Standards**
LABOR		
Principle 3	Businesses should uphold the freedom of association and the effective recognition of collective bargaining;	**Governance**, **Caregivers**
Principle 4	the elimination of all forms of forced and compulsory labor;	**Governance**, **Caregivers**
Principle 5	the effective abolition of child labor; and	**Governance**, **Caregivers**
Principle 6	the elimination of discrimination in respect of employment and occupation.	**Governance**, **Caregivers**
ENVIRONMENT		
Principle 7	Businesses should support a precautionary approach to environmental challenges;	**Environment**
Principle 8	undertake initiatives to promote greater environmental responsibility; and	**Environment**
Principle 9	encourage the development and diffusion of environmentally friendly technologies.	**Environment**
ANTI-CORRUPTION		
Principle 10		**Transparency & Anti-Corruption**

UN Sustainable Development Goals

Goal	Description	Report Link
No Poverty	End poverty in all its forms everywhere	**Anchor Institution Initiatives**
Zero Hunger	End hunger, achieve food security and improved nutrition and promote sustainable agriculture	**Local and Sustainable Food**
Good Health and Well-Being	Ensure healthy lives and promote well-being for all at all ages	**Patients**, **Public Health Programs**
Quality Education	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	**Public Health Programs**, **Talent Development**, **Anchor Institution Initiatives**
Gender Equality	Achieve gender equality and empower all women and girls	**Diversity and Demographics**
Clean Water and Sanitation	Ensure availability and sustainable management of water and sanitation for all	**Water Stewardship**
Affordable and Clean Energy	Ensure access to affordable, reliable, sustainable and modern energy for all	**Energy Conservation**, **Climate Resilience**
Decent Work and Economic Growth	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	**Caregivers**
Industry, Innovation, and Infrastructure	Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	**Community**, **Healthy Buildings**, **Research and Innovation**
Reduced Inequalities	Reduce inequality within and among countries	**Diversity and Demographics**
Sustainable Cities and Communities	Make cities and human settlements inclusive, safe, resilient and sustainable	**Public Health Programs**, **Anchor Institution Initiatives**
Responsible Consumption and Production	Ensure sustainable consumption and production patterns	**Sustainable Procurement**
Climate Action	Take urgent action to combat climate change and its impacts	**Climate Resilience**
Life Below Water	Conserve and sustainably use the oceans, seas, and marine resources for sustainable development	**Water Stewardship**
Life on Land	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss	**Environment**
Peace and Justice, Strong Institutions	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	**Advocacy and Policy**
Partnerships for the Goals	Strengthen the means of implementation and revitalize the global partnership for sustainable development	**Community**, **Governance**