



Serving Our Present, Caring for Our Future

PROGRESS IN COMMUNITY AND GLOBAL CITIZENSHIP **2013**



Dear Friends,

We are pleased to present our fourth Communication on Progress (COP) to the community as part of the United Nations Global Compact. This report uses guidelines developed by the Global Reporting Initiative (GRI) to record our support for economic, environmental and social improvement.

Our nation faces two grave challenges — the federal deficit and the rising cost of healthcare. Cleveland Clinic believes the best approach to solving these problems begins with healthier lifestyles and healthier environments.

America can't continue to support the consequences of obesity, smoking, non-compliance and self-neglect at the current rate. We just can't. Preventable conditions like diabetes, heart disease, and some cancers are responsible for an estimated 70 percent of our healthcare costs. Cleveland Clinic has joined with local governments and community groups on weight-loss and smoking cessation initiatives. Our Minority Men's Health Center provides thousands of free screenings and other programs to address disease and outcome disparities in underserved populations. But it will take more than this. Leaders at all levels of society need to promote the cultural principle that unhealthy habits and lifestyles are no longer acceptable, and that healthy eating, exercise and greater responsibility for our own health are the new norm for the future.

We are fortunate enough to have a group practice model that puts all of our doctors, nurses and support personnel on the same team, with the same incentives to measure, analyze and improve clinical and purchasing practices, and the patient experience where necessary. On a macro-scale, hospitals and health systems need to explore partnerships, mergers and acquisitions that support each other's strengths, improve access for communities, and optimize utilization of resources.

Sustainability is an essential part of our strategy to assure that health, environmental and social resources will be here for our patients and communities not only in this generation, but for our children and grandchildren and beyond.

In 2012, Cleveland Clinic provided access to world-class care to more patients from more places than ever before. Our same-day appointment initiative booked almost a million patient appointments. We committed to increase the diversity of our supplier base, and we were recognized in 2013 for our work in the prior year by the Ethisphere Institute as one of the World's Most Ethical Companies, by DiversityInc as a top five hospital system, and by the U.S. Environmental Protection Agency as an ENERGY STAR Partner of the Year for Sustained Excellence in energy management.

We share the principles of the United Nations Global Compact.

Our strategy is to continue sustainable growth and the integration of human rights, environmental responsibility and corporate integrity across the full range of our activities.

Thank you for your reading of this year's Communication on Progress. I hope it will inspire you to improve our world.

Sincerely,

Delos M. Cosgrove, MD
CEO and President
Cleveland Clinic



ABOUT THIS REPORT

This report is intended for our community and all of our stakeholders. It summarizes Cleveland Clinic's progress in advancing the 10 universal principles of the United Nations Global Compact in the areas of human rights, labor, environment and anti-corruption. It also includes information on the governance, management structures and programs that support our commitment to responsible business practices.

About the United Nations Global Compact

In 2008, Cleveland Clinic became the first healthcare provider in the United States, and the second in the world, to commit to the United Nations Global Compact, the world's largest voluntary corporate citizenship initiative with more than 10,000 corporate participants and other stakeholders from more than 130 countries. The UN Global Compact seeks to mainstream 10 universally accepted principles in business activities around the world, to ensure that markets, commerce, technology and finance advance in ways that benefit economies and societies everywhere. It is a practical framework for the development, implementation, and disclosure of sustainability policies and practices. For more information, please visit: unglobalcompact.org.



The 10 Principles

Human Rights

Principle 1: Businesses should support and respect the protection of internationally proclaimed human rights.

Principle 2: Businesses should make sure that they are not complicit in human rights abuses.

Labor Standards

Principle 3: Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining.

Principle 4: Businesses should uphold the elimination of all forms of forced and compulsory labor.

Principle 5: Businesses should uphold the effective abolition of child labor.

Principle 6: Businesses should uphold the elimination of discrimination in respect of employment and occupation.

Environment

Principle 7: Businesses should support a precautionary approach to environmental challenges.

Principle 8: Businesses should undertake initiatives to promote greater environmental responsibility.

Principle 9: Businesses should encourage the development and diffusion of environmentally friendly technologies.

Anti-Corruption

Principle 10: Businesses should work against corruption in all its forms, including extortion and bribery.

Our Commitment

Cleveland Clinic is committed to aligning our operations and strategies with these 10 principles, and to publishing an annual Communication on Progress (COP) to report on our continuing efforts to uphold our commitment to the UN Global Compact.



About the Global Reporting Initiative

The Global Reporting Initiative (GRI) is a nonprofit organization that promotes economic, environmental and social sustainability by providing the most widely used framework for comprehensive sustainability reporting by companies and organizations world-wide. The GRI Guidelines are recommended for use by the UN Global Compact. The 10 principles of the UN Global Compact correspond to the GRI G3.1 performance indicators (found in the report index).

In 2012, Cleveland Clinic became only the second U.S. healthcare provider to adopt this international gold-standard reporting process. By following the GRI framework, we enhance the rigor and quality of our COP, and facilitate continuous improvement through an incremental approach to reporting.

About this Report

This, our fourth consecutive COP, reflects our work in the calendar year 2012. The GRI G3.1 guidelines were applied in the compilation of this report. The scope of this report was defined following both the UN Global Compact Communication on Progress and the Global Reporting Initiative content guidance along with our own internal reporting processes. An executive steering committee meets annually to review the proposed content, and a work group of leaders convenes to discuss the availability, completeness and accuracy of information, further refining this report's scope and guiding continuous improvement for future reporting cycles. We also perform materiality testing with community stakeholders, which provides directional guidance as we compile and present the information contained herein (See *We Are Listening*).

This report was compiled with the participation of the following internal departments. Each one supports the application of these principles of the UN Global Compact in the work of Cleveland Clinic:

- Buildings and Properties
- Clinical Affairs
- Community Outreach
- Corporate Communications
- Corporate Compliance Office
- Executive Administration
- Finance
- Government Relations
- Human Resources
- Law Department
- Marketing & Communications
- Nursing Institute
- Office for a Healthy Environment
- Office of Civic Education Initiatives
- Office of Diversity and Inclusion
- Office of Patient Experience
- Protective Services
- Public Health and Research
- Supply Chain Management
- Quality & Patient Safety Institute
- Wellness Institute

Our reporting process annually identifies significant changes in reporting scope and re-evaluates inclusion of components of our operations. As in prior years, this report is limited to our North American operations that are wholly owned and operated. Affiliated, divested, partially leased and international operations are excluded from this report based on availability of information and our shared control over these operations.

Data was compiled following GRI Indicator Protocols whenever possible or applicable, including measurement techniques, and bases of calculations (including assumptions and estimations). Cleveland Clinic will not pursue external assurance for this report. Internal assurance is performed on certain measurements by the above mentioned departments.

For more information regarding the content of this report, contact Cleveland Clinic's Corporate Communications Department at 216.444.0141.



Cleveland Clinic listens to the needs and concerns of our patients as well as our community.





WE ARE LISTENING

Why listen? Effective leadership is effective listening. The act of listening cultivates our enterprise values: Quality, Innovation, Teamwork, Service, Integrity and Compassion. As caregivers, we must listen to the needs of our patients. As a community anchor, we must listen to the needs of our community. Every day, we are listening and striving to respond to the needs of our stakeholders.

Understanding Our Patient's Experience

We strive to provide outstanding and compassionate care and service in everything we do. To best serve our patients we must better understand their experience at Cleveland Clinic. To identify opportunities for improvement we rely on a number of measures to gather patient feedback.

For acute care hospitals nationwide, the primary measure of patient experience is a patient survey designed and required by the Centers for Medicare and Medicaid Services (CMS). This survey, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, measures patients' perspectives of their care following a hospital stay. Results from this survey are publicly reported at medicare.gov/hospitalcompare. This survey is meant to help patients make decisions about where they go to receive inpatient care and to encourage hospitals to improve the quality of care they provide. Beginning in 2013, based on requirements set by the 2010 Affordable Care Act, a portion of all Medicare reimbursement for acute care is being determined by HCAHPS survey scores compared to national benchmarks. Cleveland Clinic also surveys outpatients with questions related to appointment scheduling, waiting time, communications, courtesy, care, and overall assessment and willingness to recommend.

We value this important feedback and use it to improve our services and delivery of patient-centered care. Patient feedback gathered from these surveys are made available to leaders and caregivers throughout the organization through a continuously updated on-line dashboard. This on-line tool allows everyone on the care team to monitor survey scores and feedback in order to identify and act on areas of opportunity to improve their patients' experience. In addition, survey feedback and performance are formally reviewed by executive leadership and each clinical institute on a quarterly basis.

Patients and families also provide direct feedback on their experiences through our Ombudsman Office, which helps to investigate and resolve patient concerns. The information our patients provide through this office is tracked and shared regularly with our institute and hospital leaders. We also proactively engage patients and families through our Voice of the Patient Advisory Councils so that they can work together with caregivers to improve the service and quality of care at Cleveland Clinic.

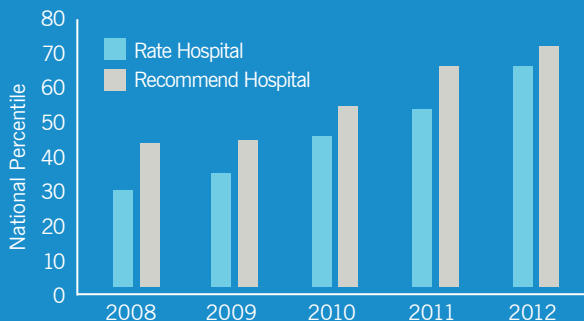
Cleveland Clinic is also taking a role in the development of new tools and national measures for patient feedback. For instance, Cleveland Clinic Children's is participating in a national survey field test with approximately 50 pediatric hospitals, led by Boston Children's Hospital Center of Excellence for Pediatric Quality Measurement, to work toward the development of a standardized national survey for pediatric inpatients.

Beyond standard surveys, the leadership of Cleveland Clinic proactively seeks patient and caregiver feedback through a formal monthly rounding program on inpatient units and outpatient clinics throughout the enterprise. Leadership rounds are conducted to give patients and caregivers the opportunity to talk with leaders about what is going well and what could be improved upon. All insights are tabulated, thematically coded and shared with appropriate caregivers, managers and leaders for follow-up.

Listening to Our Community of Stakeholders

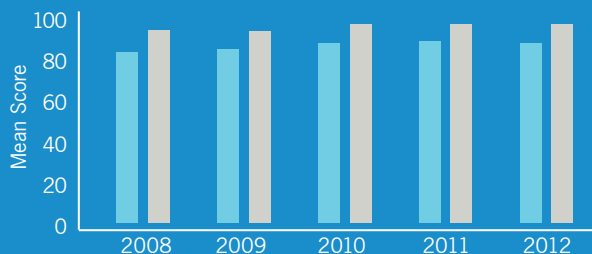
We are guided in our reporting by the Global Reporting Initiative, which sets a framework by which we can judge the merits of reporting on a range of issues. The GRI advises that we report on those topics that are of most importance to the reporting organization and its stakeholders, or that have the

CCHS Patient Satisfaction



The percentage of patients who rate Cleveland Clinic health system hospitals in the top-performing categories, and those who would be likely to recommend our system hospitals through the HCAHPS survey process, continue to rise, but we have not yet achieved our goal of the 90th percentile.

Outpatient Provider Recommendation and Access



Provider Recommendation and Access - Outpatient Services for main campus and the family health centers.

Appt When Wanted
Recommend Provider

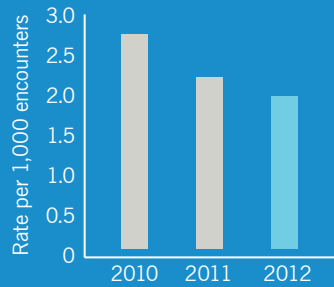


Ongoing conversations with our community of stakeholders inform our ability to serve.

potential to significantly impact an organization's ability to create, preserve or erode economic, environmental and social value. These topics are deemed "material" and reportable. In preparation for this year's report we participated in a broad, ongoing conversation with our neighbors, communities, patients, colleagues, leaders, and voluntary and regulatory agencies. As a result, we know more, understand more, and can do more to address the issues that are most important, or "material," to those we serve.

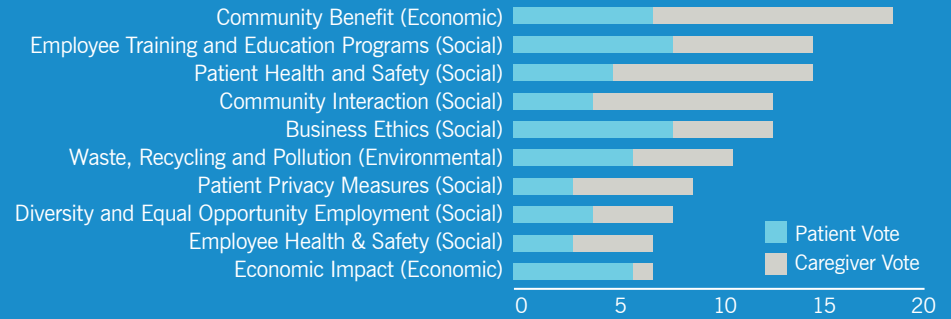
We convened a series of focus groups with patients and with caregivers to better understand what information is most salient, and we used our findings here to shape the content and emphasis of this report. Our participation in the annual Sustainable Cleveland Summit, where a cross-section of the Northeast Ohio community convenes to discuss and take action on social, environmental and economic issues of local importance, shapes our strategy. So too does our ongoing participation in the Greater University Circle Community Wealth Building Initiative, which seeks to create economic opportunity, individual wealth, and strong communities for residents in our surrounding urban communities. We listen year-round via community advisory boards at our hospitals, patient experience focus groups, ombudsman processes, and caregiver engagement surveys, among other engagements. All of these efforts ensure more effective year-round service to our communities and shape our routine and annual communications.

Complaints and Grievances



Complaints and Grievances per 1,000 encounters at main campus and the family health centers.

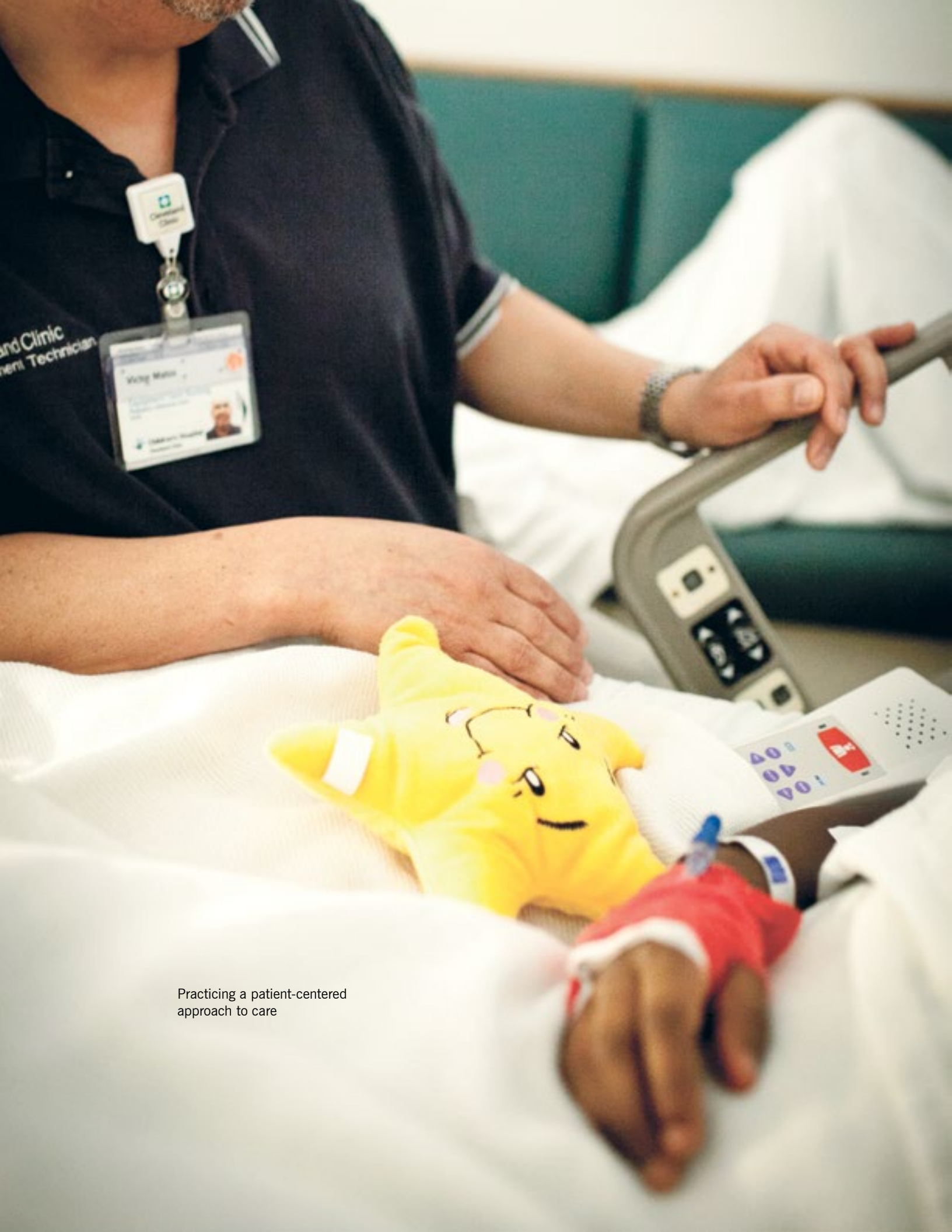
Top 10 Patient and Caregiver Priorities



Results from 2012 Patient and Caregiver materiality testing focus groups. Participant responses selected from among the GRI G3.1 Aspects.



Every quarter, CEO and President Delos M. Cosgrove, MD, addresses the entire Cleveland Clinic enterprise, providing an update of the organization and a dialogue on the future direction of healthcare.



Practicing a patient-centered
approach to care



PUTTING PATIENTS FIRST

“Patients First” is the guiding principle of Cleveland Clinic.

We place our patients’ health and well-being above every other consideration.

Cleveland Clinic aspires to no less than providing the best care in the world. Our model of care is based on a group practice model in which physicians are paid a salary. They have no financial incentive to provide unnecessary tests or treatments. We are organized into patient-centered institutes that combine the medical, surgical and support functions to care for single disorders or organ systems under the same leadership to improve coordination and delivery of world-class care.

Our model of care is supported by our commitment to hold the highest standards for patient safety, quality outcomes and a positive patient experience, and to strive to achieve them by continuous measurement and improvement. We also strive to address preventable conditions through education and treatment of lifestyle-related chronic diseases such as diabetes and obesity. We do this by combining world-class medical care with quality wellness programs designed to change unhealthy behaviors and encourage healthy life choices.

Protecting Patient Safety

Cleveland Clinic’s patient safety program relies fundamentally on creating a just culture of safety that encourages caregivers to report, through our Safety Event Reporting System, any event that caused, or had the potential to cause a medical error or injury. Reporting on “near misses” allows us the opportunity to improve our practices and prevent future errors.

We support a safe healing environment by enforcing national safety requirements for hospitals designed to provide safety from fire, smoke and panic, as well as by reducing patient exposure to harmful cleaning chemicals or potential allergens such as latex. Cleveland Clinic’s Department of Infection Prevention establishes and educates on policies such as equipment cleaning guidelines, influenza vaccination policies and hand washing protocols for caregivers, and applies epidemiologic strategies and conducts research to reduce incidence of hospital-acquired infections.

We measure success by meeting the National Patient Safety Goals as defined by The Joint Commission, the primary national healthcare accreditation organization. Patient safety measures include patient safety indicators, hospital-acquired conditions, infections and nursing quality indicators.

Lowering risk to patients and improving outcomes are goals shared by all healthcare providers. However, Cleveland Clinic leadership felt we could do this better by standardizing approaches, reducing variability and embedding safety and quality principles in the culture of our organization. As a result, the Quality & Patient Safety Institute (QPSI) was established to provide an infrastructure to fulfill this mission.

Ensuring Quality of Care

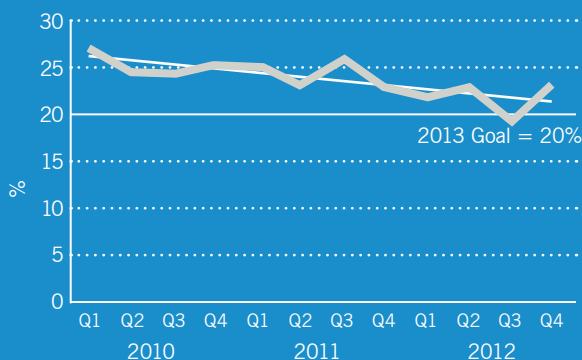
Cleveland Clinic’s Department of Quality within the QPSI oversees a comprehensive program to monitor, assess and improve the quality of patient care. QPSI content experts bring knowledge of regulations, safety, investigation and prevention strategies, and performance improvement tools to our front-line caregivers and are partners in improving clinical practices for enhanced quality outcomes.

In addition, Cleveland Clinic supports transparent public reporting of healthcare quality data and participates in the following public reporting initiatives.

- Joint Commission Performance Measurement Initiative
- Centers for Medicare and Medicaid (CMS) Hospital Compare
- Ohio Department of Health Service Reporting
- National specialty society databases

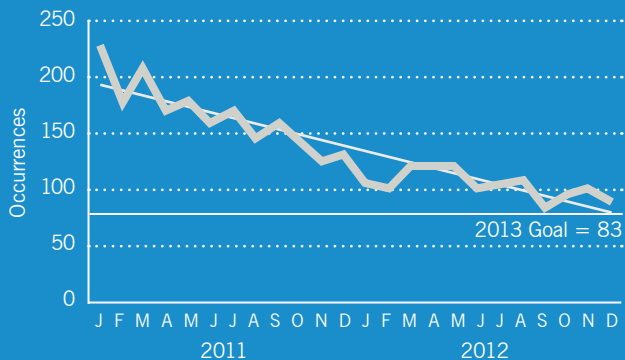
Our leadership has also recognized the importance of providing transparency beyond the public metrics. Each clinical institute is required to measure and improve quality, establish benchmarks and publish annual outcomes guides. These outcomes books summarize our surgical and medical trends

CCHS Heart Failure Readmission Rates



Heart failure readmission remains a focus in 2013. We saw continued improvement in 2012.

CCHS Patient Safety Indicators



The combined number of patient safety indicators continues to decrease. Our goal for 2013 is to have 83 or fewer per month across the health system.

Skill Building through Simulation

In 2012, Cleveland Clinic opened an expanded, state-of-the-art multidisciplinary medical simulation center to allow teams of healthcare providers to stage clinical scenarios to help strengthen how they communicate and work together in critical situations. The more opportunities healthcare providers have to practice scenarios, the better prepared they are for difficult cases with real patients. One of the most effective features of simulation is the chance for hands-on practice with human mannequin simulators, which not only advances knowledge, skill and communication, but also protects real patients from unnecessary risks.



and approaches, present data on patient volume, mortality and complications and provide reviews of new technologies and innovations. All of this data helps us identify opportunities to standardize our practices in order to reduce variability and improve outcomes. It also holds us accountable to our performance and helps referring physicians make informed choices when they consider sending their patients to Cleveland Clinic for specialized care. Transparency is an essential part of our culture.

Improving the Patient Experience

Cleveland Clinic was the first major academic medical center to make improving the patient experience a strategic goal. It did so by being one of the first academic medical centers to appoint a chief experience officer and establish an Office of Patient Experience. This office collaborates with physician and nursing leadership to establish best practices and implement standardized protocols that ensure our caregivers deliver the best possible patient-centered care.

Regardless of whether a person provides direct or indirect patient care, all Cleveland Clinic employees are caregivers and contribute to the patient experience. Our Cleveland Clinic Experience initiative includes an interactive learning session that brings together all caregivers — employees, managers, nurses and physicians — to discuss the organization's mission, vision and values, as well as service behaviors expected of all caregivers. We also conduct a training program, Communicate with HEARTSM, that empowers caregivers to attentively listen and address patients' and colleagues' concerns with care.

With the establishment of the Center for Excellence in Healthcare Communication, we work directly with our physicians to help them become more empathetic and effective communicators. This is an enterprise-wide resource hub for physicians and advanced clinical care providers focused on building capacity for relationship-centered



Striving for Wellness

At Cleveland Clinic, we see firsthand the consequences of certain preventable conditions and their effect on the healthcare system. Cleveland Clinic's Wellness Institute is dedicated to helping our patients, caregivers and community members achieve optimal well-being and a high quality of life. The Center for Lifestyle Medicine combines a multidisciplinary team of wellness experts with a broad range of evidence-based nutrition, exercise, stress management and behavioral health interventions to support our patients on their path to vibrant and healthy living.

The Center for Integrative Medicine is dedicated to addressing the increasing demand for integrative healthcare by researching and providing access to practices that address the physical as well as lifestyle, emotional and spiritual needs of patients. Integrative Medicine uses modalities such as acupuncture, chiropractic manipulation and relaxation techniques to reduce pain; dietary and herbal approaches to manage diseases such as diabetes and fibromyalgia; and group support to change habits associated with obesity, diabetes and heart disease. These techniques support the body's natural ability to heal, and empower our patients to make important lifestyle changes to encourage healing.

communication. We work with nurses to improve patient interaction at the bedside, and we encourage patients and families to take an active role in their care. For patients, we offer a series of tools and counseling prior to admission, along with expectation-setting during every patient encounter, which has tremendously aided patient engagement.

Patient experience has emerged as a dynamic issue for healthcare CEOs, physicians and industry leaders nationwide. Annually, Cleveland Clinic hosts "The Patient Experience: Empathy and Innovation Summit," a three-day, multidisciplinary conference that features expert discussions about the national patient experience movement. In 2012, the summit was attended by more than 850 attendees from 34 states and 28 countries, making it the largest conference of its kind in the world.

In 2012, Cleveland Clinic's patient experience programs were nationally recognized for their innovation and effectiveness. Press Ganey, a national survey vendor, awarded Cleveland Clinic with its 2012 Patient Voice Award, which recognizes academic medical centers that have achieved superior patient satisfaction as demonstrated by HCAHPS performance compared to academic medical centers in the Press Ganey database. University HealthSystem Consortium (UHC), an alliance of nonprofit U.S. medical centers, named Cleveland Clinic as one of four "Rising Stars" for significant improvements in patient safety, mortality, clinical effectiveness and equity of care. In 2012, Cleveland Clinic jumped more than 20 positions in rank from the previous year and moved into the top 20 of participating member organizations in UHC's annual Quality and Accountability Study.



Tools to Communicate and Coordinate Care

Cleveland Clinic is a leader in the healthcare industry's conversion to the electronic medical record (EMR), a computer-based version of the patient chart. With the EMR, the risk of lost information is virtually eliminated, and communication and coordination of care is enhanced as the healthcare team can access patient records simultaneously in a seamless process for healthcare providers.

Cleveland Clinic patients now have the ability to access a portion of their own medical record on the Internet at any time through a web-based service called MyChart®. Fast, easy and completely secure, MyChart is a breakthrough in physician-patient communication, and yet another example of how information technology is improving healthcare and benefiting patients.

A caregiver modeling
healthy behaviors.





CARING FOR CAREGIVERS

Our most important resource is **our caregivers**. Cleveland Clinic is committed to the health, growth, safety and engagement of our team of more than 43,000 caregivers.

Exercising Workplace Wellness

Over the past eight years, we have created a comprehensive culture of wellness, enabling caregivers to take an active role in support of their own health. Our policies and programs are designed to make healthy choices easier for our caregivers, as well as offer recovery resources for those whose well-being is compromised. Cleveland Clinic was one of the first healthcare organizations to ban smoking on its campuses, as well as implement a policy to hire no individuals who use tobacco products. Free tobacco cessation programs are made available to current caregivers who smoke and desire to quit and improve their health. To encourage a healthy diet, foods with trans-fats and sugared drinks are no longer offered in Cleveland Clinic cafeterias or vending machines. In addition, calories are listed for all prepared food items in our cafeterias and, to the extent possible, by our retail vendors.

In support of healthier caregivers, Cleveland Clinic also offers:

- Free use of onsite fitness centers, free memberships at Curves, and discounts at area fitness clubs. Free group exercise classes, including yoga, are held throughout the health system.
- Free access to Shape Up & Go!™, an online, team-oriented program to engage caregivers and assist in tracking healthy behaviors.
- Free nutrition counseling and Weight Watchers memberships.
- Access to spiritual care resources, caregiver assistance counselors, and confidential assistance programs.
- Access to free programs such as time management, conflict resolution and other skill-building strategies to reduce stress.

Caregivers enrolled in the Employee Health Plan are encouraged to know their primary health indicators, including blood pressure, cholesterol, glucose and body mass index, and, if

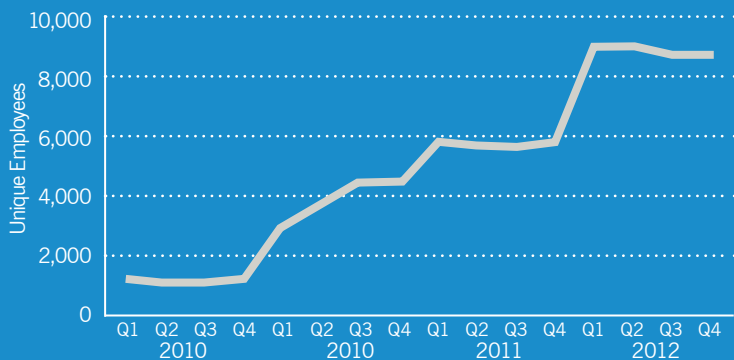
they qualify, participate in an appropriate chronic disease management program. Caregivers in good health who proactively participate in prescribed exercise programs to increase physical fitness, and those who participate in a chronic disease management program may be eligible for a rebate on health insurance premiums. Caregivers, their families and the community at large can also take advantage of the comprehensive wellness-focused programs offered by Cleveland Clinic.

Developing Our Talent

Cleveland Clinic's mission is the same today as it was in 1921: "provide better care of the sick, investigation into their problems and further education of those who serve." The success of Cleveland Clinic as a world class organization relies heavily on the engagement, performance and development of our caregivers. Our goal is to create opportunities where caregivers can experience long and fulfilling careers at Cleveland Clinic. Our career path and development programs ensure that caregivers have the support needed to nurture their individual development, and that we build and retain a strong talent pipeline at all levels of the organization. This investment has a measurable impact on the patient experience, caregiver experience and financial performance. To help achieve our shared goals and to develop each caregiver to his or her highest potential, we offer:

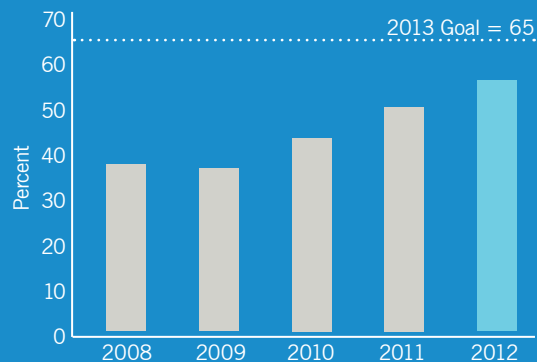
- Development course tracks for each level of leadership through the Center for Leadership and Learning
- Cleveland Clinic Academy curriculum for executive and medical management training
- A robust career planning website for caregivers
- Mentoring programs
- School at Work to support the career development of entry-level caregivers

Employee Health Plan - Care Management Enrollment in Programs for: Asthma, Diabetes, Hypertension, Hyperlipidemia or Weight Management



The Care Management program is offered to members with complex needs, high-risk status and/or high resource utilization patterns to develop self-care abilities, facilitate access to and appropriate use of resources, and to coordinate transition of service among care providers. Data shows Employee Health Plan members only.

Employee Engagement



As measured by the Gallup Q12® survey method. Results shown are percentile score within the Gallup workgroup database.

Healthy Choice Hits Home

Cleveland Clinic offers incentives for wellness and prevention. Caregivers are encouraged to take responsibility for their own health, resulting in improved health and less expensive healthcare premiums. Proactive healthcare is promoted, including identifying individual wellness obstacles, making healthy choices and using Cleveland Clinic resources to resolve concerns. Through medical management programs, the Cleveland Clinic Employee Health Plan strives to ensure that quality-oriented, culturally sensitive healthcare services are provided to the employee at the appropriate level, in the proper setting, and in a timely manner.



Caregiver Carol Reid, together with her family, lost a combined 250 pounds through exercise, diet modification and a commitment to improved health.

- Accelerated development programs for high potential caregivers
- Technical training in all clinical and technical fields
- Tuition reimbursement for undergraduate degrees and above

Participants may self-select into many of these programs. Participants in accelerated development programs are identified through Cleveland Clinic's Succession Planning and Individual Development Planning processes.

Engaging Our Talent

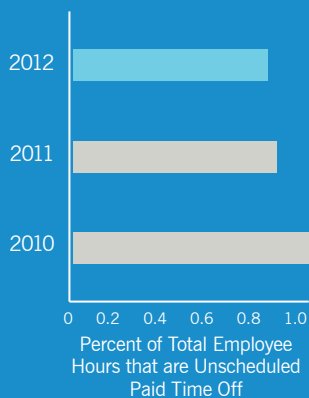
Employee engagement means that an employee is involved in, enthusiastic about and committed to his or her work. Research shows employees who are engaged are more productive, have higher patient satisfaction ratings, better patient safety records and less turnover and absenteeism than those who have low engagement. In 2008, Cleveland Clinic began measuring employee engagement through the Gallup Q12® survey method. Since 2008, overall employee engagement has risen significantly, from the 38th to the 57th percentile of the Gallup workgroup database. We rely on our action planning process as well as the commitment of all managers and each caregiver to continue to make Cleveland Clinic a great place to work and grow.

We ask our caregivers to make a commitment to putting patients first and we understand that recognizing that commitment is critical to the engagement of our caregivers and the continued success of Cleveland Clinic. We also understand that our caregivers give of themselves in a significant and meaningful way to patients, coworkers and the organization every day. Through our personalized online recognition program, called Caregiver Celebrations, caregivers are recognized for their positive contributions by their patients, peers and managers, yielding increased engagement and recognition of our caregivers' commitment to Cleveland Clinic.

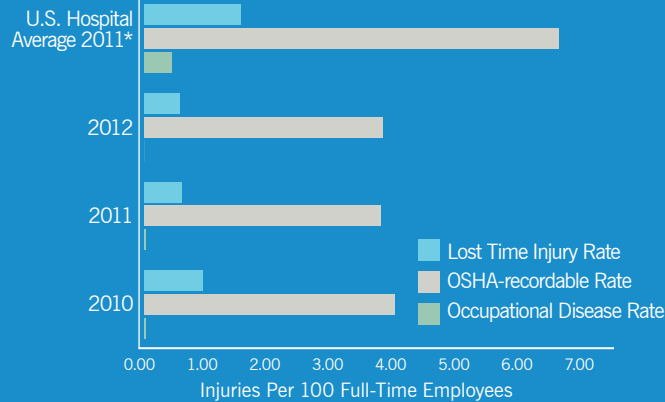


Absenteeism

(as measured by unscheduled paid time off)

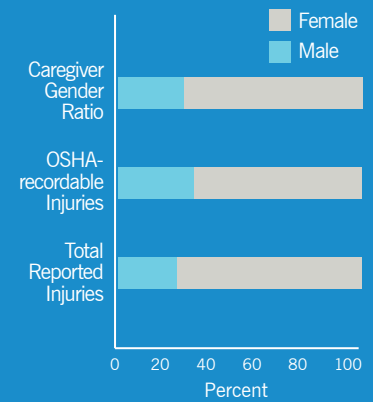


Employee Injury Rates



*Source: Bureau of Labor Statistics for NAICS code 622 (hospitals), 2011.

Employee Injuries by Gender 2012



Protecting Caregivers at Work

The personal safety and health of each caregiver, patient and visitor is of the utmost importance to Cleveland Clinic. It is our policy to maintain an environmental health and safety program that conforms with and/or exceeds all applicable local, state and federal environmental, health and safety standards and regulations.

At the main campus and family health centers, a formal Environmental Health and Safety (EHS) team is charged with the implementation and monitoring of EHS management activities. At each community hospital, an “Environment of Care” management plan is maintained to provide a safe place to work and heal. Enterprise safety leadership regularly reviews safety policies, procedures, training and equipment to ensure they meet or exceed the latest regulations and standards.

Cleveland Clinic’s Center for Corporate Health further promotes occupational health and safety through new hire pre-placement health assessments, annual tuberculosis screenings, flu vaccinations, and by administering a blood borne pathogen post-exposure program.

Ultimately, the responsibility for environmental health and safety extends to each and every caregiver. Only through a cooperative effort by supervisors and caregivers can an effective accident prevention program be established and preserved.

Cleveland Clinic’s recording and reporting of accident statistics is in accordance with the requirements of the Occupational Safety and Health Administration (OSHA) and the Bureau of Labor Statistics (BLS). An injury or illness is considered to be 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. Our injury and absenteeism data presented above represents our Northeast Ohio enterprise and reflects the majority of our caregivers. There were no work-related fatalities in 2012.



Hero Experience Program

In January 2012, the Talent Acquisition department at Cleveland Clinic launched its Hero Experience program to assist military veterans in finding rewarding careers as caregivers. Cleveland Clinic shares core values with the U.S. Armed Forces, and many of the skills veterans develop during their service are readily transferable to our industry. Working with the internal Military Employee Resource Group and the Military Support Group, along with our external partners, including the U.S. Armed Forces, the Cuyahoga County Workforce Investment Board, the Cuyahoga County Veteran Commission and the Northeast Ohio Health Science and Innovation Coalition, we created a job matching tool that veterans can use to find relevant Cleveland Clinic positions that require the same fundamental skills honed in their specific military roles. Nearly one year after program launch, more than 300 veterans have been hired. To learn more: <http://my.clevelandclinic.org/careers/hero-experience.aspx>

Volunteers take to the
Cleveland streets to raise
money for tomorrow's cures.





COMMITMENT TO COMMUNITY

Cleveland Clinic is committed to playing a **strong role in our communities**. Each of our hospitals and family health centers is dedicated to providing compassionate, high-quality healthcare and supports efforts to improve the health and vitality of our neighbors and neighborhoods.

Understanding Our Community's Health Needs

In 2011, Cleveland Clinic initiated a comprehensive community health needs assessment to understand and plan for the current and future health needs of the communities served by our hospitals. In accordance with Internal Revenue Code Section 501(r), each hospital conducted its own community health needs assessment.

Cleveland Clinic used widely accepted criteria in the assessment process to determine and measure the health needs of each community. We evaluated secondary data; interviewed key community stakeholders, including those knowledgeable about public health issues; and received focus group input from community residents. The top health needs were those supported by both secondary data and raised by key stakeholders and focus groups. We anticipate releasing the final health needs assessment reports to the public by the end of 2013. We have begun to evaluate the identified health needs and to develop implementation strategies for each of our hospitals to ensure our programs are tailored to the needs identified. Implementation strategies will be reviewed annually to determine ways to improve our commitment to the healthcare needs of communities served by Cleveland Clinic. This annual process will be incorporated as a part of existing strategic and operating plans.

Through financial assistance and as a leading Medicaid provider, we provide healthcare access to those who otherwise could not afford it, as well as clinical and wellness services for the treatment and prevention of chronic diseases. Cleveland Clinic also is engaged in a broad array of community outreach programs, including free health screenings and nutrition programs that serve vulnerable and at-risk populations.

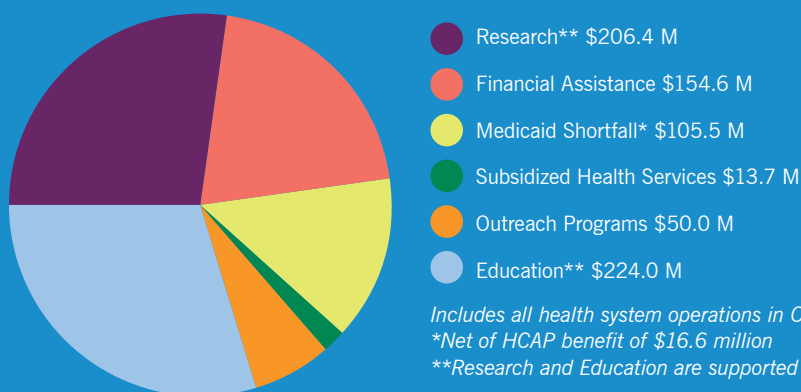
Meeting the Needs of Our Communities

The Cleveland Clinic Office of External Affairs assists in ensuring that Cleveland Clinic is a dynamic partner with the communities we serve. External Affairs includes four departments — the Office of Civic Education Initiatives, Community Outreach, Government Relations, and Public Health and Research — that provide critical leadership and resources to improve community health and well-being.

Every day, Cleveland Clinic is finding new ways to serve the community. The efforts of Cleveland Clinic Community Outreach are guided by the belief that the entire community benefits when the people within it are physically, mentally and spiritually healthy. We promote education and management of chronic diseases through the development of programs based on identified community needs. Programs include health fairs, health talks and clinical health screenings at churches, schools, senior centers, neighborhood groups and other nonprofit organizations. Community residents can learn about these programs through Community Connections, a comprehensive calendar mailed each month to residents throughout Northeast Ohio, and made available at our locations and on hospital websites.

Cleveland Clinic has also deployed a variety of programs and publications to help our community make healthier lifestyle choices. We led a five-year smoking cessation campaign in Cuyahoga County, publish health and wellness information and schedules through our Center for Consumer Health Information, and we offer free daily wellness tips and content from our physicians at our wellness-focused website, clevelandclinicwellness.com. Cleveland Clinic also sponsors a highly visible “Let’s Move It” campaign in the

2012 Cleveland Clinic Community Benefit \$754.2 Million



Includes all health system operations in Ohio, Florida and Nevada

**Net of HCAP benefit of \$16.6 million*

***Research and Education are supported by externally sponsored funding of \$143.6 million*

The Langston Hughes Community Health and Education Center

Residents of Cleveland's Fairfax neighborhood have been served by the Cleveland Clinic Community Health and Education Center at Langston Hughes for the past five years. Housed in a central location, the center shares space with other community agencies that provide nutrition assistance and in-home senior services. With a 34 percent poverty rate and a median annual household income of \$16,000, the community of Fairfax is offered free medical assessments, screenings, healthcare navigation, tobacco cessation counseling and treatment, nutrition classes and exercise programs by Cleveland Clinic.

Weekly offerings at Langston Hughes include drop-in medical clinic hours, health talks, nutrition classes and individualized exercise programs. An on-site fitness instructor is available for one-on-one consultation, and ongoing education programs provide a holistic framework for behavior change and health promotion. More than 2,500 individuals participated in the center's programming in 2012. In addition, more than 700 encounters were provided for social work, counseling and navigation to vital services.

region that encourages healthy living and provides information at letsmoveit.org. We also developed the Go! Foods® brand to identify healthy foods that meet specific nutritional criteria. We work with local food retailers to deploy the Go! Foods labels on shelves to help consumers make healthier food choices.

Cleveland Clinic is committed to adapting our services to meet changing community needs. In October 2011, we opened the Stephanie Tubbs Jones Health Center to serve the East Cleveland community following the closing of Huron Hospital. This center reaches beyond traditional healthcare services and also links patients with financial and social services all in one location. For local residents requiring services beyond the scope of the center, courtesy transportation is provided to and from their neighborhoods to appointments at our main campus, as well as at Euclid, Hillcrest and South Pointe hospitals.

Focusing on the Next Generation

The success of Cleveland Clinic and the community it serves depends on healthy, educated and informed individuals. Therefore, we are committed to strengthening the physical, cultural and educational health of Northeast Ohio's most precious resource — our next generation.

The emerging childhood obesity epidemic threatens the health and well-being of all generations. In response, Cleveland Clinic collaborates with local school districts to address this important issue. The Department of Public Health and Research (PHR) leads 5 to Go!™, an obesity prevention program that includes age-specific curricula, data collection and analysis, and provides recommendations for policy change. The Eat Right at School program utilizes guidelines that meet and exceed standards set by the U.S.



Photo Credit: Yu Kwan Lee, Center for Art and Medical Photography



Neuro ICU nurse
Rachel Leahy, BSN, RN,
former Cleveland Clinic
nursing intern

Summer Internship Program

The Cleveland Clinic Office of Civic Education Initiatives' Summer Internship Program was designed to increase students' interest and literacy in science by expanding their learning experiences beyond the classroom. The nine-week, paid internship program provides top regional high school students with the opportunity to work and learn alongside nationally renowned healthcare professionals in a variety of fields. At the end of the program, students present scientific research or creative projects they produce during the internship. Since 2005, Cleveland Clinic has dedicated more than 527,760 hours mentoring 1,029 interns. Among the program's alumni, 111 are currently pursuing undergraduate degrees in pre-medicine, 64 in medicine, 23 in pharmacy, 100 in nursing, and 78 in a scientific discipline.

Photo Credit: Matt Kohlmann, Center for Art and Medical Photography

Department of Agriculture under the 2010 Healthy, Hunger-Free Kids Act. Nine school districts have implemented this program, making high-level changes that positively impact the health of their students.

During the 2011-2012 school year, the department continued its partnership with the First Ring Superintendents' Collaborative and conducted body mass index (BMI) assessments of 15,800 kindergarten, third, fifth and ninth grade students in 16 inner-ring school districts. In addition, Food Is Knowledge®, a nutrition curriculum for pre-kindergarten through first grade, was taught to 1,240 children across 22 Greater Cleveland schools. Healthy Futures, a curriculum encouraging healthier behaviors and positive attitudes toward nutrition and exercise, was piloted in five schools and organizations. PHR also partnered with Cleveland Clinic's Center for Human Nutrition to assist schools in providing healthier food options for school meals.

Through the efforts of the Office of Civic Education Initiatives and our community partners, Cleveland Clinic works to pique students' interest in science, math, health and wellness, the arts and innovation. These innovative programs create an elementary and secondary education healthcare workforce "pipeline" designed to stem regional and national healthcare workforce shortages and ensure we develop the talent to keep our organization and community competitive in the global economy of the 21st Century.



Photo Credit: Lon Horwedel, Kresge Foundation

The East Cleveland Teen Collaborative (ECTC)

Funded by a grant from the Kresge Foundation, and in partnership with a broad coalition of community-based agencies, the ECTC was launched by the Department of Public Health and Research to address issues impacting the health of adolescents in East Cleveland.

With 40 percent of the population below the poverty line, adolescents in this community face many challenges. In 2012, 14 students were selected from East Cleveland's Shaw High School to serve as "Teen Ambassadors." The ECTC seeks to strengthen the protective factors that contribute to improved outcomes for the ambassadors by connecting them to their community and empowering them to impact their peers. They implemented a teen version of the national Neighbor Circles program to facilitate discussions about improving the community, produced health-related public service announcements, and coordinated a well-attended "poetry slam" featuring original poetry and songs addressing violence in the community. The students also participated in structured activities to encourage healthy behaviors, such as nurturing a local community garden plot and attending cooking demonstrations.

Supplier Diversity

Cleveland Clinic has a long-standing commitment to serving local needs by attracting, supporting and partnering with women and minority business enterprises (W/MBEs) to positively spur the local economy. In 2012, 25 percent of addressable supply chain spend (up from 22 percent in 2010) and 22 percent of addressable construction spend (up from 21 percent in 2010) went to W/MBEs. Our supplier diversity program and procurement process supports this commitment through a quarterly dialogue with local diverse supplier organizations. We also work to identify and partner with minority business enterprises (MBEs) through mentor programs to grow our vendor list and increase the number of healthcare-qualified MBEs in the region, creating economic vitality that goes beyond the awarding of a contract.

Recognizing a relatively weaker representation of MBEs in the marketplace, Cleveland Clinic's Buildings and Properties office began laying the foundation for its healthcare construction mentorship program in summer 2012. In partnership with five established construction management companies and two architectural design firms to date, these companies will work to include MBE partners in all aspects of an awarded Cleveland Clinic project and, if appropriate, with other projects outside of Cleveland Clinic. The goal of this program is to advance the skillsets needed to conduct business with a large healthcare organization to prepare those MBEs to compete independently in about three years.



Partners for Safer Communities

The presence of high rates of crime and violence is a recognized social determinant of health. The Cleveland Clinic Police Department supports healthier communities through security awareness briefings, concentrated policing and by maintaining close working relationships with the police departments whose jurisdictions includes a Cleveland Clinic facility. Memos of Understanding are written and agreed upon outlining the responsibilities of each department in order to ensure a collaborative effort to keep facilities and the surrounding communities safe and secure. In addition, Cleveland Clinic's Emergency Management Department performs outreach to local school systems to train teachers and students on the new "ALICE" model designed to educate individuals on options available to them in an Active Shooter event.

Driving a Major Economic Engine

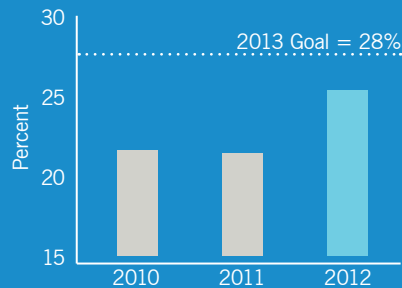
In 2012, Cleveland Clinic employed 43,394 caregivers and generated \$6.2 billion in operating revenues. Every three years we conduct an economic impact study. According to the most recent study, Cleveland Clinic directly or indirectly supported more than 81,000 Ohio jobs in 2010, representing approximately \$3.9 billion in wages and earnings, and spurred nearly \$10.5 billion of total economic activity in the state. Through the direct and indirect earnings it created, Cleveland Clinic supported more than 58,000 Northeast Ohio households that paid enough school-related property taxes to cover the cost of educating nearly 18,000 kindergarten through 12th-grade students. Indirectly, we supported \$2.28 billion in household-level spending on Ohio goods and services (an increase of \$580 million since 2006).

We take our responsibilities as a nonprofit, tax-exempt, charitable organization seriously and believe our activities incorporate our institution's mission and core values. In 2012, our community benefit contribution totaled \$754.2 million, including clinical services, health professions education, outreach programs and research. Clinical services include financial assistance, Medicaid shortfall, subsidized services and outreach programs. Our outreach programs focus on community health and wellness with an emphasis on prevention, wellness and chronic disease management, especially to the most vulnerable and at-risk populations. Cleveland Clinic's Community Benefit is also reported annually on our Internal Revenue Service (IRS) Form 990.



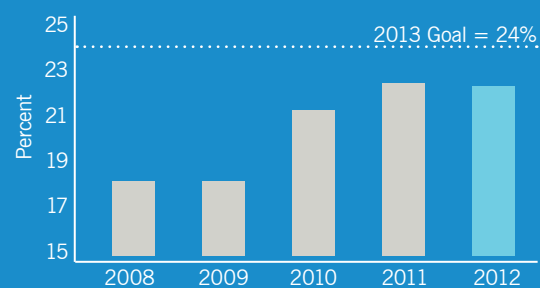
Supplier Diversity

Supply Chain Spend – (W/MBE)



Supplier Diversity

Construction Spend – W/MBE



Supplier Diversity charts show portion of Cleveland Clinic addressable spend that went to minority-owned businesses for each year shown. Addressable spend is that amount for each year that was open for bid and where there are known minority-owned businesses providing such products or services. A minority-owned business is one that is at least 51 percent owned and controlled/managed by a minority individual or minority group. This includes but is not limited to the following minority groups: African Americans, Hispanic Americans, Native Americans, Asian Pacific Americans, women, and veteran/service-disabled veteran owned businesses.

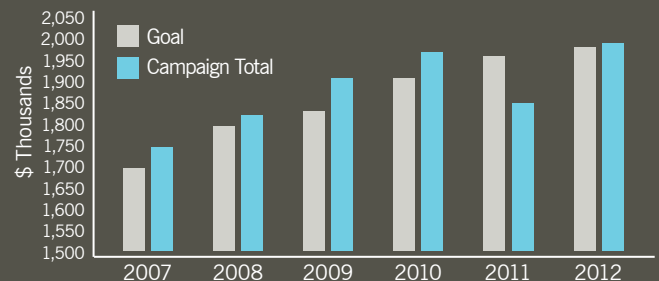
Supporting United Way

By addressing the most pressing health and human service needs, United Way of Greater Cleveland finds itself on the front lines of responding to the economic downturn. It is promoting wellness, assisting the elderly, educating children and helping families out of poverty and homelessness through counseling and job skills training.

Cleveland Clinic supports United Way and its nearly 130 agencies through an annual campaign. The campaign's leadership team includes more than 40 volunteer caregivers from across enterprise who work together to increase awareness and raise funds. In 2012, Cleveland Clinic's campaign raised more than \$2.08 million, representing the third largest campaign donation in Greater Cleveland.

Cleveland Clinic also hosts an annual "Day of Caring" in which our caregivers participate in a day-long volunteer event to assist a United Way agency with service activities ranging from paperwork, painting and yard work, to structural engineering. As part of this one-day event, Cleveland Clinic provides the designated agency with more than \$50,000 worth of work at no cost.

United Way Campaign Results



In 2012, more than 100 caregivers participated in a Day of Caring at Rose-Mary Center in Euclid, Ohio. The center serves children and adults with physical and intellectual disabilities.

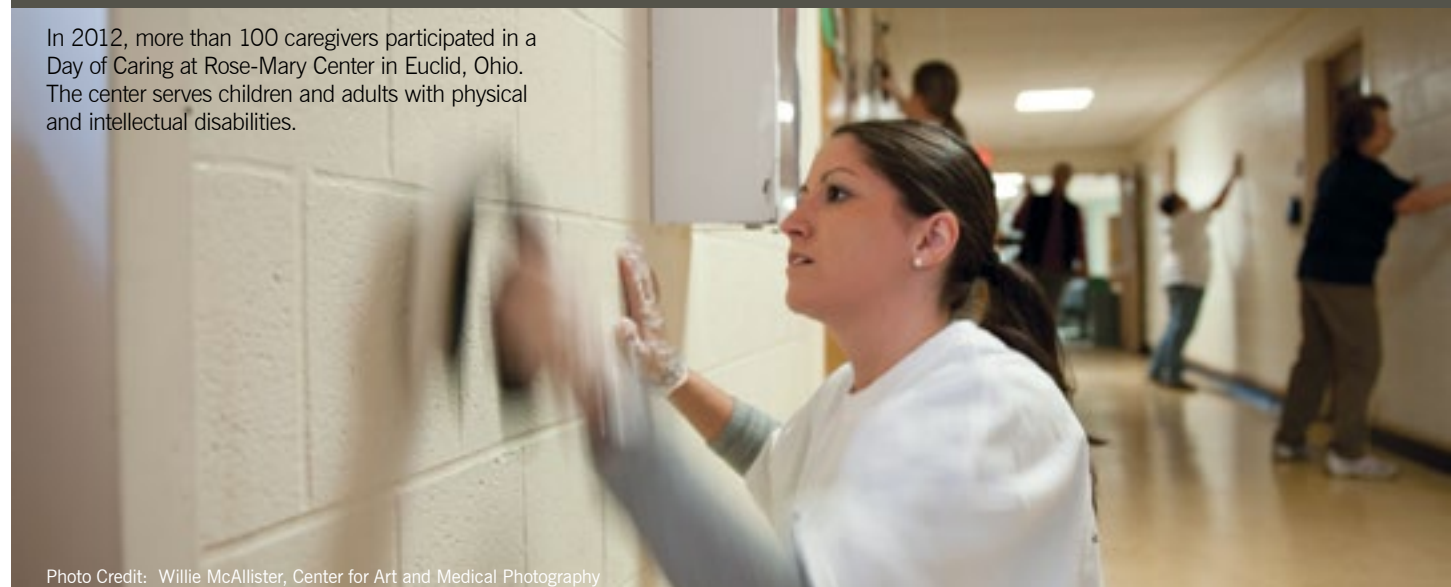
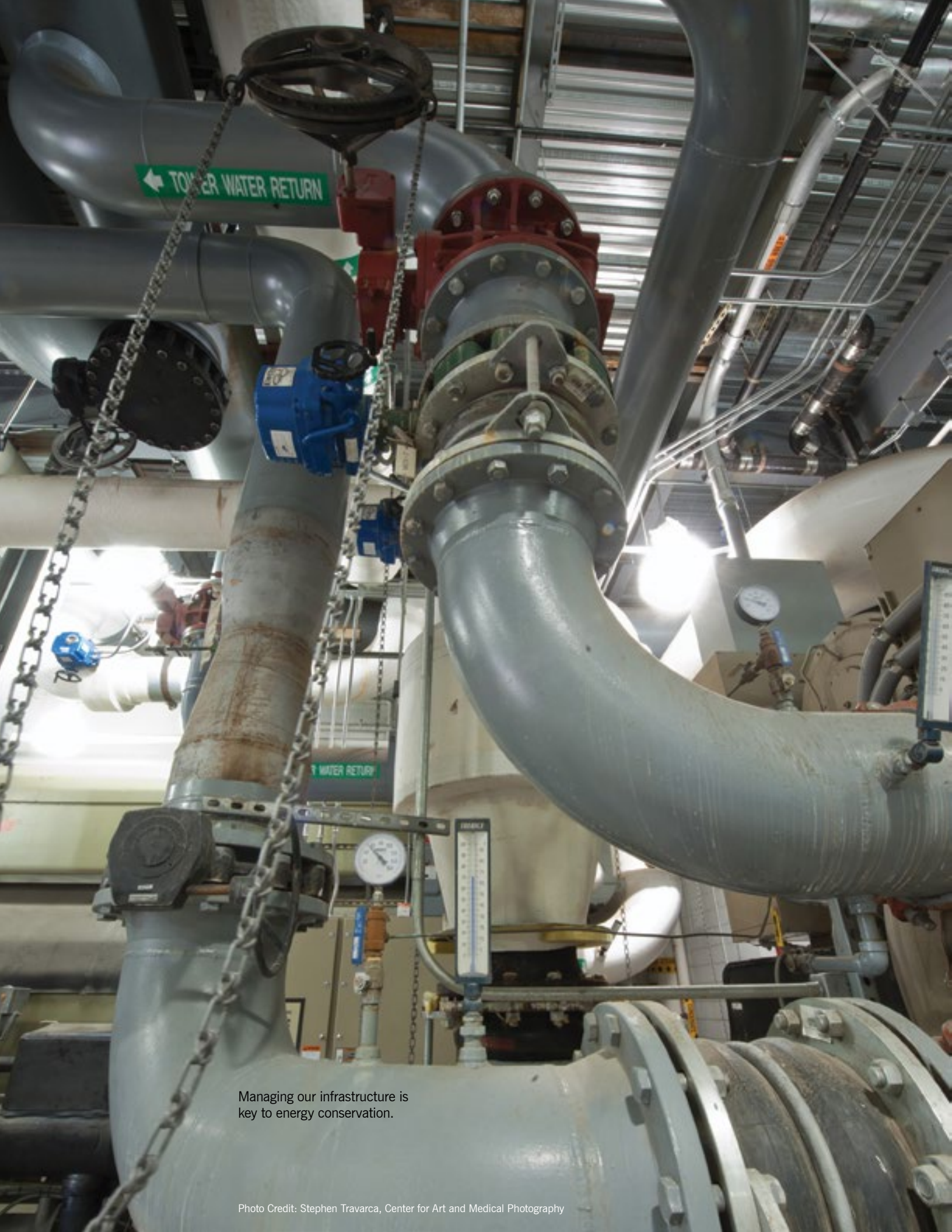


Photo Credit: Willie McAllister, Center for Art and Medical Photography



Managing our infrastructure is
key to energy conservation.



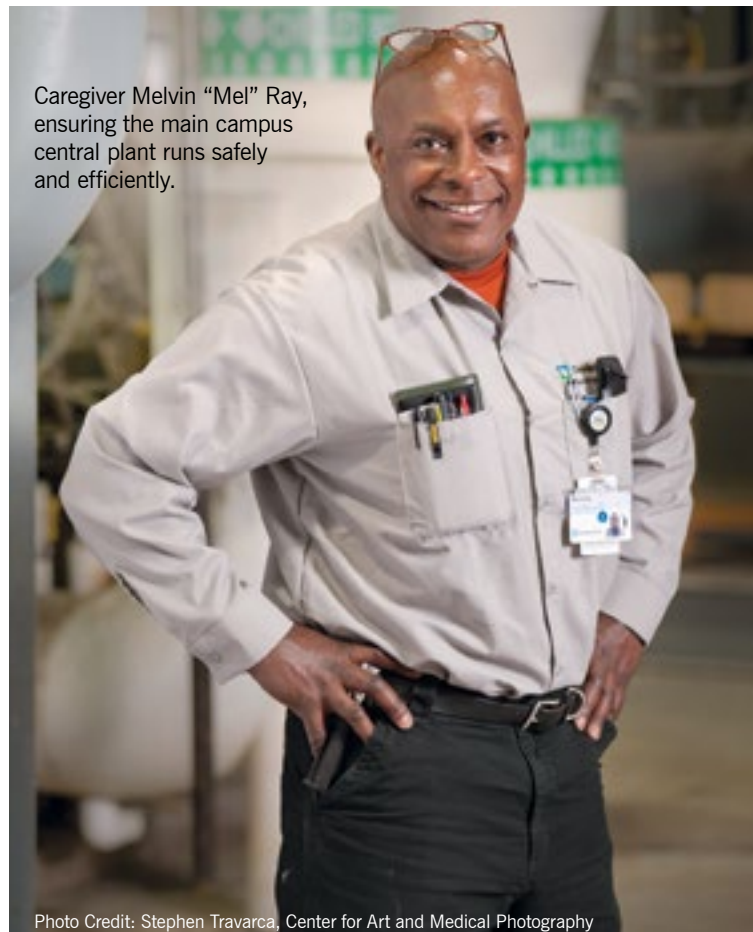
FOCUS ON THE ENVIRONMENT: ENERGY

Healthcare is an energy-intensive industry, consuming more energy per square foot on average than any other commercial building type aside from food service.

Cleveland Clinic consumes a significant amount of energy in the delivery of patient care. Areas of Northeast Ohio are designated by the U.S. EPA as nonattainment areas for ozone and fine particles, airborne pollutants linked to long-term health effects, including chronic respiratory disease, heart disease and other adverse conditions. Our region's reliance on coal-generated electricity is a primary contributor to those pollutants. Emissions from fossil fuels used to generate electricity represent roughly 26 percent of total greenhouse gas emissions from human activity, contributing significantly to climate change, another widely recognized public health threat. Cleveland Clinic's consumption of electricity constitutes about 80 percent of our annual scope 1 and scope 2 greenhouse gas emissions. Therefore, we can impact the health of our community by proactively reducing the intensity with which we use energy. As a leader in healthcare, we consider it our responsibility to lead in this area, too.

Cleveland Clinic is proud to be recognized with a 2013 ENERGY STAR Partner of the Year – Sustained Excellence Award by the U.S. EPA for our long-term commitment to energy efficiency. In December 2011, Cleveland Clinic CEO and President Delos M. “Toby” Cosgrove, MD, accepted President Obama’s Better Buildings Challenge, committing to reduce energy intensity by 20 percent by 2020, while transparently showcasing the solutions used to reach that goal. This public promise further reinforces our long-term commitment to energy conservation. We continue to improve the energy efficiency of our existing buildings by optimizing building systems, making targeted reinvestments, managing the energy consumed by electronic devices and engaging caregivers to change energy-related behaviors.

In 2012, Cleveland Clinic spent more than \$18 million on infrastructure repair and replacement projects that yielded an energy-saving benefit. We have actively worked to decrease the amount of energy consumed by electronic devices by reducing

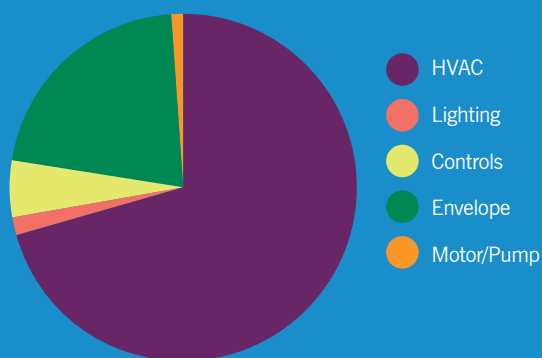


Caregiver Melvin “Mel” Ray, ensuring the main campus central plant runs safely and efficiently.

Photo Credit: Stephen Travarca, Center for Art and Medical Photography

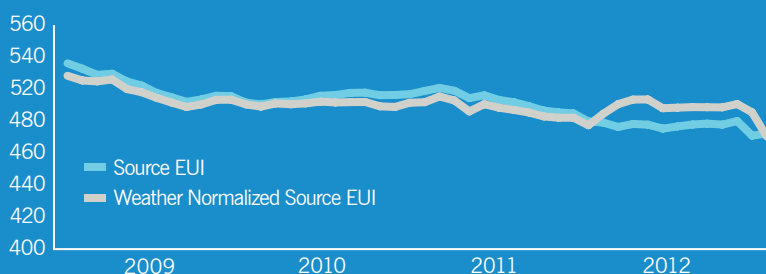
the number of desktop printers across the health system by more than 800 units, an 11 percent reduction to date. We have also begun activation of software to manage power consumption from personal computers. In addition, we are working to upgrade building automation systems throughout the enterprise to improve monitoring and management of building systems to ensure optimal and efficient performance.

2012 Funded Energy Projects by Type



In 2012, Cleveland Clinic invested \$18.7 million in infrastructure projects that yielded an energy efficiency benefit. This chart shows investments by type.

Source Energy Use Intensity (EUI)*



EUI is a measure of the energy consumed by a building or portfolio relative to its size. Here, EUI is shown as source EUI. Source energy represents the total amount of raw fuel consumed including all transmission, delivery, and production losses.

*Data shown includes the wholly owned and operated domestic enterprise. It excludes leases as well as Huron Hospital (historical), Fairview Moll Cancer Center, Children's Rehab Hospital, Florida and Nevada operations, and hotels. In 2012, 475,054,541 kWh of electricity and 19,095,466 therms of natural gas were consumed.



A Green City on a Blue Lake

In August 2009, Cleveland Mayor Frank Jackson convened the first Sustainable Cleveland 2019 Summit to bring together hundreds of people interested in applying the principles of sustainability to the design of the local economy. Cleveland Clinic is a proud participant in Northeast Ohio's commitment to its sustainable future by building an economic engine to empower a green city on a blue lake. By 2019, the 50th anniversary of the burning Cuyahoga River, we hope to realize this powerful vision and be part of a vibrant, healthy, successful community. Each year, Sustainable Cleveland 2019 has a designated focus to help our citizens and businesses rally around focused progress. Much of 2012 was spent laying the groundwork for 2013's Year of Advanced and Renewable Energy, in which businesses and communities are focusing on growing and supporting the local advanced energy economy.

Cleveland Clinic is also committed to improving our ability to measure and report performance and progress. We use the widely accepted EPA ENERGY STAR Portfolio Manager system to benchmark energy performance and track progress over time. In 2012, we undertook a comprehensive review of our dataset to ensure quality and consistency, so as to fulfill our commitments with the utmost accountability and transparency. Previously, we have reported energy performance over time in site energy intensity. In this and future reports, we will use weather normalized source energy intensity to align with standard practice as established by our partnerships with the ENERGY STAR and Better Buildings Challenge programs. In addition, we will be increasing the number of utility meters installed on our campuses to measure individual building performance. In 2013, we will adopt a utility bill management system that will provide data quality checks and enhanced analytics capabilities, which will provide greater insight into our energy-efficiency programs, supply cost reductions and other utility strategies. In addition, completion of a new environmental data management system currently in implementation will allow us to report updated greenhouse gas emission inventories in future reporting cycles.

Cleveland Clinic remains committed to further reducing our consumption of hydro-carbon generated energy and to supporting local jobs through the use of advanced and renewable energy applications. In partnership with Evergreen Energy Solutions, we installed our first solar array in 2009 at our main campus with 100 kW in generating capacity from 480 solar panels. We have planned and designed additional arrays; however, recent significant declines in renewable energy credits have made reasonable financing of solar installations difficult. We are in ongoing discussions with our solar partners to develop a sustainable model to support further expansion in our installed solar capacity.



Regulated Air Emissions by Type and Weight (Main Campus 2012)

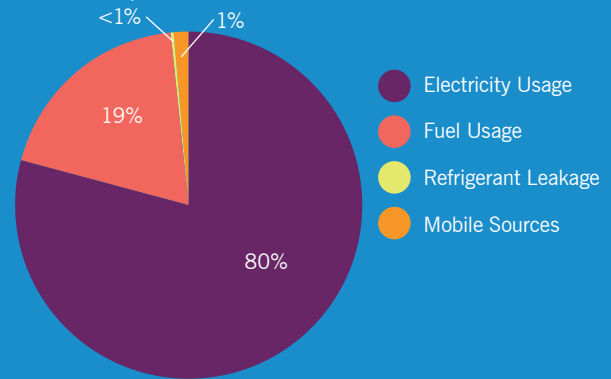
Parameter	Emissions (Metric Tons)
CO ₂ e ¹	62,299.1
NO _x ²	47.9
PM total ²	4.7
PM-10 ²	4.7
SO ₂ ²	0.6
CO ²	53.3
VOC/OC ²	4
OC ²	5
Hexane ²	1
Benzene ²	0
All Haps ²	1

¹ Inventory conducted as required by 40 CFR 98 and reported to the US EPA.

² Title V annual Emissions Inventory Summary per OAC rule 3745-15-03 submitted to Ohio EPA.

The main campus is the only Cleveland Clinic facility that meets the reporting requirements by number of emissions units for the above emissions inventories.

Baseline Greenhouse Gas Inventory (2008) (Main Campus 2012)



Baseline greenhouse gas inventory of scope 1 and 2 emissions for Ohio-based operations showed a footprint of 387,258 metric tons of carbon dioxide equivalents (CO₂e). Inventory conducted using The Climate Registry's General Reporting Protocol for the Voluntary Reporting Program, Version 1.1.

Showcasing Energy Efficiency

In 2012, the Cleveland Clinic Tomsich Pathology Laboratories opened its doors as part of a full-service, national reference lab offering state-of-the-art testing of clinical samples to help the medical community detect, diagnose and treat disease. Continuing Cleveland Clinic's commitment to using evidence-based design and the U.S. Green Building Council's Leadership in Energy and Environmental Design (LEED) rating system, this building was certified LEED-NC v2.2 Gold, achieving 5 credits for optimizing energy performance.

The building design maximizes day lighting and affords access to views to 92 percent of the building's regularly occupied space by applying extensive exterior and interior glazing. Day lighting controls on the first two rows of lighting on the east, south and west edges of the building help achieve an optimum lighting level, while maximizing energy savings. To reduce solar heat gain in summer, horizontal sunshades are used. Interior LED lighting and occupancy sensors in all offices and conference rooms further reduce lighting power densities.

Energy efficiency was further improved with the installation of advanced, responsive systems, including a high efficiency

chiller, hot water boiler, cooling tower, and unitary cooling equipment, as well as demand control ventilation and exhaust air energy recovery. The building combines a vegetative roofing system over 27 percent of the roof area, with a solar-reflective white EPDM roof over the remainder. These strategies reduce the heat island effect and required cooling loads among other benefits.

To ensure the building was designed, constructed, and calibrated to operate as intended, a program of enhanced commissioning was undertaken, and a systems manual was developed to aid building operating staff in the appropriate operation of the building. Further, retro-commissioning is planned to ensure the systems operate as designed over time.

Together, the strategies employed are expected to deliver a 27 percent energy savings when compared to baseline using the ASHRAE Standard 90.1-2004, Appendix G methodology. Visit the Cleveland Clinic Better Buildings Challenge site for updates on the building's progress over time at: <http://www4.eere.energy.gov/challenge/partners/better-buildings/cleveland-clinic>



Executive Chief Nursing Officer K. Kelly Hancock, MSN, RN, NE-BC, greets a potential nurse caregiver at Nursing Now. Hosted at Cleveland Browns' Stadium, Cleveland Clinic caregivers helped to interview and hire more than 400 nurses in one day.





HUMAN RIGHTS AND LABOR STANDARDS

Cleveland Clinic is committed to **protecting human rights and labor standards**, directly and indirectly, through our employment and business practices and community engagement.

As one of the largest employers in Northeast Ohio, with enterprises also in Florida, Nevada, Canada and the Middle East, we strive to foster a healthy, respectful and inclusive workforce, and to bring our benefits to the communities we serve.

Cleveland Clinic respects and upholds the labor laws of the United States. We protect against employment and workplace discrimination; take steps to ensure compensation is internally equitable; maintain measures to eliminate all forms of forced or compulsory labor and abolish child labor; and respect freedom of association and the right of labor to organize.

Instilling Diversity and Inclusion

Cleveland Clinic understands the importance of human capital and is committed to diversity and inclusion. We provide 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"). Administered by the Office of Diversity and Inclusion, the Affirmative Action Program at Cleveland Clinic promotes equal opportunity and maintains affirmative action plans for all caregivers in the U.S. The program supports the recruitment of caregivers who meet the operational needs of the enterprise and who reflect our patient populations, while developing a workforce that is diverse in terms of race/ethnicity, gender, industry experience and skill set.

Cleveland Clinic supports Employee Resource Groups that provide a network for our diverse caregiver populations to advance the inclusion, retention and professional development of these employees. These groups also serve to raise awareness of the healthcare needs of our diverse patients. Cleveland Clinic also strives to foster a culturally sensitive workforce and provides cultural competency online training to new hires and to all caregivers annually, as well as instructor-led trainings and individual coaching to provide ongoing cultural competency development across the enterprise. For our work in 2012, Cleveland Clinic was recognized as a Top 10 Hospital System by DiversityInc, a benchmarking and publication organization that analyzes and recognizes diversity initiatives in organizations.

Cleveland Clinic administers all personnel actions without regard to disability and provides reasonable accommodations for otherwise qualified disabled individuals. Under Cleveland Clinic policy, employees are directed 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. Investigations will ensue and corrective action is taken as necessary. Employees are also entitled, by law, to submit complaints regarding alleged discriminatory actions with the U.S. Equal Employment Opportunity Commission and/or the local Ohio Civil Rights Commission. During the calendar year 2012, only one finding of probable cause was issued. Cleveland Clinic does not believe that any wrongdoing occurred in connection with this matter, which is currently pending in court.

Number of Employees and Employee Movements by Region (2012)

	Florida	Nevada	Ohio	Total	Percent of Total Head Count
Head Count at Year-end	2,173	69	41,152	43,394	
Full Time				35,210	81%
Part Time				8,184	19%
Covered by Collective Bargaining Agreements				194	0.4%
Employee New Hires	500	20	5,989	6,509	15%
Employee Turnover	367	15	4,577	4,959	11%

Number of Employee New Hires and Turnover by Age Group and Gender (2012)

	Age Group			Gender	
	<30	30-50	>50	Female	Male
Employee New Hires	2,922	2,958	629	4,530	1,979
Employee Turnover	1,493	2,285	1,181		
Turnover - Female	1,049	1,474	939	3,462	
Turnover - Male	444	811	242		1,497

Medical Missions

Cleveland Clinic promotes volunteerism among its caregiver workforce in support of international medical missions. We offer structural support by matching interested clinicians with available opportunities, by extending medical liability insurance for volunteering clinicians, and through appropriate donations of medical supplies. Cleveland Clinic's longstanding relationship with MedWish International results in the distribution of surplus supplies and equipment to medical missions in more than 90 countries. In 2012, we donated more than 67 tons of supplies and equipment to MedWish.



Photo Courtesy of MedWish International

Ensuring Equity

Cleveland Clinic's compensation system is designed to provide wages that are externally competitive and internally equitable; it includes a review process for any market-driven salary offer that has the potential to disrupt internal equity. Cleveland Clinic offers an integrated, competitive and comprehensive benefits package that applies to substantially all part-time and full-time caregivers who are 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. All caregivers, with the exception of students, residents/fellows and research associates, participate in a noncontributory, defined contribution plan to assist with retirement planning. Cleveland Clinic's contribution for the plan is based upon a percentage of caregiver compensation and years of service. Cleveland Clinic also sponsors a contributory, defined contribution plan, an employee-guided tax deferred annuity plan (403b), which is available to full-time, part-time or as needed (PRN) caregivers and has a participation rate of 80 percent. Cleveland Clinic matches caregiver investments in the plan at a rate of 50 percent, up to six percent of employee contribution.

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. Our timekeeping systems and policies are designed 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. Ohio law restricts the hours of work of minors and prohibits their employment in occupations that are considered hazardous to their health.



Number of Employees by Contract Type and Gender (2012)

	Female	Male	Total	Percent of Total Head Count
Regular	29,410	10,579	39,989	92%
Temporary/PRN/Student Interns	2,576	829	3,405	8%
Percent Receiving Regular Performance Reviews	95%	73%	89%	

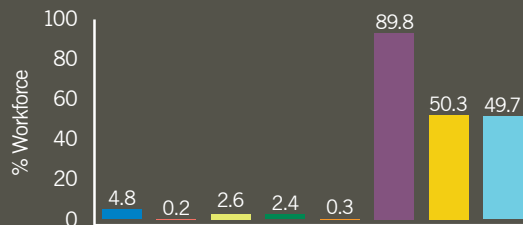
A PRN work schedule is "as needed" and is common in allied health and medical professions. PRN differs from part-time positions in that the schedule radically changes and the actual number of hours worked isn't pre-arranged or promised.

Number of Employees by Gender and Age (2012)

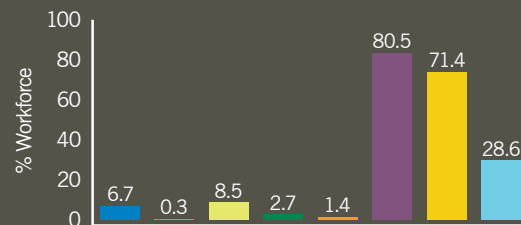
	Female	Male	Percent of Total Head Count
Under 30 years old	5,808	1,904	18%
30 - 50 years old	15,669	6,043	50%
Over 50 years old	10,509	3,461	32%
Percent Female	73.7%		
Percent Male		26.3%	

2012 Workforce Demographics

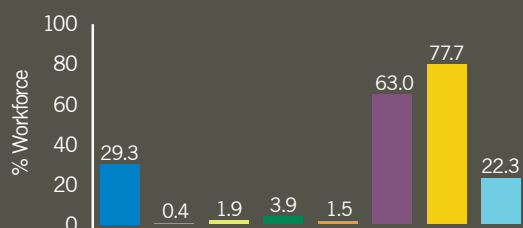
Executive Management



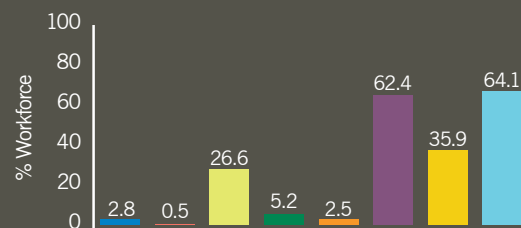
Managerial/Professional



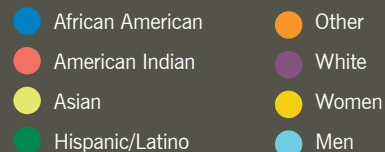
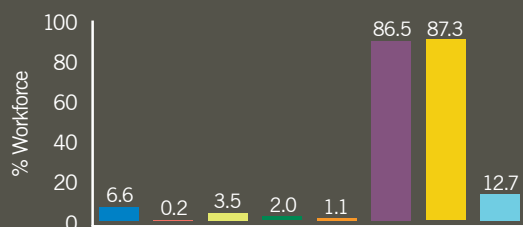
Non-Managerial



Physicians



Nurses



Data includes: main campus, regional hospitals, Nevada and Florida. Nurses include direct and indirect patient care (excludes management). Physicians include residents/fellows.

A vegetative roofing system and skylight atop
Cleveland Clinic Tomsich Pathology Laboratories.





ENVIRONMENTAL STEWARDSHIP

Cleveland Clinic supports **healthy environments for healthy communities**. We understand that environmental health and human health are linked. We take a precautionary approach to environmental stewardship through our operations and community leadership.

The global environmental meta-trends of climate change, natural resource constraints and increased toxicity present a series of challenges to human health and to the healthcare delivery infrastructure. For instance, the Centers for Disease Control and Prevention has associated the decline in environmental health with respiratory disease, pulmonary disease, cancer, heatstroke, water-borne diseases, malnutrition, obesity and diabetes. Cleveland Clinic considers climate change a risk to the health of our communities as well as to our organization. Although financial implications of climate change are not quantitatively estimated, we have identified ways in which climate change can impact Cleveland Clinic's operations:

1. Possible population shifts could generate high demand, stressing healthcare delivery system capacity.
2. Further stresses on air quality due to deforestation and ozone density could result in increased negative health impacts.
3. Instability in climatic conditions may necessitate investment in physical facilities and perhaps influence patterns of vector-borne public health threats.
4. Reduced quantity or quality of fresh water supplies could impact community health and impact availability of water to meet the needs of our facilities.

As a healthcare provider, we have a responsibility to safeguard the health of our communities by addressing the environmental impact of our operations. As a recognized leader in our industry, we are in a position to lead by example in the adoption of environmental best practices in the delivery of exceptional patient care.

Managing a Structure for Environmental Stewardship

Cleveland Clinic's Office for a Healthy Environment (OHE) was created in response to a heightened awareness of our environmental impact and in recognition of the link between environmental health and human health. This office sets the

strategic direction for environmental stewardship at Cleveland Clinic, provides operational support and directs caregiver engagement in pursuit of improving environmental performance. The OHE is supported by caregiver-led green teams to achieve a consistent approach to sustainability at all locations. Our program focuses on:

Healthy Buildings: We are committed to designing and building safe, green buildings using evidence-based design and the U.S. Green Building Council's Leadership in Energy and Environmental Design (LEED) system to deliver healthier environments in which to work and heal.

Healthy Operations: In connection with creating a healthier-built environment, we strive to design and implement operational processes that reduce waste and chemical use, and promote improved stewardship of our natural resources.

Better Buying: We are committed to selecting non-hazardous alternatives to conventional products, to seeking out ways to stop waste at its source, and to engaging caregivers in using products more efficiently.

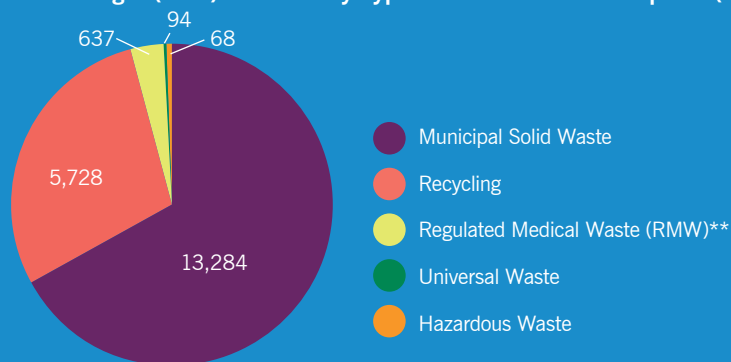
Finding Champions and Innovators: We are committed to educating and engaging our workforce and visitors to help our region's communities become "Green Cities on a Blue Lake." We seek to pioneer sustainable healthcare on a national scale by leveraging Cleveland Clinic's standing and expertise.

Stewardship in Action

Minimizing Waste

Waste management is a critical challenge in the healthcare sector, which increasingly depends on disposable supplies. According to the American Plastics Council, hospitals generate 12 million pounds of waste every day. Cleveland Clinic creates a significant amount of waste in its operations, and the acuity

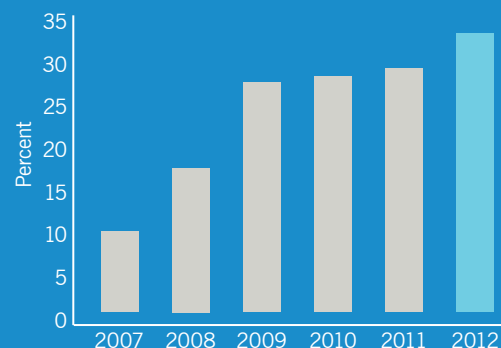
Total Weight (Tons) of Waste by Type – Northeast Ohio Hospitals (2012)*



*2012 year-end results for the Northeast Ohio community hospitals and main campus, excluding Medina Hospital which operates in a flow-control county where actual data is unavailable.

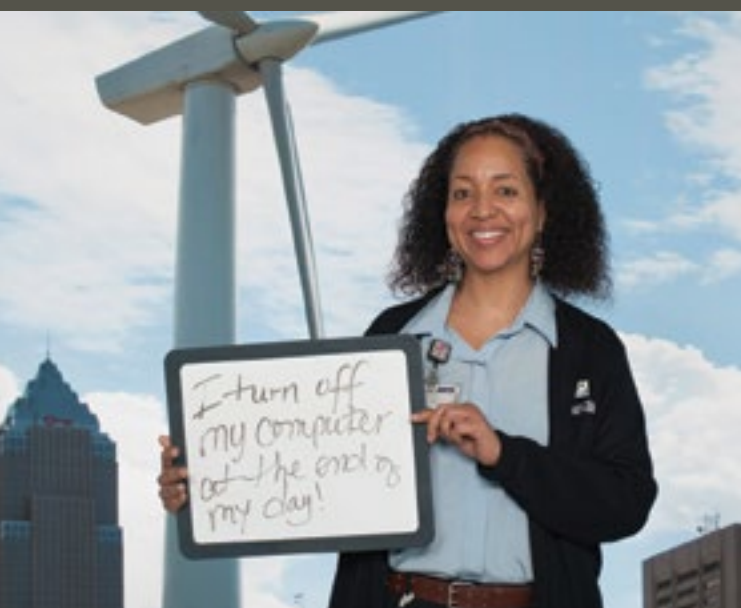
**General infectious waste, a prominent (by weight) type of RMW, is treated onsite at main campus and Hillcrest Hospital and leaves the facility as municipal solid waste.

Main Campus Recycling Rate



Creating a Culture of Sustainability

Changing individual behaviors and mindsets remains a critical challenge to the health system's commitment to sustainability. The Office for a Healthy Environment reinforced the role of the individual in a series of program and event offerings throughout the year for our caregiver and community stakeholders. Programs range from popular farmers markets and homemade salsa contests, to themed campaigns in support of strategic initiatives such as promoting alternative commuting and energy awareness. In 2012, we implemented an EcoOpportunity Assessment program that engages institutions, departments, and individuals to reflect on their contribution to sustainability at Cleveland Clinic. Offering a variety of engagement activities, themed education events and tools promotes responsible behaviors, recruits new enthusiasts and deepens commitment to supporting healthy environments for healthy communities.



of the care we provide further increases our challenge. We continue to work collaboratively with purchasers, vendors and caregivers to reduce the amount of waste generated and disposed of via landfill. We have made great strides. For instance, we have increased our recycling rate from less than 10 percent in 2007 to more than 30 percent at our main campus in 2012. All major operations have conventional recycling programs for post-consumer materials and cardboard, and we encourage caregivers to recycle all paper types through our document destruction program, ensuring the protection of our patient's personal information.

While there remains opportunity to improve the performance of our existing recycling programs, the complexity of the healthcare waste challenge demands unconventional solutions. The most important area of opportunity is to reduce the amount of waste we generate. A focused effort is being made to minimize waste through improved inventory management to reduce supply expiration, to eliminate unused items in custom surgical packs, and to seek opportunities to systematically redeploy not-in-use equipment within the enterprise. For the waste we do generate, we must innovate to find ways to put our byproducts to better reuse. Cleveland Clinic is an industry leader in the pursuit of establishing value chains and markets for sterile clinical plastics. Our main campus program served as the basis for the Healthcare Plastics Recycling Council's Design Guidelines for Optimal Hospital Plastics Recycling, issued in November 2011. We hope to expand this program to our regional surgical sites in 2013.

Managing Hazardous and Regulated Materials

Hazardous materials such as aggressive cleaning products, sterilization and water treatment chemicals, certain pharmaceuticals, mercury-containing devices, electronic wastes, laboratory chemicals, and radiological films and wastes are an important part of the healthcare delivery model. Proper management of these materials is critical to protecting the health of our caregivers and the community at large. In



Healthy Buildings

Total LEED Certified Projects: 13

Certifications Achieved in 2012:

LEED Gold

Twinsburg Family Health and Surgery Center (LEED-NC)
Tomsich Pathology Laboratories (LEED-NC)

LEED Silver

Hillcrest Hospital – Jane and Lee Seidman Tower (LEED-NC)
Cleveland Clinic Data Center (LEED-NC)
Stephanie Tubbs Jones Health Center (LEED-NC)
Richard E. Jacobs Health Center (LEED-NC)

In addition, many wastes, such as infectious materials (or “sharps”), are regulated to protect public health. All hazardous or regulated waste generated at Cleveland Clinic is treated appropriately and disposed of domestically.

Each Cleveland Clinic hospital is responsible for reporting any hazardous material spills as part of its Hazardous Materials and Waste Management Plan as required by The Joint Commission. Spill reporting is triggered if there is a spill of a hazardous substance in excess of its threshold planning quantity and it leaves the premises or is released into the air as a gas. In 2012, one reportable spill occurred at Fairview Hospital, resulting in the estimated release of less than two gallons of fuel oil through a sewer manhole and into the nearby Rocky River. The spill was contained and cleaned, resulting in no damage to wildlife or vegetation with no impact to human health and safety. An estimated 150 to 300 gallons of fuel oil was recovered on the property. All appropriate agencies were notified, and the case has since been closed with the Ohio Environmental Protection Agency. We also comply with Section 608 of the Clean Air Act to minimize the emission of ozone-depleting refrigerants. No reportable leaks occurred in 2012.

Conserving Water

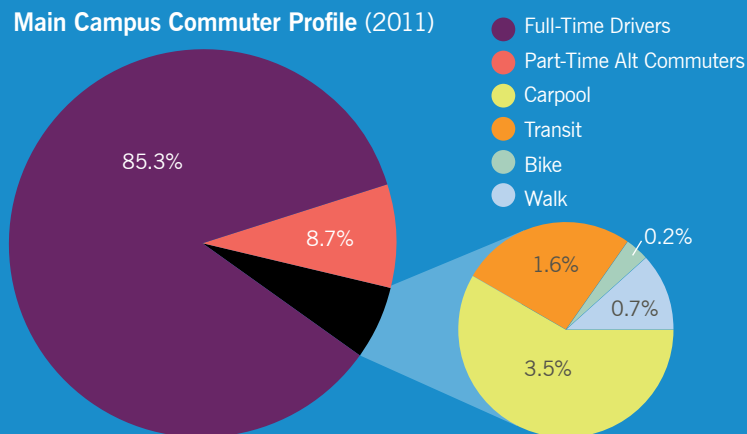
Cleveland Clinic's Northeast Ohio enterprise mainly draws water from Lake Erie, which gains water from the upstream Great Lakes — Superior, Michigan and Huron. In 2009, the Cleveland Division of Water reported that Cleveland Clinic consumed 50,261 MCF or 376,957,500 gallons. However, ongoing concerns about the reliability of those measurements call into question the accuracy of the water consumption data available to us. We have engaged with our public water utility to improve the accuracy of our information. Inclusion of water consumption in our utility bill management system, anticipated in 2013, will provide data quality checks and enhanced analytics capabilities that will enable us to confidently report consumption data in future reports.

National Drug Take-Back Day

Cleveland Clinic's Protective Services Team sponsored seven community collection points for two National Drug Take-Back Days in 2012. Officers collected 530 pounds of unused medications from Northeast Ohio community members for safe and responsible disposal, preventing potential contamination of local water supplies from improper disposal.



Main Campus Commuter Profile (2011)



Survey N = 2633, results shown are +/- 1.8%. Part-time alternative commuters are defined as those who travel to work by not driving alone at least three times per month. The typical alternative commuter works a regular full-time 5 day/wk schedule that is predictable, they travel less than 20 minutes to work, and they are more likely to serve in support and clerical functions.

Transportation

Percent Improvement - Fleet Avg Miles per Gallon (2010 Baseline): **24%**

Total Gallons of Fuel Avoided: **148,605**

Cleveland Clinic has taken a number of measures to reduce water consumption through the reuse of water in certain processes. At the Richard E. Jacobs Health Center in Avon, the irrigation system draws all water from an on-site detention pond, using no potable water to irrigate the drought-resistant landscaping onsite. We recycle more than 910,800 gallons of water annually when washing service carts at our main campus, and our laundry processor treats and recycles over 66 percent of total water used, resulting in a savings of 27,212,845 gallons of water in 2012.

Stormwater management is a critical issue in Northeast Ohio. Poised on the edge of Lake Erie, a critical natural asset, we have a special responsibility to consider the stormwater impacts of our facilities and infrastructure on the surrounding wetlands and watersheds. All wastewater and stormwater is disposed of in public sewer systems and treated by local municipalities. No unintentional discharges have occurred during this reporting period and no water or wastewater is reused by another organization. We currently do not measure effluent water quality, as all water is appropriately disposed of via public infrastructure.

A recent public sector initiative to assess a user fee for stormwater management and offer credits for effective stormwater control measures makes responsible stormwater management a business imperative as well. To minimize water runoff, we have begun to employ a series of stormwater best management practices across our portfolio. For instance, the Solon Family Health Center utilizes rain gardens and a detention basin to detain stormwater on site; at the Twinsburg Family Health and Surgery Center, we preserved surrounding wetlands and their water filtration capability; and at the Tomsich Pathology Laboratories (main campus) and Strongsville Family Health Center, we have installed green roofs to slow and filter stormwater runoff.

Driving Change

Caregiver commutes, coupled with Cleveland Clinic's fleet of land and air vehicles, are the primary sources of our indirect and direct mobile source emissions. Cleveland Clinic operates a fleet of 289 passenger shuttle, police, courier and other vehicles, a decrease of five vehicles from 2011. In an effort to reduce direct mobile source emissions, Cleveland Clinic has implemented an anti-idling policy for fleet and vendor delivery vehicles; a fuel-efficient vehicle purchasing approach that includes electric, hybrid and clean diesel vehicles; and a sophisticated dock management system that reduces delivery truck idling time, as well as a no-idle policy for Parking Services valet staff. To support further emissions reduction, we have invested in electric parking vehicles for parking surveillance, installed automated parking management systems that reduce entry and exit idling for garages, installed two electric vehicle charging stations, and have incorporated lower impact vehicles such as bicycles and Segways® into police patrols during fair weather months.

In addition to improving the way we manage our fleet, we are taking steps to encourage low-carbon caregiver commuting behavior, which primarily involves single occupancy vehicles today. We offer employee incentives to encourage alternative commuting, including transit passes at a pre-tax rate, a carpool matching program, a subsidy for the purchase of a home within walking distance to our main campus, and access to bicycle storage and showers.

For those who continue to drive, we incentivize lower emissions through rebates to our caregivers who purchase qualified low-emission vehicles and discounted parking rates to caregivers who drive hybrid or fuel-efficient vehicles or who carpool. In an effort to influence the approximately 95 percent of the 20,000 main campus caregivers who are single-occupancy commuters, in 2011 we conducted a multifaceted exploration of programs that could reduce the



Buying Supplies and Services Responsibly

Cleveland Clinic recognizes that we have significant buying power and that there is substantial opportunity to generate triple-bottom-line benefit if we use that power responsibly. In 2012, we set formal supplier diversity goals and began the process toward measuring local purchasing. We apply the precautionary principle in the care of our patients, and to protect the health of our caregivers, through purchasing policies that make “mercury-free” and “latex-free” a part of product specifications. We have further minimized hazardous chemical use by transitioning core cleaning chemicals to Green Seal® Certified products, and continue to reduce our use of polyvinyl chloride (PVC) and its softener, DEHP, in both clinical and built environment product selection.

We work contract by contract to embed relevant sustainability standards and considerations into product and service selection. In 2012, we executed a vendor selection and contracting process for health-system wide retail and patient food service. This contract includes targets for local food procurement, specification of ENERGY STAR qualified kitchen equipment, and food standards such as use of dairy products free of recombinant bovine growth hormone (rBGH). Opportunity for improvement remains, however. For instance, we do not currently screen contracts for human rights concerns, and we face challenges unique to an industry that relies heavily on specialized and disposable products. Still, we remain committed to buying supplies and services more responsibly.

total number of daily commuter vehicles requiring on-site parking. Several strategies were identified that could result in fewer single-occupancy vehicles making daily commutes, including a mobile workforce project allowing certain caregivers to work from home. This project will be piloted in 2013 with 200-300 initial participants.

Supporting Healthy, Local Food

Only about 1 percent of the approximately \$10 billion spent on food in Northeast Ohio stays within this rich agricultural region. By some estimates, food travels an average of more than 1,500 miles to the American plate, creating significant environmental impact. Further, many of the communities we serve in Cuyahoga County have limited access to fresh fruits and vegetables. Cleveland Clinic has embraced the local food movement through community farmers markets and local procurement, providing economic opportunity for our rural and urban farming communities; improving access to fresher, healthier foods for patients, caregivers and visitors; and mitigating the environmental impact of transporting food long distances.

Cleveland Clinic's Community Farmers Market program hosts several farmers markets and farm stands around the system. The main campus flagship market is a popular grower-certified market held weekly during the growing season. Market visitors enjoy live music, food samples and additional offerings from Cleveland Clinic's information booth, such as free health screenings, wellness education and live cooking demonstrations. In an effort to provide healthy local foods for those in need, this market accepts coupons from government agencies for qualifying individuals through the USDA Senior Farmers Market Nutrition Program, the Cuyahoga County Women, Infants and Children (WIC) Program, and the Supplemental Nutrition Assistance Program (SNAP).



In 2008, we signed the Healthy Food in Healthcare Pledge, demonstrating our commitment to improving the healing environment with appropriate and responsible food selection, professional preparation standards and a rigorous dedication to consistency and service. To that end, a council was formed in 2011 to author a Foodservice Charter to serve as a living tool to shape all foodservice contracts and services across our health system. The charter clearly articulates our expectations for excellent service, patient-centered foodservice, environmentally responsible food procurement and operations, and support for caregiver and visitor wellness and nutritional excellence. The charter establishes local procurement targets for food service as well as the expectation of continuous improvement each year. In 2012, we surpassed our goal of purchasing at least 10 percent of food supplies from within a 250-mile radius of Cleveland Clinic.

Cleveland Soul, by Jaume Plensa,
located in the main lobby of the Sydell
and Arnold Miller Family Pavilion.
"Every second, every moment, our
experiences are tattooed on our skin."

Gus P. Karos
Grand Lobby





ANTI-CORRUPTION AND TRANSPARENCY

Cleveland Clinic is committed to an **ethical, transparent business environment** that discourages corruption in all its forms.

In March 2013, the Ethisphere Institute recognized Cleveland Clinic as one of the World's Most Ethical Companies for the third time in five years. Ethical business practices support our responsibility to the health and well-being of our communities as well as our commitment to the universal principles of the UN Global Compact. We are leaders in industry and in our region. In 2010, Cleveland Clinic sponsored a Northeast Ohio business ethics forum that brought together more than 200 area companies to focus on ethical business practices and to pledge to act in an ethical manner. We also annually hold on-site forums with hundreds of Cleveland Clinic vendors that include a focus on ethical business practices.

Organizing for Anti-Corruption

The chief integrity officer, who reports directly to the Board of Directors, oversees a 23-member internal audit team responsible for: auditing expenses and invoicing every year; checking that Protective Services conducts background checks; ensuring Foreign Corrupt Practices Act training; and performing audits directed at detecting fraud. The officer also oversees a 15-member Corporate Compliance Department that ensures compliance with federal, state and local laws and regulations, and operates an anonymous whistle-blowing hotline. The entire business is included in our anti-corruption risk analysis. Code of Conduct policies and procedures education is provided for all caregivers. Specific training is only for management and foreign travelers. Caregivers found to be involved in fraud are terminated and prosecuted.

Managing Conflict of Interest

Since its founding in 1921, Cleveland Clinic has been a leading medical innovator. Discoveries made here have saved millions of patients' lives, and many innovations are standard practice in medicine today. Cleveland Clinic believes that medical innovation significantly benefits patient care. At the same time, we recognize that innovation must be managed with extraordinary sensitivity

and transparency. We are fully committed to a process that ensures integrity in innovation and places the interests of our patients first. To ensure professional and commercial integrity in all matters, Cleveland Clinic maintains a comprehensive conflict of interest program for staff physicians, other caregivers and board members that is designed to ensure that all potential conflicts, including institutional conflicts, are transparent and properly addressed. In fact, we were the first academic medical center to openly disclose the industry ties of our physicians via our public website. Our policies require regular reporting and updating of interests that may present a conflict. These interests are then formally reviewed by one or more authorities within Cleveland Clinic, such as the Conflict of Interest committees of the Professional Staff and/or the Board of Directors.

The Board of Directors promotes a culture of awareness and sensitivity at all levels to potential conflicts of interest, recognizing that it is ultimately responsible for maintaining and preserving a balance between innovation and transparency. The Conflict of Interest and Managing Innovations Committee of the Board of Directors oversees conflict of interest matters at Cleveland Clinic. This includes having oversight of the Professional Staff Conflict of Interest Committee. The Conflict of Interest Office and the chief governance officer, through the Law Department, coordinate with these committees to administer the conflict of interest program.

In 2012, we also formalized a systemwide Construction Management Oversight Committee (CMOC), consolidating multiple committees previously charged with oversight of construction-related projects to ensure the project lifecycle was conducted in accordance with organizational protocols, budgets and delivery schedules. Through this effort we expect consistent application of standard contract terms and conditions, improved vendor management, increased competition, integration of qualified diverse suppliers, increased transparency, and consistent application of our Conflict of Interest

OUR MISSION:

To provide better care of the sick, investigation into their problems, and further education of those who serve.

Electronic Data Stewardship

Corporate Compliance works closely with the Information Technology Security Department in establishing appropriate security measures over patient-protected health information and patient financial information. This includes their collaboration in implementing a new Electronic Data Stewardship program focused on data loss prevention, advanced malware protection and fraud identification.



Policy, which requires each CMOC committee member to complete an annual survey to report any potential conflicts to be addressed through established channels. To date we have achieved 100 percent participation from the members.

Interacting Ethically with Government

Cleveland Clinic's political and legislative activities, managed by the Office of Government Relations, are primarily focused on issues related to healthcare reform. Specifically, we are interested in issues related to reimbursement, quality of care, wellness, health information technology adoption, physician education and patient outcomes. As part of the implementation of federal healthcare reform, Cleveland Clinic management assisted government officials in understanding the impact of reform on our medical practice model, which has been recognized as a best practice. These activities can take many forms including support of legislation, participating in ad hoc committees, and offering testimony in state and federal legislative committee hearings. Cleveland Clinic, as an institution, does not provide donations or other support to individual legislators or political parties. Nonprofit organizations with 501(c)(3) status are strictly prohibited from supporting specific political figures or issues. We ensure that ethical practices are maintained by completing detailed reports of contact with elected officials and government agencies and by filing federal lobbying reports for the time and money spent by individuals from the Office of Government Relations and Cleveland Clinic for advocacy efforts. Cleveland Clinic caregivers are free to donate to whatever organizations or legislators they choose, but they do so as private citizens exercising the rights afforded to all such citizens.

Ensuring Regulatory Compliance

Cleveland Clinic is committed to a formal Corporate Compliance program that is intended to ensure that caregivers, contractors and vendors conduct activities in full compliance with applicable federal, state and local laws, regulations, policies



OUR VISION:

Striving to be the world's leader in patient experience, clinical outcomes, research and education.

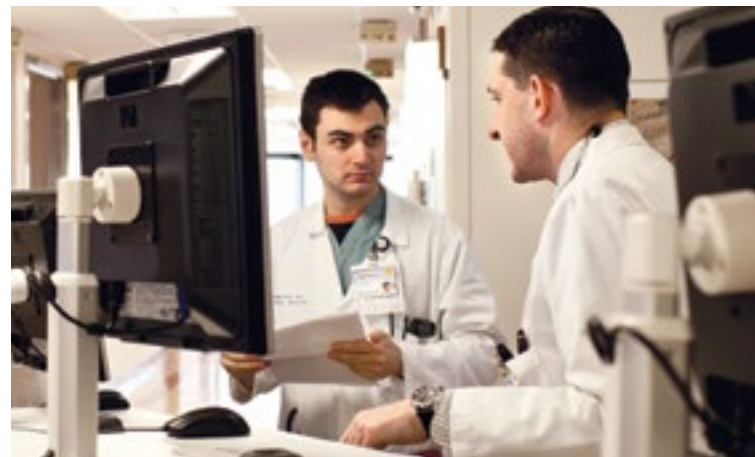
and ethical standards. In May 1996, the Board of Directors formally adopted the program and, in June 1998, the Office of Corporate Compliance was established under the direction of the chief integrity officer.

In January 2003, the responsibilities of the Office of Corporate Compliance were expanded to include the Privacy Office, established in response to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This mature program is now a part of routine hospital operations and integrated into the culture of the organization.

Embracing a Culture of Transparency

Caregivers are encouraged to hold one another and our leadership to our Code of Conduct, regulations and ethical and safe workplace policies. We operate anonymous hotlines (108 calls in 2012) and email accounts (21 emails in 2012), for a total of 129 compliance-related reports, from alleged employment practice breaches to issues of privacy and business ethics. In addition to formal hotline calls, Corporate Compliance staff directly received more than 700 compliance-related inquiries in 2012, further evidence that our organization has a culture of integrity. All reports and inquiries are broken down by type and location and are responded to in a timely manner.

To assure professional and commercial integrity, our conflict of interest program ensures that all potential conflicts, including institutional conflicts, are transparent and properly addressed. For example, Cleveland Clinic's Marketing and Communications Department adheres to the formal Corporate Compliance Program to ensure that its caregivers, vendors and other contractors conduct activities in full compliance with applicable federal, state and local laws, regulations, policies and ethical standards. Marketing and Communications has further reinforced these values with its own Social Media Code of Ethics for new or emerging media. This code provides



Office of Clinical Compliance

In 2012, Cleveland Clinic established the Office of Clinical Compliance, formed to ensure clinical processes are aligned with the development of a value-based care model. Responsibilities include auditing and monitoring inpatient and outpatient clinical activities through collaboration with its institutes, regional medical executive committees and independent practitioners. We believe this is the only such clinical office in the U.S. (MD Compliance).

requirements for Cleveland Clinic caregivers who engage in conversations on the Internet or interact with the public or fellow caregivers. These requirements include the posting of accurate and factual information on all web and social media sites. In addition, Cleveland Clinic caregivers must identify that they work for Cleveland Clinic and disclose conflicts of interest. Further, Cleveland Clinic's website also includes a current directory of all its physicians, listing their educational and professional backgrounds, their medical specializations and their relationships with industry.

OUR VALUES:

QUALITY

INNOVATION

TEAMWORK

Governance

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

The Board of Directors is the primary governing body of CCHS and is charged with the fiduciary duty to act on behalf of Cleveland Clinic. The committees of the Board of Directors are: Audit, Compensation, Conflict of Interest and Managing Innovations, Development, Finance, Governance, Government and Community Relations, Medical Staff Appointment, Research and Education, Safety, Quality and Patient Experience. Committees use existing organizational feedback mechanisms, such as the compliance hotline, to collect feedback from stakeholders, staff and employees.

The Cleveland Clinic Board of Trustees serves in an advisory role to the Board of Directors. The Trustees serve on the committees of the Board of Directors. The Cleveland Clinic Board of Governors has responsibility for standards of medical care and managing and administering the day-to-day medical and surgical activities of Cleveland Clinic, subject to policies established by Cleveland Clinic's Board of Directors.

There are 23 members of the Cleveland Clinic Board of Directors. The Chair of the Board of Directors holds the highest Board position but is not an executive officer, employee or staff member of Cleveland Clinic. Directors and Trustees are dedicated community leaders, selected on the basis of their expertise and experience in a variety of areas beneficial to CCHS, and they are not compensated for their service.

The Governance Committee of the Board of Directors nominates individuals annually to serve as Directors and Trustees

of Cleveland Clinic. Directors are elected to four-year terms by the voting Members. A majority of the Directors are required to be independent. When considering Director and Trustee candidates, the Governance Committee considers professional expertise, independence and other factors, such as judgment, skill, diversity and civic involvement. The Governance Committee also seeks recommendations from Board members of candidates that will add value to the Board of Directors and Board of Trustees. The Governance Committee regularly reviews the composition of the Board so as to ensure a balanced membership that includes ethnic and gender diversity, as well as business and community expertise.

Cleveland Clinic's Board of Directors includes four female and two African-American Directors. Of the 23 members of the Board of Directors, there are 15 Directors (13 males and two females) who are independent under Cleveland Clinic's Board Independence Policy. Under this Policy, an independent Director is one whom the Governance Committee — after considering all relevant facts and circumstances in accordance with the policy, advice and guidance of the Chief Governance Officer, and upon the recommendation from the Board Conflict of Interest and Managing Innovations Committee — has affirmatively determined that he/she has met the criteria defined in the policy. A Director will not be determined to be independent if certain conditions apply, including but not limited to if the Director is employed by Cleveland Clinic, received compensation from Cleveland Clinic or is a director or executive officer of an entity with gross payments to or annual receipts from Cleveland Clinic of more than 1 percent of the receiving entity's gross revenues for the applicable year.

The Cleveland Clinic Board of Directors Conflict of Interest and Managing Innovations Committee is charged with the task of discharging the obligations of the Board of Directors



SERVICE

INTEGRITY

COMPASSION

regarding possible conflicts. These obligations relate to (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 conflict 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, Cleveland Clinic distributes a questionnaire to CCHS directors, trustees, officers and key employees to determine independence, as defined by the IRS and Cleveland Clinic Conflict of Interest Policy. This questionnaire is also designed to ascertain information relating to 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 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 who is deemed not to be independent is nevertheless assumed to be always acting in the best interest of Cleveland Clinic.

Members of the Cleveland Clinic Board of Directors adhere to the principles set forth in Cleveland Clinic's Code of Conduct. Included in these principles are standards relating to environmental protection, family and work, business ethics, conflicts of interest, fraud/waste/abuse, insider trading, antitrust and

anti-kickback laws. Additionally, Directors receive an annual mailing that not only includes a questionnaire for disclosure of activities that may give rise to conflicts of interest, but also includes documentation relating to IRS regulations pertaining to intermediate sanctions provisions.

Each Board Committee is governed by a charter, which includes specific goals and responsibilities. On an annual basis, Board Committees are responsible for conducting annual self-assessment surveys to assess performance. For example, in addition to other responsibilities, the Audit Committee is charged with the task of reviewing the adequacy and effectiveness of administrative, operating and internal accounting controls, policies and procedures for the Cleveland Clinic Health System. At the end of each year, the Audit Committee distributes a self-assessment survey tool to its members so that Committee members document their comments relating to the Committee's performance and effectiveness in meeting this and other goals as stated in its Committee Charter. In addition, the Board of Directors, with assistance from the Governance Committee, routinely reviews its performance and the performance of its members, particularly when a Director's term is about to expire and the Board has to determine whether the individual should be re-elected.

Cleveland Clinic conducts a formal annual risk assessment to identify risks in the health system. Significant risks, such as the impact of healthcare reform and the maintenance of a high level of clinical quality, safety and security, and the mitigating efforts, are communicated to management and the Board using a risk matrix and dashboards.

1921

BUNTS

CRILE

CLINIC BUILDING

LOWER

PHILLIPS

THE CLEVELAND CLINIC FOUNDATION
WAS DEDICATED BY THE FOUNDERS TO:
BETTER CARE OF THE SICK
FURTHER STUDY OF THEIR PROBLEMS
MORE TEACHING OF THOSE WHO SERVE



ORGANIZATIONAL PROFILE

Who We Are

Located in Cleveland, Ohio, Cleveland Clinic is a nonprofit, multispecialty academic medical center and health system that integrates clinical and hospital care 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. We continue to live and operate by this mission, which is supported by six fundamental values: quality, innovation, teamwork, service, integrity and compassion. Our caregivers also are guided by a Code of Conduct in carrying out daily activities within appropriate ethical and legal standards. This Code of Conduct supports an environment that protects and promotes integrity and compliance, and enhances Cleveland Clinic's ability to achieve its mission, meet its goals and better serve patients.

Cleveland Clinic is a physician-led organization anchored by a 1,450-bed main campus that is one of the largest and most respected hospitals in the country. As an Ohio-based nonprofit health system, Cleveland Clinic is not owned by any individuals or corporate entities. Cleveland Clinic serves as the "sole member" or "sole regular member" of each affiliate within the Cleveland Clinic health system (CCHS). Cleveland Clinic operates eight community hospitals with more than 4,450 total staffed beds throughout northern Ohio and Florida. It also operates more than 75 northern Ohio outpatient locations, including 16 family health centers (eight with ambulatory surgery centers) located in a seven-county area. In southeast Florida, Cleveland Clinic operates a hospital and a clinic in Weston, and a health and wellness center in West Palm Beach. Cleveland Clinic also operates a health and wellness center in Toronto, Canada, and a specialized neurological clinical center in Las Vegas, Nevada. In addition, Cleveland Clinic provides management services for Ashtabula

County Medical Center in Ashtabula, Ohio. In 2014, it will open and manage a new leading-edge, 364-bed hospital in Abu Dhabi in partnership with the government of Abu Dhabi, United Arab Emirates. In cooperation with Abu Dhabi Health Services Company, Cleveland Clinic also provides management services to the Sheikh Khalifa Medical City, a network of healthcare facilities in Abu Dhabi with approximately 760 staffed beds.

As a public charity, Cleveland Clinic operates exclusively for charitable, educational and scientific purposes. In 2012, Cleveland Clinic, had 5.1 million patient visits, 157,474 admissions and 200,808 surgical cases. More than 90 percent of our patients come from 21 counties in Northeast Ohio. Our patients are comprised of a wide range of age groups, with 55 percent older than 45 years old. Approximately 42 percent of our total patients were male and 58 percent female. Patient care was paid by 64 percent private insurance, 29 percent government, and 7 percent self-paid. In 2012, the state distributed to the Cleveland Clinic Health System a net \$16.6 million on HCAP payments for charity care.

Cleveland Clinic continues to invest in its regional infrastructure through new and expanded facilities to better meet the needs of communities served. In 2012, we opened a new building at our main campus to house the Tomsich Pathology and Laboratory Medicine Institute and renovated and expanded the surgical center at Marymount Hospital. We also transitioned data center operations to a newly constructed and dedicated facility. Having moved significant operations from Westlake Family Health Center to the newly built Richard E. Jacobs Health Center in 2011, we vacated and sold the former site in 2012. Looking to expand our ambulatory care presence in Northeast Ohio, we acquired a 47-acre site in Mentor, Ohio, for future use.

PATIENT CARE:



6.2 billion OPERATING REVENUE
5.1 million TOTAL PATIENT VISITS
157,474 ADMISSIONS
200,808 SURGICAL CASES

1,450 BEDS ON MAIN CAMPUS
4,450 BEDS SYSTEM-WIDE
11 HOSPITALS
16 FAMILY HEALTH CENTERS

27 INSTITUTES
120 SUBSPECIALITIES

Our Stakeholders

Our stakeholders are those that are directly affected by Cleveland Clinic's operational decisions, as well as those with a vested interest in our effort to more transparently report on our environmental, social and economic performance. As an industry leader, a community anchor and an economic engine, many are impacted by Cleveland Clinic's various operational decisions. These stakeholders include the entire healthcare provider industry, trade associations, federal and state agencies, regional and national philanthropic foundations, media outlets, community groups, citizens and others.

The stakeholder groups engaged by Cleveland Clinic include:

- Patients
- Caregivers
- Cleveland Clinic Executive Leadership
- State of Ohio Legislature
- Ohio Delegation of the U.S. Congress
- City of Cleveland Office of the Mayor
- Cleveland City Council
- City of Cleveland Department of Public Health
- City of Cleveland Department of Economic Development
- City of Cleveland Office of Sustainability
- City of Cleveland Sustainable Cleveland 2019
- Stewardship Council
- Cuyahoga County Office of the County Executive
- Cuyahoga County Council
- Cuyahoga County Department of Health & Human Services
- Cuyahoga County Solid Waste District
- Fairfax Renaissance Development Corporation
- Cuyahoga County Department of Development
- Offices of the Mayor of more than 20 Greater Cleveland communities, as well as those in Las Vegas, Nevada, and Weston and West Palm Beach, Florida

- Green City Blue Lake Institute
- U.S. EPA ENERGY STAR for Healthcare
- Practice Greenhealth
- U.S. Green Building Council

Stakeholders are typically contacted on a case-by-case basis, depending upon the areas affected by the issue at hand. These interactions take many forms ranging from communication through various publications and media outlets to community programming or in-person meetings for the purpose of discussing key issues with multiple viewpoints. We also perform periodic proactive outreach to these groups, inviting them to attend facility openings, addresses by Cleveland Clinic executives, and other Cleveland Clinic-hosted events open to the public and other officials.

Awards and Honors

Pathway to Excellence® Nursing

Established by the American Nurses Credentialing Center, a subsidiary of the American Nurses Association and the largest and most prominent nursing credentialing organization in the United States, the Pathway to Excellence designation is awarded to hospitals or medical centers that are committed to a work environment where nurses excel in the practice of safe, quality patient care. The following Cleveland Clinic Community Hospitals are Pathway to Excellence award winners: Euclid Hospital, Lakewood Hospital, Marymount Hospital and South Pointe Hospital.

2012 Press Ganey Patient Voice Award

This award recognizes academic medical centers that have achieved superior patient satisfaction as demonstrated by HCAHPS performance compared to academic medical centers in the Press Ganey database.



RESEARCH & EDUCATION:



169 million	TOTAL GRANT AND CONTRACT REVENUE
109 million	TOTAL FEDERAL REVENUE
1,785	RESIDENTS & FELLOWS-IN-TRAINING
67	ACCREDITED TRAINING PROGRAMS

2012 U.S. NEWS SPECIALTIES

TOP-RANKED IN OHIO	IN THE U.S.
Cardiology & Heart Surgery	No. 1
Urology	No. 1
Nephrology	No. 1
Diabetes & Endocrinology	No. 2
Ear, Nose & Throat	No. 2
Gastroenterology	No. 2
Rheumatology	No. 2
Gynecology	No. 3
Orthopaedics	No. 3
Pediatric Neurology & Neurosurgery	No. 3
Pulmonology	No. 3
Geriatrics	No. 4
Neurology & Neurosurgery	No. 5
Cancer	No. 6
Ophthalmology	No. 9

2013 World's Most Ethical Companies — Ethisphere Institute

For the third time in five years, Cleveland Clinic has been named one of the World's Most Ethical Companies by the Ethisphere Institute. Cleveland Clinic has established itself as an industry leader through a variety of innovative initiatives to manage potential conflicts of interest; provide transparency on the industry relationships of physicians and researchers; publicly report clinical outcomes; offer free health and wellness programs to employees and their dependents; and promote environmentally friendly building and sustainability programs.

2013 DiversityInc Top 10 Hospital Systems

DiversityInc, a benchmarking and publication organization that analyzes and recognizes diversity initiatives in organizations, has recognized Cleveland Clinic as a top five national hospital system each year since 2009, demonstrating our continued commitment to diversity and inclusion.

2013 ENERGY STAR Partner of the Year — Sustained Excellence

Cleveland Clinic was recognized with the 2013 ENERGY STAR Partner of the Year — Sustained Excellence award, the program's highest honor, by the U.S. Environmental Protection Agency and the U.S. Department of Energy for exhibiting outstanding leadership in energy management year after year.

Practice Greenhealth Environmental Excellence Awards

Cleveland Clinic continues to be recognized as an industry leader in environmental stewardship by Practice Greenhealth, a nonprofit membership organization founded on the principles of positive environmental stewardship and promoting best practices across the healthcare community. For our work in 2012, our main campus was recognized with the highest honor, the Environmental Leadership Award, for the fourth

straight year; we received the System for Change award for the fifth straight year for excellence in sustainability across our organization; and our regional hospitals and family health centers were recognized with 25 additional individual facility awards for environmental excellence, including three Partner for Change with Distinction awards given to Euclid Hospital, Fairview Hospital and Marymount Hospital.

Security 500 #1 Ranking Hospital/Medical Center

For the second year in a row, Cleveland Clinic Protective Services earned Security Magazine's No. 1 ranking for security efficiency in healthcare.

Memberships

Cleveland Clinic is a dues-paying member of the Center for Health Affairs, the Ohio Hospital Association, the Association of American Medical Colleges, the American Medical Group Association, the Healthcare Leadership Council and the American Hospital Association. In addition to serving on many of the boards and committees of these organizations, we provide guidance to these organizations on their healthcare policy positions, and by extension benefit from their lobbying activities (as do their other member organizations). Our individual physicians and researchers participate as individual members of organizations related to their specific areas of practice or interest, such as the American College of Radiology. Cleveland Clinic's membership associations include DiversityInc, Society for Human Resource Management, Association for Community Health Improvement, International Society for Health, Society of Black Academic Surgeons, Northern Ohio Minority Supplier Development, Practice Greenhealth, and the U.S. Green Building Council.

Supporting and more detailed documentation
is available on the web at:

clevelandclinic.org/about

clevelandclinic.org/wellness

clevelandclinic.org/diversity

clevelandclinic.org/community

clevelandclinic.org/annual_reports

clevelandclinic.org/sustainability



CLEVELAND CLINIC (main campus)
FAIRVIEW HOSPITAL



EUCLID HOSPITAL
LAKEWOOD HOSPITAL
MARYMOUNT HOSPITAL
SOUTH POINTE HOSPITAL



**RENEWABLE &
ADVANCED ENERGY**
SUSTAINABLE CLEVELAND 2019



Global Reporting Initiative Indicator Index

The summary table below shows where Cleveland Clinic's information and data corresponding to the Global Reporting Initiative's Guidelines can be found. Supplemental indicators are indicated in gray text. Page numbers refer to pages in this Communications on Progress report unless otherwise noted. Information disclosed on the inside front cover is labeled 'IFC'.

INDICATOR	DESCRIPTION	PAGE
1.1	Statement from the most senior decision-maker	2
1.2	Description of key impacts, risks, and opportunities	2
2.1	Name of the organization	44
2.2	Primary brands, products, and/or services	44
2.3	Operational structure of the organization	44
2.4	Location of organization's headquarters	44
2.5	Number of countries where the organization operates	44
2.6	Nature of ownership and legal form	44
2.7	Markets served including geographic break-down/sectors served/customers	44
2.8	Scale of organization, including: number of employees, operations, net sales/revenues, total capitalization	29, 44
2.9	Significant changes during the reporting period	44
2.10	Awards received	12, 45, 46
3.1	Reporting period	4
3.2	Date of most recent previous report	4
3.3	Reporting cycle	4
3.4	Contact point for questions	4
3.5	Process for defining report content	4
3.6	Boundary of the report	4
3.7	State any specific limitations on the scope or boundary of the report	4
3.8	Basis for reporting on joint ventures, subsidiaries, leased facilities, outsourced operations, and other entities	4
3.9	Data measurement techniques	4
3.10	Explanation of the effect of any re-statements of information provided in earlier	4, 25
3.11	Significant changes from previous reporting periods in the scope, boundary, or measurement methods	4
3.12	Table identifying the location of the Standard Disclosures	48, 49, 50
3.13	Policy and current practice with regard to seeking external assurance	4
4.1	Governance structure of the organization	41, 42
4.2	Indicate whether the Chair of the highest governance body is also an executive officer	41

INDICATOR	DESCRIPTION	PAGE
4.3	For organizations that have a unitary board structure the number and gender of members of the highest governance body that are independent or non-executive members	41
4.4	Mechanisms for shareholders and caregivers to provide recommendations	6-8, 41
4.5	Linkage between compensation for members of the highest governance body and the organization's performance	41
4.6	Processes in place for the highest governance body to ensure conflicts of interest are avoided	41, 42
4.7	Process for determining the composition, qualifications, and expertise of the members of the highest governance body and its committees	41
4.8	Internally developed statements of mission or values, codes of conduct, and principles relevant to economic, environmental, and social performance and the status of their implementation	38-42
4.9	Procedures of the highest governance body for overseeing the organization's identification and management of economic, environmental, and social performance, including relevant risks and opportunities, and adherence or compliance with internationally agreed-upon standards, codes of conduct, and principles.	41, 42
4.10	Processes for evaluating the highest governance body's own performance, particularly with respect to economic, environmental, and social performance	42
4.11	Explanation of whether and how the precautionary approach or principle is addressed by the organization	32, 36
4.12	Externally developed economic, environmental, and social charters, principles, or other initiatives to which the organization subscribes or endorses	3
4.13	Memberships in associations such as industry associations and/or national/international advocacy organizations	46
4.14	List of stakeholder groups engaged by the organization	45
4.15	Basis for identification and selection of stakeholders with whom to engage	45
4.16	Approaches to stakeholder engagement, including frequency of engagement by type and by stakeholder group	45
4.17	Key topics and concerns that have been raised through stakeholder engagement, and how the organization has responded	6, 7

Global Reporting Initiative Indicator Index

INDICATOR	DESCRIPTION	PAGE
	Environment Management Approach	24, 25, 32-36
EN3	Direct energy consumption by primary energy source.	25
EN4	Indirect energy consumption by primary source.	25
EN5	Energy saved due to conservation and efficiency improvements.	24, 25
EN6	Initiatives to provide energy-efficient or renewable energy based products and services, and reductions in energy requirements as a result of these initiatives.	24
EN7	Initiatives to reduce indirect energy consumption and reductions achieved.	24, 25
EN8	Total water withdrawal by source.	34
EN9	Water sources significantly affected by withdrawal of water.	34
EN10	Percentage and total volume of water recycled and reused.	35
EN13	Habitats protected or restored.	35
EN14	Strategies, current actions, and future plans for managing impacts on biodiversity.	35
EN16	Total direct and indirect greenhouse gas emissions by weight.	26
EN18	Initiatives to reduce greenhouse gas emissions and reductions achieved.	24-26
EN19	Emissions of ozone-depleting substances by weight.	34
EN20	NO, SO, and other significant air emissions by type and weight.	26
EN21	Total water discharge by quality and destination.	35
EN22	Total weight of waste by type and disposal method.	33
EN23	Total number and volume of significant spills.	34
EN24	Weight of transported, imported, exported, or treated waste deemed hazardous under the terms of the Basel Convention Annex I, II, III, and VIII, and percentage of transported waste shipped internationally.	33, 34
EN26	Initiatives to mitigate environmental impacts of products and services, and extent of impact mitigation.	24-26, 32-36
EN28	Monetary value of significant fines and total number of non-monetary sanctions for noncompliance with environmental laws and regulations.	34
EN29	Significant environmental impacts of transporting products and other goods and materials used for the organization's operations, and transporting members of the workforce.	26, 35, 36

INDICATOR	DESCRIPTION	PAGE
	Human Rights Management Approach	28, 29
HR1	Percentage and total number of significant investment agreements and contracts that include clauses incorporating human rights concerns, or that have undergone human rights screening.	36
HR4	Total number of incidents of discrimination and corrective actions taken.	28
	Labor Management Approach	14-16, 28, 29
LA1	Total workforce by employment type, employment contract, and region, broken down by gender.	29, 30
LA2	Total number and rate of new caregiver hires and caregiver turnover by age group, gender, and region.	29
LA3	Benefits provided to full-time caregivers that are not provided to temporary or part-time caregivers, by significant locations of operation.	14, 29
LA4	Percentage of caregivers covered by collective bargaining agreements.	29
LA7	Rates of injury, occupational diseases, lost days, and absenteeism, and total number of work-related fatalities, by region and by gender.	16
LA8	Education, training, counseling, prevention, and risk-control programs in place to assist workforce members, their families, or community members regarding serious diseases.	12, 14-16, 18-20
LA11	Programs for skills management and lifelong learning that support the continued employability of caregivers and assist them in managing career endings.	14, 15, 29
LA12	Percentage of caregivers receiving regular performance and career development reviews, by gender.	30
LA13	Composition of governance bodies and breakdown of caregivers per caregiver category according to gender, age group, minority group membership, and other indicators of diversity.	30, 41
	Society Management Approach	16, 18-22, 38-42
SO1	Percentage of operations with implemented local community engagement, impact assessments, and development programs.	18
SO2	Percentage and total number of business units analyzed for risks related to corruption.	38
SO3	Percentage of caregivers trained in organization's anti-corruption policies and procedures.	38
SO4	Actions taken in response to incidents of corruption.	38



We are all caregivers, providing compassionate care in the treatment and prevention of chronic diseases for this generation and beyond.



Serving Our Present,

Caring for Our Future

PROGRESS IN COMMUNITY AND
GLOBAL CITIZENSHIP **2013**

CONTENTS

Letter from our CEO	2
About This Report	3
We Are Listening	5
Putting Patients First	9
Caring for Caregivers	13
Commitment to Community	17
Focus on the Environment: Energy	23
Human Rights and Labor Standards	27
Environmental Stewardship	31
Anti-Corruption and Transparency	37
Organizational Profile	43
Who We Are	44
Our Stakeholders	45
Awards and Honors	45
Memberships	46
Global Reporting Initiative Index	48

INDICATOR	DESCRIPTION	PAGE
SO5	Public policy positions and participation in public policy development and lobbying.	39
SO6	Total value of financial and in-kind contributions to political parties, politicians, and related institutions by country.	39
	Product Responsibility Management Approach	6, 10-12, 40
PR1	Life cycle stages in which health and safety impacts of products and services are assessed for improvement, and percentage of significant products and services categories subject to such procedures.	10, 11
PR5	Practices related to customer satisfaction, including results of surveys measuring customer satisfaction	6, 7, 11, 12
PR6	Programs for adherence to laws, standards, and voluntary codes related to marketing communications, including advertising, promotion, and sponsorship.	40
	Economic Management Approach	21, 44

INDICATOR	DESCRIPTION	PAGE
EC1	Direct economic value generated and distributed, including revenues, operating costs, caregiver compensation, donations and other community investments, retained earnings, and payments to capital providers and governments	19, 21
EC2	Financial implications and other risks and opportunities for the organization's activities due to climate change	32
EC3	Coverage of the organization's defined benefit plan obligations	29
EC4	Significant financial assistance received from government	46
EC6	Policy, practices, and proportion of spending on locally-based suppliers at significant locations of operation.	21, 22, 36
EC8	Development and impact of infrastructure investments and services provided primarily for public benefit through commercial, in-kind, or pro bono engagement.	18-22
EC9	Understanding and describing significant indirect economic impacts, including the extent of impacts.	21

PRINCIPLE		INDICATORS
Human Rights	Principle 1: Support and respect protection of internationally proclaimed human rights	EC5, LA4, LA6-9; LA13-14, HR1-9, SO5, PR1 -2, PR8
	Principle 2: Make sure business is not complicit in human rights abuses	HR1-9, SO5
Labor Standards	Principle 3: Uphold freedom of association and right to collective bargaining	LA4-5, HR1-3, HR5, SO5
	Principle 4: Support elimination of all forms of forced and compulsory labor	HR1-3, HR7, SO5
	Principle 5: Support effective abolition of child labor	HR1-3, HR6, SO5
	Principle 6: Eliminate discrimination in employment and occupation 36–39	EC7, LA2, LA13-14, HR1-4, SO5
Environment	Principle 7: Support a precautionary approach to environmental challenges	EC2, EN18, EN26, EN30, SO5
	Principle 8: Undertake initiatives to promote greater environmental responsibility	EN1-30, SO5, PR3-4
	Principle 9: Encourage the development and diffusion of environmentally friendly technologies	EN2, EN 5-7, EN 10, EN 18, EN 26- 27, EN30, SO5
Anti-Corruption	Principle 10: Work against all forms of corruption, including extortion and bribery	SO2-6



Every life deserves world class care.

9500 Euclid Avenue, Cleveland, OH 44195

Cleveland Clinic is a nonprofit multispecialty academic medical center that integrates clinical and hospital care with research and education. More than 3,000 staff physicians and researchers represent 120 medical specialties. Cleveland Clinic health system includes a main campus near downtown Cleveland, eight community hospitals and more than 75 outpatient locations in northern Ohio, including 16 family health centers. Cleveland Clinic also has locations in Florida, Nevada, Toronto and Abu Dhabi. *U.S. News & World Report* consistently names Cleveland Clinic as one of the nation's best hospitals in its annual "America's Best Hospitals" survey. clevelandclinic.org

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