

## Emory College Campus News

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### Hospitals turn food waste into compost

By Sylvia Wrobel

A few carrots left on a plate, some biscuits uneaten, remnants of a tray of meatloaf at the end of the cafeteria day. It adds up. Food service workers in Emory's hospitals have always been conscientious about reducing waste, trying to walk the fine line between preparing too much food and too little. But when new pilot programs in composting food waste began recently at [Wesley Woods Hospital](#) (WWH) and then at [Emory University Hospital](#) (EUH), staff were surprised to see how much waste piled up—and how much could be diverted from landfills or garbage disposals and converted into compost, some of which will return to Emory to enrich campus flower beds.

Last fall, Lynne Ometer, director of food and nutrition services, and her team began connecting Emory's hospitals with a waste-to-compost program already under way in the university. As the smallest and most compact of the hospitals, WWH went first, focusing on "preconsumer" waste—scraps generated in food preparation or unusable food items left after serving—and on some "postconsumer" waste—food that has already been served to a patient. (The hospital has not yet attempted the more complex process of composting postconsumer waste left by cafeteria customers.)

Arlene Bennett, in charge of food service at the geriatric facility, trained food service staff how to separate what can go into a bin for pickup (food scraps) and what cannot (anything else). The special bins are picked up regularly by Greenco Environmental, an organic recycling company that processes the waste into compost material to improve soil and provide nutrients for plant growth.

How much waste can there be in a 100-bed hospital? In the first month, WWH diverted 5,000 pounds of food that would have gone into the hospital dumpster and from there to a landfill.

In December, a similar pilot program began at EUH, under the leadership of food management team members Dave Horning and Gwen Mayes, with a focus on preconsumer waste. After only

one month in operation, 7,000 to 8,000 pounds of waste were diverted from the hospital's garbage disposal system.

The pilots have been less difficult to implement than Ometer anticipated, but there are challenges, especially at EUH, where pickups and deliveries at the hospital's small loading dock must be scheduled precisely around the clock. EUH Midtown, where composting has not yet been implemented, will present even more challenges because containers will have to be transported down several floors to reach the loading dock.

It's still too early to estimate any cost savings, says Ometer, but what is certain is that keeping waste out of landfills or sewers is the right thing to do for the environment. A similar pilot waste-to-compost program will begin at Emory University Orthopaedic & Spine Hospital later this year.

Food composting efforts such as these are some of the fruits of a sustainability task force established in health sciences by Executive Vice President for Health Affairs Fred Sanfilippo last fall.