

Lezioni da un Progetto Europeo

RES- Hospitals e la sua Guida per un un ruolo di “driver for change” degli ospedali

Prof. Arch. Simona Ganassi Agger

IEE Project: SI2.593326/IEE/10/261
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Membri del Partenariato & Associati

Il partenariato è composto da:

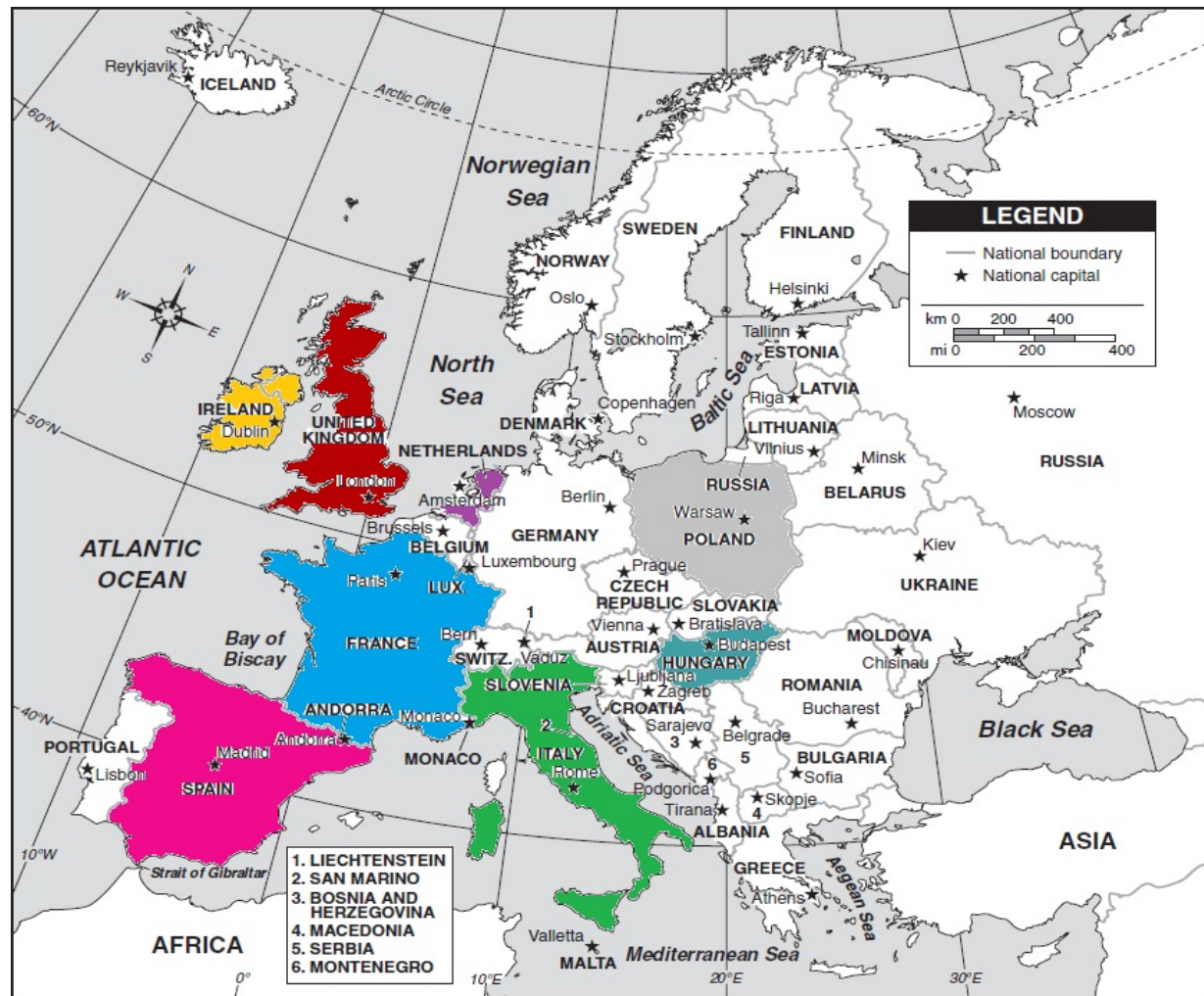
- **Italy - Asti Local Health Agency (coordinator)**
- **France - I'le de France (Paris area) Regional Health Agency**
- **Hungary – Health Services Management Training Centre**
- **Netherlands - TNO**
- **Poland – Sucha Beskidzka Hospital**
- **Scotland - Health Facilities Scotland**
- **Spain - BIOEF**
- **ECHAA - European Centre for Health Assets and Architecture**
- **Optimat (UK)**
- **SIAIS – Italian Society for Architecture and Engineering of the Health Sector**

**Coordinator Prof. Arch. Simona Ganassi Agger, RES-Hospitals European Project
Manager, ASL ASTI**



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- POLAND
- HUNGARY
- SPAIN



Il messaggio Scientifico

Climate change is one of the great challenges of the 21st century. Its most severe impacts may still be avoided if efforts are made to transform current energy systems. Renewable energy sources have a large potential to displace emissions of greenhouse gases from the combustion of fossil fuels and thereby to mitigate climate change. If implemented properly, **renewable energy sources** can contribute to social and economic development, to energy access, to a secure and sustainable energy supply, and to a reduction of negative impacts of energy provision on the **environment and human health**

From: Special Report on Renewable Energy Sources and Climate Change Mitigation (SRREN)

Intergovernmental Panel on Climate Change (IPCC)



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A base del progetto

Europe 2020 Energy Targets

- 20% più basse che nel 1990 le Emissioni di Gas Climalteranti (soprattutto CO₂)
- 20% dell' Energia prodotta da Fonti Rinnovabili
- 20% aumento della Efficienza Energetica (riduzione dei consumi energetici di 368 Mton)



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Gli ospedali Europei Esistenti

15.000 ospedali in Europa che operano 7/24/365 e collettivamente producono circa il 5% delle emissioni di CO₂ della UE. Inoltre le sfide sono:

Aumento della domanda di cura

da muovere verso una offerta di cura basata sulla comunità

Pressione crescente a ridurre i costi unitari della sanità

Ridurre il consumo energetico (i costi) è divenuta una priorità

Sta crescendo l'impegno di ridurre le emissioni di CO₂

Considerato da molti come l'impegno / la sfida del futuro



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Gli ospedali sono Istituzioni strategiche

RES – Hospitals ha come obiettivo l'individuazione e possibilmente l'indicazione di soluzioni per le barriere che si frappongono alla efficientazione dell'uso dell'energia ed il suo risparmio, e all'introduzione delle Fonti rinnovabili.

Il quadro totale delle emissioni collegate agli ospedali dovrebbe essere considerato e, anche se non affrontato nel progetto presente, tenuto in considerazione.

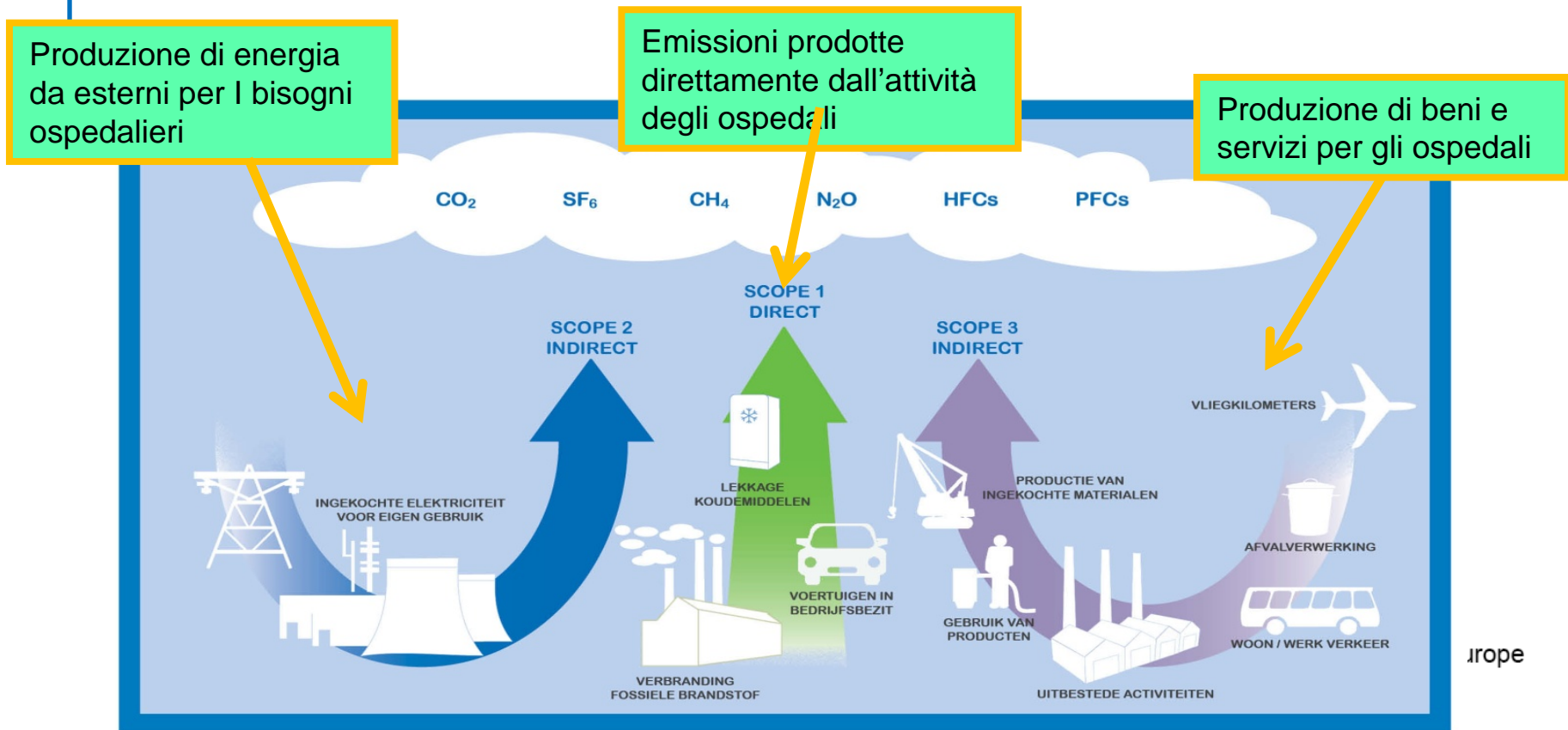
La slide seguente mette in rilievo le tre diverse fonti di CO₂

Due progetti: **Low Carbon Buildings – Healthcare**, concluso e la sua continuazione **EcoQUIP** hanno preso in considerazione lo “scope 2”, ponendosi come obiettivo lo stimolare innovazione altamente necessaria nei servizi e prodotti del settore della salute e nell'indirizzare la nuova domanda di servizi sanitari.



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Emissioni Climalteranti Collegate agli Ospedali



Obiettivi Generali e Strategici

OBIETTIVI GENERALI DI RES-HOSPITALS:

Accelerare lo sfruttamento delle opportunità di energia rinnovabile negli Ospedali Europei European, sostenendo la “Strategia per il cambiamento climatico e gli obiettivi energetici” di EU20-20.

DUE MAGGIORI OBIETTIVI STRATEGICI:

Facilitare la trasformazione degli ospedali del progetto

Almeno 50% di energia da Fonti Rinnovabili al 2020

Fornire evidenza e strumenti per il più ampio settore

Almeno il 20% of energia da rinnovabili al 2020



reshospitals



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Main Activities

Pilot projects in different European countries

Aimed at exploring the barriers and how they can be overcome in different situations and producing

- **Investment plans to reach 50% RES by 2020**
- **Roadmap for Zero carbon possibilities**

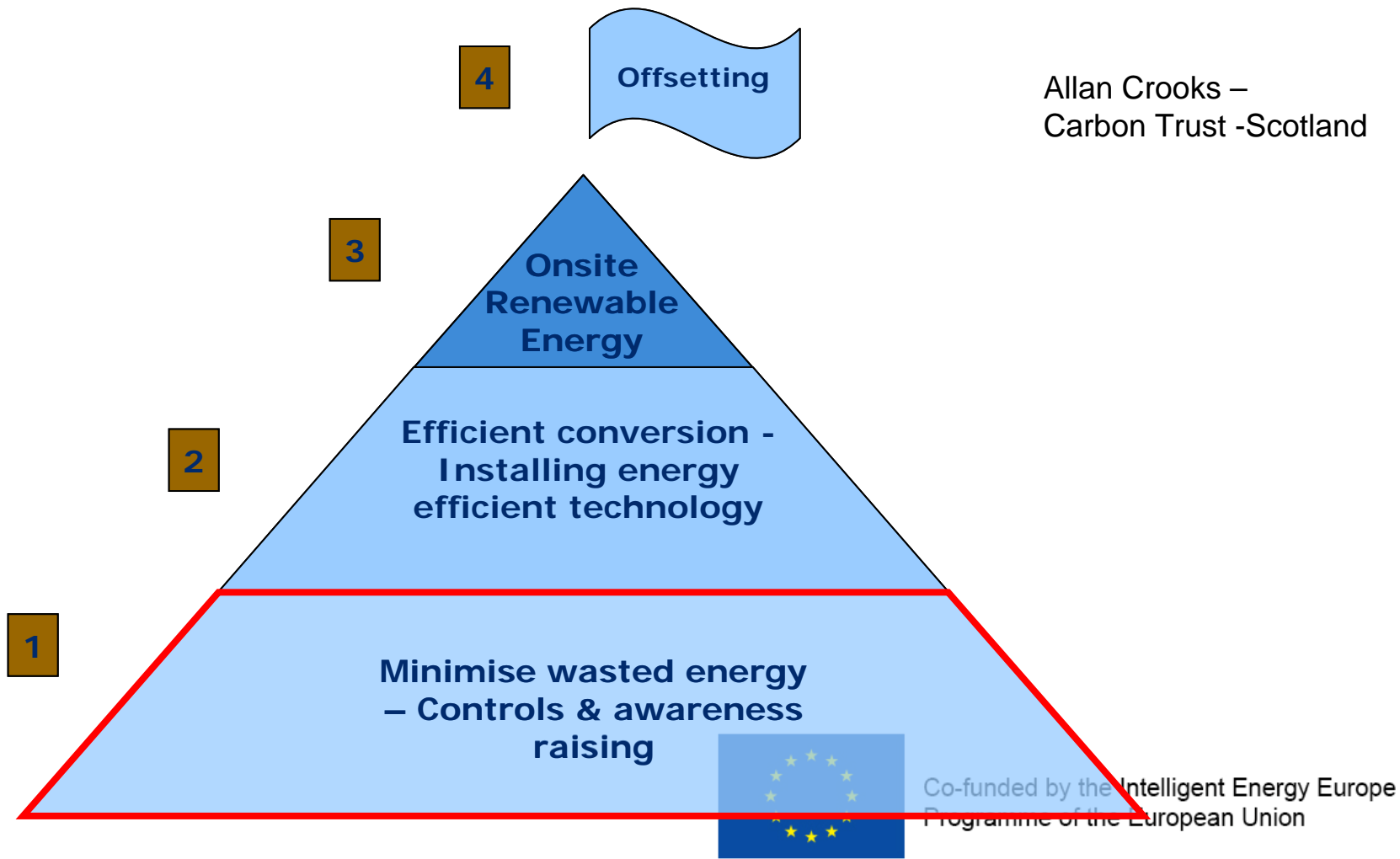
Renewable Energy Guide for European Hospitals

Aimed at management and policy stakeholders and dealing with:

- **Influencing factors**
- **Non-technical barriers**
- **Feasible RES options**
- **Making the business case for investment**



Allan Crooks –
Carbon Trust -Scotland



Carbon Management Hierarchy- liv. 3.

Minimizzare lo Spreco di Energia
Controllare &
Far crescere la Consapevolezza



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Un progetto Canadese of 2003

*This Project was produced by Natural Resources Canada (NRCan)
with support from the Canadian College of Health Service Executives (CCHSE)*

Energy Innovators Initiative

Turn Energy Dollars into Health Care Dollars

*A Guide to Implementing
an Energy Efficiency Awareness
Program in a Health Care Facility*



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-
- Nota Campagna della Regione Emilia-Romagna
- Iniziata nel 2008



Iniziativa del Carbon Trust - 2010



Hospitals

Healthy budgets through energy efficiency



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Indagine sulle Barriere non-tecniche

➤ Related to Financial aspects

- **lack of capitals** for investments
- **too long** to reach break even
- **lack of focused** incentives for the public sector

➤ Related to the hospital's managers vision

- **lack of attention** to energy consumption and costs
- **lack of awareness** of EU and national objectives & CO2 reduction
- **no interest** or even refusal of the hospital role as energy self producers and even less as supplier
- **diffidence** towards innovation generally and RES produced energy specifically
- **perceived weak support** and maturity of RES supply chain



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Carbon Management Hierarchy- step 1.

Conversione Efficiente – Installazione di tecnologie efficienti



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IL CAREGGI

74 ha – 1,650 beds – 6,000 employees – 15,000 persons present daily



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Energy efficiency and Environmental Benefits

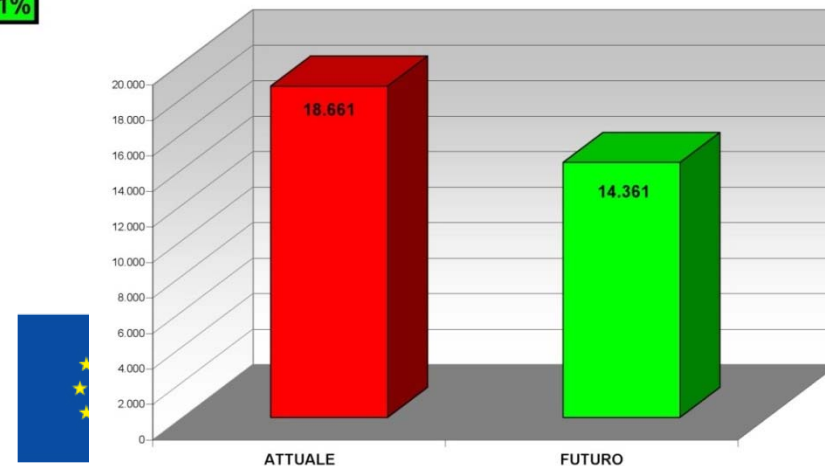


ACHIEVABLE ENERGY SAVING

Sigla	Descrizione	Attuale	Futuro
		tep/anno	tep/anno
ENERGIA TERMICA			
EP-cal	Energia primaria combustibile caldaie	10.007	1.092
EP-cog	Energia primaria combustibile cogeneratore	-	20.192
EPt	Energia primaria totale immessa con il combustibile	10.007	21.284
ENERGIA ELETTRICA			
EPe-rete	Energia primaria associata all'en. elettrica prelevata	8.662	963
EPe-imm	Energia primaria associata all'en. elettrica immessa	-	7.887
EPe	Bilancio energia elettrica primaria risultante	8.662	6.924
EP-totale	Energia primaria complessiva risultante	18.669	14.361
R	Risparmio energia primaria ottenibile		4.308
IRE	Indice di risparmio percentuale		23,1%

**RAFFRONTO ENERGIA
PRIMARIA COMPLESSIVA
(tep/anno)**

TABELLA PREVISIONALE DEL RISPARMIO ENERGETICO ANNUO



VALUTAZIONE DELLA CO2 RISPARMIATA

To evaluate the reduction of emissions on an annual basis, reference was made to the energy balance of the PO planned to 2008, comparing the following assumptions in supply:

from traditional sources (electricity and heat from boilers ENEL – National Energy Supplier)

with cogeneration (electricity and heat produced in-house, with partial use of traditional sources for additions)

For homogeneous comparison it was assumed that the fuel used is always the methane hypothesis using other fuels in the solution "traditional" for boilers, would be further penalized for this situation.

The framework for comparison, prepared on the basis of the coverage efficiency of PO Relative to the above situations, is reported in the following table:

QUADRO DI RAFFRONTO EMISSIONI DI CO2 IN ATMOSFERA (CON EMISSIONI DA RETE ENEL 522 qCO2/kWhe)				
		TRADIZIONALE	CON TRIGENERAZIONE	DIFFERENZA
PRODUZIONE CO2 DA COMBUSTIONE TURBINA	(t/anno)	0	34.395	34.395
PRODUZIONE CO2 DA COMBUSTIONE CALDAIE	(t/anno)	21.015	7.684	-13.331
PRODUZIONE CO2 DA RETE ENEL	(t/anno)	20.589	-7.707	-28.296
PRODUZIONE DI CO2 TOTALE	(t/anno)	41.604	34.372	-7.232 -17,4%

DATI DI RIFERIMENTO APPLICATI:

Produzione CO2 da combustione metano

1,898 kg/Smc

Produzione CO2 da rete ENEL

0,522 kg/kWhe

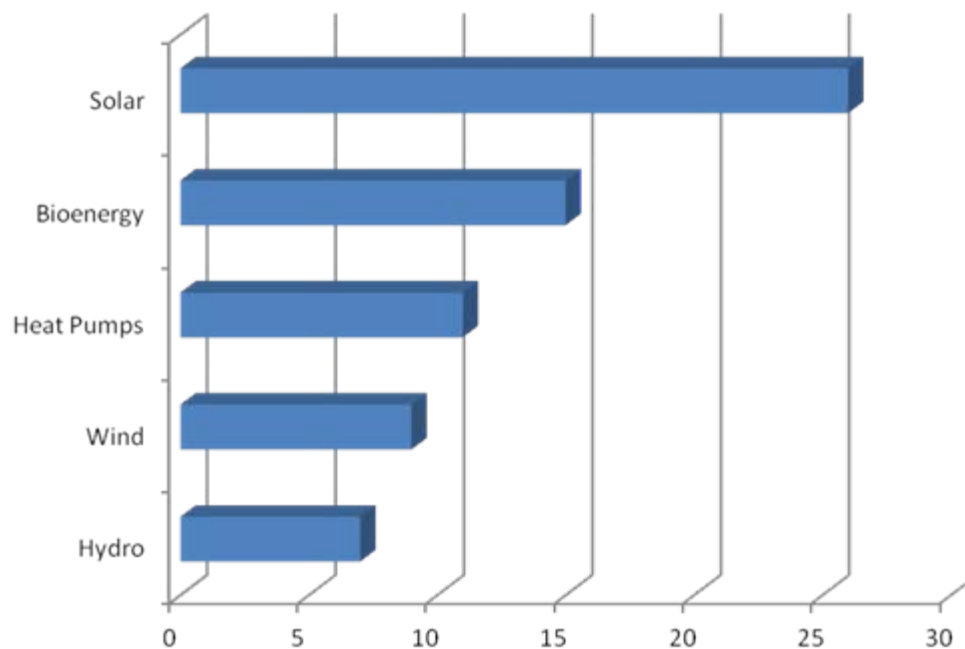
In the calculation of comparison, in addition to the thermal recovery, it is also considered the lack of production of CO2 by ENEL, the proportion of electricity sold in the network.

From the above it should be noted, therefore, a quantity of CO2 avoided equal to 7232 t/ year, corresponding to a percentage reduction of 17.4%.



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LE OPZIONI ATTUALI PER GLI OSPEDALI



See www.res-hospitals.eu for summary of examples (v1)

OSPEDALE DI AVICENNE - FRANCE



by Europe
n

IL NUOVO PROGETTO



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an Union

RISULTATI AMBIENTALI

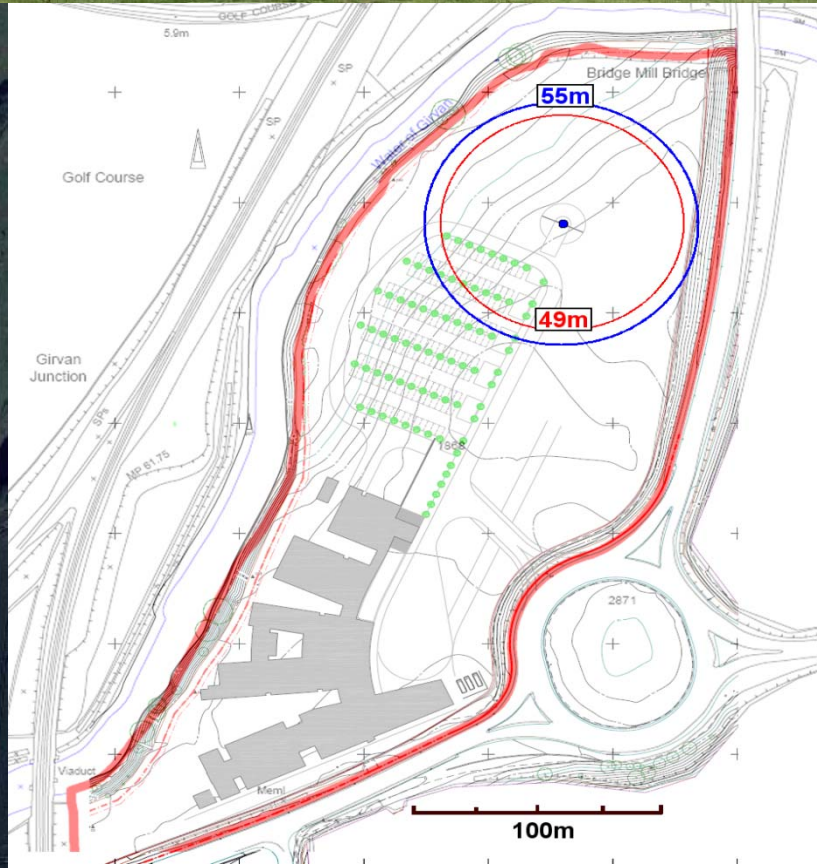
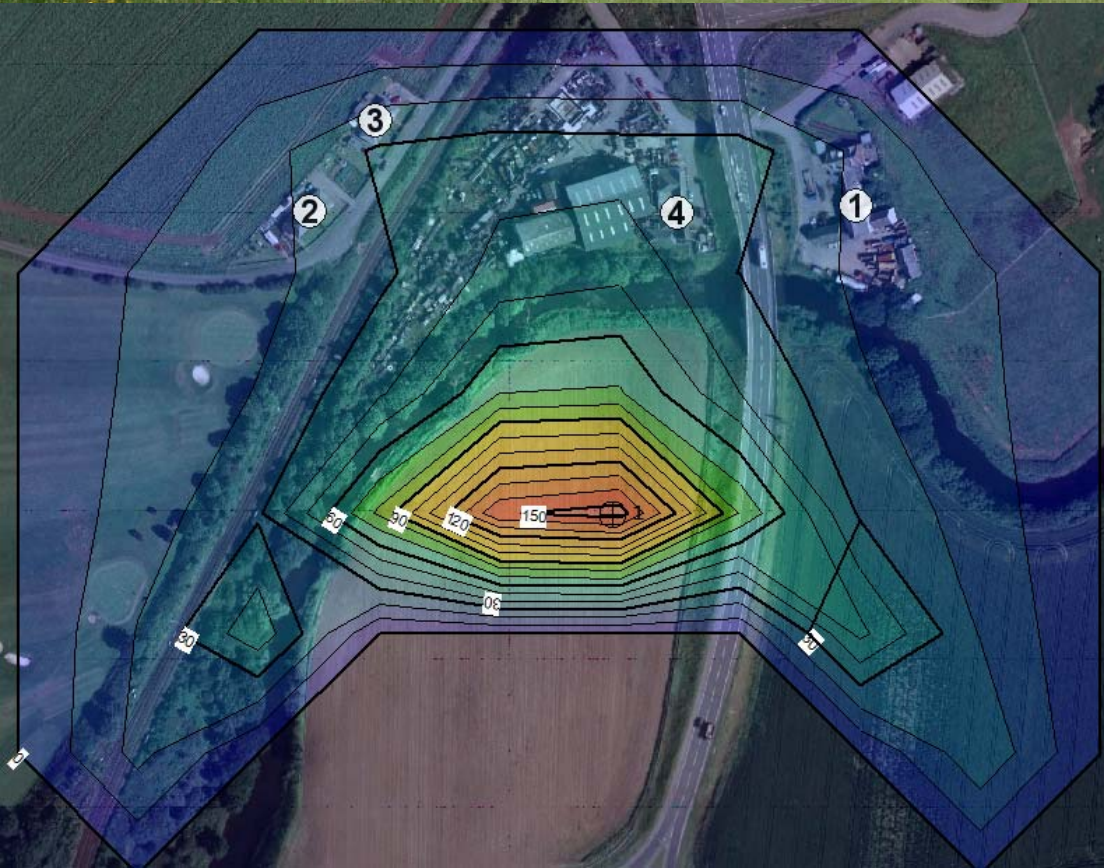
- Emissions of CO2 :
 - ◆ Gas : 205 g CO2 eq / kWh pci
 - ◆ Gasolin : 270 g CO2 eq / kWh pci => Trucks PL : 500 g CO2 eq / km
 - ◆ Biomasse : 0
- Actual needs « all gas » (21.900 MWh pcs/an) **4.038** tonnes CO2 eq/y
- Futur needs «all gas » (33 900 MWh pcs/an) **6.252** tonnes CO2 eq/y
- Futur needs « mix Biomasse/gas (66 % biomasse) **1.750** tonnes CO2 eq/y



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GIRVAN COMMUNITY HOSPITAL





QUADRO ECONOMICO

- ✓ **100kW**
- ✓ **500kW**
- ✓ **1.5MW**
- ✓ Capital costs
- ✓ £400,000
- ✓ £1,360,000
- ✓ £2,245,000
- ✓ **Energy yield**
- ✓ 219,850kWh
- ✓ 1,768,400kWh
- ✓ 3,973,450kWh
- ✓ Income
- ✓ £ 60,000
- ✓ £ 430,000
- ✓ £ 616,000
- ✓ Operational costs

- ✓ £7,500
- ✓ £46,500
- ✓ £90,000
- ✓ Operating profit
- ✓ £52,500
- ✓ £383,500
- ✓ £526,000
- ✓ **Payback period**
- ✓ 6.9 years
- ✓ 3.5 years
- ✓ 4.0 years
- ✓ Rate of return
- ✓ 15%
- ✓ 30%
- ✓ 27%



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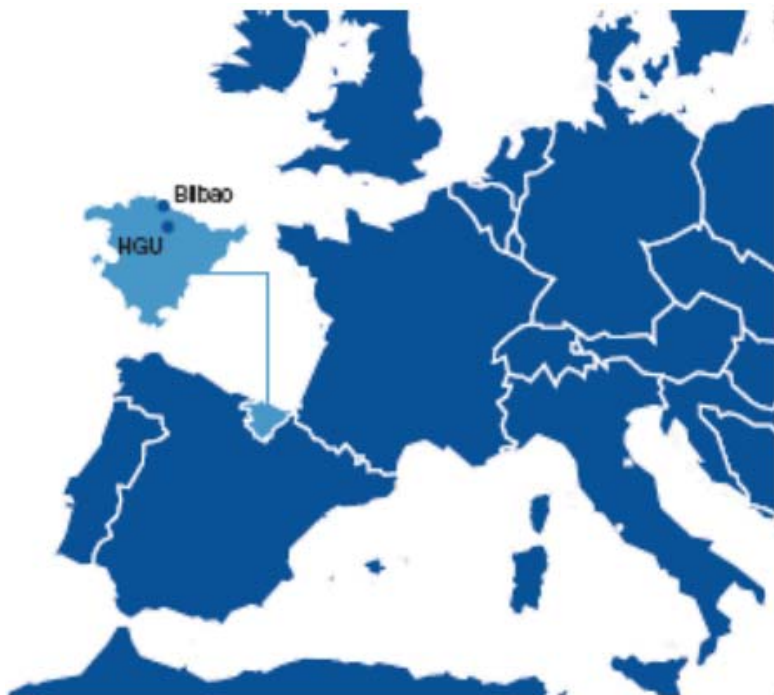
ATTIVITA' CHIAVE: STUDI PILOTA E OBIETTIVI

- Review existing energy demand and supply (level, source and application)
- Review historical and planned actions (energy efficiency and RES)
- Identify further energy efficiency measures (type, cost, finance, impacts)
- Identify renewable energy options (type, barriers, cost, finance, impacts)
- Develop an investment plan to achieve 50% RES by 2020
- Gain commitment and funding from at least one hospital per country
- Develop a Zero Carbon Roadmap



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Hospital Galdakao- Usansolo Spain



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Public Health facility belonging to the Osakidetza network (regional integral health care organisation financed by public funds).

Built area 70,000 m²

10 floors above ground and two basements;

26 years old.

440 inpatient beds (56 emergencies beds).

The Galdakao hospital can be considered a leader in the hospital sector in the fight against climate change. In the working framework of the oligopsony environmental team (consisting of 12 national hospitals), it is leading the search for common air emissions indicators.

In 2008 it has installed 460 PV panels for 100 kW and an annual production of 100MWh/year.

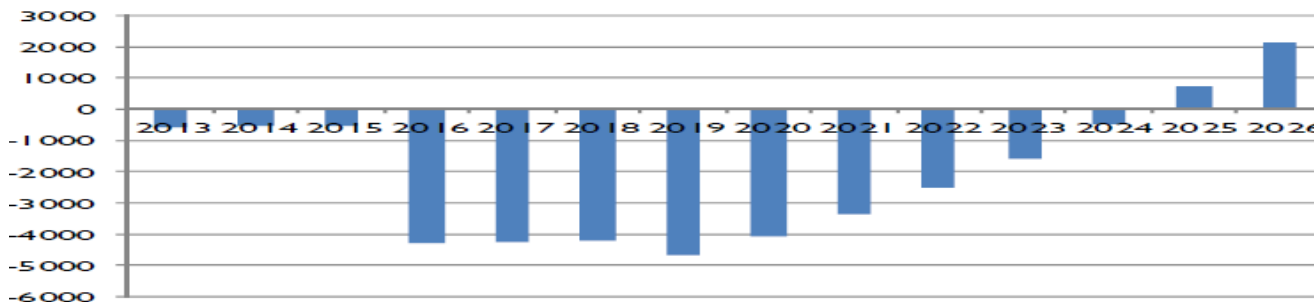
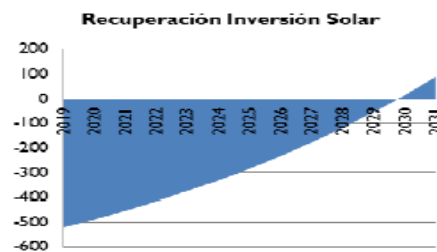
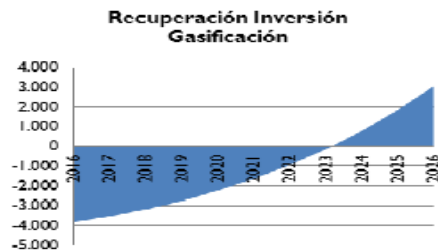
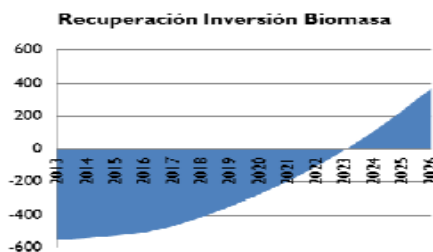
Installation of solar water heater for rehabilitation swimming pool in 2012 (20 kW). Both examples of the example of the environmental line to which the hospital is committed.



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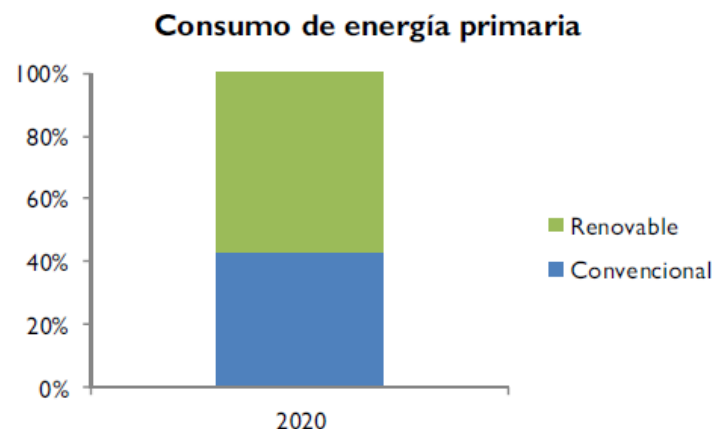
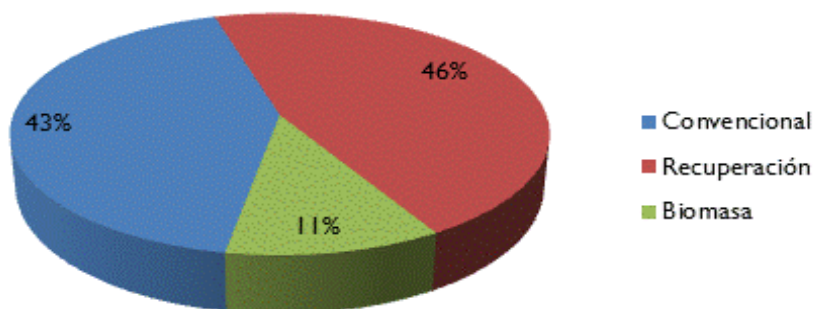
Financial Investment Proposted for RES by 2020

	2013	2014	2015	2016	2017	2018	2019	2020
Calderas Biomasa	550.000 €							
Sistema Gasificación				3.800.000 €				
Solar Fotovoltaica							520.000 €	



elligent Energy Europe
European Union

The total investment proposed for RES by 2020 is € 4,870,000 and ends in the year 2019.



By year 2020, the total primary energy consumption will be over 57% in RES systems.

Annual CO₂ savings as result of this investment will be over 2,803 tonn eq/y

The annual total emissions at the present time are 8.533 tons/year, the avoided tons represents therefore a saving of GHGs equal about 33%.



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General Information:

General Hospital - Part of
National Public Service

Climate zone D

Degress/day 1485

Operating since 2002

Typology 4 floors - Single block

Area m² 76,940

Volume m³ 270,828

Glass surface m² 4,047

Beds 450+ 70 Day Hospital

Population served:

Residents 170,000

tourist present in the area in

Summer season about 500,000

The complex has a Building &
Plant Manger-Energy Manager
present on Site and a General
Technical Manager





Photovoltaic panels generating 198,72 Kw, partially conveyed into the grid. A new plan photovoltaic panels up to the production of 500 Kw, and mini wind mills are being planned.



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Initiatives in place

- Highly energy efficient building, monitored by a computerized Building Management System,
- Photovoltaic panels generating 198,72 Kw, partially conveyed into the grid,
- modern illumination energy-saving systems with fluorescent electronic ballasts, with internal automatic on and off systems (switches presence) and external (crepuscular switches)
- recovery of the heat through reverse-flow heat exchangers.
- "free cooling" using fresh air of the environment too cool down the water of the ventilation plant and cool down the building (passive cooling)
- variable frequency inverters for the regulation of the number of revolutions for machinery such as pumps, ventilators etc.
- Thermal insulation with mineral wool or polystyrene of the network distribution of hot fluids and hot/cold.



Current Energy Consumption

Primary energy kWh	2,830,268	toe	651
methane mc	2,652,433	toe	2,175
Total		toe	2,826

CO₂ Emissions

from methane	4,888.2 ton CO ₂
from energy	2,085.9 ton CO ₂
Total	6,974.1 ton CO₂

Total Hospital Carbon Foot Print (CFA) 8,568 ton CO₂

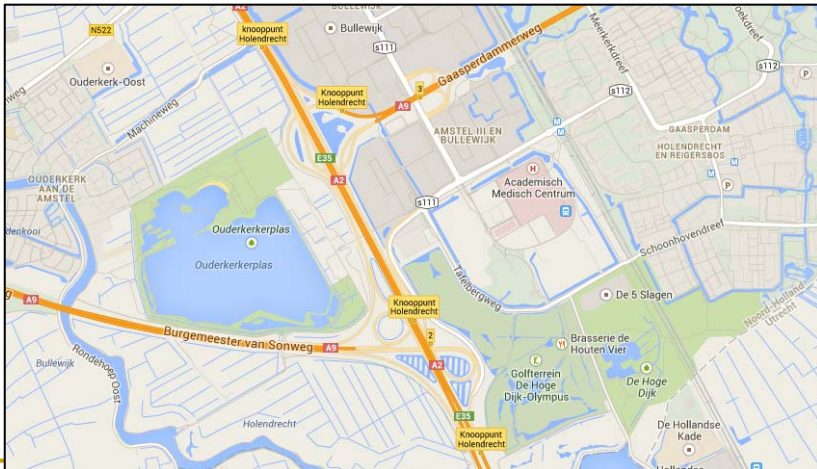
RES currently in use and assimilated (Italian law)

Small windmill – in use for outdoor lighting	1kW	kWh	1,300
Photovoltaic	198 kW	KWh	278,408
Trigeneration 1,003 kWe x 61,000 h/year	kWh	7,486,840	1,722 toe



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Case: Lake Water Cooling University Hospital Amsterdam



Lake Water Cooling University Hospital Amsterdam

- The main building of the Amsterdam Medical University was completed in the beginning of the eighties
- Mayor rehabilitation programme on-going, including the existing power plant running on heavy fuel which will be replaced with
 - A combined heat and power plant running on natural gas.
 - The energy efficiency of the units will be increased from 55% to 82% while emissions will be significantly reduced due to the change from heavy fuel oil to natural gas (e.g. NOx emissions will be reduced by 96% and fine particles by around 80%).
 - The steadily increasing demand for cooling in summertime will be assured through the use of the cold water of a nearby 30 m deep artificial lake (Ouderkerkerplas).
 - In combination the expected overall energy consumption will be reduced by at least 23%, not considering the additional measurements for energy reduction within the existing buildings.



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Quale input può venire
dalla RES-Hospitals Guide
per dare agli ospedali
un ruolo di leader
nel rinnovamento energetico

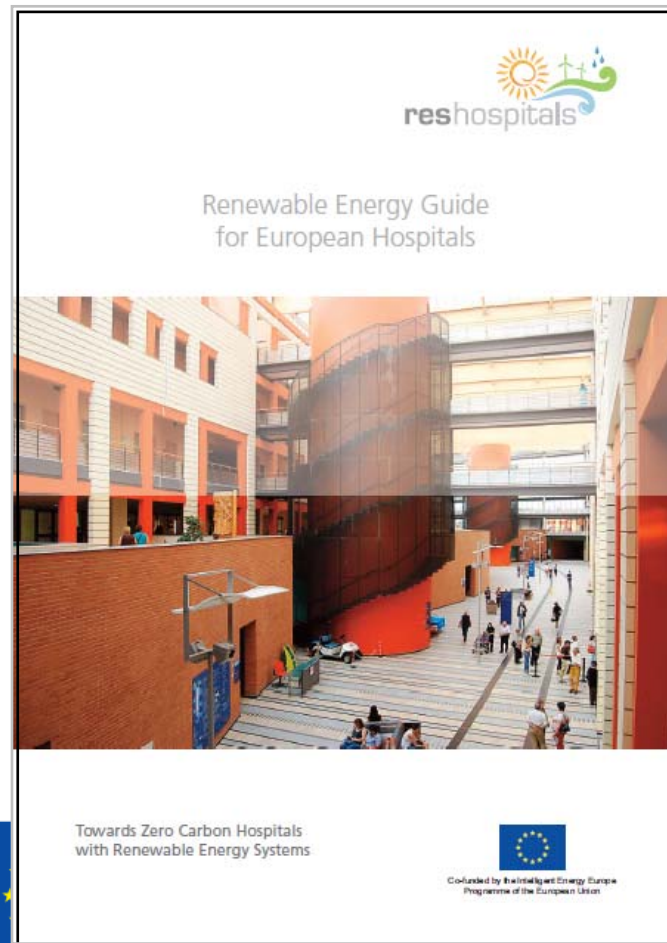
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1. Context
2. Research method
3. Factors influencing RES use in Hospitals
4. Non technical barriers to investments
5. Identifying feasible RES options
6. Making the business case for the renewable investment
7. Ten key messages from the Guide

The Appendices include:

- b. Case study examples
- c. Synthesis of good practice guides
- e. Economic of renewable energy



- Support **Hospital Technical Managers** to identify options for renewable energy investment and make the business case to **Hospital Management**
- Provide **Hospital Management Boards** with evidence of the importance of renewable energy for the hospital(s) under their control
- Provide **Health Ministries and Agencies** with evidence of the importance of renewable energy in meeting national CO₂ and Europe 2020 energy targets and suggest actions they can take to help overcome barriers to investment
- Provide **other policy makers** with evidence of the important contribution hospitals can make to meeting EU CO₂ and renewable energy targets and suggest actions they can take to help overcome barriers to investment



Key factors from Pilot Studies

Investment appears to be the main barrier declared by Policy Makers and Administrators

In effect other aspects have emerged:

Diffused diffidence for new technologies, especially RES related, Hospitals mainly focused on proven low risk technology

More concern for the other major items of cost for hospitals, such as staff and medicine costs

Low consideration of what can be achieved at basically no cost working with hospital staff to raise **awareness**

Limited consideration by hospitals of offsite and/or hospital led community options of RES

Substantially low consciousness of the importance directly for human health of the battle for reduction of CO2 and

The important role hospitals could and have to play in such a battle

Key factors from Pilot Studies From the type of investment made

No single RES technology can satisfy 100% of the energy needs of an hospital, excluding specific situations.

In most of the cases a mix of RES can satisfy over 50% of the needs at the present state of the art of the different RES technology

Renewable heat is, at the present time the main focus to achieve 50% RES by 2020.

Biomass and deep geothermal are the main contributors to % RES

Most technologies are in evolution towards higher performances and lower costs from PV to Windmills and bioenergy .

New renewable forms of producing energy are continuously developped, some for specific situations other with wider possibilities, such as ocean energy.

The learning experience

There are situations among the existing hospitals, in which the location or other constraints are objective barriers to the on-site RES use.

The Zero GHGs emissions hospitals have to be pursued and hopefully be reached with collective actions involving a greath variety of Stakeholders.

In Spain the hospital of Matarò, close to Barcelona, gets its heath from “Tubo verde” a pipe that distribute heath produced at community level with the use of local waste.

In Paris the production of centralised hot water reaches 23 public hospitals through an underground distribution system.

Hospital Sant'Orsola – Malpighi - Bologna



... new approaches



To counteract the “agnosticism” underlined before, it is important to diffuse the knowledge of another form, already being under implementation, of the hospitals as **pro-active agent** in the “battle” for energy efficiency and CO2 emissions reduction.

Hospitals becoming producers of energy for their Community

with the aim of increasing progressively the % of RES energy.

The hospital of Udine, in the North of Italy, but it is not the only one, has taken this proactive role.



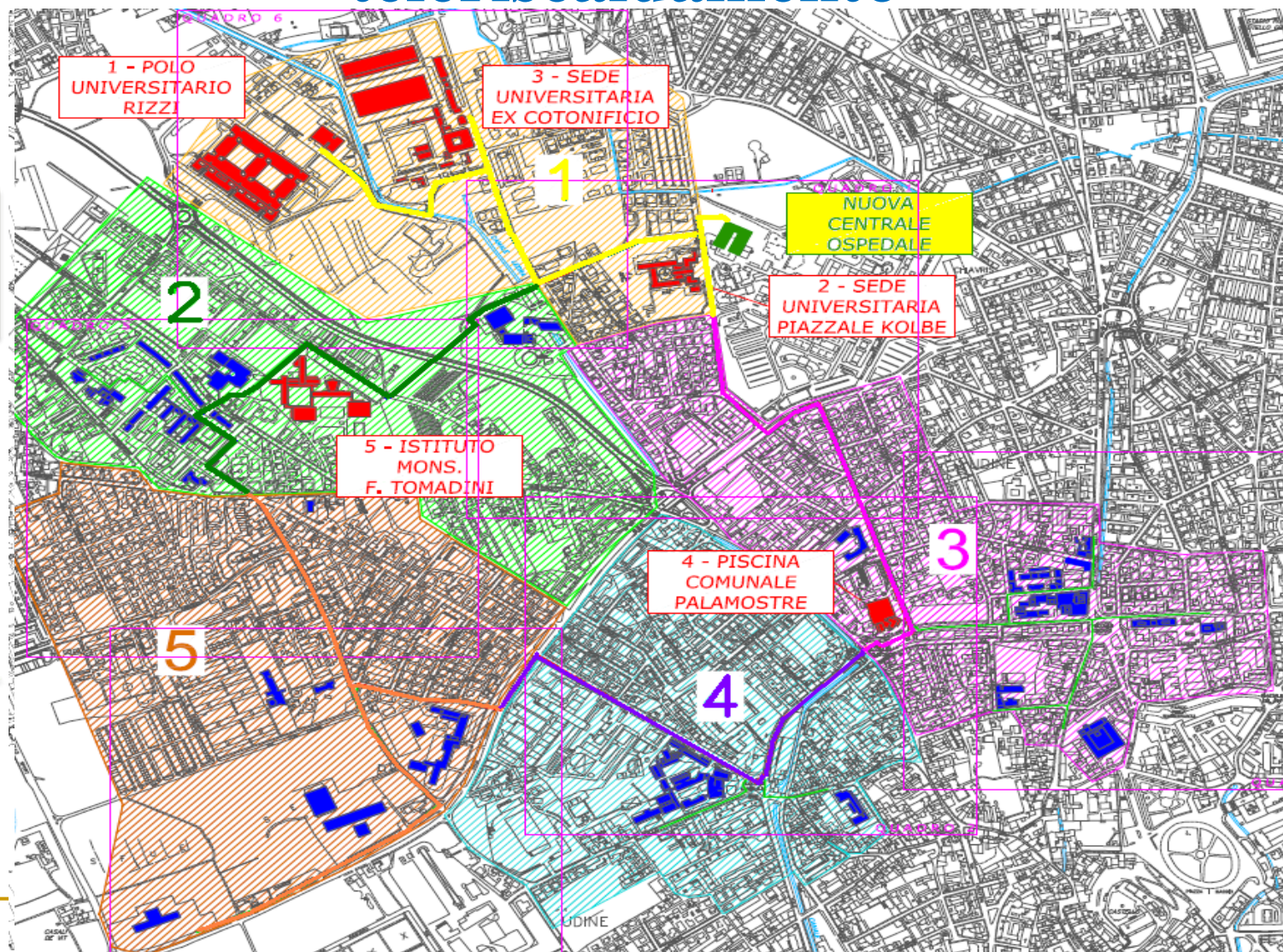
Riservata all'Ospedal e 48.2 MW

POTENZA TERMICA INSTALLATA 85.9 MW

Disponibile alla Rete TLR 38 MW

Rete dimensionata per 45.7 MW

Obiettivo: SATURARE L'ATTUALE RISERVA DI POTENZA pari al 20%





Germany too, with its several community examples, confirms that the most impacting interventions for the reduction of CO2 as well as energy saving are “System” interventions.

The need for those results is high and urgent

This require new cultural awarness and maturity that the hospital, as one of the most important social institution, is in position to help in the development, with its own example and with the diffusion of this new consciousness.





... and From the learning experience

The RES-Hospitals Renewable Energy Guide for European Hospitals

represents the conclusive “tool” of the project for encouraging hospitals to be more strategic and sustainable about both energy reduction and production, including the wider exploitation of renewable energy opportunities at community level.

It evidence based methodology suggesting examples of how barriers were overcame will hopefully help for new as well for existing hospitals.



Res-Hospitals Objectives: **Expected Impact**

The potential impacts Include:

➤ **50% RES by 2020**

At least 10 of the participating hospitals
Indirect influence on another 100 hospitals in the participating countries

➤ **Zero carbon possibilities**

Highlight options in different cultural/economic/geographic situations
Encourage innovative and far sighted thinking

➤ **Multiplier effect on other hospitals in Europe**

Case-based evidence could influence another 1000 hospitals
- *20% RES would reduce carbon footprint by 1 million tons of CO₂* Potential wider influence on other public services



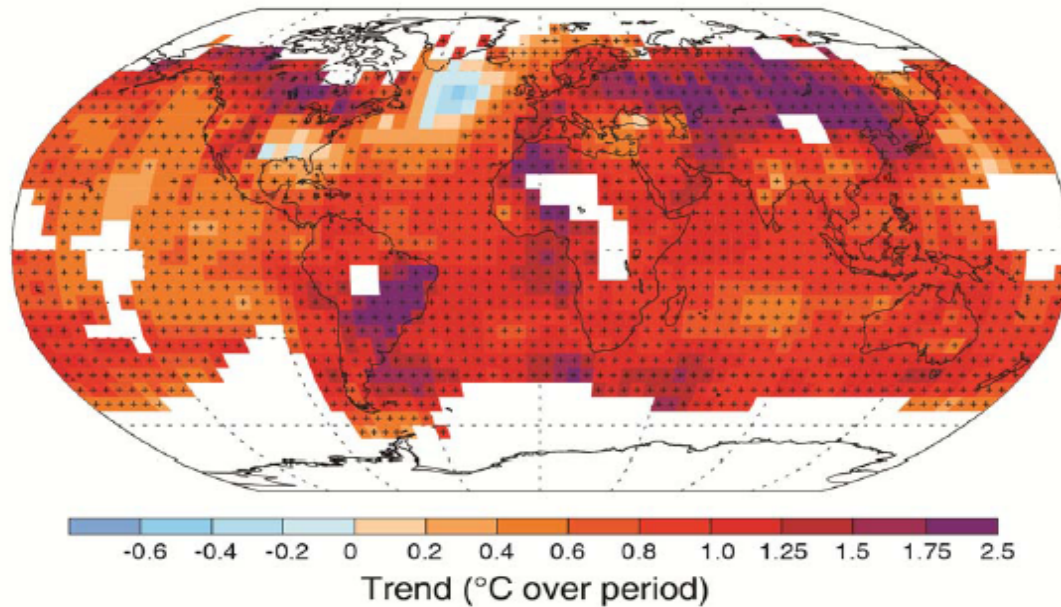
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Una vision di Ospedali come “driver” del cambiamento

**Deve essere basata sulla
Vision
degli Ospedali
come Strumenti
Sostenibilità Generale e della Salute Pubblica**

Siamo qui
NON possiamo andare oltre

(b) Observed change in average surface temperature 1901–2012



La conclusione formale del Progetto: Novembre 2013
Continuerà la collaborazione con altri PROGETTI
Europei:

- **EcoQUIP – Innovation for Hospitals through PCP
Pre-Procurement**
- **Green Hospital**
- **Re-Co**
- **Repowermap**

Sarà creata una piattaforma per le problematiche di
Ospedale – energia con

- **EuHPN Network**
- **EU BUILD-UP**

La Conferenza finale sarà
ASTI

November 21-22, 2013

**E' benvenuta la partecipazione dei membri della
SIAIS**

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