



Climate Change Accountability Report 2024

Territorial Acknowledgement

Interior Health would like to recognize and acknowledge the traditional, ancestral and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx and T̓silhqot'in Nations where we live, learn, collaborate and work together.



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Our Approach

Interior Health (IH) is committed to improving the quality of life, and health and well-being of those living in the Southern Interior of B.C. We envision a health-care system that equitably contributes to the well-being of our populations, staff and communities, and to the sustainability of our planet. An equitable health system is key in proactively preparing for and mitigating the health impacts of a changing climate.

It is our privilege to be able to care for people residing in the Southern Interior. We are committed as an organization to continue to take several actions as guided by our [Strategic Priorities](#) and [Climate Change and Sustainability Roadmap](#), to mitigate, adapt, plan and increase our resilience to future climate disruptions.

We will continue to make investments to reduce our carbon footprint and focus on new innovations that will benefit our population of almost 900,000 people across 59 municipalities and seven regional hospital districts. Our operations also include 10 primary care networks, 43 long-term care sites, 22 hospitals, 16 health-care centres, and 11 urgent and primary care centres.

2025 QUICK FACTS

Updated Mar 27, 2025



- 59 MUNICIPALITIES
- 54 FIRST NATION COMMUNITIES
- 32 PRIMARY CARE CLINICS
- 14 MÉTIS CHARTERED COMMUNITIES
- 7 REGIONAL HOSPITAL DISTRICTS
- 11 DIVISIONS OF FAMILY PRACTICE
- 10 PRIMARY CARE NETWORKS

SERVING MORE THAN
899,494
INDIVIDUALS ACROSS
THE SOUTHERN
INTERIOR OF B.C.

AND COVERING
MORE THAN
215,000
SQ KILOMETRES

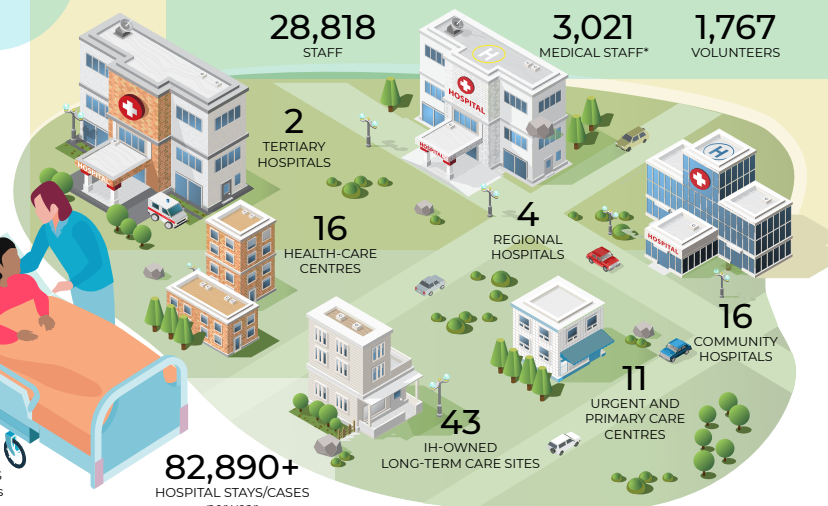


30,870
ACTIVE MENTAL HEALTH
AND SUBSTANCE USE CLIENTS
served in community settings
each year

39,018
HOME HEALTH CLIENTS
served in community settings
each year

9,657
LONG-TERM CARE AND
ASSISTED LIVING RESIDENTS
in IH-owned and partner sites
served per year

82,890+
HOSPITAL STAYS/CASES
per year



28,818
STAFF

3,021
MEDICAL STAFF*

1,767
VOLUNTEERS

*physicians, nurse practitioners, dentists and midwives



A Message from our President and CEO, and Executive Sponsor

As we reflect on this past year, we are proud of Interior Health’s climate change and sustainability accomplishments as highlighted in this year’s *Climate Change Accountability Report*.

In 2024, Interior Health received two national awards for our achievements in environmental sustainability and energy management. In April, we received the Canadian College of Health Leaders’ Energy and Environmental Stewardship Award for an “unwavering commitment to sustainability and environmental responsibility amidst daunting climate challenges.” In November, Kootenay Lake Hospital’s Laboratory was awarded the 2024–25 Green Lab Award from the Canadian Association of Pathologists. The laboratory team implemented strategies to improve the site’s environmental performance while maintaining high-quality patient care.

These awards are a testament to our dedicated staff and medical professionals who are working collaboratively to improve the quality of life for individuals and families in the Interior region, while continuing to navigate the impacts of a changing climate.

This past year, we released our 2024–2027 Strategic Plan, which included a new strategic priority for Addressing Climate Change and Sustainability. We also continued to implement the 20 actions under our [Climate Change and Sustainability Roadmap](#), our five-year plan to embed climate action and sustainability across our operations.

We continue to work together with local communities and Indigenous partners to coordinate pre-season activities to prepare for extreme weather events. This year, we piloted the *Climate Change and Health Vulnerability and Adaptation Assessment* in the Kootenay Boundary region.

In 2025, we will continue to strive for meaningful environmental improvements across our operations. We would like to thank our dedicated staff, medical professionals, volunteers and partners for their unwavering support and commitment to improving the health and well-being of our people and our planet.



Susan Brown,
President and Chief Executive Officer

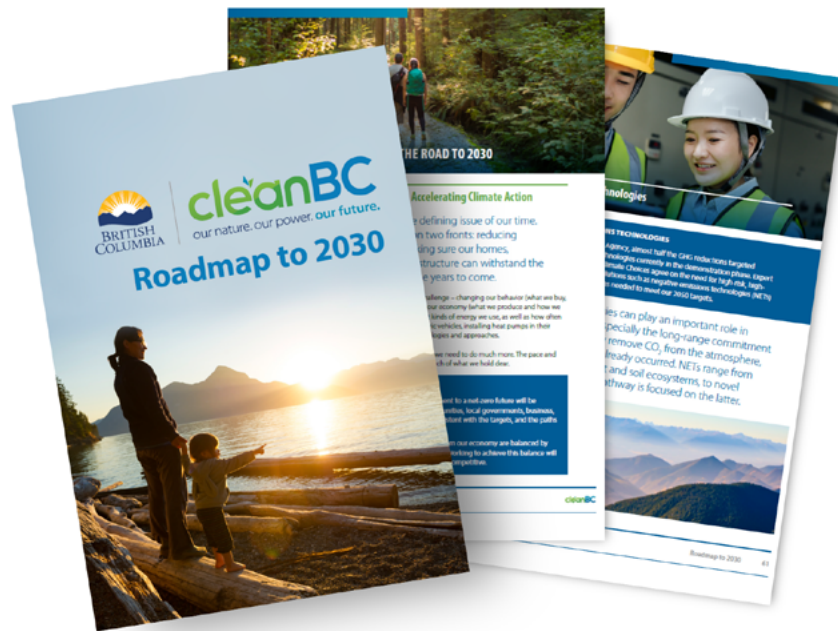


Sylvia Weir,
Vice President and Chief Financial Officer



Legislative Reporting Requirements

As a public sector organization (PSO) in British Columbia, IH is legislated under the [Climate Change Accountability Act \(CCAA\)](#) to achieve carbon neutrality. In alignment with the Government of British Columbia's [CleanBC Roadmap to 2030](#) and the [Climate Preparedness and Adaptation Strategy](#), PSOs are also required to reduce and meet provincial greenhouse gas (GHG) emissions targets.



CleanBC
Roadmap to 2030

The *2024 Climate Change Accountability Report* highlights our actions to reduce emissions associated with stationary sources (buildings), mobile sources (fleet vehicles) and paper as part of our legislative requirements, and includes reporting for the purchase of carbon offsets. Since 2010, Interior Health has achieved carbon neutral operations by:

1. Measuring GHG emissions from buildings, vehicles and paper use
2. Reducing emissions as much as possible by conserving electricity and fossil fuels
3. Offsetting remaining emissions through the purchase of an equivalent amount of high-quality, made-in-B.C. carbon offsets
4. Reporting annually on progress through the *Climate Change Accountability Report*
5. Verifying data and emissions

To ensure all legislative reporting requirements have been met, a Concordance Table has been included in [Appendix A](#).

Declaration Statement

This PSO *Climate Change Accountability Report* for the period January 1, 2024 to December 31, 2024 summarizes our greenhouse gas (GHG) emissions profile, the total offsets to reach net-zero emissions, the actions we have taken in 2024 to minimize our GHG emissions, and our plans to continue reducing emissions in 2025 and beyond.

Interior Health 2024 GHG Emissions and Offsets Summary

GHG emissions for the period January 1 – December 31, 2024	
Total BioCO ₂	1,091
Total Emissions (tCO ₂ e)	44,287
Total Offsets (tCO ₂ e)	43,196
Adjustments to Offset Required GHG Emissions Reported in Prior Years	
Total Offsets Adjustment (tCO ₂ e)	1,424
Grand Total Offsets for the 2024 Reporting Year	
Grand Total Offsets to be Retired for 2024 Reporting Year (tCO ₂ e)	44,620
Offset Investment (\$)	\$1,115,500 plus GST

Retirement of Offsets Statement

In accordance with the requirements of the *Climate Change Accountability Act* and the Carbon Neutral Government Regulation, Interior Health **(the Organization)** is responsible for arranging for the retirement of the offsets obligation reported above for the 2024 calendar year, together with any adjustments reported for past calendar years (if applicable). The Organization hereby agrees that, in exchange for the Ministry of Energy and Climate Solutions **(the Ministry)** ensuring that these offsets are retired on the Organization’s behalf, the Organization will pay within 30 days, the associated invoice to be issued by the Ministry in an amount equal to \$25 per tonne of offsets retired on its behalf plus GST.

Executive Sign Off



Susan Brown, President and CEO

May 31, 2025





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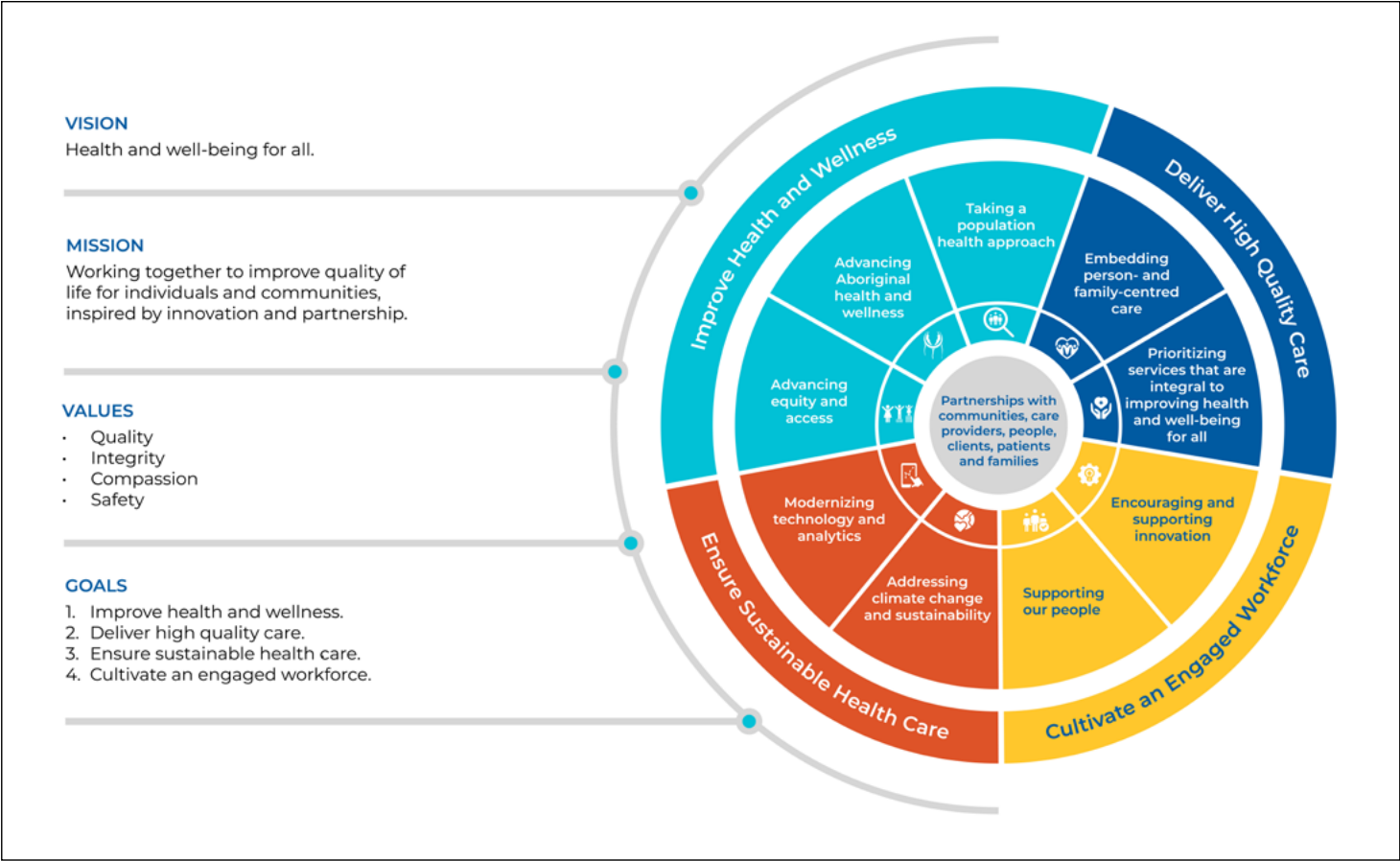


Our Plan

Interior Health has an integrated governance structure that guides, coordinates and oversees the plans to implement climate and sustainability actions across the organization. This section outlines the detailed plans in place to strategically move this work forward.

2024–27 Strategic Priorities

We recently updated our [Strategic Plan 2024–2027](#), which outlines our organization-wide goals, priorities and actions for the next three years. A new strategic priority on addressing climate change and sustainability was included in the plan. Through a systems-wide approach, we are focusing on reducing our overall environmental impact and enhancing health system and community resilience to our changing climate.



Climate Change and Sustainability Roadmap 2023–2028

In 2023, we launched our [Climate Change and Sustainability Roadmap](#) (the Roadmap), a cohesive strategy to guide us towards a more sustainable future. Through implementation of the five-year plan, we are focusing on progressing 20 key actions that have been informed by our role as an organization, a health-care provider, and as a community member. As of 2024, progress has been made across all action areas of the Roadmap.



A message from Lorne Sisley, executive director, Corporate Services

“Our emissions reduction strategy has historically focused on our building systems, given their significant contribution to our carbon footprint. Most recently, we have explored emissions reductions from our clinical operations and services to provide a more complete perspective of opportunities to improve across IH. These efforts align with the Climate Change and Sustainability Roadmap.

I am proud of our organization and our staff who have committed so whole-heartedly to incorporating sustainability into their practice. The 2024 Climate Change Accountability Report is a snapshot of our accomplishments which feature some of the projects underway and the people behind the scenes. From clinical transformation to our building systems, we are considering all opportunities to reduce our environmental impact.”



Lorne Sisley, executive director, Corporate Services





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Energy and Carbon

In 2018, the Province launched *CleanBC*, our government’s plan to reduce GHG emissions and build a cleaner economy benefitting British Columbians. Building on this plan, the [CleanBC Roadmap to 2030](#) was released in 2021 to accelerate climate action in B.C. and set out a strengthened plan to meet the Province’s legislated climate targets. As a public sector organization, IH’s GHG emissions targets align with the *CleanBC* plan:

Our GHG Emissions Targets

- Reduce stationary (building) emissions by 50% by 2030, from 2010 baseline levels
- Reduce mobile (fleet) emissions by 40% by 2030, from 2010 baseline levels

Partnerships play a key role in achieving emissions reductions and climate resiliency. At IH, we are focused on strengthening existing relationships with Indigenous leaders and communities, various levels of government, and industry, and establishing new collaborations throughout B.C. and Canada-wide.

Our approach to energy management includes a combination of strategic engagement, project planning, implementation, measurement and reporting. We focus on aligning carbon reduction opportunities with infrastructure renewal needs and improving climate resilience.



Best practices to optimize project success include:

- Energy-efficient, low-carbon building design
- Lowering operating costs through retrofitting older buildings and optimizing energy use
- Transitioning existing buildings to low-carbon and renewable energy sources
- Data-driven energy monitoring
- Engagement with capital planning, operations and facility management teams
- Ensuring regulatory compliance with sustainability standards and goals
- Improving comfort and resilience within health-care facilities

The IH Energy Management department collaborates with teams across the organization to analyze the potential to:

- Reduce the average energy-use intensity in our buildings
- Diversify heating sources from fossil fuels to clean energy
- Make building equipment procurement decisions based on life cycle energy costing



The IH Energy Management team

2024 emissions profile

Annually, we report the emissions associated with energy used in our buildings, fuel consumed by our fleet, fugitive emissions from equipment, and paper used by our organization. This reporting is completed through the B.C. Government’s Clean Government Reporting Tool (CGRT).

For the 2024 reporting year, energy use from our facilities (stationary emissions) accounted for approximately 95% of our reportable GHG emissions. Fugitive emissions, which can be caused by refrigerant leaks from equipment, made up 3% of our emissions, the remaining 92% of stationary emissions are from the energy used in buildings. Our fleet fuel (mobile emissions) use was almost 3%, and paper use was attributed to the remaining 2% of the emissions profile (Figure 1).

As a significant portion of our reportable emissions come from our facilities portfolio, we focus on building equipment and infrastructure decisions to meet our long-term GHG emissions reduction targets. IH’s Energy Management team produces the *Strategic Energy Management Plan* each year detailing how we are reducing our overall building related emissions.

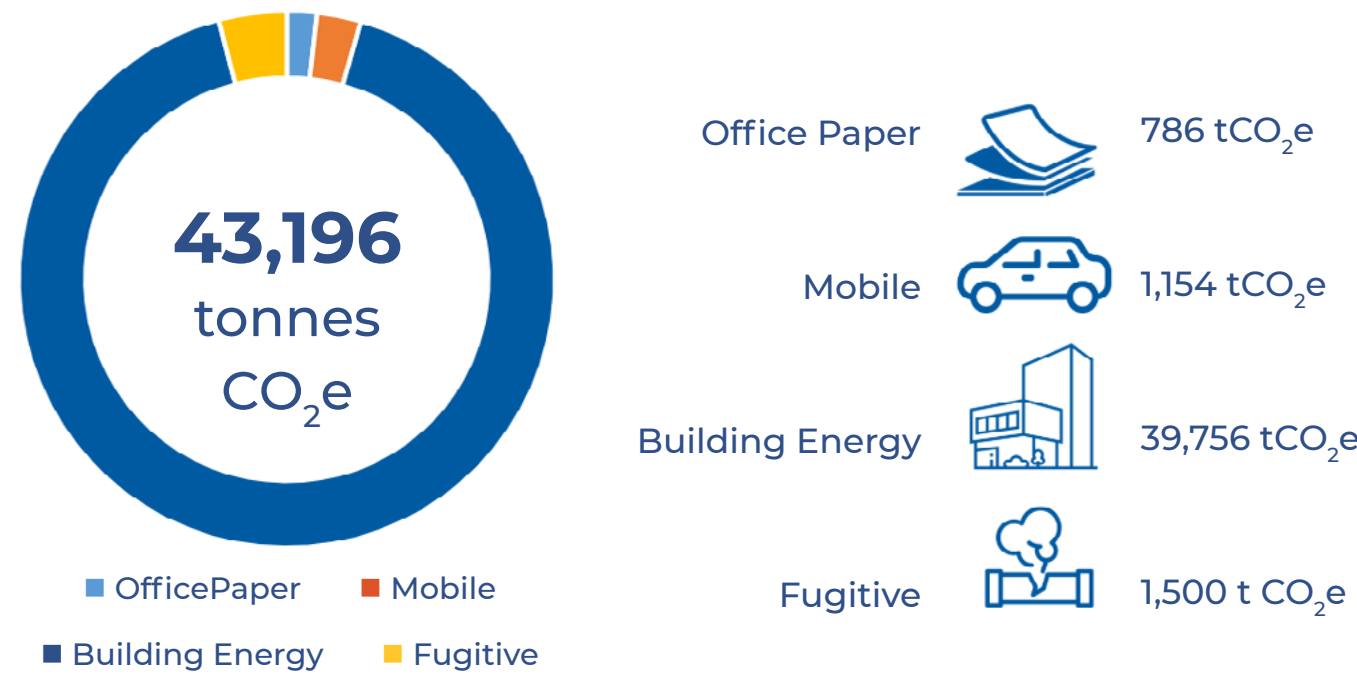


Figure 1: 2024 emissions profile

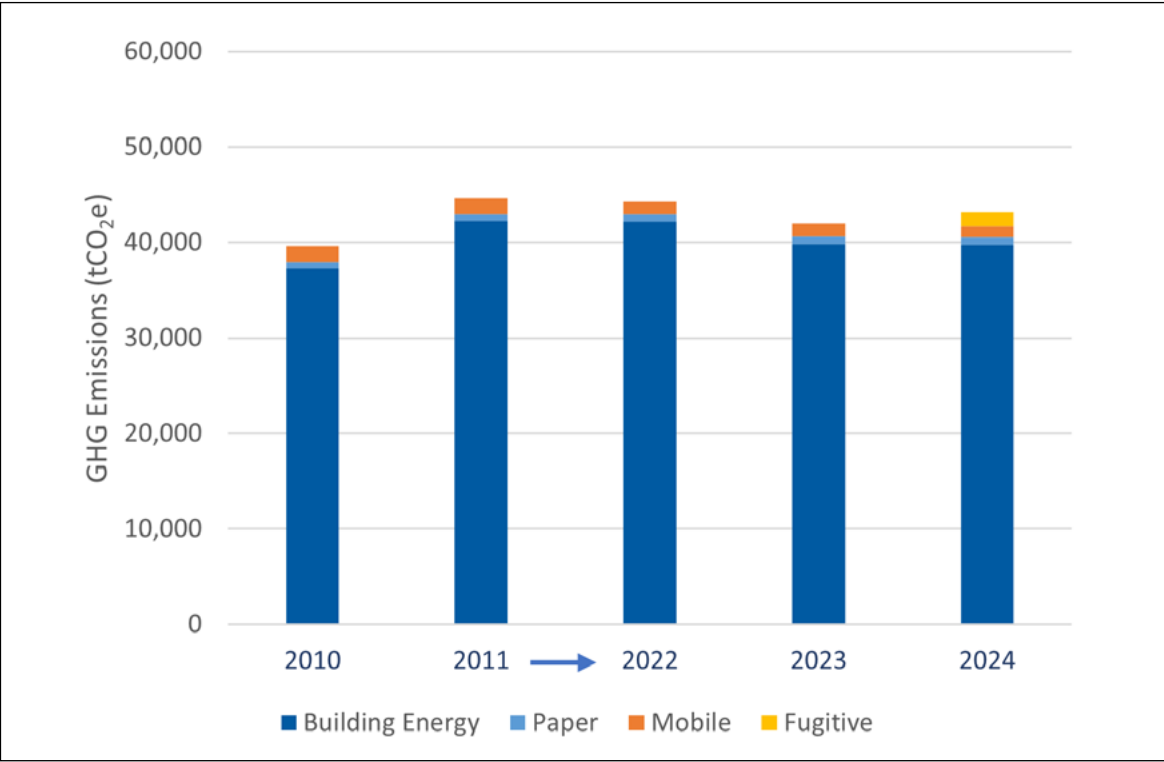
Did you know?

- Through conservation, retrofits and switching to clean energy sources, our building emissions per square metre have decreased 15% since 2010.
- In 2024, 36% of new vehicles purchased were electric and hybrid vehicles.
- Since 2019, our paper related emissions have decreased by just under 8%.

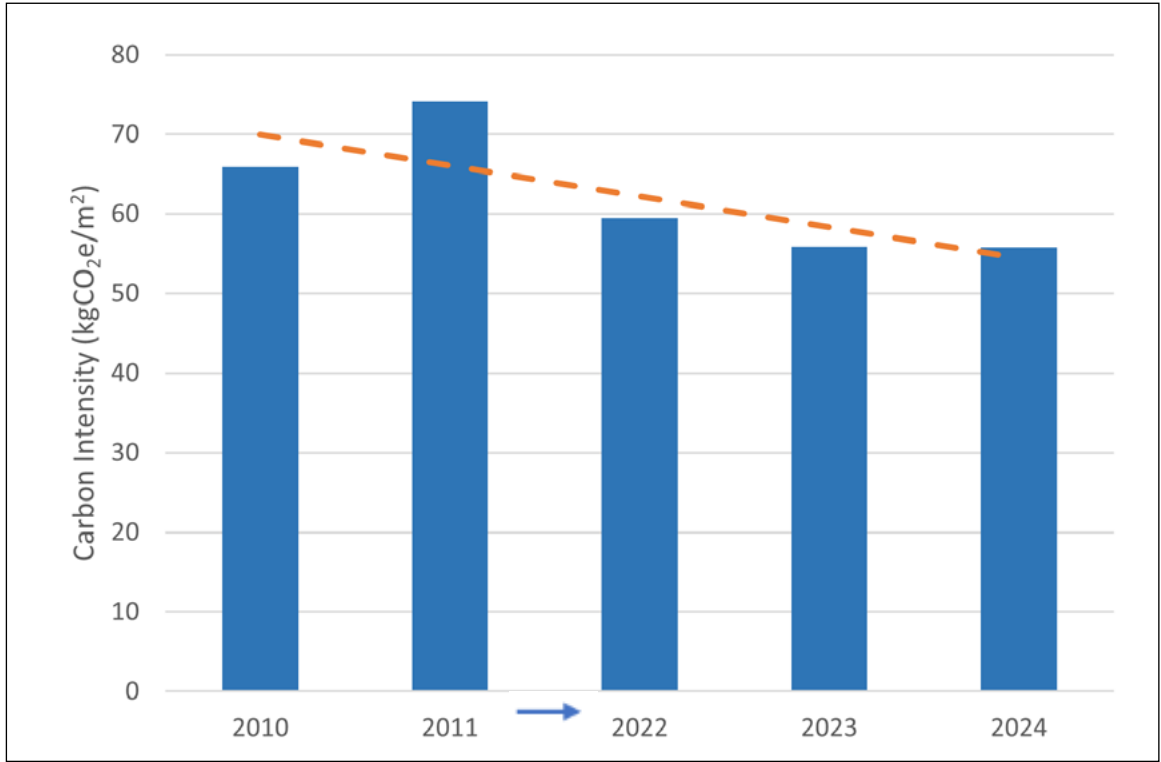


In comparison to 2010, IH’s floor space has increased by nearly 26%, reflecting the growth in the populations we serve. Although this is a significant increase, when compared to the first two years of our carbon reporting (2010 and 2011), our emissions due to energy use has remained

stable indicating our buildings and systems are more energy efficient (Graph 1). Graph 2 shows a definite downward trend in the carbon intensity of our buildings. The carbon intensity refers to the measurement of GHG emissions per square meter of floor space.



Graph 1 – IH’s GHG emissions trending since 2010 baseline year



Graph 2 – Carbon intensity of building energy* emissions

*this does not include fugitive emissions



Emissions from buildings – summary

In 2024, our building portfolio which is made up of owned and leased facilities, accounted for 95% of IH’s total emissions, totalling 41,256 tCO₂e. Building emissions come predominantly from fossil fuels, and to a much lesser extent, electricity, biomass (wood fuel), and refrigerants, as shown in Figure 2.

We are working to transition to clean energy sources for regular building operations. Back-up generators and heating will continue to use fossil fuels as they need to be available for service redundancy during grid outages.

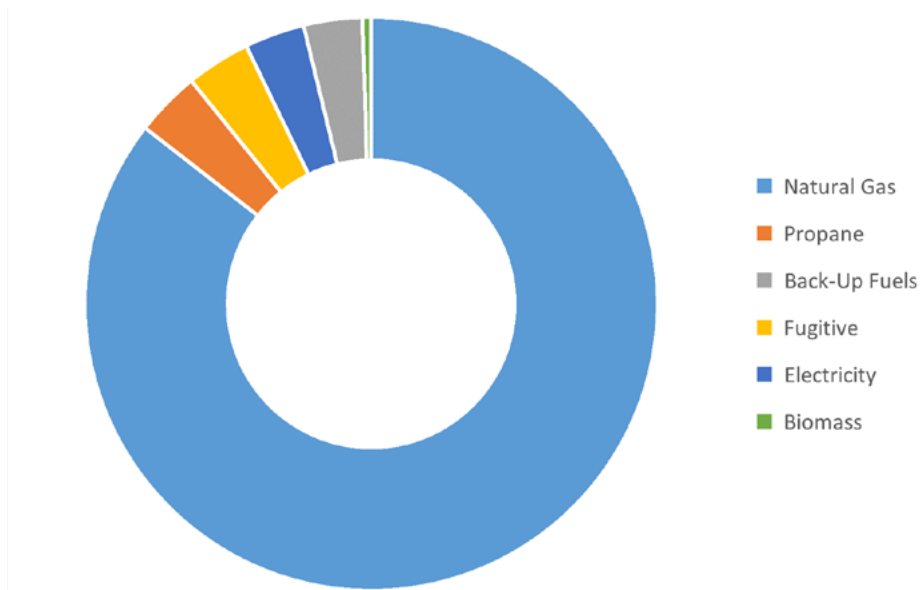


Figure 2: Sources of IH’s stationary emissions (building and fugitive)

Fugitive emissions

Fugitive emissions are caused by unintentional leaks from equipment. Although rare, if a leak does occur, equipment containing refrigerants can release hydrofluorocarbons (HFCs), which are potent GHGs, into the atmosphere. Working with the Climate Action Secretariat, IH implemented the updated *B.C. Best Practices Methodology for Quantifying Greenhouse Gas Emissions* to account for refrigerant related emissions.

This included calculating the direct fugitive emissions from refrigeration, heat pump and space conditioning equipment in buildings. At IH, some examples of equipment that include refrigerants are:

- Heat pumps for building heating and domestic hot water
- Chillers for building cooling
- Rooftop units for ventilation
- Refrigerators and freezers for kitchens, labs and pharmacies



Energy Management

Energy management assessment

To support strategic planning in the Energy Management portfolio, every two years IH conducts an energy management assessment (EMA). This process is supported by our utility partner with the purpose of bringing together internal collaborators. With leaders from finance, capital projects, facilities management and operations and environmental sustainability, the Energy Management team hosted a facilitated session in October 2024 to discuss and clarify our priorities.

Over the course of the day-long self-assessment and planning workshop, participants looked at four key areas of influence including:

- Business
- Operations
- People
- Technology

The participants worked together to identify specific priorities for actions to be delivered in the next two years. At the end of the session, a total of 36 actions were identified through the assessment.

Some of the EMA actions identified include:

- Establish and review preventative maintenance schedules for identified key equipment and include the training that is needed
- Include net present value and/or internal rate of return calculations in the review of energy projects
- Identify and rank risks that may impact energy performance in all new and existing buildings
- Perform regular audit walk-through activities and document energy improvement ideas
- Publish energy management communications in the organization's newsletter and other appropriate channels (e.g., emails, posters, meetings)

Energy studies

Interior Health completes energy studies to understand the energy performance and GHG emissions in a facility. We also conduct these studies to assist in defining the potential scope and costs for future energy and emissions-reduction projects. The type of energy study conducted can vary and is dependent on the facility size, equipment condition, age, applicable utilities, current energy performance, GHG emissions, climate zone and the configuration of various buildings systems.

Energy studies can aid in the overall long-term facility planning by giving options for moving towards low-carbon building systems. As well, opportunities identified in an energy study can contribute to effective, short-term improvements, such as continuous optimization of building controls systems and informing the selection of more energy-efficient replacements when equipment reaches its end of service life.

Continuous optimization investigations are a type of energy study that identifies low-cost operations initiatives such as equipment repairs and building control improvements.

In 2024, continuous optimization improvements were completed for:

- Cariboo Memorial Hospital (Williams Lake)
- Kimberley Special Care Home
- Kootenay Lake Hospital (Nelson)
- Penticton Regional Hospital
- Pleasant Valley Health Centre (Armstrong)
- Polson Extended Care Unit (Vernon)
- South Similkameen Health Centre (Keremeos)



Energy studies can aid in the overall long-term facility planning by giving options for moving towards low-carbon building systems.

Another type of energy study conducted at IH are capital studies. These are typically more detailed energy studies that identify potential capital upgrades that require higher investments, with schematic designs and costing information. These studies meet requirements for capital incentive program applications with our utility partners.

In 2024, capital studies were completed for:

- Kelowna General Hospital – Centennial
- Mount Cartier Court (Revelstoke)
- Nicola Valley Hospital (Merritt)
- Queen Victoria Hospital (Revelstoke)
- Penticton Regional Hospital
- Pleasant Valley Health Centre (Armstrong)
- Princeton General Hospital
- Shuswap Lake General Hospital (Salmon Arm)
- South Hills Tertiary Psychiatric Rehabilitation Centre (Kamloops)
- Swan Valley Lodge (Creston)

Energy Projects

Each year, based on the results of energy studies conducted, IH prioritizes and implements energy projects. These projects focus on energy conservation and management in alignment with infrastructure renewal plans, capital projects and maximizing utility partner incentive programs.

Maintenance improvement and recommissioning projects

Maintenance improvement projects are coordinated by plant services and public-private partnership (P3) operations staff, with budgets typically less than \$100,000.

These smaller scale, low-cost opportunities are prioritized based on projected energy savings and emissions reductions. IH aims for these projects to have a short payback period of two to five years.

In 2024, maintenance improvement projects were completed at:		
Facility Name	Location	Projects
100 Mile House General Hospital	100 Mile House	Variable frequency drives for chiller, re-commissioning
Ashcroft Hospital & Community Health Care Centre	Ashcroft	Boiler system optimization and night setbacks
Kelowna General Hospital – Centennial	Kelowna	Heating ventilation and air conditioning (HVAC) zone scheduling
Overlander and South Hills Tertiary Psychiatric Rehabilitation Centre	Kamloops	Controls optimizations, including adding heat pump heating
Queen Victoria Hospital including Mount Cartier Court	Revelstoke	Controls optimizations, including changes to heat recovery chiller and cooling tower operations



What is an example of a maintenance improvement project?

Overlander Extended Care and South Hills

In Kamloops, Overlander Extended Care and South Hills Tertiary Psychiatric Rehabilitation Centre combined is a 240-bed long-term care facility with a total floor area of 10,768 m². The Overlander Extended Care building was constructed in two phases completed in 1976 and 1987, and the South Hills building was completed in 2003.

A continuous optimization investigation recommended several opportunities that were subsequently prioritized. The following retrofits were implemented as a maintenance improvement project in 2023 and 2024:

- Air handler unit (AHU) damper controls repair
- Radiant slab variable frequency drive (VFD) pump replacement
- Heat pump heating controls optimization for six AHUs
- Domestic hot water piping reconfiguration

This project resulted in annual energy savings of 775 MWh which is an emissions reduction of 168 tCO₂e/year. This is equivalent to the energy consumed by 58 passenger vehicles.



South Hills Tertiary Psychiatric Rehabilitation Centre

Capital projects

IH invests in capital projects that, although may have a longer payback period and higher GHG abatement cost (dollar per tCO₂e), achieve more energy savings and GHG emissions reduction during the service life of the building.

Capital projects are informed by capital energy studies, and are prioritized by several factors, including:

- Building equipment and systems reaching the end of serviceable life
- Building energy use and carbon emissions
- Energy intensity (energy and emissions per floor area)
- Long-term alignment (future capital projects, facility life)
- Co-benefits (improved indoor air quality, climate resiliency and thermal comfort)

Capital projects can include energy retrofits with equipment replacement or can be major in scale and support multiple energy upgrades simultaneously. Sometimes, IH partners with utility providers in pilot projects to demonstrate a new technology. When successful, these innovations can be implemented at other sites.

Some capital upgrades are implemented through the provincial Carbon Neutral Capital Program (CNCP), including measures such as:

- Combustion efficiency improvements
- Heat recovery and fuel switching
- Replacing equipment with high-efficiency equipment that is supplied by lower carbon fuels such as electricity or renewable natural gas (RNG)

CNCP projects typically span multiple years.

The following is a list of CNCP projects that are approved and in progress:	
Facility	CNCP Project Description
Brookhaven Extended Care (West Kelowna)	Energy retrofits and building automation system
Creston Valley Hospital	Heating plant upgrades
Dr. Helmcken Memorial Regional Hospital (Clearwater)	Heat recovery
Invermere and District Hospital	Biomass boiler
Kelowna General Hospital	Heating plant replacement – Phase 1a
Kootenay Boundary Regional Hospital (Trail)	Steam plant efficiency upgrades
Kootenay Lake Hospital (Nelson)	Building voltage regulation
Summerland Health Centre	Boiler/heat pump replacement

For new building construction and expansion projects, the IH project team works with design consultants to ensure building systems have a high level of energy efficiency and low-carbon emissions. Typically, this is achieved with a whole-building energy model or simulation. The model or simulation allows the project team to consider different options and choose the optimal building systems that will achieve the greatest energy savings and emissions reduction within the project budget.



Gas absorption heat pump at Dr. Andrew Pavillion long-term care home in Summerland

What is an example of a CNCP project?

Summerland Gas Absorption Heat Pump Pilot

IH participated in a Gas Absorption Heat Pump (GAHP) early adopter program offered by FortisBC to test and implement this emerging energy-efficient technology. This is an example of a Carbon Neutral Capital Program (CNCP) project. GAHPs capture heat from the surrounding outdoor air and transfer it indoors for domestic water heating. This natural gas heat pump, which will supply domestic hot water to the long-term care unit, is reported to be more than 100% efficient, which is significantly more efficient than condensing boilers and standard domestic water heaters. The GAHP was installed as part of a capital boiler replacement project at Dr. Andrew Pavillion long-term care home in Summerland.

Plans for the future

In 2025, we will continue to reduce our stationary emissions by advancing the actions identified by the energy management assessment (EMA). Per provincial government updates, we will also be focusing on increasing the accuracy of IH's refrigerant emissions and expanding the emission sources included in our GHG inventory, such as anesthetic gasses.

Low-Carbon Capital Plan

One of the actions prioritized by the EMA is the development of a Low-Carbon Capital Plan (LCCP). This strategic plan for the facility portfolio aligns with provincial targets of a 50% reduction in GHG emissions from buildings by 2030.

The LCCP will:

- Determine dynamic pathways for the decarbonization of IH's building portfolio by identifying and prioritizing the best carbon emissions reduction opportunities within our portfolio of buildings
- Consider infrastructure renewal needs when determining the timing of equipment and system changes
- Outline the organizational process changes, internal human resources, and external support that will be required to successfully implement the LCCP



Fleet

The emissions from our fleet vehicles account for almost 3% of our total emissions. At the time of reporting, the fleet vehicles in 2024 used 502,349 liters of fuel, equivalent to 1,154 tCO₂e.

IH continues to implement our Electric Vehicle (EV) Transition Plan. We are focused on transitioning our fleet of internal combustion engine vehicles to electric vehicles (EVs) which also include plug-in hybrid vehicles (PHEVs) and hybrid vehicles, over the next five years. Currently, there are seven EVs, seven PHEVs and six hybrid vehicles in the IH fleet. In 2024, we added five PHEVs, four hybrid vehicles and one EV to our fleet. In addition to our fleet vehicles for staff travel, we also have trucks in our fleet to transport equipment and supplies. When we determined we needed to replace a truck to deliver supplies locally in the Okanagan, we ordered a Ford E-Transit —a fully electric vehicle—to replace a three-ton truck. This cargo van will help decrease emissions while ensuring timely delivery to sites.

As we expand our fleet of EVs, we are also ensuring our sites have access to appropriate infrastructure and dedicated chargers to ensure the vehicles can be fully supported.



IH continues to move forward our Electric Vehicle Transition Plan. We are focused on transitioning our fleet of internal combustion engine vehicles to electric vehicles (EVs) over the next five years



Facilities that currently have dedicated Level 2 Fleet Vehicle chargers are:

- Community Health Services Centre (Kelowna)
- Kelowna General Hospital
- Penticton Regional Hospital
- Reid's Corner Warehouse (Kelowna)
- Royal Inland Hospital (Kamloops)

In 2025, we will continue to implement our EV Transition Plan, purchasing more EVs, PHEVs and hybrid vehicles. We are also educating and training our staff on how to use, drive and charge electric vehicles.

Paper

The emissions from our paper use account for 2% of our total emissions. The 2024 paper emissions are 786 tCO₂e.

A sweet deal

In a coordinated effort to reduce the environmental impact of paper usage, all B.C. health authorities began switching to Sugar Sheets in July 2024. Sugar Sheets are made from sugarcane bagasse (waste pulp left over after harvesting sugars and biofuels). Its production uses fewer resources and emits less carbon than traditional wood paper production processes.



In a coordinated effort to reduce the environmental impact of paper usage, all B.C. health authorities began switching to Sugar Sheets in July 2024

Improving paper usage in laboratory services

In 2024, Karen Ranger, lab quality coordinator, led a quality improvement initiative within Laboratory Services to reduce paper usage. The project focused on transitioning to Sugar Sheet paper from regular paper. By the end of the project, 90% of labs within IH had transitioned to procuring Sugar Sheets exclusively as their copy paper.

In addition, Karen and a larger project team focused on analyzing paper usage information provided by lab staff. The project team realized many automatic lab reports were being printed and going directly into confidential shredding. With the support of several labs across IH, the project team turned off automatic printing for reports that were being reviewed online.

Most recently, East Kootenay Regional Hospital and Vernon Jubilee Hospital Emergency Departments stopped lab-broadcast printing and are now saving approximately 177 and 410 sheets/day, respectively. Combined with other efforts to turn off lab auto-printing, about 500,000 sheets of paper are now being saved annually, resulting in approximately \$7,000 in annual cost savings.

Planning for a paperless future

In 2025, we are investigating opportunities to decrease our paper usage with new technologies and programs that enable staff and medical professionals to review reports and charts online. Where we are unable to limit our paper usage, we will promote and champion sourcing paper with a lower environmental impact.



Karen Ranger, lab quality coordinator

Material Management

We are committed to responsible material stewardship practices and minimizing IH’s environmental footprint. Over the course of 2024, we have expanded our waste management programs by:

- Incorporating organics recycling at Queen Victoria Hospital in Revelstoke, and investigating additional innovative organics waste technologies such a biodigesters
- Expanding the reusable sharps container program as part of biomedical waste diversion to two long-term care facilities and two urgent and primary care centres

Alongside our current waste contractors, we have established a new glass collection program that recycles bottles of contrast media produced by our medical imaging departments. The collected empty glassware is sanitized and then ground into sand for sandblasting within B.C. The program was successfully piloted at Kelowna General Hospital and Royal Inland Hospital, and we are onboarding four additional hospitals in early 2025.

To get a clearer picture of where our waste is going, we piloted an observational waste auditing process. This initiative, led by the provincial Waste Management Technical Team—made up of representatives from each B.C. health authority—will be influential in supporting the management of both general and biomedical waste.

Why does this matter?

Regular audits help us spot areas for improvement, support future sustainability efforts, and make sure we are collecting the right materials in the right way. In the long run, that means lower waste costs, less unnecessary waste, and a stronger commitment towards material stewardship.

Our diversion rate for 2024 is 36% of our total waste generated.

Waste stream	Total (tonnes)
Mixed Recycling	1,315.35
Confidential Shredding	838.93
Biomedical Waste	552.68
Cardboard and Paper	355.75
Organics + Yard Waste	302.51
Clinical Plastic Diversion	219.48
Electronic Waste	17.35
Batteries	1.14





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Climate Leadership

The impacts of climate change are increasingly affecting the health and well-being of communities across IH. Over the coming years, the IH region is projected to experience more frequent and severe climate-related events, such as extreme heat, poor air quality, flooding, and other weather-related challenges. These events pose risks to our facilities, services and people, and require proactive planning and response.

Climate Risk Management, Adaptation and Resilience

As the Interior region continues to experience more frequent climate-related challenges, it's evident the decisions we make today will affect our ability to withstand the climate events of the future. In 2024, Mehrnaz Makuei joined IH as our climate resilience coordinator. In this new role, Mehrnaz works with our Capital Projects teams to design facilities to be climate-ready using climate projections for 2030, 2050 and even 2080.



Mehrnaz Makuei, climate resilience coordinator

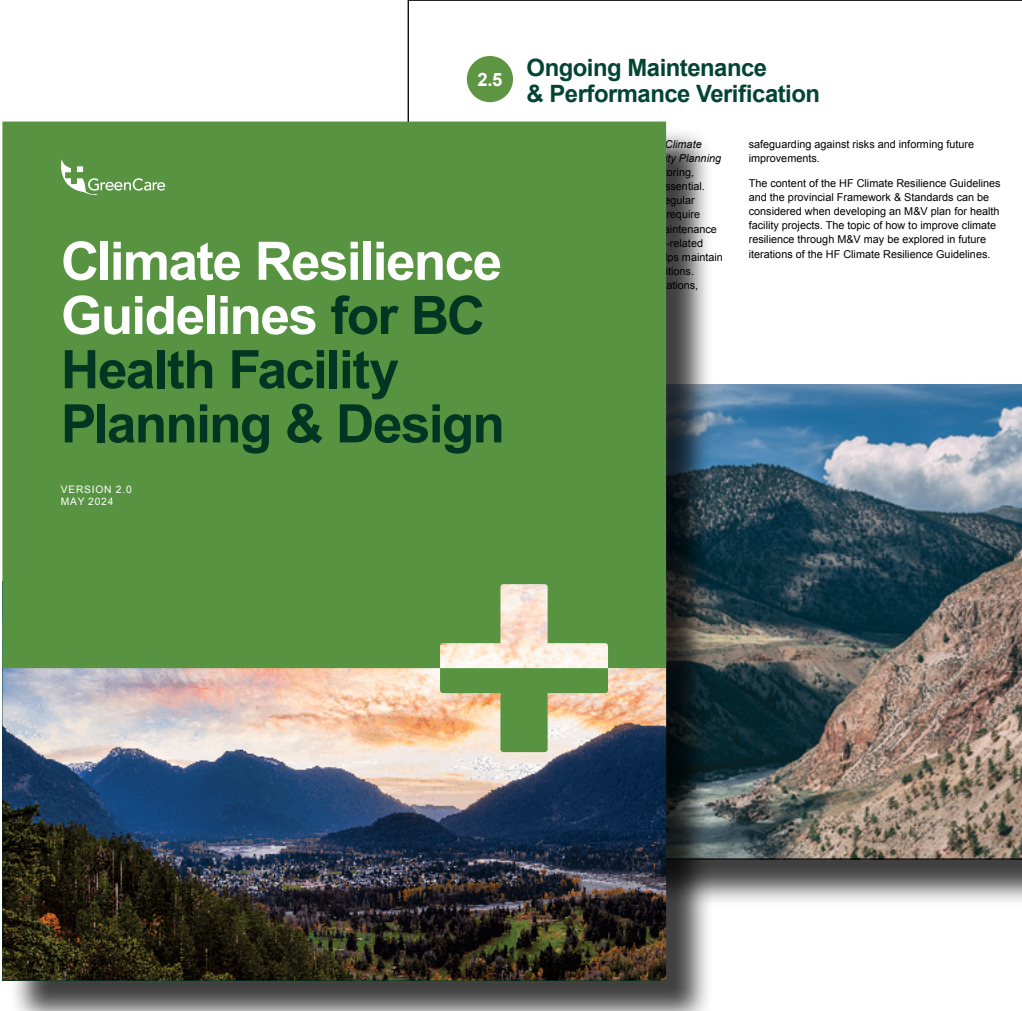
Climate resilience guidelines and policies

In 2024, B.C. health authorities collaborated to update version 1.0 of the [Climate Resilience Guidelines for BC Health Facility Planning & Design](#). Version 2.0 marks a step forward in addressing the challenges of climate change within health-care facilities. Originally published in 2020, the guidelines now incorporate lessons learned, align with provincial directives, and strengthen connections to health system priorities such as reconciliation, health equity and planetary health.

To support the implementation of climate resilience measures, IH’s Environmental Sustainability team has played a key role in equipping staff with the necessary tools. The team has developed training sessions, guidance documents and resource materials to help Facilities Management and Operations (FMO) teams, and Capital Planning and Projects teams better understand climate risks and apply best practices to implement resilience measures.

Chapter 11 of the [Ministry of Health’s Capital Policy Manual](#), which was updated in 2024, set new requirements for planning and designing low-carbon, climate-resilient and sustainable health facilities. It outlines strategies to minimize GHG emissions, manage climate risks and improve environmental sustainability across new and existing buildings.

Key updates include a new section on life cycle assessments to better understand the embodied carbon in building materials and renovations, as well as new environmental sustainability requirements for water, waste, materials, transportation and natural environments. To support implementation, the Environmental Sustainability team developed a guidance document that was reviewed and adopted by all health authorities, helping to streamline processes and capture lessons learned for future projects.



Climate Resilience Guidelines for BC Health Facility Planning & Design



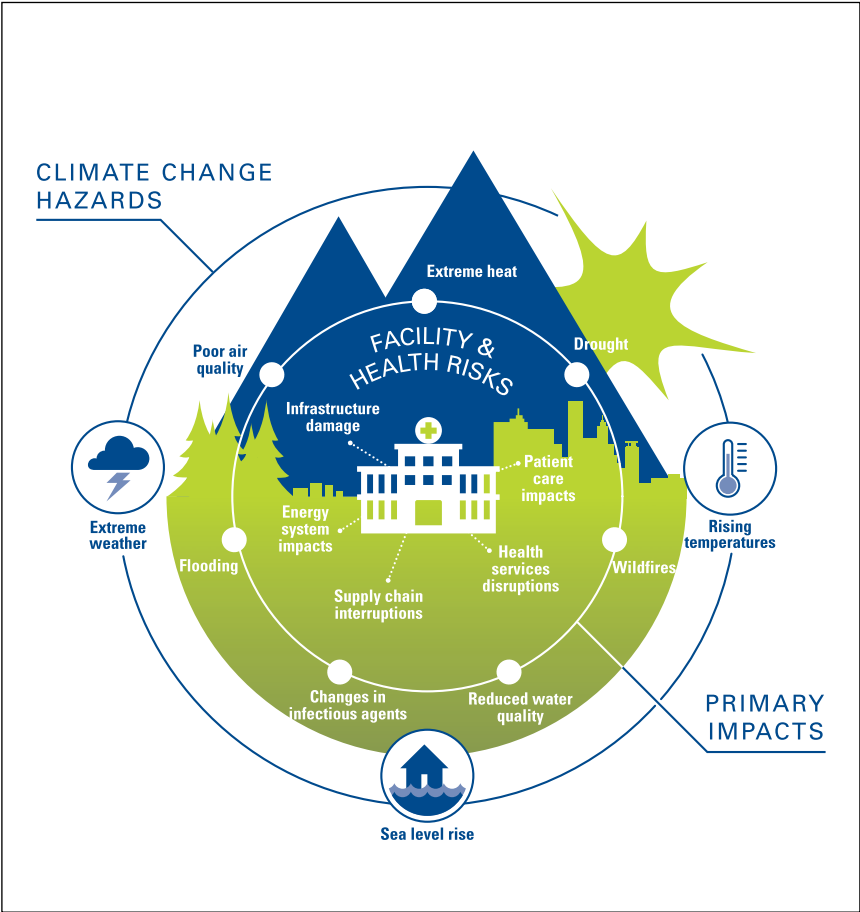
Climate risk and adaptation

IH conducted a portfolio-level climate hazard exposure screen and high-level vulnerability assessment, covering 56 sub-regions in the Southern Interior. This assessment aligns with the B.C. Climate Resilience Framework & Standards for Public Sector Buildings and serves as a foundation for more detailed climate risk assessments. Findings from this screening have guided IH towards extreme weather event planning and more detailed facility climate risk assessments. In 2025, we will continue to focus on conducting building-level climate risk assessments within the region to support targeted adaptation planning.

New buildings and major renovations

In 2024, facility-level climate risk assessments for new construction projects were completed for Dr. F.W. Green Memorial Home, a long-term care facility in Cranbrook, the proposed Kamloops Cancer Centre, and the proposed Mental Health and Substance Use facility in Vernon. The assessments evaluate the risks posed by climate change and extreme weather events to building structure, functionality, operations, maintenance and occupant comfort.

The assessments aim to inform design teams and project partners about projected climate changes and associated risks. Assessments also provide recommended adaptation and mitigation measures to be considered during detailed design and construction. Findings indicate a consistent increase in climate hazards since the baseline period (1971–2000), with projections extending into the 2080s. High-risk factors identified include extreme short-duration rainfall, hot days, heatwaves, wind gusts, thunderstorms, landslides and overland flooding. Recommended adaptation measures address mechanical, electrical, structural, enclosure and civil systems, along with climate-adjusted design criteria to enhance resilience in future infrastructure upgrades.



Some examples of climate-related hazards and potential impacts for health care facilities



Following the completion of a facility climate risk assessment, IH plans for specific operational and infrastructure changes to prepare for future climate impacts. Recommended adaptation measures are made by qualified professionals for mechanical, electrical, structural, enclosure and civil infrastructure categories.

Specific recommendations for modifying design criteria to address identified risks are incorporated into future designs to ensure facilities are resilient to climate change and extreme weather.

Some examples of adaptation measures incorporated into our projects in 2024 include:

- Increasing the capacity and size of heating, ventilation and air conditioning (HVAC) systems that account for rising temperatures and relative humidity levels, with motors that can work with more effective air filtration in place for wildfire smoke
- Installing passive solar shades on building exteriors to reduce the impact of UV radiation and heat on south facing portions of a building

In addition to these adaptation strategies, many risks can be efficiently and effectively addressed and reduced through operations and maintenance (O&M) policy considerations and procedures. One example is updating an O&M policy to inspect and unblock stormwater drains and ditches following a rain-on-snow event.



In 2024, we completed facility-level climate risk assessments for new construction projects, including Dr. F.W. Green Memorial Home

Existing buildings

IH's existing buildings are increasingly vulnerable to climate hazards such as flooding, extreme heat, drought and severe storms, which can compromise structural integrity, disrupt operations and impact patient care delivery. Unlike new construction, which can integrate resilience measures from the outset, existing facilities must be retrofitted and adapted to withstand evolving climate risks. Over the past year, Environmental Sustainability, in collaboration with Facilities Maintenance and Operations (FMO), conducted facility climate risk assessments for 44 sites.

IH has developed a structured framework and methodology to identify climate impacts on health-care facilities, assess vulnerabilities during extreme weather events such as heatwaves and increased precipitation, and identify high-risk assets. In our climate risk assessment for existing buildings, we calculated the likelihood of climate hazards based on geographic location, historical events and future projections.

Through interviews with plant services managers and discussions about past experiences, we assessed the level of existing resilience, including building condition, mechanical systems, emergency preparedness and adaptation measures already in place. We evaluated the consequences of an identified risk in the event of a climate hazard, considering impacts on critical operations, system functionalities, and clients and patients. By combining the likelihood of a climate hazard event and consequences, we measured overall risk to an existing building. This approach allows us to prioritize adaptation measures to strengthen climate resilience across the existing buildings portfolio.



High-efficient condensing domestic hot water heaters at Creston Valley Hospital

Climate Change and Health

Interior Health continues to increase community-level climate resilience by working with staff and external partners, including local governments and First Nations communities, to enhance preparedness and adaptation.

Key areas of focus include:

- Planning and responding to seasonal climate-related events
- Assessing and communicating climate-related health risks
- Supporting adaptation efforts to reduce health impacts

Through these initiatives, IH is building capacity to navigate a changing climate and protect the physical, mental and social health of the populations it serves. The following sections highlight key actions from the Climate Change and Health portfolio in 2024.

Climate readiness and resilience

Building on previous efforts to plan and respond to heat and air quality events, the IH Seasonal Readiness Working Group expanded its focus this year to include cold weather preparedness. This work was significantly enhanced by the support of Carolina Arana, the climate readiness and resilience coordinator, a term position funded through the Pacific Public Health Foundation.

Working closely with the Seasonal Readiness Working Group, Carolina led the development of IH's Cold Response Plan, which outlines actions for IH staff to protect vulnerable clients and facilities, as well as guidance for collaborating with external partners, to prepare for cold weather events. The plan was activated during a region-wide cold weather event in January 2025 and will continue to be improved from the 2025–26 season.



Carolina Arana, climate readiness and resilience coordinator

Climate Change and Health Vulnerability and Adaptation Assessments

To date, the *Climate Change and Health Vulnerability and Adaptation Assessment* (CCHVAA) pilot project for the Kootenay Boundary Health Service Delivery Area (KB HSDA) has focused on assessing the health impacts of climate hazards such as extreme heat, cold weather, flooding, wildfires and drought. This work has been guided by IH's [Climate Change and Sustainability Roadmap](#) and aims to strengthen the region's adaptive capacity to climate change-related health risks.

A key component of this project has been extensive engagement with a diverse range of partners, including Indigenous organizations such as the Ktunaxa Nation and Métis Nation British Columbia, regional and municipal governments, post-secondary institutions, IH staff and community organizations focused on environmental stewardship and emergency preparedness. Through focus groups and interviews, IH gathered insights into local climate adaptation initiatives, existing gaps and opportunities to enhance resilience.

The engagement process has highlighted several key themes:

- The disproportionate impacts of climate change on vulnerable populations, including those experiencing homelessness and individuals with chronic health conditions
- The mental health impacts of climate hazards
- The need for strengthened emergency preparedness and planning.

Local governments have underscored the importance of integrating climate resilience into community planning, while community organizations have emphasized the need for sustainable, equitable and health-focused adaptation efforts

Moving forward, IH will focus on sharing key findings from this pilot project to inform future CCHVAA assessments across other Health Service Delivery Areas. The next steps include refining strategies to address identified vulnerabilities, strengthening partnerships for coordinated action, and developing tools to support local adaptation efforts.

IH's new climate change and health scientist, Glory Apantaku, provided significant support for the project with her expertise in data analysis and evidence-based assessment to enhance climate resilience efforts.





Health System Transformation

Clinical Leadership

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Health System Transformation

Across our operations, our staff and medical professionals are leading the way, focusing on more sustainable practices in our clinical settings and in the management of waste and materials. Through the Sustainability Engagement Program, 93 members from across nine Environmental Sustainability Committees advocate for more sustainable practices and lead site-level initiatives.

Clinical leadership

Inspirational leaders across IH are acting to create change by supporting and leading low-carbon, high-quality clinical care. Thanks to their leadership, IH staff and health-care professionals have an opportunity to feel connected by being a part of meaningful work that contributes to the health of patients and to the health of our planet.

In 2025, IH welcomed Dr. Ilona Hale, our new medical director for climate change and sustainability. In this new role, Dr. Hale focuses on initiatives that integrate environmental sustainability into clinical practice. In alignment with IH’s climate change and sustainability goals, Dr. Hale will focus on initiatives to reduce the carbon footprint of health-care delivery, enhance the quality of care for current and future patients, and advance quality improvement across IH.



Dr. Ilona Hale, medical director for climate change and sustainability



Accreditation

Accreditation is an ongoing process of evaluation with a quality and safety focus. This process provides an independent third-party assessment of our organization using standards created from the latest research and best practices used and validated by organizations around the world.

At Accreditation Canada's on-site visit in December 2023, surveyors noted our very proactive and progressive commitment to climate change and environmental sustainability across our operations.

Accreditation Canada has recently added several standards associated with Environmental Stewardship. The standards encompass actions such as:

- Developing and implementing environmental policies
- Using defined performance indicators for tracking environmental progress
- Implementing initiatives to support environmental stewardship
- Regularly evaluating the impact of climate change on the organization
- Providing leaders and staff with education and training

At Accreditation Canada's on-site visit in December 2023, surveyors noted our very proactive and progressive commitment to climate change and environmental sustainability across our operations. Our efforts to address climate change factors and the potential impact on health and health-care systems by launching the Climate Change and Sustainability Roadmap, developing the [Strategic Energy Management Plan](#) and conducting community climate resiliency planning were identified as strengths in the surveyor's report. IH will be assessed on these standards again in 2027.

A new toolkit for quality improvement

Quality improvement (QI) is a well-established process for continuously improving health-care services and practices. That is why our QI portfolio is well positioned to support the integration of environmental sustainability measures into clinical projects, highlighting the co-benefits of low-carbon, high-quality approaches to patient care.

In 2024, IH developed a new toolkit to help QI teams identify the environmental impacts of their projects. Vancouver Coastal Health was working on a similar resource, so the two teams, alongside Health Quality BC, decided to merge their efforts into a single provincial resource. The toolkit will guide QI teams in identifying project-specific opportunities and impacts and developing environmental metrics. The team is now focused on spreading this work nationally with the support of CASCADES Canada.

Opportunity investigations

Action 13 of IH's [Climate Change and Sustainability Roadmap](#) focuses on integrating environmental sustainability into clinical operations, including labs and pharmacy. To advance this action, the Environmental Sustainability team is now working with three clinical departments to formalize sustainability initiatives: Greening the Lab, Greening the Pharmacy and Greening the Operating Room. Christine Henderson, IH's first clinical sustainability coordinator, works with with clinical departments to embed environmental sustainability into clinical practice and operations.

Greening the Lab

Since completing the Greening the Lab Opportunity Investigation, Laboratory Services has formed a Lab Environmental Sustainability Working Group, made up of lab staff from across IH. The Working Group works to identify and implement sustainability initiatives, starting with a focus on reducing printing and building towards larger changes. The Working Group brings staff from different roles together and synchronizes asks of leadership, which strengthens change-making efficacy.

The IH Environmental Sustainability team was selected to develop a national resource on clinical lab sustainability. [The CASCADES Integrating Environmental Sustainability into Clinical Laboratories playbook](#), released in early 2025, is an adaptation of the findings of the Greening the Lab Opportunity Investigation. We are very excited to see this work spread nationally.



Christine Henderson, clinical sustainability coordinator

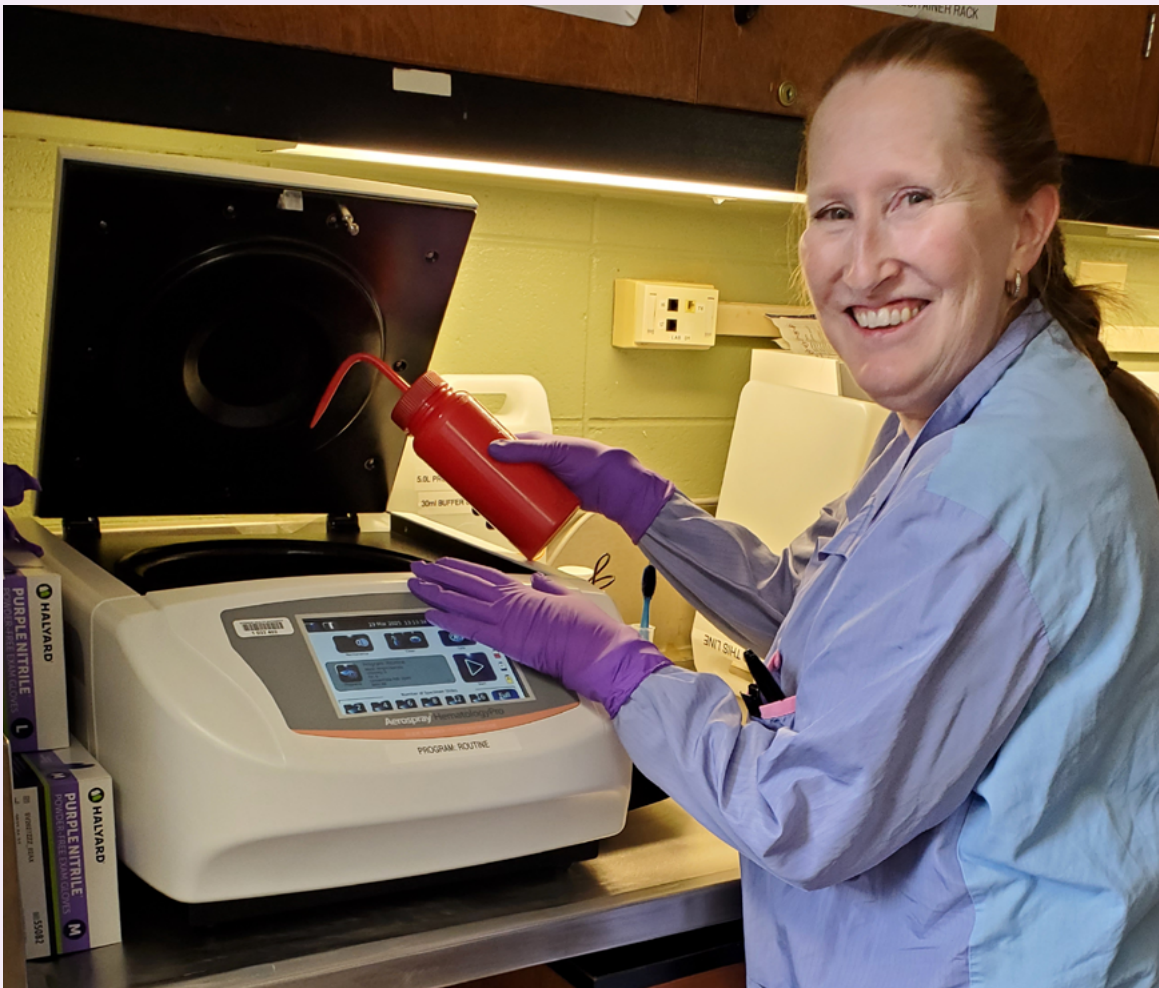


Kootenay Lake Hospital (KLH) laboratory team

2024–25 Green Lab Award – Kootenay Lake Hospital

The Kootenay Lake Hospital (KLH) laboratory has been nationally recognized for their sustainability efforts with the Canadian Association of Pathologists’ Green Lab Award. The KLH lab was instrumental in facilitating IH’s Greening the Lab Opportunity Investigation and has piloted several sustainable changes.

Keeping the momentum, the KLH lab, along with the East Kootenay Regional Hospital lab, have joined Choosing Wisely Canada’s national consortium of hospitals [Using Labs Wisely](#) as pilot sites for IH.



KLH medical lab technologist using the slide strainer. A bucket below collects waste chemicals for safe disposal



Greening the Pharmacy

The 2024 Greening the Pharmacy Opportunity Investigation found six main areas for environmental improvements, including clinical practice, drug distribution, GHG emissions, waste, procurement, staff and patient awareness and engagement. Pharmacy Services has assembled a team to develop a 2025–26 Greening the Pharmacy Action Plan to implement quick wins and work towards larger projects.

In addition, the Metered Dose Inhaler (MDI) Pilot Project team collected and analysed inhaler dispensing data for the six largest IH hospitals. The team used this data to identify areas for improvement and create a prescriber package with curated resources on low-carbon inhalers relevant to IH's formulary. For 2025, the team will focus on education sessions to introduce clinicians across IH hospitals to low-carbon inhaler prescribing.



Why is it important to focus on MDIs?

MDIs are some of the most common inhaler devices. They contain a strong greenhouse gas that is emitted through each push of medication. Each MDI has a carbon footprint equivalent to driving 38.8 to 139 km in a standard vehicle.



For 2025, the Pharmacy Services team will focus on education sessions to introduce clinicians across IH hospitals to low-carbon inhaler prescribing

Greening the Operating Room (OR)

The Greening the OR Opportunity Investigation is in its final stages and identifies opportunities for Surgical Services to improve its environmental impact across seven areas, including appropriate care, reusable devices, anesthetic gas, waste, energy, innovation and technology, and awareness and engagement. Moving into 2025, the team is considering expanding the use of reusable and re-manufactured devices in clinical settings to reduce the overall carbon footprint of Surgical Services.

Anesthetic gas recovery

In 2024, anesthetic gas recovery technology was expanded to two additional sites: Kootenay Boundary Regional Hospital and East Kootenay Regional Hospital. Now, 34 operating rooms across five hospitals have anesthetic gas recovery technology. This technology captures anesthetic gases exhaled by patients that would otherwise be vented to the atmosphere and contribute to climate change through GHG emissions.



IH is exploring the use of reusable and re-manufactured devices in clinical settings to reduce the overall carbon footprint

Personal protective equipment (PPE) recycling program

The PPE recycling program is a Ministry of Health funded program that supports B.C. health authorities in recycling single-use PPE. Through the program, single-use PPE waste will be diverted from the landfill and recycled, reprocessed and generated into new construction materials by a third-party recycler in B.C.

The program collects non-hazardous, surgical procedure masks, masks with visors and disposable respirators, nitrile gloves, disposable gowns, hairnets and shoe covers. Collectively, Kootenay Boundary Hospital (Trail), Cariboo Memorial Hospital (Williams Lake), Shuswap Lake Hospital (Salmon Arm) and Queen Victoria Hospital (Revelstoke) have diverted 2,400 kilograms of single-use PPE. That's equivalent to a herd of **28 white-tailed deer!**



Four IH hospitals have collectively diverted have diverted 2,400 kilograms of single-use PPE. That's equivalent to a herd of **28 white-tailed deer!**



Clinicians practise with expired equipment in this respiratory therapy simulation in Kelowna

Diversion through Simulation Program

The Simulation Program at IH is responsible for the delivery of safe, high-quality clinical simulations across the region. Based out of four fixed centres, in Kelowna, Kamloops, Trail and Penticton, the team supports the delivery of simulation-based education for IH staff and physicians in acute care, rural hospitals, and community-based programs, such as Urgent and Primary Care, Outreach Urban Health and supervised consumption sites.

While recreating realistic health-care situations, the teams need real health-care equipment to help enhance the physical fidelity of our scenarios (the degree to we can replicate reality). This means using real IV solutions, dressings or equipment such as defibrillators and IV pumps.

Over the years, nursing units, the Logistics team and other patient care delivery departments have generously provided the Simulation team expired equipment. It is a great way to extend the life of many items and give health-care providers the opportunity to practise with the supplies and equipment they would use in real clinical practice. Based on the last donation to the program alone, the Simulation team was able to give a second life to more than \$10,000 worth of supplies. By practising with real equipment, health-care providers can feel confident they are providing safe patient care.





Looking Ahead

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On the Horizon

Our vision of health and well-being for all is only strengthened by our new 2024–2027 [strategic priority](#) of addressing climate change and sustainability. As we continue to embed this work across our operations, we are inspired by the people leading and implementing these changes.

Looking forward to 2025, we are focused on strengthening the climate resilience of our facilities and our operations, engaging staff on sustainability initiatives and ensuring our leaders are resilient in the face of continuous climate related events. We will maintain our efforts to expand environmental sustainability across portfolios and clinical program areas. We will take the next step in our pilot project on climate change and health vulnerability and adaptation assessments by working with local communities and First Nation partners to coordinate action to support local adaptation.

As part of our long-term direction, we will focus on implementing our [Climate Change and Sustainability Roadmap](#) actions, making investments to support the [Province’s Clean BC Roadmap to 2030](#) and preparing our buildings, clinical services and communities to respond to the impacts of climate change.

We are looking forward to continuing our work together across our portfolios, services and communities to create an environmentally sustainable health system for all in the Southern Interior.



Looking forward to 2025, we are focused on strengthening the climate resilience of our facilities and our operations, engaging staff on sustainability initiatives and ensuring our leaders are resilient in the face of climate related events

Appendix

Concordance Table

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Concordance Table

Required Section	Title	Notes	Interior Health’s Report
Title	2024 PSO Climate Change Accountability Report	—	Cover page, Climate Action Secretariat approved title alteration
Organization	Organization Name	—	Cover page
—	Declaration Statement	—	Declaration Statement, page 8
—	Emissions Reductions Actions & Plans	—	Energy and Carbon, page 13
Part 1. A	Stationary Sources (e.g. buildings, power generation)	Describe actions taken by your organization in 2024 to minimize emissions from stationary sources in buildings your organization owns or directly leases.	Energy Management, page 18
—		Provide details about goals, targets and progress related to GHG emissions reductions.	Energy Management, page 18
Part 1. B	Mobile Sources (e.g. fleet vehicles, off road/portable equipment	Describe actions taken by your organization in 2024 to support emission reductions from mobile sources and plans to continue reducing those emissions in 2025 and beyond	Fleet, page 26
—		Indicate whether your organization acquired any zero emission vehicles (ZEVs) or installed electric vehicle charging infrastructure in 2024	Fleet, page 26
—		Indicate whether your organization has any strategies to support emission reductions from mobile sources, such as a Clean Fleet Plan or ZEV-First Purchasing Policy.	Fleet, page 26
Part 1. C	Paper Consumption	Describe actions taken by your organization in 2024 to support emission reductions from paper supplies	Paper, page 27



—		Describe plans to continue reducing those [paper] emissions in 2025 and beyond	Paper, page 27
2024 GHG Emissions Offsets Summary Table	[Organization name] 2024 GHG Emissions and Offsets Summary Table	Complete table per CGRT and include table from template in report	Interior Health 2024 GHG Emissions and Offsets Summary Table, page 8
—	Retirement of Offsets Statement	In accordance with the requirements of the Climate Change Accountability Act and the Carbon Neutral Government Regulation, [Organization Name] (the Organization) is responsible for arranging for the retirement of the offsets obligation reported above for the 2024 calendar year, together with any adjustments reported for past calendar years (if applicable). The Organization hereby agrees that, in exchange for the Ministry of Energy and Climate Solutions (the Ministry) ensuring that these offsets are retired on the Organization's behalf, the Organization will pay within 30 days, the associated invoice to be issued by the Ministry in an amount equal to \$25 per tonne of offsets retired on its behalf plus GST.	Retirement of Offsets Statement, page 8
Part 2. A	Climate Risk Management	Describe actions taken by your organization in 2024 to manage risk related to the changing climate and plans to continue managing those risks in 2025 and beyond.	Climate Leadership, page 30
Part 2. B	Other Sustainability Initiatives	Describe any additional initiatives in your organization that support sustainability in general.	Health System Transformation, page 39 Material Management, page 29
Part 2. C	Success Stories	Describe any success stories that your organization would like to highlight, whether related to reducing emissions or preparing for/ adapting to a changing climate.	Health System Transformation, page 39
Executive Sign-Off	Executive Sign-Off	Signature by a senior official such as CEO, COO or Superintendent	Executive Sign-Off, page 8

