

THE OVERLOOKED LINE ITEM

Unlocking Financial Value Through Energy Management in Healthcare

Mike O'Neill: Director of Finance
Jeff Rich: Chief Innovation Officer



ENERATION

Healthcare's energy independent future

ENERATION: THE TEAM BEHIND THE NATION'S FIRST ENERGY INDEPENDENT HEALTHCARE SYSTEM

- Focused on sustainable energy improvement
- Over 60 combined years of healthcare experience
- Facility management, engineering, process improvement, and business expertise
- Faced the unique challenges & opportunities confronting healthcare leaders



Alan Eber
Chief Executive
Officer



Jeff Rich
Chief Innovation
Officer



Laura Olson
Chief Business
Development Officer



Mike O'Neill
Director of
Finance

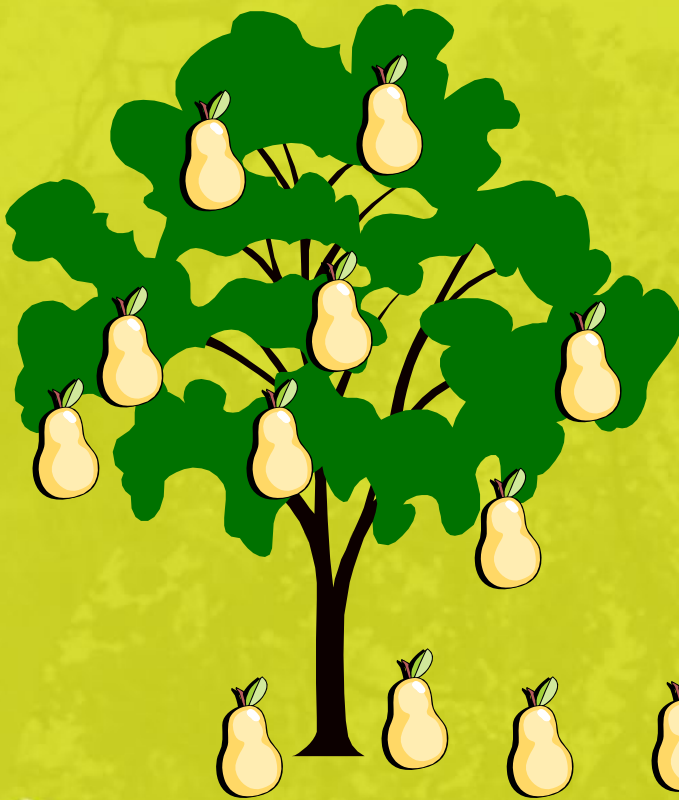


Jesse Beckendorf
Lead Program
Manager



Rick Vogel
Engineer

ELIMINATION OF WASTE IS AT THE CORE OF “LEAN” AND “SUSTAINABILITY”



Fruit Laying Around

- Reduce
- Reuse
- Recycle



WHY FOCUS ON THE ENERGY SPEND?

*Two-Sided
Green!*



- Quick, measurable successes
- Significant savings
- Significant emissions reduction
- Not disruptive to operations
- Builds broad support
- Opportunities to scale



HEALTHCARE CONTRIBUTES 8 – 10% OF U.S. EMISSIONS

Primum non nocere – First, Do No Harm.

HARVARD medicine
THE MAGAZINE OF HARVARD MEDICAL SCHOOL

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Confronting Health Care's Carbon Footprint

Hospitals are waking up to their climate change culpability and the mandate to act



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Health care's contribution to a hospital's health make up 8.5% of the Kingdom.

It is imperative that the most catastrophic



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COMMENTARY

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Check for updates

Fossil Fuels, Climate Change, and Cardiovascular Disease: A Call to Action

Caren G. Solomon, MD, MPH , and Philip J. Landrigan, MD, MSc | [AUTHOR INFO & AFFILIATIONS](#)

Circulation • Volume 149, Number 18 • <https://doi.org/10.1161/CIRCULATIONAHA.123.065904>

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The NEW ENGLAND
JOURNAL of MEDICINE

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REVIEW ARTICLE | FOSSIL-FUEL POLLUTION AND CLIMATE CHANGE

Climate Change, Extreme Heat, and Health

Authors: Michelle L. Bell, Ph.D. , Antonio Gasparrini, Ph.D. , and Georges C. Benjamin, M.D. | [Author Info & Affiliations](#)

Published May 15, 2024 | N Engl J Med 2024;390:1793-1801 | DOI: 10.1056/NEJMra2210769

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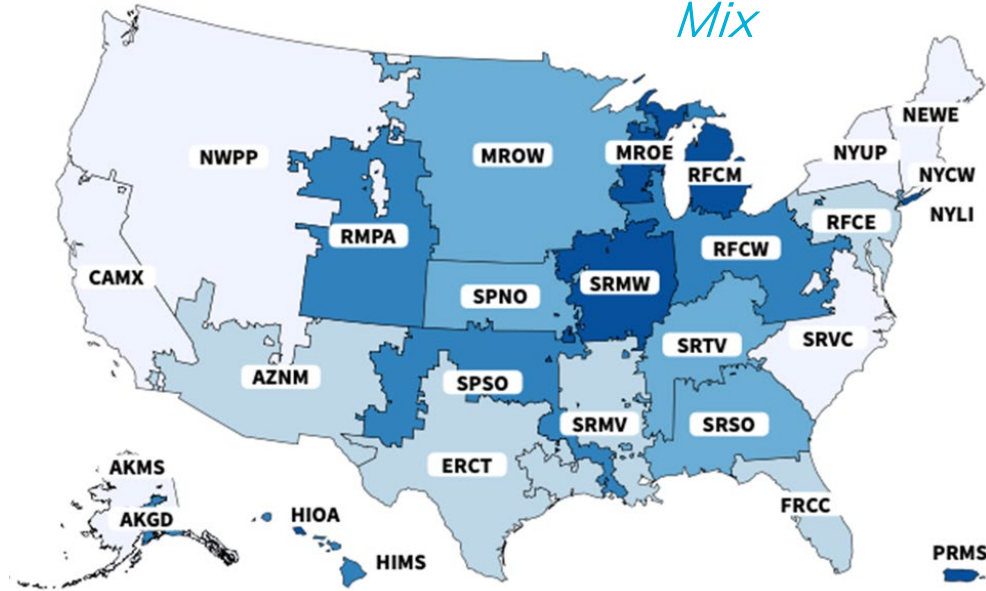
**The Importance of
Transitioning to Clean
Energy**



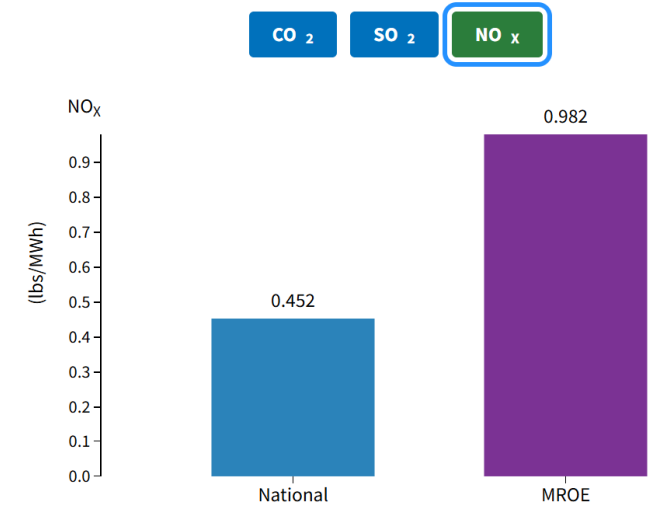
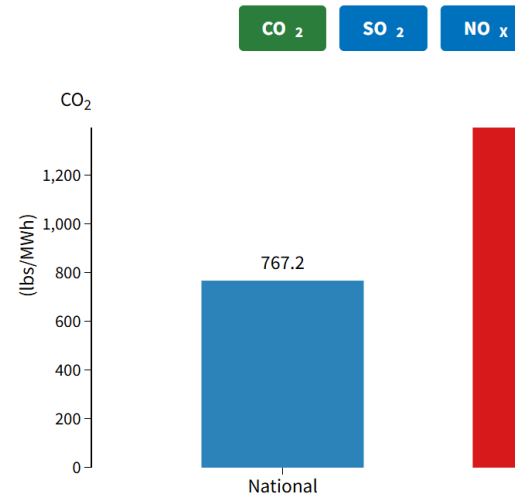
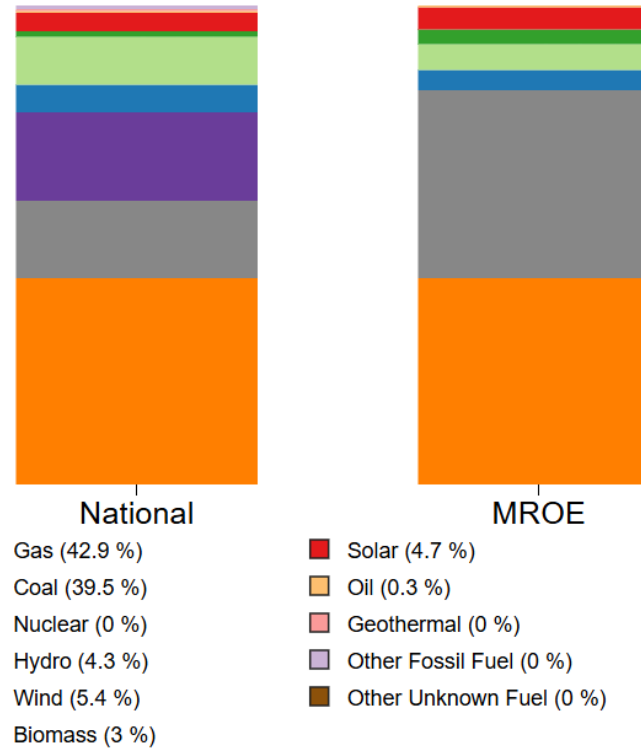
ENERATION

EMISSION RATES

*MROE
Region Fuel
Mix*



Midwest Reliability Organization – East (MROE)



ENERATION

FACILITY ENERGY WASTE

Healthcare facilities are among the most energy intensive buildings

Providence Swedish Issaquah among U.S. hospitals leading energy stewardship

JANUARY 10, 2024 SWEDISH COMMUNICATIONS



Case Study: New Clinic is Net-Zero



Net Zero Medical Clinic in Elroy, Wisconsin

Type of building: New Construction – Outpatient Medical Clinic
Size: 9,400 sq. ft.
Built: 2023
Median Clinic Energy Use in Climate Zone 6/Cold: 70 kBtu/sq. ft.
Elroy Clinic Energy Use in Climate Zone 6/Cold: 0 kBtu/sq. ft.
Facility Life Cycle Cost Savings: \$311,600*

*Based on a 50-year life span and not adjusted for inflation.

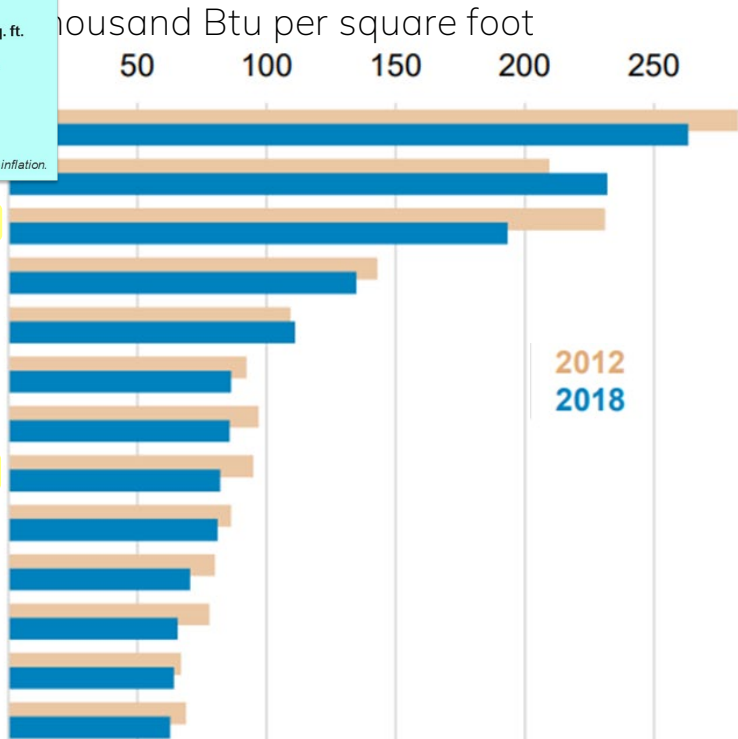
CASE STUDY: NEW HOSPITAL AMONG TOP 1% MOST ENERGY-EFFICIENT FACILITIES



Type of building: New Inpatient Hospital
Size: 433,000 sq. ft.
Built: 2012-2014
Median Hospital Energy Use in Climate Zone 6/Cold: 253 kBtu/sq. ft.
Legacy Hospital Energy Use in Climate Zone 6/Cold: 135 kBtu/sq. ft.
Annual Cost savings realized: \$650,000 annually
Facility Life Cycle Cost Savings: \$32,500,000*

50-70% Wasted!

- inpatient health care**
- other
- enclosed and strip malls
- public order and safety
- lodging
- outpatient health care*
- public assembly
- average for all commercial bldgs**
- office**
- retail (other than mall)
- education*



*Change is statistically significant at the 10% significance level.
** Change is statistically significant at the 5% significance level.

New Clinic Uses Half the Energy; Recognized by DOE



Photo 1: Gundersen Health System's Sparta Medical Clinic in Sparta, Wisconsin

Type of building: New Construction - Outpatient Medical Center
Size: 35,000 sq. ft.
Built: 2016
Median Clinic Energy Use in Climate Zone 6/Cold: 70 kBtu/sq. ft.
Sparta Clinic Energy Use in Climate Zone 6/Cold: 38 kBtu/sq. ft.
Sparta Clinic Annual Energy Spend: \$32,500
Annual Cost Savings Realized vs. Median: Nearly 50% of energy costs
Facility Life Cycle Cost Savings: \$4,000,000*

*Based on a 50-year life span and a 3% inflation rate.



WHY DON'T HEALTHCARE BUILDINGS PERFORM WELL?

They are frequently missing a management process

Existing Facilities:

- Energy performance is not “top-of-mind”
 - ✓ Fraction of annual expense budget – usually ~1%
- Lack of metrics, benchmarks, and dashboards
- Little understanding of impacts & opportunity
- No energy goals for staff – focused on comfort complaints
- Resource constraints

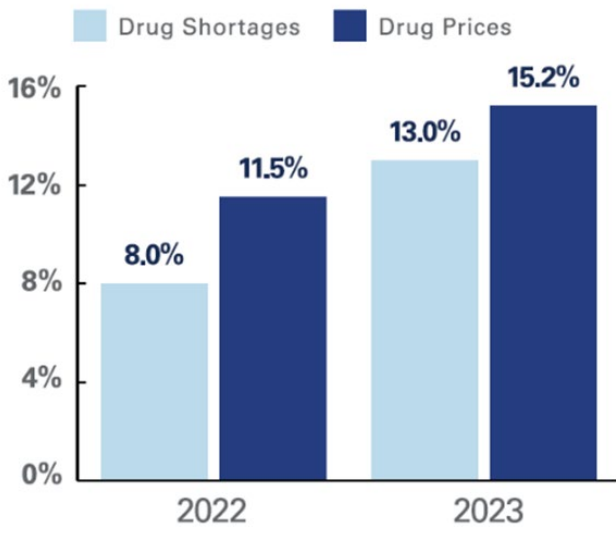
New Facilities:

- Life cycle costs are not understood by owners
 - ✓ Energy efficiency targets are not required
- Priority is to deliver under capital budget and on schedule
 - ✓ Efficient energy design can require sensible capital investment
- Weak performance mechanisms in design and construction contracts
 - ✓ Many buildings are never commissioned by a third party

TYPICAL HOSPITAL EXPENSE ALLOCATION

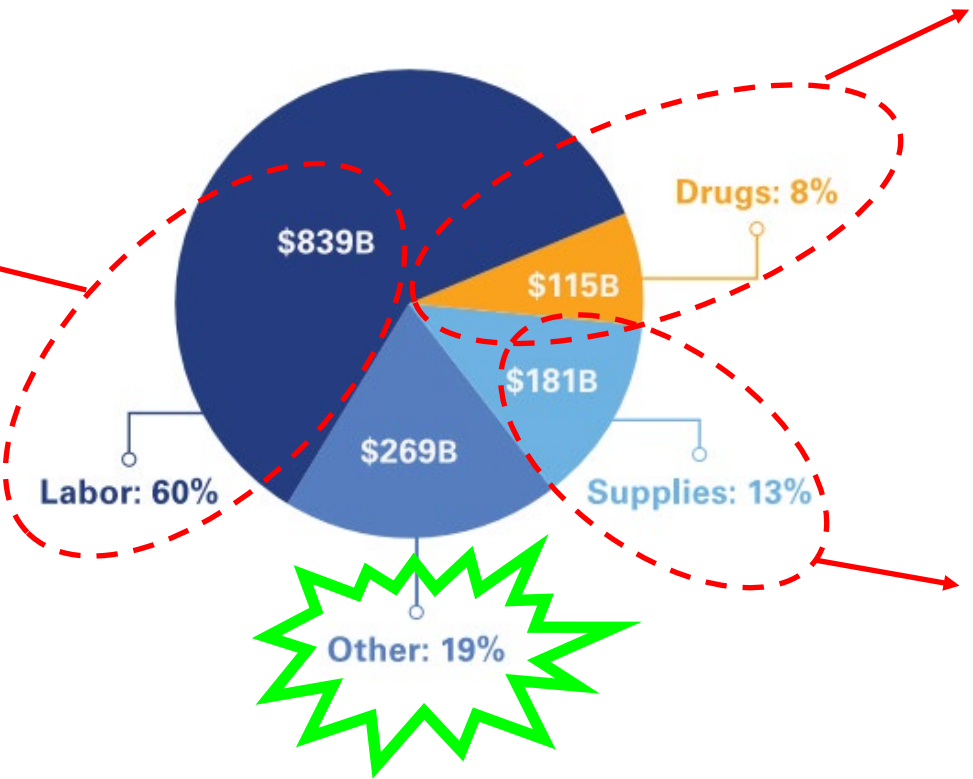
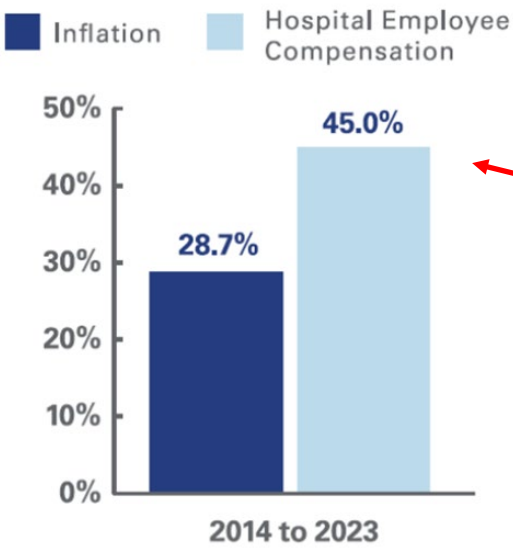
Strong, recent headwinds for variable cost mitigation

Figure 8. Increase in drug shortages and drugs prices, 2022-2023

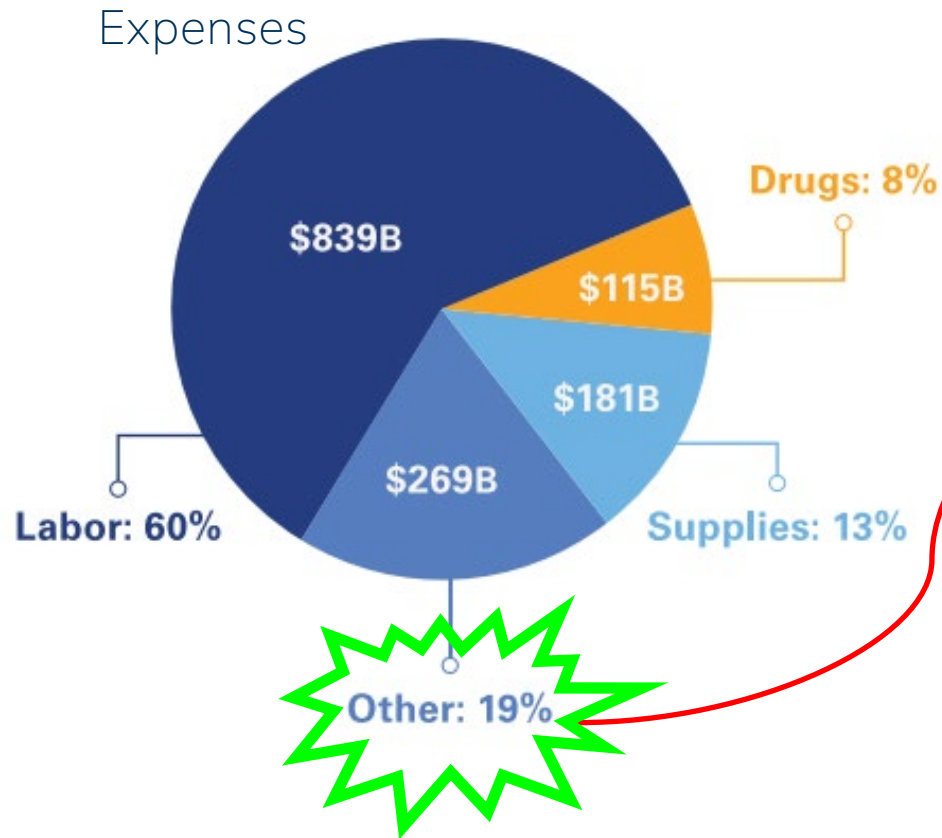


Hospital supply expenses per patient increased 18.5% between 2019 and 2022, outpacing increases in inflation by nearly 30%.

Figure 9. Growth in Total Hospital Employee Compensation Far Outpaces Inflation

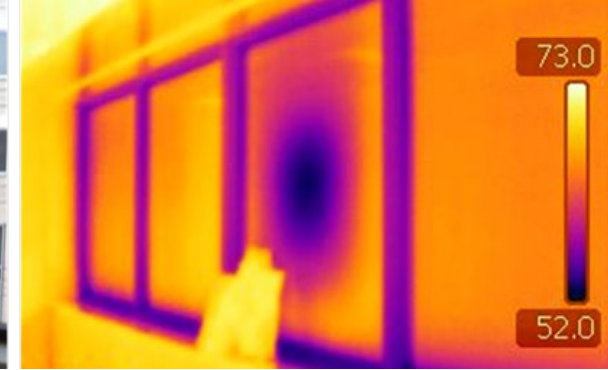


FIXED COST OPPORTUNITY?



Other Expense Category:

- Includes non-labor costs
 - purchased services, facilities, utilities, I.T., etc.
- Assumed to have little opportunity
- Not an area of expertise or focus
- “The cost of saving lives”

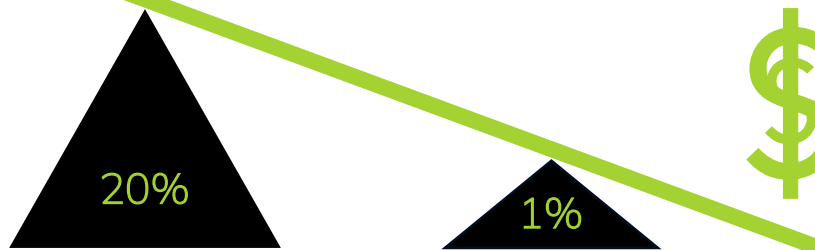


LEVERAGE FOR TWO-SIDED GREEN

How much revenue is needed to offset each dollar of operating expense?

*When margins are thin,
cost reduction projects
have more leverage*

\$ Cost
↓



Operating Margin	Multiplier	Revenue needed to offset \$1K of operating expense
1%	100x	\$100,000
2%	50x	\$50,000
3%	33x	\$33,000
4%	25x	\$25,000
5%	20x	\$20,000
10%	10x	\$10,000
20%	5x	\$5,000

\$ Operating Margin Impact

Healthcare facility space annual O&M cost*

Operations and Maintenance
BENCHMARKS
for Health Care Facilities Report

Energy comprises ~20% of total
facility O&M cost

Hospital data

- American Society of Healthcare Engineers (ASHE) Benchmarks Report
- 151 hospitals in the U.S. and Canada

Clinic data

- Eneration sample

Facility Type	Size (Sq Ft)	Annual O&M Expense
Large Hospital	500,000	\$9,245,000
Critical Access Hospital	100,000	\$1,849,000
Large Outpatient	50,000	\$558,500
Small Outpatient	10,000	\$111,700

	Hospital \$/Sqft	Clinic
Utilities		
Nat Gas	\$ 1.18	\$ 0.65
Electricity	\$ 2.49	\$ 1.25
Water	\$ 0.25	\$ 0.15
Sewer	\$ 0.18	\$ 0.12
Fuel Oil #2	\$ 0.12	\$ -
	\$ 4.22	\$ 2.17
Maintenance	\$ 4.23	\$ 3.20
Env. Services	\$ 8.14	\$ 5.00
Insurance	\$ 0.40	\$ 0.30
Security	\$ 1.50	\$ 0.50
Total	\$ 18.49	\$ 11.17

*Data do not include taxes, depreciation, debt financing or remodeling costs

<https://www.ashe.org/system/files/ashe/reportombenchmarks.pdf>

WISCONSIN “MEDIAN” HOSPITAL ENERGY PERFORMANCE

Revenue required to offset
@4% margin ~ \$48M

Large WI Hospital (~500,000 sq ft)

Annual Electricity Cost = \$1,650,000

Annual Natural Gas Cost = \$272,000

Annual Emissions = 178,845,000 lbs.

Primary Function	Further Breakdown (where needed)	Source EUI (kBtu/ft²)	Site EUI (kBtu/ft²)
Ambulatory Surgical Center		138.3	62.0
Hospital	Hospital (General Medical & Surgical)*	426.9	234.3
	Other/Specialty Hospital	433.9	206.7
Medical Office*		232.8	97.7

Small WI Hospital (~100,000 sq ft)

Annual Electricity Cost = \$378,000

Annual Natural Gas Cost = \$62,000

Annual Emissions = 40,900,000 lbs.

Revenue required to offset
@4% margin ~ \$1.1M


ENERGY STAR®
PortfolioManager®

Target: Target ENERGY STAR Score: 50

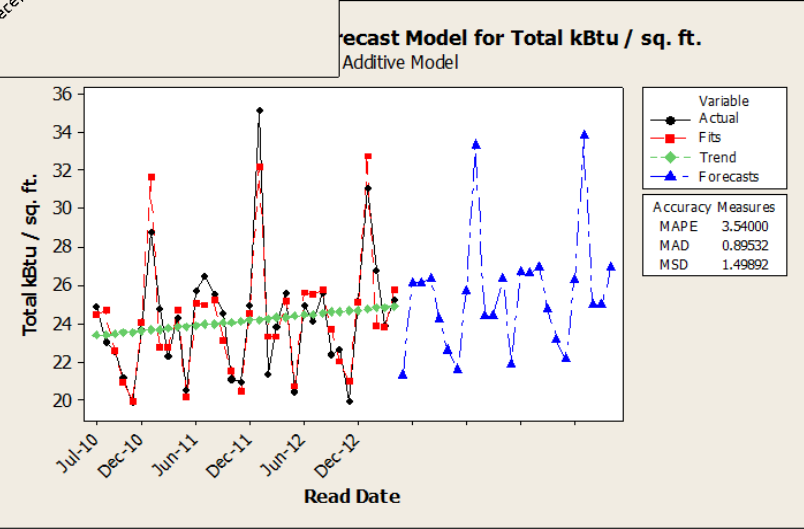
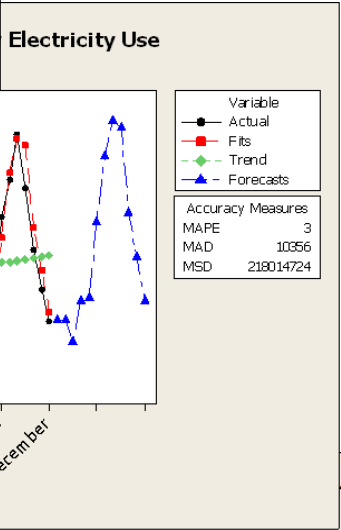
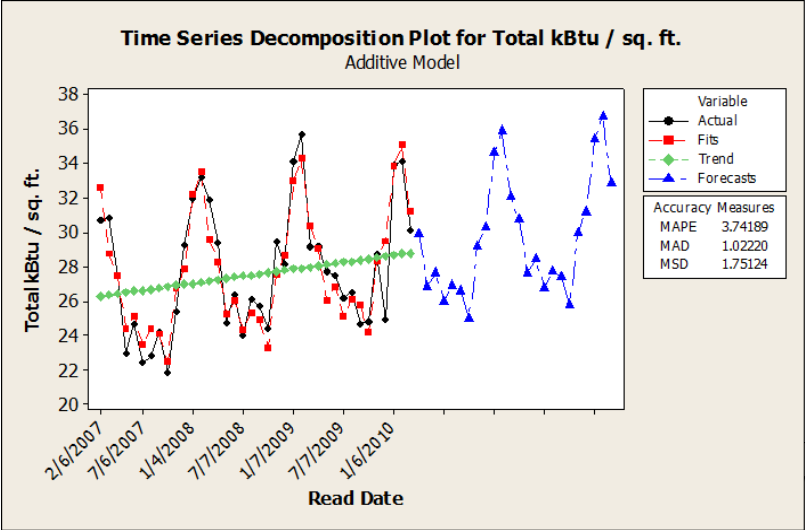
Uses: Hospital (General Medical & Surgical) (100.0%)

Energy Types: Energy Not Entered
Assumed Mix Based on State & Property Type:

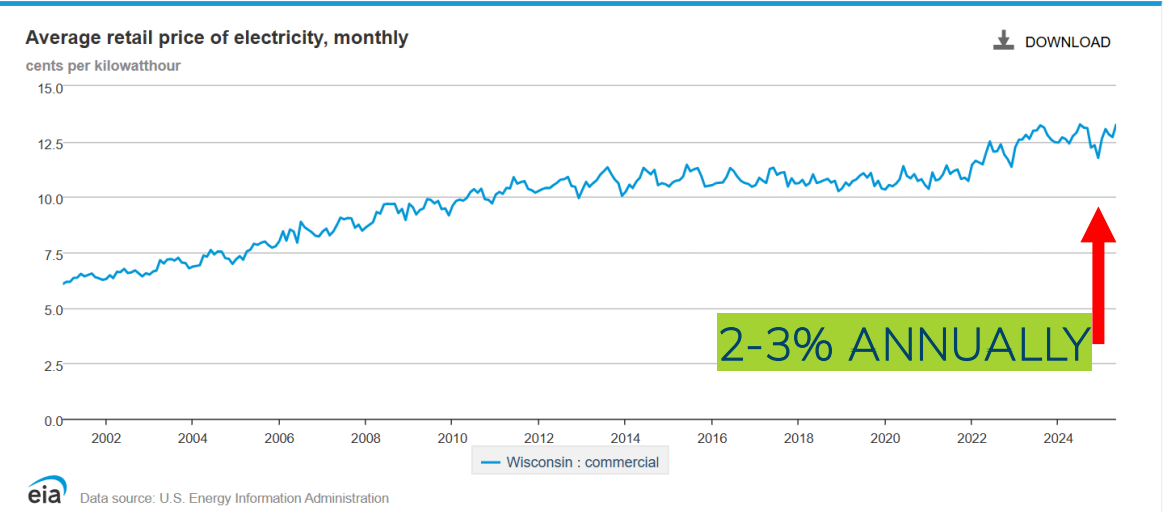
Electric - Grid (41.9%)
Natural Gas (58.1%)

THINGS GET WORSE OVER TIME

ENERGY EROSION
2-3% ANNUALLY



Retail Price Increases



Source: Eneration

“BUSINESS AS USUAL”

Annual accepted increases by many

Energy Erosion	2-3%
Price increase	2-3%
Total energy increase	4-6%

MN Facility Type	Square Feet	Annual Energy Cost Increase	Required Revenue Increase to Offset @ 4% Margin
Large Hospital	500,000	\$86,490	\$2,162,250
Critical Access Hospital	100,000	\$19,800	\$495,000

IMF BLOG

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AI Needs More Abundant Power Supplies to Keep Driving Economic Growth

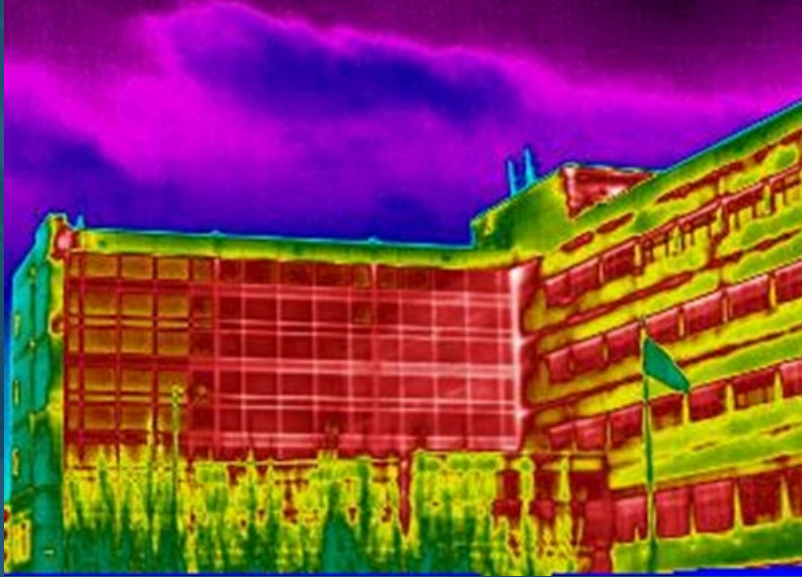
The power-hungry technology requires policies to help expand electricity supplies, incentivize alternative sources, and help contain price surges

Christian Bogmans, Patricia Gomez-Gonzalez, Giovanni Melina, Sneha Thube
May 13, 2025

WHAT HAVE WE FOUND?

Type	Sq Ft	Annual Spend	% Waste	Identified Savings	Payback (Yrs.)
MOB	73,785	\$260,000	30%	\$76,878	3.2
Medical Center	218,906	\$1,700,000	56%	\$955,935	2.0
Medical Center	310,000	\$1,000,000	36%	\$361,000	2.3
Medical Center	500,000	\$2,300,000	35%	\$800,000	4.3
Clinic	360,000	\$1,300,000	23%	\$294,710	3.9
Clinic	44,000	\$73,000	38%	\$28,000	1.5
Clinic	39,000	\$90,000	44%	\$40,000	1.0
CAH	75,000	\$300,000	18%	\$55,000	2.0
CAH	160,000	\$530,000	21%	\$113,467	4.1
		\$7,553,000	36%	\$2,724,990	3.0

New Facilities Are Not Immune!



- High Tech $\neq$ High Performance
- LEED certification $\neq$ High Performance



MANAGE ENERGY PERFORMANCE

Keys to Success

- Measure and Benchmark
- Set goals
- Identify & define projects
 - Conservation first!
- Allocate resources & implement
- Review progress
- Celebrate
- Repeat



EXISTING FACILITY CASE STUDY



Type of building: Critical Access Hospital

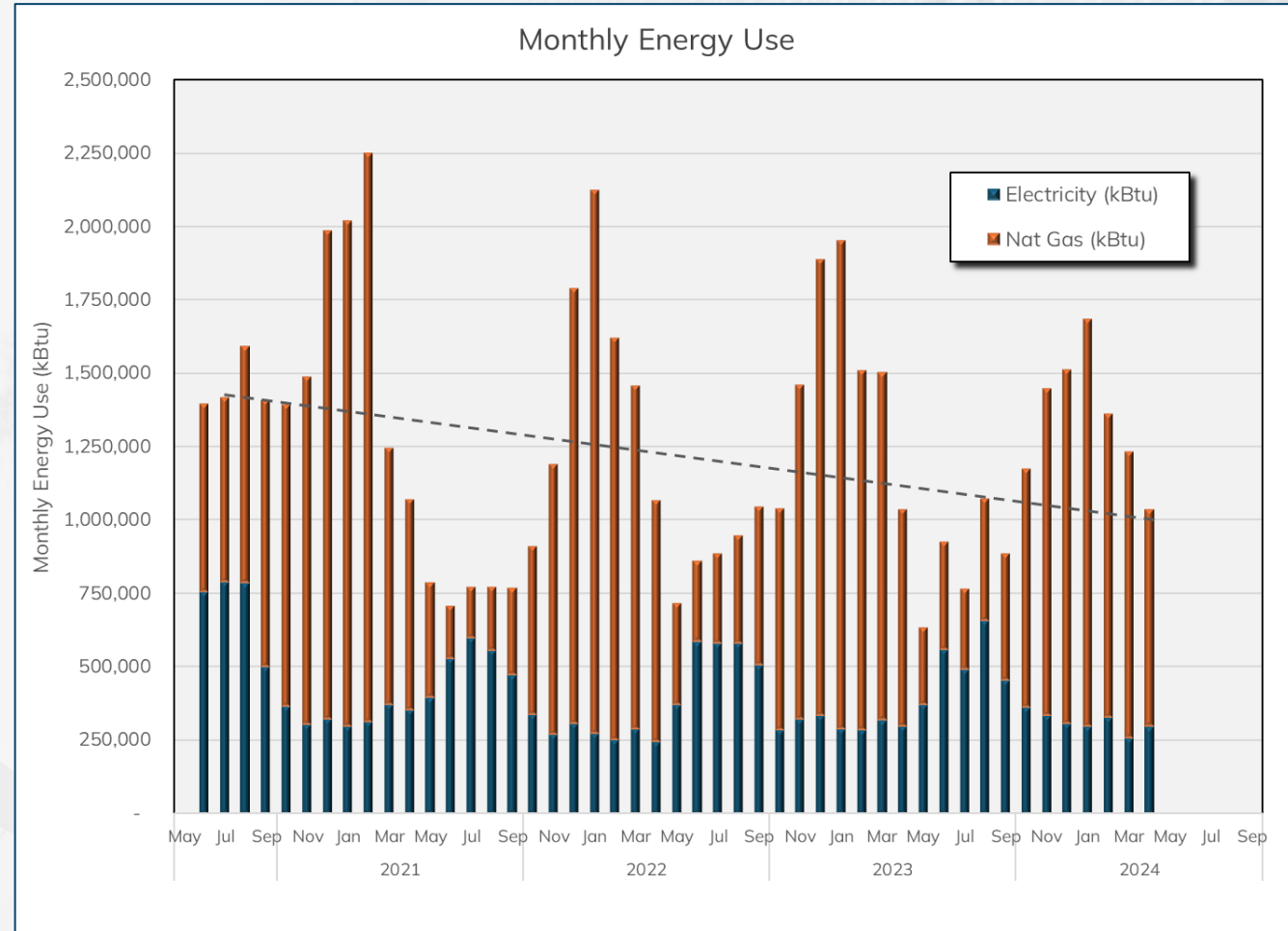
Size: 68,000 sq. ft.

Built: 2020

Energy Intensity Improvement: 20%

Annual cost savings: **\$50,000**

No Capital Investment



EXISTING FACILITY CASE STUDY



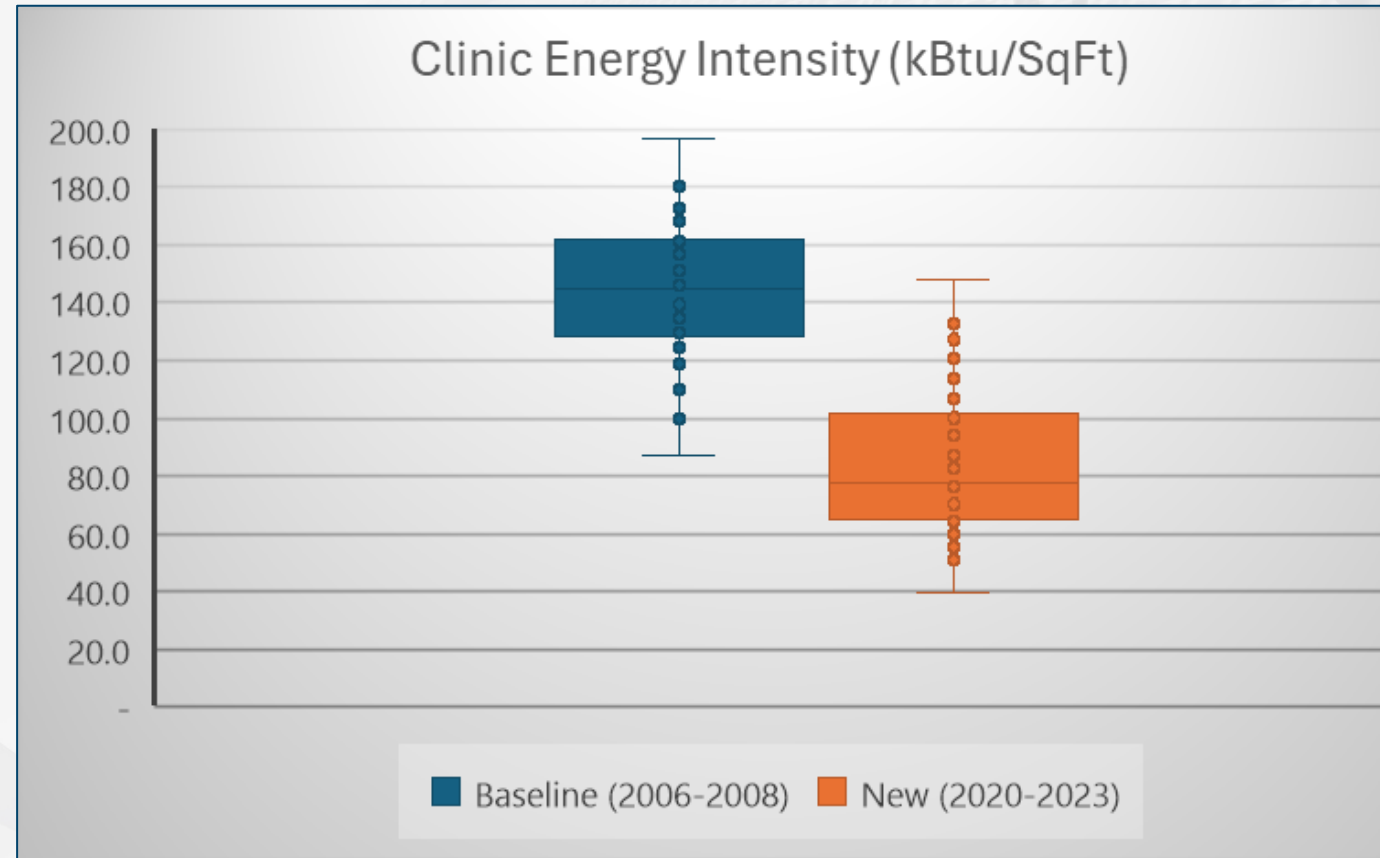
Type of building: Outpatient Clinic

Size: 39,000 sq. ft.

Built: 2006

Energy Intensity Improvement: 50%

Annual cost savings: \$40,000



BUILD BETTER ENERGY PERFORMANCE

Keys to Success

- Quantify life-cycle energy cost & emissions for facility
- Set energy performance goals
- Drive alignment through contract language
- Model and compare design choice trade-offs
- Certify construction through commissioning
- Validate energy performance post-occupancy



NEW FACILITY CASE STUDY – NET ZERO CLINIC



Type of building: New Construction – Outpatient Medical Clinic

Size: 9,400 sq. ft.

Built: 2023

Median Clinic Energy Use in Climate Zone 6/Cold: 70 kBtu/sq. ft.

Energy Use in Climate Zone 6/Cold: 0 kBtu/sq. ft.

Facility Life Cycle Cost Savings: **\$311,600***

**Based on a 50-year life span and not adjusted for inflation.*

NEW FACILITY CASE STUDY – HIGH PERFORMANCE HOSPITAL



Type of building: New Inpatient Hospital

Size: 433,000 sq. ft.

Built: 2012-2014

Median Hospital Energy Use in Climate Zone 6/Cold: 253 kBtu/sq. ft.

Legacy Hospital Energy Use in Climate Zone 6/Cold: 135 kBtu/sq. ft.

Annual Cost savings realized: \$650,000 annually

Facility Life Cycle Cost Savings: \$32,500,000*



THANK YOU!

For what you do every day for your patients and your community

Jeff Rich
Chief Innovation Officer
JJRich@Eeneration.com
www.Eeneration.com

Mike O'Neill
Director of Finance
MJONeill@Eeneration.com
www.Eeneration.com



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Healthcare's energy independent future



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