TOGETHER we can
CHANGE the WORLD

ZERO WASTE BY 2040
Janet Thomason
• Community Outreach & Kits for Kids Coordinator – Houston Distribution Center
• Manages biomedical engineering and medical student volunteers
• Supply procurement – Houston Distribution Center

Hamish Walker
• Executive-on-loan from MolsonCoors Brewing Company
• Formerly Global Chief Procurement Officer for MolsonCoors, based in Denver, Colorado
• MolsonCoors has a target of zero waste to landfill by 2020 and had achieved this in 9 breweries as of 2013.
• Recognized as the global beverage leader in the Dow Jones Sustainability Index 2012 and 2013.
About Project C.U.R.E.

• Started in 1987 by Dr. James Jackson following a visit to Brazil
• Provides customized, donated medical supplies, equipment and related program services to hospitals and health clinics in 130+ countries in the developing world
• Needs assessments are conducted in-person at all recipient facilities
• Delivery costs are covered by the recipient, or a fundraising sponsor
• Equipment and supplies are collected through 6 distribution centers and collection centers in 12 cities across the U.S., and sorted by nearly 20,000 volunteers in 2015
• Ranked as one of the most cost-effective nonprofits in the U.S., operating on just 1.9% administrative overhead
International Headquarters
In over 130 countries...
With partners all over the world
Project C.U.R.E. is there
There with experience
There for Disaster Relief - Nepal
There for those in need
There Helping Babies Breathe
There reducing maternal mortality
Sustainable Supply Chains

U.S. Hospitals dispose of nearly 6 million tons of solid waste per year*

*Practice Greenhealth estimate
To tackle waste, every step of a product’s life needs to be examined.
Small Actions = Big Results

**Design**
- Durable
- Repairable
- Recoverable
- Packaging
- Expiration dates

**Manufacture**
- Batch size
- To order
- Soft rebrands/
- Upgrades
- Predictability

**Disposal/ Afterlife**
- Trade-ins
- Quick decision-making
- Sorting/cataloguing
- Disposal/re-use options
- True cost analysis
- Spare parts and consumables

**Storage/ Distribution**
- Stock control
- Damage
- Over-stocks

**End User**
- Procurement specs
- Order quantities
- Inventory management

**Quick decision-making**
Benefits & Opportunities

• Contributes to ‘Community Benefit’ obligations under ACA rules
  – Supplies provided in aid to a community outside your own in response to a public call for assistance. (CHAUSA, John Hopkins)
  – Employee costs associated with board and community involvement on work time.
  – Environmental improvements to address ‘environmental hazards that affect community health such as alleviation of water or air pollution,’ the safe removal or treatment of garbage and waste products, and other activities to protect the community from environmental hazards (other than expenses made to comply with legal requirements). (IRS Section H)

• Reduce/eliminate disposal costs
• Reduce holding of old/surplus stock
  – Storage, management and insurance costs
  – Reduce working capital
Benefits & Opportunities

• For Profit’ organizations can claim tax deductions under 170 (e)(3)
• Reduce future liability risks
• Employee Engagement
  – Directly through involvement and volunteering
  – Indirectly by being seen to do the right thing
• Equipment donations can often be managed via equipment manufacturers (trade-ins). You just specify the recipient.
• In your relationship with your suppliers – you are in charge!

Practice Greenhealth
PQMD
The Partnership for Quality Medical Donations
What Do We Need

Hierarchy of Needs

1. Anesthesia, Ultrasound, Incubators/Warmers, Electrosurgical Units, Ventilators, Portable X-Ray, EKG, Oxygen Concentrators, Monitors (patient, ICU, surgical), Suction Machines

2. Beds, Operating Room & Exam (Tables & Lights), Surgical Instruments, Autoclave, IV Poles & Pumps, Respiratory Equipment, Gurneys, Defibrillators, Neonatal Equipment (Fetal Doppler, Fetoscope)

3. Surgical Packs, Supplies (Gloves, Suture, Tubing, Disinfectant, PPE), Patient Furniture (Tables, Cabinets), Cribs, Scales, Wheelchairs
## Priority Items

### Current Annual Requirements (in units)

#### Equipment Needed on Annual Basis

*Assuming 150 Containers*

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia Machines</td>
<td>150</td>
<td>Exam Lights</td>
<td>750</td>
</tr>
<tr>
<td>Ultrasound Machines</td>
<td>600</td>
<td>Pulse Oximeters</td>
<td>3,300</td>
</tr>
<tr>
<td>X-Ray Units</td>
<td>150</td>
<td>Blood Pressure/Sphygmometers</td>
<td>3,600</td>
</tr>
<tr>
<td>Beds</td>
<td>5,250</td>
<td>IV Poles</td>
<td>7,500</td>
</tr>
<tr>
<td>Gurneys/Stretchers</td>
<td>1,200</td>
<td>Speculums (Vaginal)</td>
<td>750</td>
</tr>
<tr>
<td>Exam Tables</td>
<td>600</td>
<td>Otoscope/Ophthalmoscopes</td>
<td>900</td>
</tr>
<tr>
<td>Stethoscopes</td>
<td>4,050</td>
<td>Thermometers</td>
<td>5,550</td>
</tr>
<tr>
<td>Scales</td>
<td>600</td>
<td>Wheelchairs</td>
<td>600</td>
</tr>
<tr>
<td>Cell Counters</td>
<td>150</td>
<td>Centrifuges</td>
<td>450</td>
</tr>
<tr>
<td>Incubators</td>
<td>750</td>
<td>Autoclaves/Sterilizers</td>
<td>450</td>
</tr>
<tr>
<td>Infant Warmers</td>
<td>600</td>
<td>Suction Units</td>
<td>1,350</td>
</tr>
</tbody>
</table>
We Need Your Surplus

Zero waste means being efficient...

• Consolidation of loads
• Opportunities to utilize existing local resources
  – Local warehousing
  – Trucking
• Flexibility on timelines
What Does Dallas Need?
<table>
<thead>
<tr>
<th>Equipment In Working Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyzer, blood &amp; chemistry</td>
</tr>
<tr>
<td>Anesthesia machines</td>
</tr>
<tr>
<td>Beds &amp; mattresses</td>
</tr>
<tr>
<td>Birthing beds</td>
</tr>
<tr>
<td>C-Arm</td>
</tr>
<tr>
<td>Defibrillators</td>
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<tr>
<td>EKGs</td>
</tr>
<tr>
<td>Electrocautery units, pads,</td>
</tr>
<tr>
<td>pens, tips</td>
</tr>
<tr>
<td>Infant incubators</td>
</tr>
<tr>
<td>Infant warmers</td>
</tr>
<tr>
<td>IV Pumps</td>
</tr>
<tr>
<td>Laryngoscopes &amp; blades</td>
</tr>
<tr>
<td>ophthalmoscopes, otoscopes &amp;</td>
</tr>
<tr>
<td>stethoscopes</td>
</tr>
<tr>
<td>Lights, OR &amp; exam</td>
</tr>
<tr>
<td>Mayo &amp; IV stands</td>
</tr>
<tr>
<td>Microscopes, surgical &amp; lab</td>
</tr>
<tr>
<td>Monitors, patient</td>
</tr>
<tr>
<td>Oxygen concentrators</td>
</tr>
<tr>
<td>Portable X-Ray</td>
</tr>
<tr>
<td>Sphygmomanometer (blood</td>
</tr>
<tr>
<td>pressure machine)</td>
</tr>
<tr>
<td>Suction machines</td>
</tr>
<tr>
<td>Surgical instruments</td>
</tr>
<tr>
<td>Tables, OR &amp; exam</td>
</tr>
<tr>
<td>Ultrasounds, diagnostic &amp;</td>
</tr>
<tr>
<td>therapeutic</td>
</tr>
<tr>
<td>Wheelchairs, manual</td>
</tr>
</tbody>
</table>
Catholic Health Association USA

Question: How should we report donated supplies and equipment?

- **Recommendation:** When donating supplies/equipment, the value should be based on remaining book value, so if the equipment costs $1000 and depreciation has been $600, then book value is $400 -- and that amount can be written off at the time of donation. Supplies aren't depreciated, so the original cost of those supplies makes sense as the basis for the value. Count as Category E3. In-kind donations. When giving cash, count as Category E1. Cash Donations.

- When donating outside of your community, you can count the value of the supplies/equipment and the cost of storage and shipping. Consider proportionality. What is the magnitude of the donation compared with what else is being done in the community? It should not constitute a large proportion of your community benefit.

Question: When we give supplies or money to another country, or a different part of this country because of poverty that exists there or because of a natural disaster such as a hurricane, can it be included as community benefit?

- **Recommendation:** We recommend including donations to other areas of the country or other countries in response to poverty or natural disasters. We also recommend including these areas in community benefit planning documents that describe the community you serve, especially if you have an ongoing relationship with a foreign mission or area in need. However, it is important to consider proportionality. What is the magnitude of the donation compared with what else is being done in the community? It should not constitute a large proportion of your community benefit.
TOGETHER let’s CHANGE the WORLD!