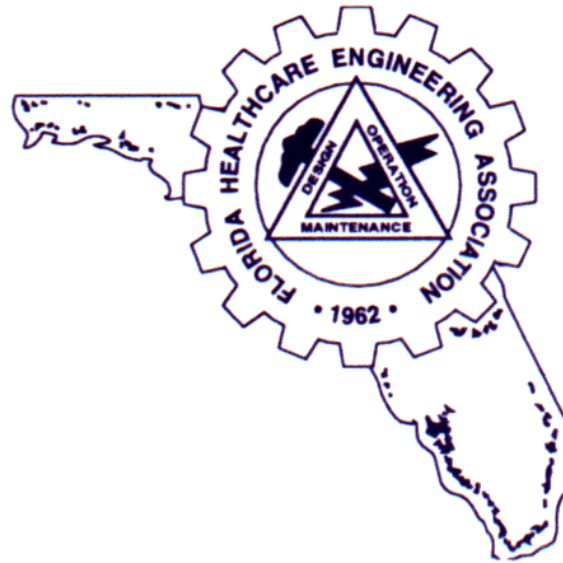


# HOSPITALenergy

POWER TO HEAL™



# Best Practices in Energy

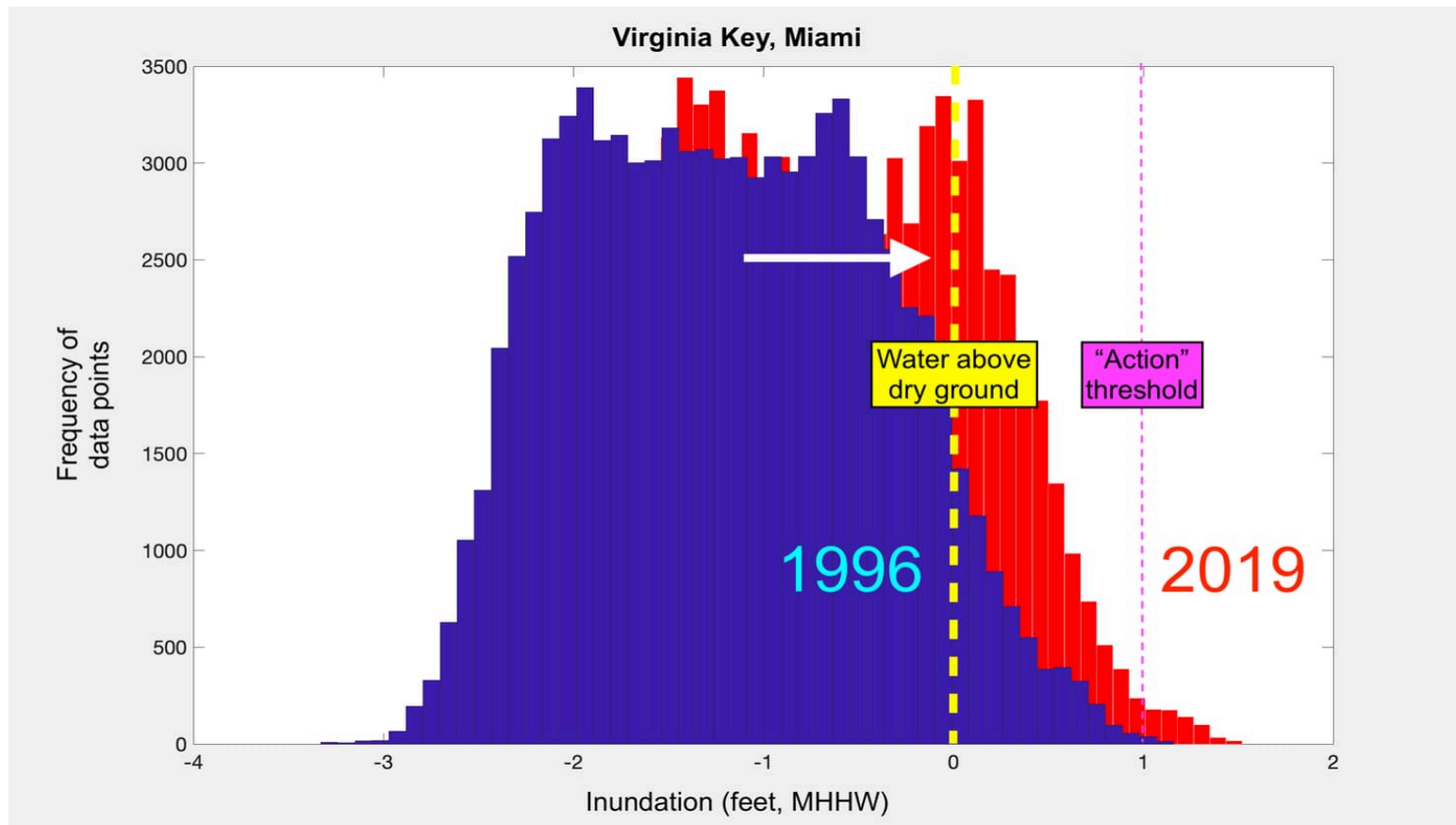
October 9, 2019

# Natural Disasters Are Becoming the Norm

- In Florida, hurricanes are becoming more frequent, powerful and devastating in their effects.
- High tides are getting higher. Since 1960, high-tide related nuisances are up 300% to 900%.
- We are expected to set new flooding records for decades to come.

# Miami Sea Level Rise

- Sea level rise is up 5.9 inches since 1996, (38% of amount needed to flood the city).
- However, flooding is up 320% because it's non-linear.



# Hurricanes Are Forcing Change

- Hospitals need to operate a larger array of patient care operations under emergency conditions for longer periods of time.
- Hospitals need to allocate resources to resiliency despite continual financial pressure and changing regulatory and market forces.
- Hospitals should view on-campus power generation as a method of reducing the cost of external power supply.

# CMS Rules Are Forcing Change

- Hospitals are “required to meet the subsistence needs of staff and patients... including... **alternate sources of energy** to maintain temperatures to protect patient health and safety and for the safe and sanitary storage of such **provisions**. ....”
- The hospital can avoid installing generators to maintain temperatures only if:
  - 1) the hospital is able to move inpatients to areas that meet temperature requirements; or
  - 2) the hospital plans evacuation of all patients in the event of emergency.

# Complying with CMS Emergency Power Rule

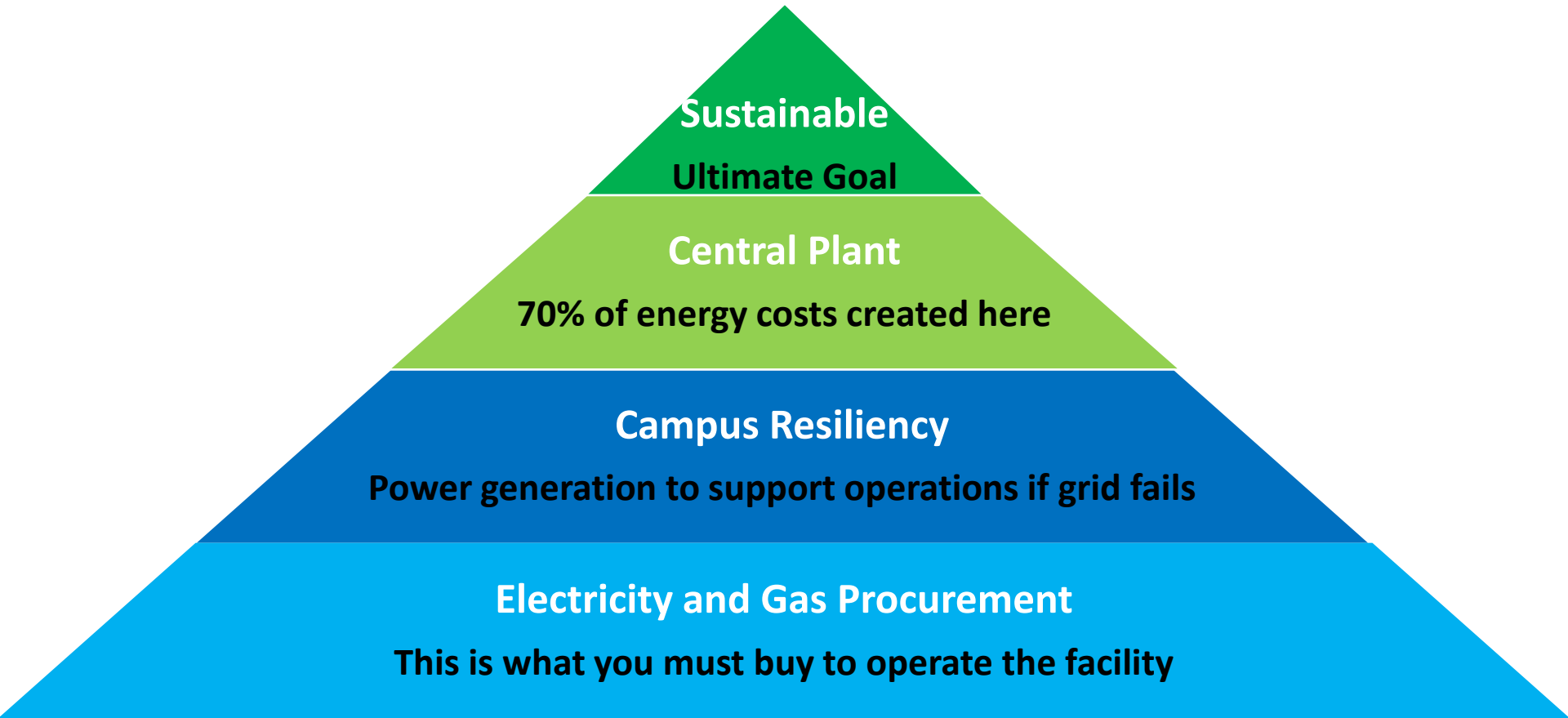
Most hospitals currently have <25% of electric load back-up capability.

Adding air conditioning would require up to 60% of typical electric load.

*“Our backup power is sufficient only to maintain lighting and fire suppression during evacuation.”*

*~ Facility Director  
Major Hospital IDN*

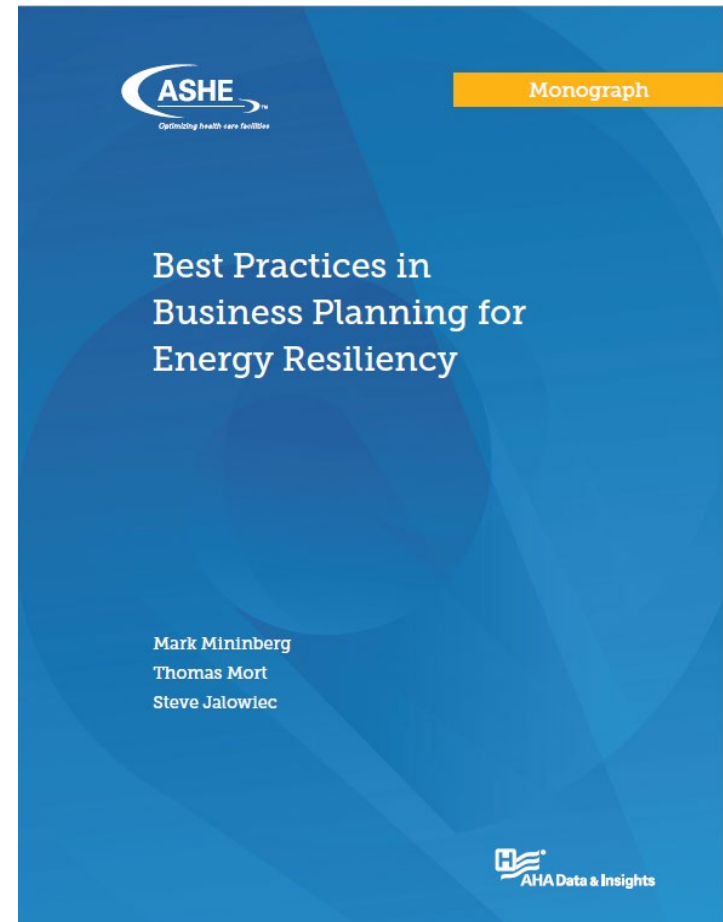
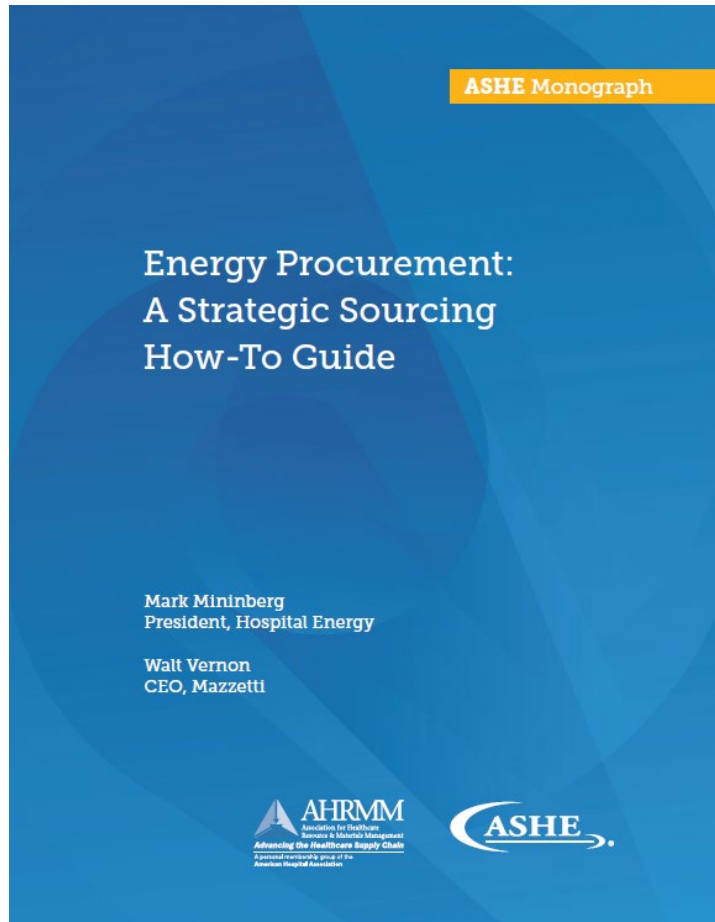
# Hospital Energy Best Practices





# AHA Best Practices in Energy Management

Hospital Energy authored AHA Best Practices in Energy Procurement (2017) and Business Planning for Energy Resiliency (2018).



# Best Practice Principles

- **Align** facilities, finance and supply chain leaders by creating an energy committee to develop and administer overall strategy.
- **Aggregate** all campuses around the central strategy.
- **Analytics** integrate engineering and financial approaches to guide wise decision making.

*“While annual savings are important, I think the Best Practices process...is even more vital. It led to a cultural change in which facilities and finance aligned in implementing a common long-term strategy.”*

Mike Malewicz  
Treasurer/Chief Investment Officer  
SSM Healthcare  
St. Louis

# Making the Resiliency Case to the CFO

Engineers calculate a project's payback, but it's rejected. Why?

The reasons:

- 1) The CFO has many other valuable projects that take precedence and generate Medicare revenue.
- 2) The facility manager is presenting a case that doesn't communicate sufficient value to the CFO; and
- 3) The facility manager and CFO do not speak the same language.

To be successful, the facility manager must communicate a better value proposition and do so in terms the CFO will readily grasp.

# What the CFO is Thinking

- **One quarter of nonprofit hospitals experience operating losses.**
- **(Profit) margins have fallen to an all-time low of 1.6% operating and 8.1% of operating cash flow.**
- **However, it's not all bad news, as median unrestricted cash and investments growth rate improved to 8.9% thanks to strong market returns and steady capital spending.**
- **This points to a fundamental problem and opportunity for healthcare resiliency planning.**

# Energy is a Financial Market



Financial Market

Retail Suppliers &  
Utilities

Aggregation

Hospital

# Who Dominates the Energy Market?

Wholesale Energy Counterparties	Revenues	Assets	Credit Ratings
JP Morgan	\$109 billion	2.7 trillion	A+
Goldman Sachs	\$36 billion	\$1.5 trillion	A+
Bank of America	\$110 billion	\$2.3 trillion	A-
Wells Fargo	\$86 billion	\$1.9 trillion	A-
Deutsche Bank	\$25 billion	1.35 trillion	A-

S&P Credit Rating Hierarchy
Investment Grade
AA
AA-
A+
A
A-
BBB+
BBB
BBB-
Non Investment Grade
BB+
BB
BB-
B+
B
B-
CCC

# Comparative Utility and Hospital Ratings

Florida Utilities	Revenue	Assets	Credit Ratings
Engie	\$66 billion	\$120 billion	A
Duke Energy	\$23 billion	\$132 billion	A-
NextEra Energy, Inc. (Florida Power & Light)	\$18 billion	\$98 billion	A-
Emera (Tampa Electric)	\$6.5 billion	\$32 billion	BBB+

Florida Hospitals	Revenue	Assets	Credit Ratings
Jackson Memorial - Miami	\$5.5 billion		A
Florida Hospital - Orlando	\$3.4 billion		A

S&P Credit Rating Hierarchy
Investment Grade
AA
AA-
A+
A
A-
BBB+
BBB
BBB-
Non Investment Grade
BB+
BB
BB-
B+
B
B-
CCC

# Hospitals Are Staying Ahead Due to Strong Investment Returns

- **Hospitals are investing** not only in clinical equipment that generates Medicare revenue, but also the equity and credit markets, real estate and even third-party energy projects.
- **Investments in hospital facilities infrastructure are not Medicare reimbursable** and are therefore always undervalued.
- **Finance staff are trained to make decisions based on the Return on Investment (ROI)**, meaning the amount of revenue generated by the investment.
- **Engineering staff typically limit their analysis to simple payback**, which doesn't show its true value.



# Resiliency is A Vital Investment. Now Prove It!

- **Calculate the savings from the investment. Then calculate the cost of not undertaking the investment**, including lost patient revenue and damage to the institution's reputation and standing in the community.
- **Demonstrate how the investment fulfills the health system's Master Plan (10 to 20 years), which generates patient revenue.**
- **Evaluate the investment based on how it reduces costs while supporting resiliency**, (e.g., multiple unit generators create opportunity to reduce utility demand charges)

# Comparing Energy Savings to Key Financial Metrics

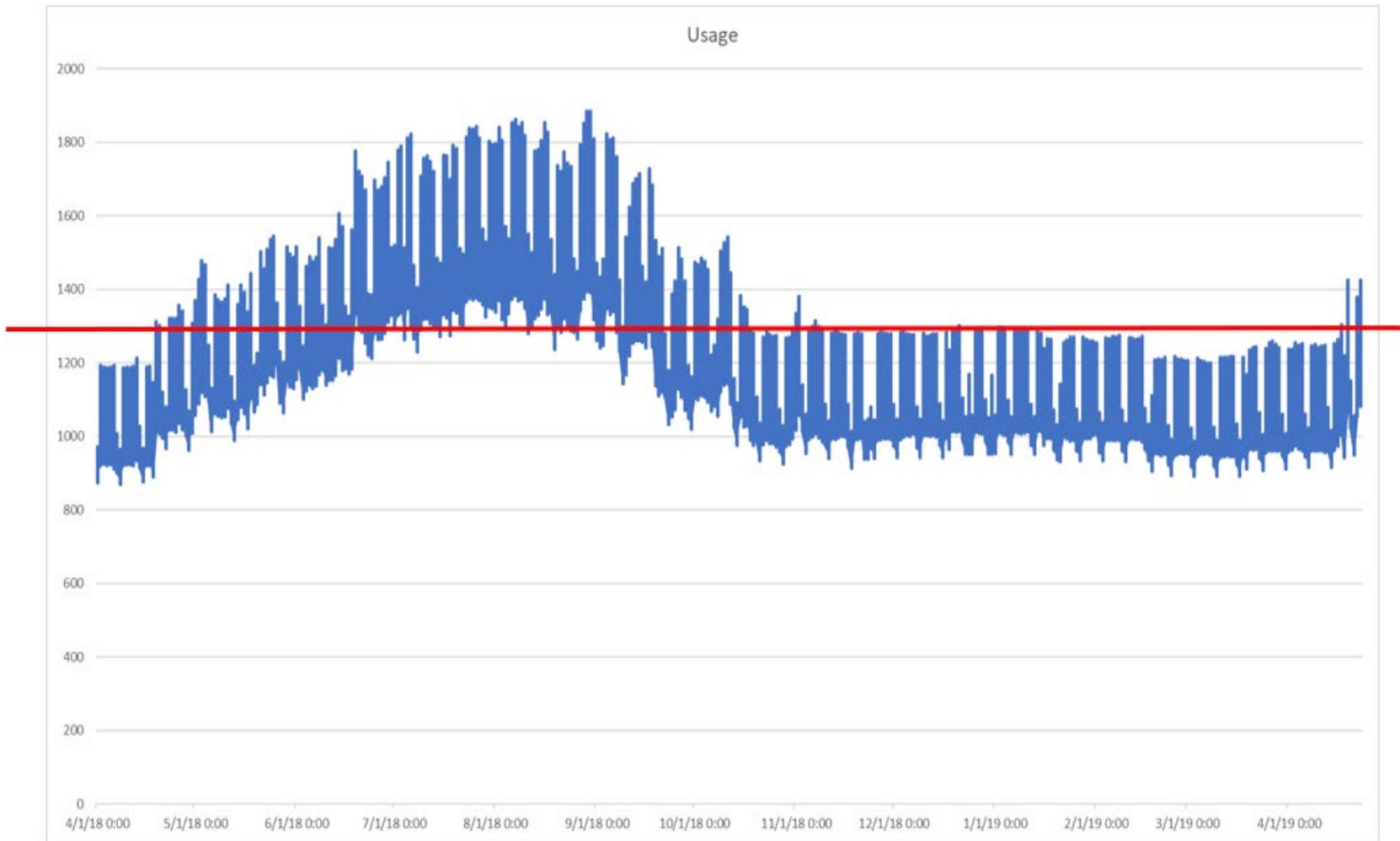
Priority	Project	Annual Savings Potential	Equivalent Patient Revenue <sup>1</sup>	Patient Days <sup>2</sup>	Payback (years)
1	Weinberg humidifier steam leaks	\$154,000	\$14,221,900	2.73	1.36
2	Steam trap audit and repairs	\$100,000	\$9,235,000	1.77	0.6
3	Repair leakage in Atrium dampers	\$145,000	\$13,390,750	2.57	0.68
4	Remove lights in storage rooms	\$87,430	\$8,074,161	1.55	0.34
5	Install additional LED lights	\$245,000	\$22,625,750	4.35	2.04
6	Chilled water temperature reset	\$300,000	\$27,705,000	5.32	3.3
	<b>Total</b>	<b>\$1.03MM</b>	<b>\$95.2MM</b>	<b>18.29</b>	<b>1.8</b>
<sup>1</sup> Calculated at 0.9235% margin <sup>2</sup> Calculated at \$5,202,872/per patient day					

# Creating Financial Savings to Support Resiliency

# The Changing Energy Management Landscape

- **Utility Pricing** is more complicated
  - **Multiple Suppliers** are engaged at the same time
  - **Multiple Tariff Rates** are impacting the budget at the same time
  - A heavier weight is placed on **Demand (kW) costs**
  - Increased need for **Energy Supply and Conversion Resiliency**
  - **Energy, Chilled Water, Steam, Emergency Power Service Contracts or Power Purchase Agreements (PPAs)**
  - **Renewable Energy** options
  - **Demand Response (DR) and Distributed Energy Resources (DERs)**
- 
- **Utility Pricing and Rate Schedules and Financial Options** are often not fully integrated as part of energy equipment design, purchase and operations decisions.
  - **THEY SHOULD BE.**

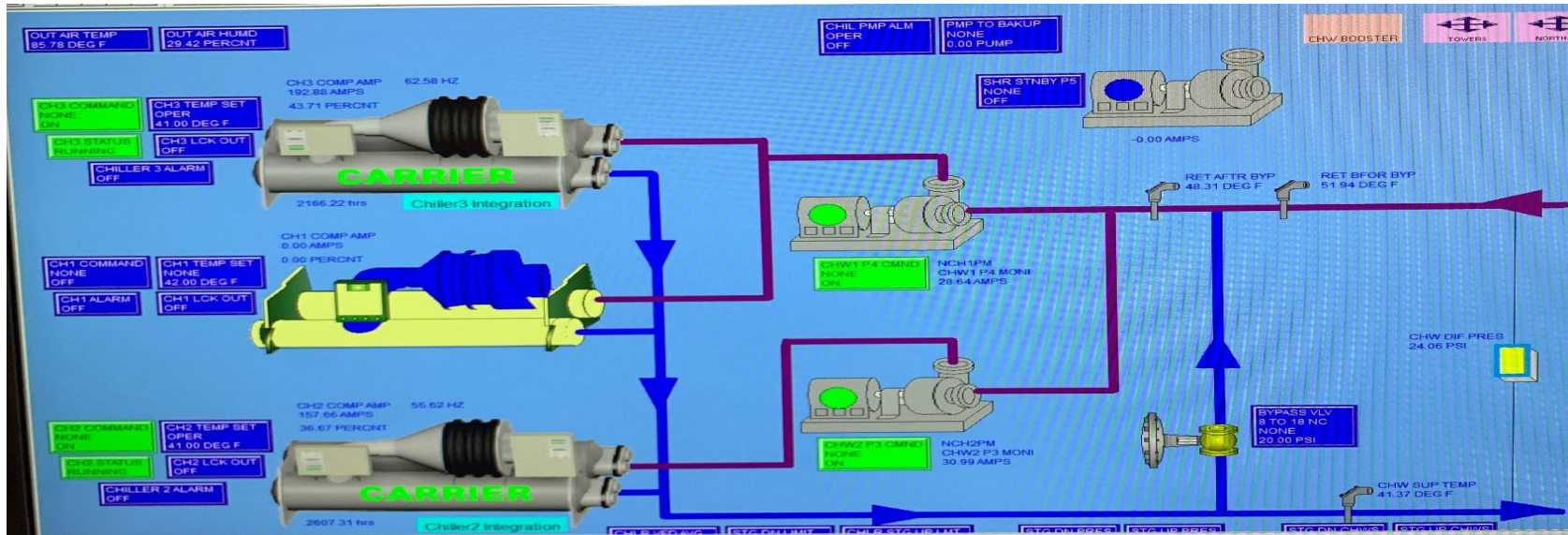
# Tariff Knowledge + Interval Data Provides A Powerful Analytical Tool



# Calculating Generator Savings

- **Total annual electric usage:** 11 million kWh
- **Total annual electric cost:** \$1,430,000 **Average cost**  
**\$0.13/kWh**
- **Energy Cost:** Capacity: \$11.40/kW Demand : \$25.37/kW  
Energy: \$0.08/kWh
- **Chillers:** 700,000 kWh: **Electricity cost for chillers:** \$198,000  
average: **\$0.28/kWh**
- **1,100 hours per year of demand > 1,500 kW**
- **A 400 kW Natural Gas Generator operating only 1,100 hours per year would limit the peak demand to 1,500 kW and result in annual savings of \$114,000 per year.**

# Chilled Water Systems Drive Peak Demand Charges



## Problem:

- Chillers are guilty most of the time for setting peak demand charges.
- Demand charges account for 20% up to 50% of electric cost.

## Options:

- Natural gas engine driven chillers (if you're upgrading existing chiller).
- Natural gas engine generator (if your existing chillers are good).
- Natural gas engine generator + heat recovery electric chiller (max efficiency)

## Structured Assessment of Central Plant and Bundling of Projects Yields Resiliency That Pays for Itself.

#	Description	Estimated Savings	Estimated Cost
1	<b>Control Room Monitoring, Decision Making Tools, and Operator Training</b>	\$14,000	\$25,000
2	<b>Chilled Water System Set Point Challenge</b>	\$68,000	Incl in Proj:1+3
3	<b>VFD's for Chilled Water Pumps 1 and 2</b>	\$21,000	\$27,000
4	<b>Upgrade to a new high efficiency condensing steam boiler(s)</b>	\$92,000	\$400,000 -\$32,000 rebate \$368,000 cost
5	<b>Resiliency: 400 kW Natural Gas Generator</b>	\$114,900	\$370,000
6	<b>Sewer adjustment for evaporation</b>	\$23,000	\$12,000
7a	<b>Fuel Cell PPA</b>	\$104,000	PPA no cost
7b	<b>Fuel Cell Steam value</b>	\$97,000	PPA no cost
	<b>Totals</b>	<b>\$533,900</b>	<b>\$802,000</b>



# Business Process Elements

- Bundle all available government and utility efficiency incentives and bank the project savings toward resiliency projects.
- Explore all financing options, including hospital treasury investment, equipment supplier loans, financing on the electricity supplier bill, tax credits, etc.
- The hospital should run a competitive sourcing process for the equipment, installation and service and not settle for the convenience of sole source.
- Group procurement is preferred in order to drive down supplier margins.

# Thank you!

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