



# 中國醫藥大學附設醫院

## China Medical University Hospital



# 2024 Sustainability Report

# About This Report

China Medical University Hospital (hereinafter referred to as CMUH) issues this report to help stakeholders interested in healthcare sustainability understand CMUH's ongoing efforts to promote sustainable management and advance the vision of sustainable healthcare.

The 2024 Sustainability Report is CMUH's third voluntary publication, prepared with the following details:



## Reporting Period

- Reporting period: January 1, 2023 – December 31, 2024
- Publication date: August 2025
- Previous publication: August 2023
- Reporting cycle: Every two years



## Reporting Scope

The hospital's financial reporting covers CMUH, Taipei Branch, Taichung East Branch, and Fengyuan Branch. However, due to differences in service scope and data collection systems, this report discloses information only for CMUH's main operations (excluding branch hospitals) across the economic, social, and environmental dimensions.

To ensure data comparability, information is generally disclosed for the past five years. Some indicators are presented for only one or two years when earlier data were incomplete or not systematically collected.



## Reporting Standards

This report has been prepared in accordance with the Global Reporting Initiative (GRI) Standards 2021 and with reference to the Sustainability Accounting Standards Board (SASB) Standards for the Health Care Delivery industry.

These frameworks guide CMUH in managing and disclosing material sustainability topics relevant to healthcare institutions.



## Data Management

Financial data are based on audited financial statements and presented in New Taiwan Dollars (NTD), following Taiwan's Generally Accepted Accounting Principles and relevant audit guidelines. The financial reporting period is from August 1 to July 31 of the following year, which differs from the Sustainability Report's reporting period. Other data are compiled and reviewed by responsible departments and the Sustainable Development Committee. After internal review and approval by the Superintendent, the final version is submitted to the Board of Directors and published on CMUH's official website.



## External Assurance

To enhance transparency and reliability, this report was verified by SGS Taiwan Ltd. in accordance with AA1000 Assurance Standard v3 (Type 1, Moderate Level) and the GRI Standards 2021. The assurance statement is provided in the Appendix of this report.



## Contact Information

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# Preface by chairman of the board



## Upholding the Essence of Healthcare, Creating Sustainable Value Amid Change

China Medical University and Healthcare System  
Chairman



In a rapidly changing world, challenges such as climate change, technological disruption, population aging, and health inequalities are reshaping society. Healthcare institutions are no longer just providers of care—they are key drivers of social resilience and sustainable development. CMUH responds with a broad vision and practical actions.

Since 2023, we have integrated ESG sustainability governance into our core strategy by establishing the Sustainable Development Committee, covering governance, healthcare, workplace, environment, and society. Guided by international standards, the committee ensures that every policy and practice addresses globally significant sustainability topics.

Smart healthcare is a major driver of transformation. CMUH has developed 16 AI systems supporting clinical diagnosis, medical imaging, care processes, and patient safety. In 2024, we ranked first globally in the HIMSS Digital Health Indicator (DHI) and became the only medical institution in Asia to achieve the highest levels in INFRAM, DIAM, and AMAM certifications—demonstrating Taiwan's strength in digital healthcare on the global stage.

We also take action on environmental sustainability, applying low-carbon design, renewable energy, and energy-saving strategies throughout operations. Integration of green building, smart infrastructure, and energy management enables systematic reductions in carbon, water, and waste, setting a benchmark for sustainable healthcare in Taiwan.

CMUH remains committed to the human-centered mission of medicine. From outreach clinics in rural areas and water projects in Vietnam, to programs promoting healthy aging, multilingual health education, and international cooperation, we extend healthcare beyond hospital walls and foster social inclusion.

These initiatives reflect more than accumulated actions—they are a commitment to the world. Guided by the four pillars of Intelligence, Sustainability, Public Good, and Global Vision, CMUH integrates talent, technology, systems, and culture to drive healthcare transformation and innovation, bringing pride to Taiwan and contributing to global health.

“We do not seek to follow the times, but to shape the world.” CMUH aims to be a benchmark for sustainable healthcare in Asia and a driving force in global health transformation, leading the way toward a better and more resilient future.



# Superintendent's Message

Since its founding in 1980, China Medical University Hospital (CMUH) has upheld the belief in “patient-centered care, staff respect, and hospital pride”, serving Central Taiwan and responding to the needs of patients and society from the clinical frontline.

Facing climate change, population aging, and evolving disease patterns, we view sustainability not as a distant goal but as a practice built daily through clinical care, institutional processes, and organizational culture. By starting from clinical needs, we integrate sustainability into patient care pathways and healthcare environments—optimizing outpatient and inpatient flows, developing age-friendly facilities, and applying AI-assisted diagnostics and smart dashboards to enhance real-time patient safety. These innovations reflect organizational action rooted in patient-centered care, not just technology upgrades.

In 2024, CMUH ranked first globally in the HIMSS Digital Health Indicator (DHI), and in 2025 received the Healthcare Asia Awards: Hospital of the Year. These achievements recognize team efforts and reinforce our responsibility to continuously innovate, aligning clinical practice with sustainability goals.

We also take concrete environmental actions, focusing not only on large-scale projects but on daily clinical operations and infrastructure—improving water efficiency, implementing energy-saving equipment, and reducing paper use. In 2023, CMUH achieved three

international environmental management certifications, reducing 3,263.1 tons of CO<sub>2</sub>e and saving 41,000 tons of water, results made possible by close collaboration between clinical and administrative teams.

CMUH actively engages in community and public service. Our clinical teams provide outreach to remote and indigenous communities, promoting mobile clinics, healthy aging, and health literacy education. Multilingual health education materials improve accessibility, extending equitable care beyond the hospital into daily life.

We believe sustainability is not a top-down slogan but the sum of cultural practice and individual effort. From reducing carbon-intensive medications and energy-efficient lighting to paperless initiatives, every small improvement embeds sustainability into daily healthcare practice.

Looking ahead, we will continue to cultivate a culture of Health, Care, Innovation, and Excellence, integrating smart healthcare with sustainable values, making CMUH not only a place for treatment but also a starting point for health promotion, trust, and lasting impact.

China Medical University Hospital  
Superintendent

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## Advancing Sustainable Healthcare from the Clinical Frontline





# Sustainable Development Goals & ESG Performance

	Short-Term	Mid-Term	Long-Term	2023–2024 Performance
<b>Environment</b>	<ul style="list-style-type: none"> <li>Established a hospital-wide energy management system with annual electricity and water savings targets of 1%.</li> <li>Promoted waste sorting and recycling, targeting a 50% recycling rate and a 5% reduction in total waste.</li> <li>Upgraded facilities, replacing low-efficiency equipment.</li> </ul>	<ul style="list-style-type: none"> <li>Introduced smart energy systems, upgrading key equipment to improve efficiency by 5–10%.</li> <li>Expanded recycling and reuse, targeting 60% recycling and 10% total waste reduction.</li> <li>Conducted regular energy monitoring to maintain annual reductions at 3–5%.</li> </ul>	<ul style="list-style-type: none"> <li>Transitioned to a low-carbon operation, reducing energy use by 15% and increasing renewable energy share to over 5%.</li> <li>Obtained low-carbon building certifications and optimized equipment to meet international green standards.</li> <li>Established a long-term circular reuse system toward zero-waste operations.</li> </ul>	<ul style="list-style-type: none"> <li>Energy Management: Self-generated renewable energy totaled 145,254 kWh; energy intensity 8.55 GJ per million NTD revenue.</li> <li>Water Management: Achieved ISO 46001 Water Efficiency Management System certification.</li> <li>GHG Management: 2023 emissions decreased 3,263.10 tons CO<sub>2</sub>e (≈3.69%); 2024 emissions increased 7,629.68 tons CO<sub>2</sub>e (≈8.64%) due to new ENT and Proton Therapy Center buildings.</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>Conduct at least 2 sustainability and low-carbon training sessions annually, achieving over 80% employee participation, and implement an employee sustainability incentive program.</li> <li>Regularly collect feedback from patients and the community to improve policies and service quality.</li> </ul>	<ul style="list-style-type: none"> <li>Publish sustainability reports regularly, tracking social engagement indicators and targeting a 20% increase in community participation activities.</li> <li>Expand smart healthcare services, increasing clinical equipment smart management coverage to 80%.</li> <li>Promote cross-department sustainability initiatives to establish demonstrative models of social inclusion.</li> </ul>	<ul style="list-style-type: none"> <li>Deepen community and corporate sustainability collaboration by building a regional inclusive platform, ensuring sustainability actions reach all social levels.</li> <li>Develop a comprehensive smart health ecosystem to promote equitable distribution of medical resources.</li> <li>Continue cross-sector collaboration and social innovation to create a long-term, sustainable social ecosystem.</li> </ul>	<ul style="list-style-type: none"> <li>Labor Relations: Employee satisfaction survey score reached 96.15%; implemented 11 clinical AI systems to reduce workload and improve care quality; dual-track promotion system increased promotions by 54%.</li> <li>Occupational Health &amp; Safety: No fatalities or major work-related accidents; zero violations of occupational safety laws; annual voluntary health check expenditure reached NTD 83.18 million.</li> <li>Social Inclusion: Partnered with World Vision Taiwan to build 7 water filtration systems, improving drinking water and health for 2,318 residents in Thach Thanh District, Thanh Hoa Province, Vietnam.</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>Completed a hospital-wide carbon inventory using 2023 as the baseline, verified under ISO 14064-1 and GHG Protocol, establishing traceable carbon emission data.</li> <li>Implemented a digital internal monitoring platform to track key sustainability indicators in real time (e.g., energy use, carbon emissions, and waste recycling rates).</li> </ul>	<ul style="list-style-type: none"> <li>Promoted green procurement and expanded sustainability management across the supply chain.</li> <li>Strengthened risk management, targeting a 5% annual carbon emission reduction.</li> </ul>	<ul style="list-style-type: none"> <li>Fully integrated lifecycle sustainability management across the supply chain, ensuring all suppliers meet international green certification standards.</li> <li>Established carbon trading and offset mechanisms.</li> <li>Regularly published and updated sustainability strategies to ensure transparent and long-term governance.</li> </ul>	<ul style="list-style-type: none"> <li>Market Position: <ul style="list-style-type: none"> <li>Ranked first globally in HIMSS Digital Health Indicator (DHI).</li> <li>Received top ratings in Ministry of Health and Welfare hospital evaluations and teaching hospital assessments.</li> </ul> </li> <li>Technological Innovation: <ul style="list-style-type: none"> <li>Successfully launched clinical AI-assisted systems with 5 TFDA certifications and multiple patents</li> <li>Implemented the HiThings Tele-ICU system for remote critical care monitoring.</li> </ul> </li> <li>Sustainability Initiatives: Signed the Hospital Sustainability Initiative with the Taiwan Institute for Sustainable Energy (TAISE).</li> </ul>

# Value Creation Process

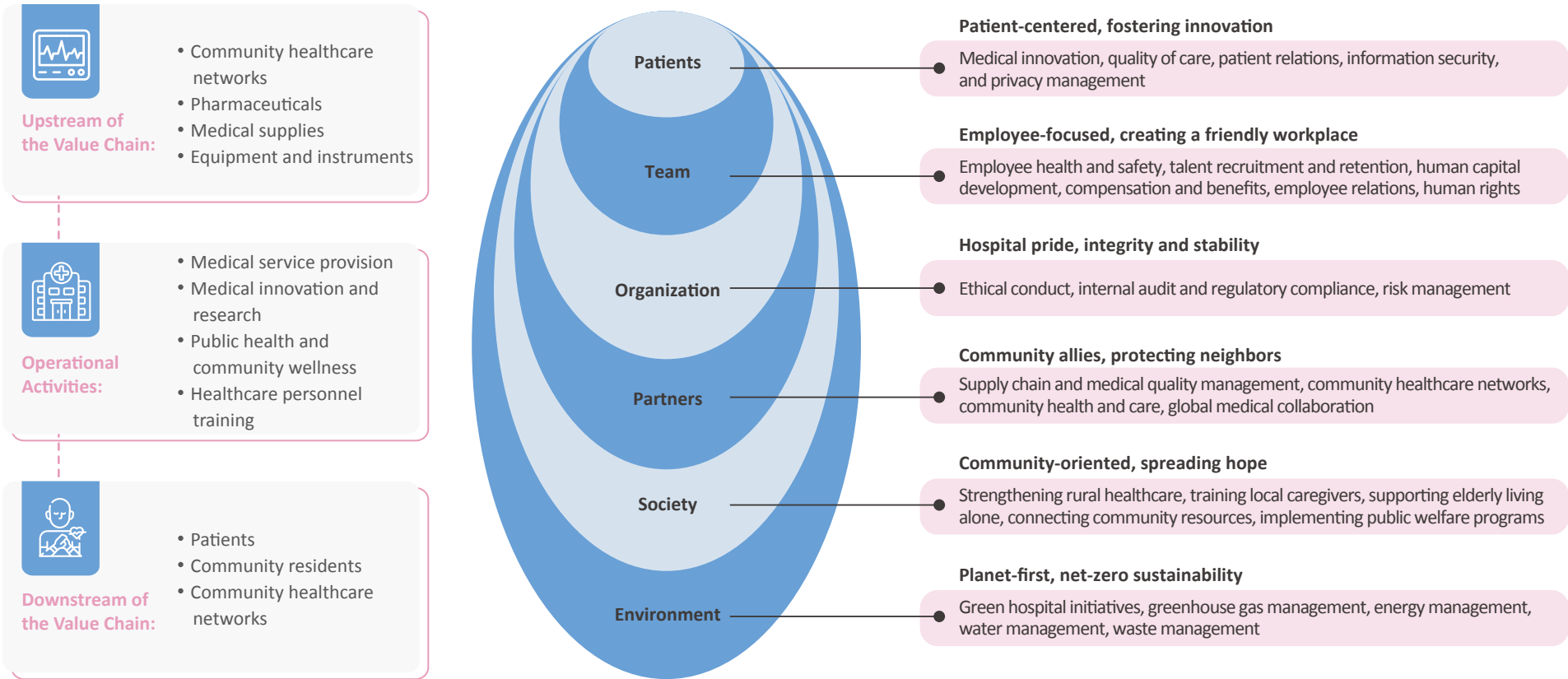
China Medical University Hospital (CMUH) delivers high-quality medical services while advancing cutting-edge research and innovation, nurturing industry talent, and promoting community and rural health. Through these efforts, CMUH creates “health value” for society, from the inside out.

## Creating Health Value

Patient-centered care drives CMUH’s health value creation. Healthcare teams safeguard patient health, while team well-being is supported by a healthy organizational structure. This influence extends outward through partnerships with community healthcare providers, professional associations, suppliers, and volunteers, reaching local communities, rural areas, and international

partners. CMUH actively practices green hospital operations and net-zero carbon initiatives to contribute to climate change mitigation. This framework guides the presentation of CMUH’s sustainability achievements and serves as a basis for continuous improvement.

## Operations and Value Chain



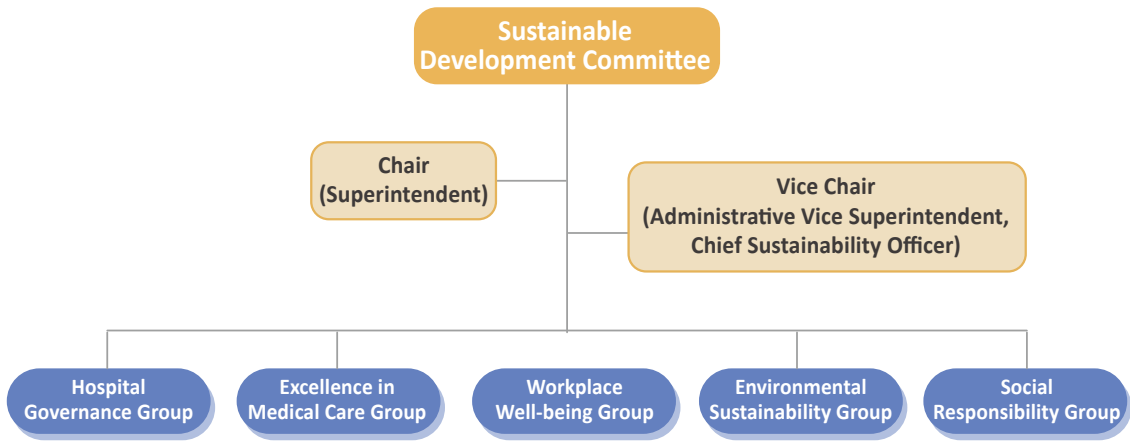
# Sustainability Governance Structure

## Sustainable Development Committee

To implement corporate social responsibility and sustainable management, CMUH established the Sustainable Development Committee in 2023, with five dedicated working groups responsible for planning and promoting sustainability initiatives.

The committee is chaired by the Hospital Superintendent, with the Administrative Vice Superintendent serving as Vice-Chair and Chief Sustainability Officer. Leveraging collective expertise, the committee sets sustainability policies, goals, and management

systems, oversees implementation, monitors performance, and prepares the annual sustainability report. The committee reports yearly to the Board of Directors on results and plans for the upcoming year.



Working Group	Sustainability Working Groups and Responsibilities
Hospital Governance Group	Oversees operational performance, finance, and information security; ensures regulatory compliance, corporate governance, internal controls and audits, anti-corruption, intellectual property protection, and information transparency.
Excellence in Medical Care Group	Promotes localization, internationalization, diversity, and industry-academia collaboration; enhances medical research and care quality, integrates healthcare resources, provides comprehensive cross-disciplinary services, and develops excellence in medical care.
Workplace Well-being Group	Advances human resource development and a friendly workplace; ensures labor rights, equal employment, health and safety, and fair compensation; provides professional training and sustainability courses.
Environmental Sustainability Group	Manages engineering and facilities, addresses climate change, promotes energy saving and carbon reduction, ensures resource sustainability and environmental safety, and implements green and responsible procurement.
Social Responsibility Group	Focuses on social responsibility and health promotion; establishes diverse communication channels and dedicates resources to community development, nonprofit organizations, and government collaborations.



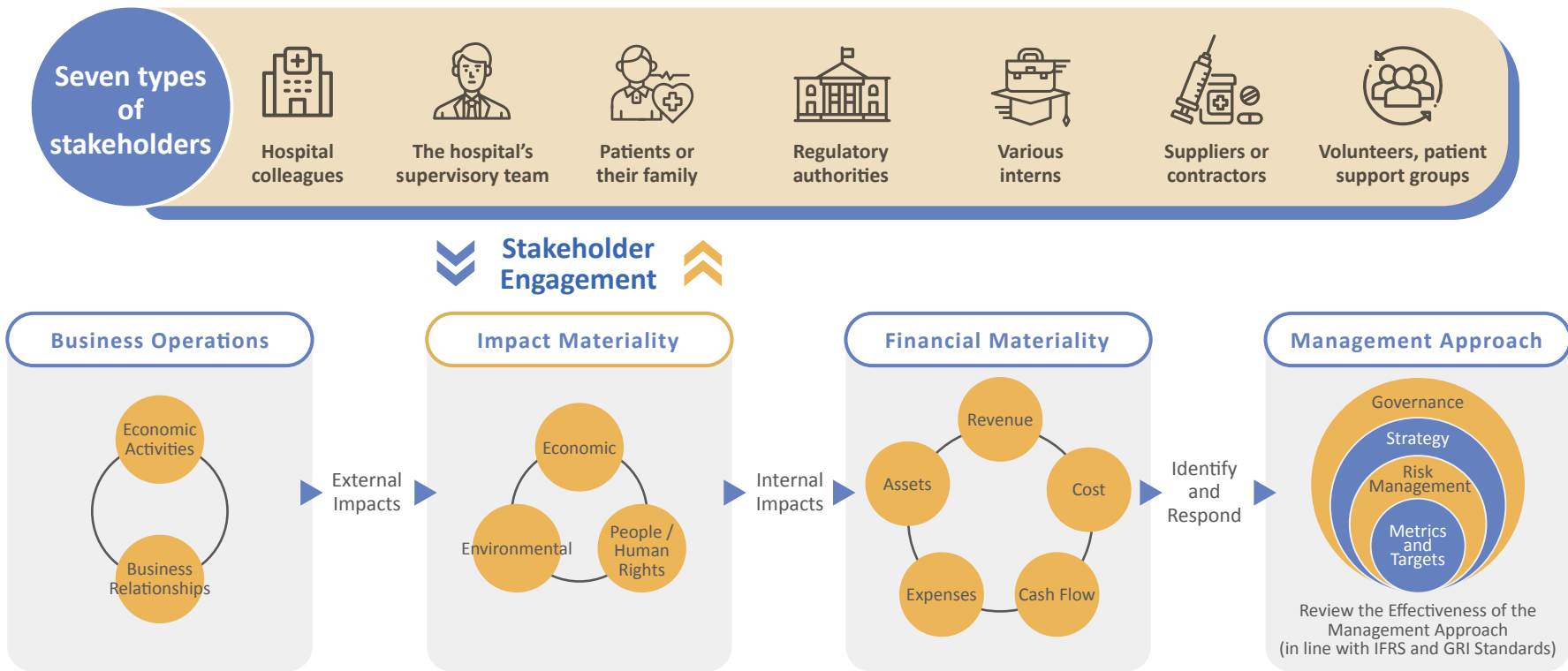


## Identification of Impact Significance and Disclosure Topics

China Medical University Hospital (CMUH) conducts a sustainability impact assessment every two years to identify and prioritize material topics. Issues identified as having a high level of impact are incorporated into sustainability strategies and action plans, with specific goals set for tracking and management. Based on GRI 3: Material Topics (2021), CMUH also refers to the IFRS Sustainability Disclosure Standards and the European Sustainability Reporting Standards (ESRS) for its impact analysis framework. The assessment applies the principle of double materiality, which considers both impact materiality (the hospital's

influence on the economy, environment, people, and human rights) and financial materiality (the financial implications of these impacts on the hospital). Through a five-step assessment process, CMUH evaluates both external and internal impacts to determine the significance of each issue and identify key topics for disclosure. Sustainability topics are derived from the hospital's operations, business relationships, and stakeholder engagement. Relevant issues are collected with reference to international frameworks such as GRI, SASB, and TCFD, and global sustainability indices. The Sustainable Development Committee and core management

analyze each issue's actual or potential, positive or negative impact across economic, environmental, and social (including human rights) dimensions. The assessment also considers the top global risks identified by the World Economic Forum's Global Risks Report, as well as sustainability risks and resilience trends in healthcare systems. The level of impact on hospital operations is quantified, prioritized through management discussions, and the final list of material topics is approved by the Superintendent for disclosure and performance tracking.



## Sustainability Impact Assessment Process

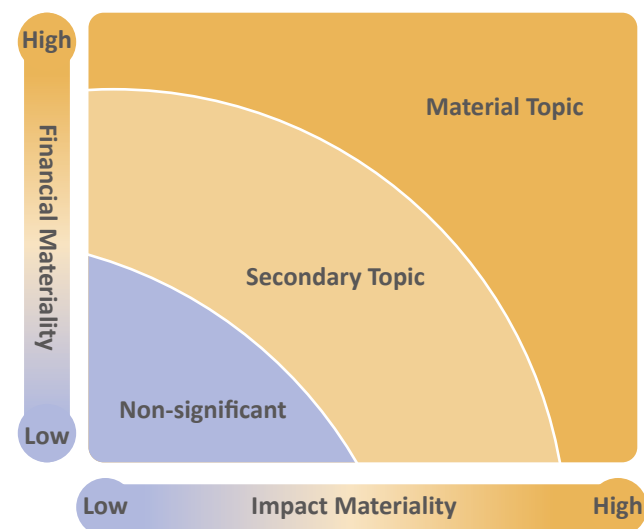
1	Understanding the Organizational Context	<ul style="list-style-type: none"> <li>Identify seven categories of key stakeholders and analyze their concerns and potential impacts.</li> <li>Examine economic activities and upstream–downstream business relationships within the value chain to assess potential impacts.</li> <li>Map these potential impacts to 19 sustainability topics.</li> </ul>
2	Identifying External Impacts (Impact Materiality)	<ul style="list-style-type: none"> <li>Each responsible department evaluates the hospital's actual or potential, positive or negative impacts across the value creation process based on continuous stakeholder engagement, current management resilience (response, adaptation, and recovery capacity), and potential future risk scenarios.</li> <li>Assessment indicators: <ul style="list-style-type: none"> <li>– <b>Negative impact materiality = Severity (scale, scope, remediability) × Likelihood</b></li> <li>– <b>Positive impact materiality = Benefit (scale, scope) × Likelihood</b></li> </ul> </li> </ul>
3	Identifying Internal Impacts (Financial Materiality)	<ul style="list-style-type: none"> <li>Responsible departments further assess the short-, medium-, and long-term financial implications of each topic on hospital operations. The degree of financial impact is benchmarked against CMUH's 2023 net profit after tax.</li> <li>The evaluation aligns with the IFRS Sustainability Disclosure Standards and SASB Health Care Delivery sector guidelines to ensure completeness in sustainability-related risk and opportunity information.</li> <li>Assessment indicator: <ul style="list-style-type: none"> <li>– <b>Financial materiality = Operational impact × Likelihood</b></li> </ul> </li> </ul> <p>Note: Financial impacts include effects on revenue, costs, expenses, assets, inventory valuation, cash flow, and financing.</p>
4	Prioritizing the Significance of Impacts	<ul style="list-style-type: none"> <li>Integrate the results of both impact and financial materiality assessments. Rank each topic's significance according to positive and negative impacts, and confirm priorities based on CMUH's operational strategy.</li> <li>Topics not showing significant impacts under current management levels are classified as secondary topics but remain monitored for disclosure as needed.</li> <li>After cross-departmental discussions and review by the Superintendent, eight material topics are confirmed for disclosure in the Sustainability Report.</li> </ul>
5	Determining Material Sustainability Topics	<ul style="list-style-type: none"> <li>Map the confirmed material topics to GRI Topic Standards and relevant SASB sector disclosure indicators as the foundation for report compilation.</li> <li>GRI Topic Standards: 6 themes covering 19 indicators.</li> <li>SASB Sector Standard: Health Care → Health Care Delivery.</li> </ul>

## Identification of Priority Material Topics

A double materiality analysis identified four negative and seven positive material topics, totaling eight priority topics for disclosure. Another nine topics were classified as secondary issues for ongoing monitoring. With final approval from the Superintendent, the following were designated as priority disclosures: Talent Attraction and Retention, Climate Strategy, Occupational Health and Safety, Information and Communication Security, Medical Innovation, Healthcare Quality and Service, Ethical Conduct and Medical Ethics, and Patient-Provider Relationship.

This year marked the first adoption of the double materiality approach, introducing three new topics—Climate Strategy, Information and Communication Security, and Medical Innovation. The growing impact of extreme climate events highlights the importance of climate strategies, while ICT security and innovation are key to advancing smart healthcare.

Human Capital Development was integrated into the goals of Healthcare Quality and Service and Medical Innovation. Privacy Protection overlaps with Information and Communication Security, and Risk Management was excluded as related sustainability risks and opportunities were already addressed in the impact assessment process.




## Impact Description of Material Disclosure Topics


Material Disclosure Topic	Impacts on Economy, Environment, People, or Human Rights (Impact Materiality)		Impacts on the Organization's Operations (Financial Materiality)	Impact Timeframe			
				Occurred	Potential		
					Within 1–2 Years	Within 3–5 Years	5–10 Years or Beyond
 Talent Attraction and Retention	Negative Impact	The shortage of nursing professionals is a global challenge. In Taiwan, the growing demand for long-term and chronic care driven by population aging has intensified workforce shortages. As Taiwan transitions into a super-aged society by 2025, rising demand for healthcare services will further increase workload and skill requirements across all medical and administrative roles, including physicians, nurses, and allied health professionals.	The adequacy and competency of healthcare workforce directly affect hospital service capacity, nurse-to-patient ratios, and patient wait times, thereby influencing overall operational performance and revenue.	●			
	Positive Impact	The hospital continues to enhance compensation, benefits, and working conditions while leveraging AI technologies to reduce staff workload. Measures such as pay adjustments and transparent promotion mechanisms aim to attract and retain top talent, improving employee satisfaction and engagement.	Ongoing investments in compensation, workplace improvements, and employee welfare contribute to higher personnel costs but are expected to yield positive outcomes—such as improved service quality, stronger patient loyalty, and increased institutional trust from government and stakeholders.			●	
 Climate Strategy	Negative Impact	Hospitals operate numerous facilities and medical devices 24 / 7, making them energy-intensive and high carbon-emission industries. Extreme climate events may affect power and water supply stability, posing risks to patient safety, medical service continuity, and hospital revenue. To address this, the hospital implements energy efficiency measures, carbon reduction initiatives, renewable energy use, and water resource management, enhancing operational resilience and reducing the impact of climate-related disruptions.	As a medical center, the hospital is included in the third batch of industries required to report greenhouse gas emissions and may become subject to future carbon management regulations. Energy efficiency, carbon reduction of buildings and equipment, and renewable energy use may impact future operations. Instability in water and power supply caused by extreme weather could also delay or disrupt operations, potentially affecting medical service revenue.	●			
 Occupational Health and Safety	Negative Impact	Through the Occupational Health & Safety (OHS) management system, hazards are eliminated and risks reduced. Severe injuries, work-related illnesses, or incidents of workplace violence may affect staff physical and mental health, indirectly impacting economic, emotional, or family aspects. Workplace violence also threatens patient safety and the delivery of medical or emergency services, potentially causing serious physical or psychological harm.	The hospital provides regular and specialized health screenings, monitors work environments, and implements preventive measures, emergency drills, optimized reporting mechanisms, and post-incident support, increasing on-site safety maintenance costs.		●		
	Positive Impact	Continuous workplace improvements, health screenings exceeding legal requirements (general check once / year, advanced check once / 3 years), follow-up on results, and preferential medical access for staff and their families enhance employee health and safety.	Employee satisfaction surveys rank health checks and preferential medical access among the top three satisfaction items. Healthy and satisfied employees reduce potential turnover, operational costs, and training expenses.	●			




Material Disclosure Topic		Impacts on Economy, Environment, People, or Human Rights (Impact Materiality)	Impacts on the Organization's Operations (Financial Materiality)	Impact Timeframe			
				Occurred	Potential		
					Within 1–2 Years	Within 3–5 Years	5–10 Years or Beyond
 <b>Information and Communication Security</b>	Negative Impact	"Cybersecurity is patient safety." Hospital cybersecurity is closely linked to personal safety. According to the World Economic Forum (WEF) 2024 Global Risks Report, cyber insecurity is among the top ten global risks for the next decade. Large-scale data breaches from cyberattacks could damage hospital reputation and reduce trust from patients and the public.	System attacks leading to patient data leaks or service disruptions may interrupt hospital operations, affect healthcare service revenue, and expose the hospital to claims from patients whose personal data were compromised.		●		
	Positive Impact	Promoting smart healthcare by properly integrating data usage, personal data protection, and cybersecurity enhances service quality, benefits patients, and reduces staff workload.	High adoption of digital tools, such as the "China Medical App" as a personal medical assistant, streamlines patient care processes, improving service efficiency and reducing extra labor and operational costs.	●			
 <b>Medical Innovation</b>	Positive Impact	Integrating AI-assisted healthcare, new drug development, and exosome applications, the hospital promotes innovative treatments for cancer and neurodegenerative diseases, while collaborating with universities, hospitals, and the biotech industry to build a biomedical ecosystem. AI supports physicians in rapid and accurate diagnosis, provides structured reports, and assists nursing staff with voice and text tools to streamline medical records, reducing administrative workload.	Innovative technologies enhance medical quality, strengthen hospital reputation and operational performance, while alleviating staff burden and allowing more focus on patient communication and care, thereby improving patient satisfaction.	●			
 <b>Healthcare Quality and Service</b>	Positive Impact	Staff continuously apply their expertise and creativity to optimize care processes, ensuring patients receive higher-quality medical services and enhancing both health outcomes and patient satisfaction.	Sustained high-quality care and services build public trust, increase patient visits, gain external recognition and awards from authorities, and strengthen the hospital's reputation.	●			
 <b>Ethical Conduct and Medical Ethics</b>	Positive Impact	Practicing integrity and medical ethics fosters patient trust and ensures patients' right to informed consent, with services and quality widely recognized by residents in central Taiwan.	Strong integrity and adherence to medical ethics enhance public trust, increase patient visits, and help reduce medical disputes and litigation, lowering long-term legal costs.	●			
 <b>Patient-Provider Relationship</b>	Positive Impact	Establishing trust, mutual respect, and caring interactions between healthcare providers and patients fosters a cooperative relationship, improving treatment outcomes and patient satisfaction.	A strong patient-provider relationship enhances public trust, reinforces a patient-centered value system, and increases patient engagement and loyalty to the hospital.	●			


## Material Topic Management Approach

Material Topic		 Talent Attraction and Retention	
Policy / Commitment	<ul style="list-style-type: none"><li>• People-oriented employment based on merit and job suitability.</li><li>• Established regulations include Job Description Signing Procedures, Recruitment and Employment Management, Salary Management, and Promotion Guidelines for Non-Physician Staff.</li></ul>		
Objectives	Short-term (1–2 years)	Maintain an employee turnover rate below 13% and overall employee satisfaction above 90%.	
	Medium-term (3–5 years)	Maintain an employee turnover rate below 12% and overall employee satisfaction above 90%.	
	Long-term (5–10 years)	Maintain an employee turnover rate below 10% and overall employee satisfaction above 90%.	
Action Plans	Enhancing Positive Impacts	<ul style="list-style-type: none"><li>• Offer competitive salaries and diverse bonuses, with over 3% salary increase for all staff during 2023–2024.</li><li>• Support internal and external training programs and establish nursing scholarships in collaboration with universities.</li><li>• Implement referral bonus program for nursing staff.</li><li>• Launch dual-track promotion system for managerial and professional positions in 2024, increasing promotions by 54%.</li><li>• Provide 144,461 employee medical visits with subsidies totaling over NT\$60 million in 2023–2024.</li></ul>	
	Mitigating Negative Impacts	<ul style="list-style-type: none"><li>• Introduce BI dashboards, AI-based nursing documentation, and smart medication systems to improve operational efficiency.</li><li>• Hold regular staff meetings for feedback.</li><li>• Review turnover rates and causes regularly to make timely improvements.</li></ul>	
Annual Performance	Turnover rates were 13.66% (2023) and 11.16% (2024); overall employee satisfaction reached 96.3% and 96.15%, respectively.		
Board Oversight	Data consolidated through management meetings are reported by the Superintendent to the Board for regular oversight.		
Management Responsibility	Administration Supervisor of the Personnel Office		
Tracking and Review Mechanism / Stakeholder Engagement	Regular / Ad-hoc Communication Channels		Grievance and Remediation Mechanism
	Internal Tracking and Review Mechanism	Monitor target implementation through regular hospital-level meetings.	Submit proposals as ad-hoc motions during meetings.
	Stakeholder Communication Channels		Stakeholder Grievance and Reporting Mechanism
	Internal Stakeholders	Gather internal stakeholder feedback through employee satisfaction surveys, the Superintendent’s mailbox, complaint hotline, and suggestion boards.	Provide feedback via open-ended survey questions, the Superintendent’s mailbox, complaint hotline, or suggestion boards for relevant units to review and improve.
	External Stakeholders	Collect feedback from patient experience surveys, public phone inquiries, on-site consultations, or field visits by public and private institutions.	Submit feedback via official website messages, the Superintendent’s mailbox, complaint hotline, or service desk; or share input during field visits by public and private institutions for units to review and improve.

Material Topic		 Climate Strategy	
Policy / Commitment		<ul style="list-style-type: none"><li>Respond to the "Hospital Sustainability Initiative," commit to carbon neutrality by 2050, and implement adaptation strategies.</li><li>Establish "Energy Management Measures," plan energy and water efficiency, waste reduction, and expand renewable energy use.</li><li>Operate ISO 50001 Energy Management System and ISO 46001 Water Efficiency Management System, managing high-consumption areas.</li><li>Conduct annual ISO 14064-1 GHG inventory with third-party verification.</li><li>Implement hazard identification and emergency response plans.</li></ul>	
Objectives	Short-term (1–2 years)	<ul style="list-style-type: none"><li>Conduct annual ISO 14064-1 GHG inventory with third-party verification.</li><li>Install / purchase 168 kW renewable energy systems.</li><li>Improve water efficiency and obtain ISO 46001 certification.</li></ul>	<ul style="list-style-type: none"><li>Set GHG, energy, and water baselines and plan continuous reduction initiatives.</li><li>Assess extreme climate impacts on medical services, revise response plans, and conduct drills.</li></ul>
	Medium-term (3–5 years)	<ul style="list-style-type: none"><li>Continuously monitor Energy Use Intensity (EUI) below the non-production industry average.</li><li>Increase renewable electricity (including green certificates) to 5% of total consumption.</li><li>Establish supply chain sustainability guidelines, enhancing carbon inventory and reduction requirements.</li></ul>	<ul style="list-style-type: none"><li>Develop low-carbon healthcare operations and circular economy projects; promote carbon footprint certification for service products.</li><li>Set decarbonization plans based on CDP and SBTi frameworks.</li></ul>
	Long-term (5–10 years)	<ul style="list-style-type: none"><li>Achieve 10% of total electricity from renewable energy systems (solar and green power procurement).</li><li>Assess voluntary GHG reduction projects and emissions trading feasibility.</li></ul>	<ul style="list-style-type: none"><li>Evaluate carbon offset programs using alternative energy, forest carbon sinks, and green power.</li></ul>
Action Plans	Mitigating Negative Impacts	<ul style="list-style-type: none"><li>Conduct 2023–2024 GHG inventory with SGS third-party verification; use 2022 as baseline, reassess due to building expansion.</li><li>Implement smart monitoring systems to track energy and water efficiency 24 / 7.</li><li>Strengthen energy resilience with UPS and emergency generators for critical equipment.</li><li>Gradually replace water-saving devices and reuse rainwater / RO water.</li><li>Install solar PV and regularly review key resource stocks and emergency measures at Meide Medical Building and Lifu Medical Building.</li><li>Conduct tabletop and field disaster drills per procedures.</li></ul>	
Annual Performance	<ul style="list-style-type: none"><li>ISO 14064-1 inventory shows 2023 emissions decreased by 3,263.1 tCO<sub>2</sub>e vs 2022; increased by 7,629.7 tCO<sub>2</sub>e in 2024 due to new buildings.</li><li>Install 823 smart meters, 37 water meters, and 13 ultrasonic flow meters.</li><li>Generate 145,255 kWh from solar PV, expected to yield 200 renewable energy certificates.</li><li>Obtain ISO 46001 third-party certification in 2024.</li><li>Complete 774 departmental and 43 hospital-level drills (2023–2024).</li></ul>		
Board Oversight	Submit records from Crisis and Energy Committees to the Superintendent for approval; report to the Board for periodic oversight.		
Management Responsibility	Deputy Director of the Construction & Engineering Office		
Tracking and Review Mechanism / Stakeholder Engagement	Regular / Ad-hoc Communication Channels		Grievance and Remediation Mechanism
	Internal Tracking and Review Mechanism	<ul style="list-style-type: none"><li>Track progress through regular meetings of the Energy and Crisis Management Committees.</li></ul>	Office
	Stakeholder Communication Channels		Stakeholder Grievance and Reporting Mechanism
	Internal Stakeholders	<ul style="list-style-type: none"><li>Obtain consensus via committee and stakeholder meetings.</li><li>Collect feedback through on-site audits and interviews.</li></ul>	Provide feedback via open-ended survey questions, the Superintendent’s mailbox, complaint hotline, or suggestion boards for relevant units to review and improve.
	External Stakeholders	Collect feedback from patient experience surveys, public phone inquiries, on-site consultations, or field visits by public and private institutions.	Submit feedback via official website messages, the Superintendent’s mailbox, complaint hotline, or service desk; or share input during field visits by public and private institutions for units to review and improve.



Material Topic		 Occupational Safety and Health	
Policy / Commitment		<ul style="list-style-type: none"><li>Establish occupational safety and health policies and medical violence prevention guidelines to protect staff safety.</li><li>Improve workplace safety, prevent occupational injuries, and aim for zero incidents.</li><li>Implement ISO 45001 and TOSHMS management systems with annual certification.</li></ul>	
Objectives	Short-term (1–2 years)	<ul style="list-style-type: none"><li>Implement ISO 45001 and TOSHMS management systems with annual certification.</li><li>Strengthen early warning and reporting systems to enhance real-time response to medical violence.</li><li>Keep annual Disabling Injury Frequency Rate (FR) and Severity Rate (SR) below national averages for the healthcare and social work sector.</li></ul>	
	Medium-term (3–5 years)	<ul style="list-style-type: none"><li>Upgrade chemical management with QR-coded Safety Data Sheets to reduce paper use.</li><li>Build cloud-based chemical mapping to improve disaster response information.</li></ul>	
	Long-term (5–10 years)	Promote safety awareness and comprehensive safety management to create a secure workplace.	
Action Plans	Enhancing Positive Impacts	Provide health checks exceeding legal requirements, investing NT\$73.84M (2023) and NT\$83.18M (2024).	
	Mitigating Negative Impacts	<ul style="list-style-type: none"><li>Install violence reporting systems in all units, with an Employee Care Team providing post-incident support.</li><li>Conducted a chemical inventory review in 2023 and established fire safety storage regulations in 2024.</li><li>Held violence response drills in 2023 and 2024 with 59 and 91 participants respectively.</li></ul>	
Annual Performance	<ul style="list-style-type: none"><li>Passed ISO 45001 and TOSHMS recertification and surveillance audits in 2024.</li><li>Revamped clinic reporting and security response systems to ensure staff safety.</li><li>Recorded 10 and 13 medical violence cases in 2023 and 2024, with full post-incident support provided.</li><li>Maintained FR 0.53 / SR 11 (2023) and FR 0.96 / SR 18 (2024), outperforming national healthcare averages</li></ul>		
Board Oversight	The OSH Committee compiles reports for the Superintendent and presents results to the Board.		
Management Responsibility	Administration Supervisor of the Occupational Safety and Health Office		
Tracking and Review Mechanism / Stakeholder Engagement	Regular / Ad-hoc Communication Channels		Grievance and Remediation Mechanism
	Internal Tracking and Review Mechanism	Track performance through regular OSH Committee meetings to ensure continuous improvement.	Submit proposals through the online proposal form or as ad-hoc motions during meetings.
	Stakeholder Communication Channels		Stakeholder Grievance and Reporting Mechanism
	Internal Stakeholders	Convene the Occupational Safety and Health Committee to discuss and reach consensus with internal stakeholders.	Provide feedback via open-ended survey questions, the Superintendent’s mailbox, complaint hotline, or suggestion boards for relevant units to review and improve.
	External Stakeholders	Collect feedback through outsourcing management meetings, contractor coordination meetings, phone inquiries, on-site consultations, or visits and discussions with public and private institutions.	Submit feedback via official website messages, the Superintendent’s mailbox, complaint hotline, or service desk; or share input during field visits by public and private institutions for units to review and improve.

Material Topic		 Information and Communication Security	
<b>Policy / Commitment</b>		<ul style="list-style-type: none"> <li>Follow ISO 27001, ISO 27701, and national regulations to enforce information security and privacy protection.</li> <li>Establish information security, personal data protection, and privacy declaration policies.</li> </ul>	
<b>Objectives</b>	<b>Short-term (1–2 years)</b>	<ul style="list-style-type: none"> <li>Update internal security standards and enhance firewall, IDS / IPS, and APT defenses.</li> <li>Conduct regular vulnerability scans and risk assessments, form a response team, and implement disaster drills.</li> </ul>	<ul style="list-style-type: none"> <li>Provide organization-wide security training with 100% participation.</li> <li>Implement full data encryption and cross-network security monitoring.</li> </ul>
	<b>Medium-term (3–5 years)</b>	<ul style="list-style-type: none"> <li>Conduct annual risk assessments and implement corrective actions.</li> </ul>	<ul style="list-style-type: none"> <li>Hold regular cross-departmental security meetings and adopt external best practices.</li> </ul>
	<b>Long-term (5–10 years)</b>	<ul style="list-style-type: none"> <li>Establish governance structure and embed cybersecurity in hospital culture.</li> </ul>	<ul style="list-style-type: none"> <li>Apply innovative technologies to ensure traceable and tamper-proof medical data.</li> </ul>
<b>Action Plans</b>	<b>Enhancing Positive Impacts</b>	<ul style="list-style-type: none"> <li>Use advanced encryption and access control to strengthen patient trust.</li> <li>Deploy automated monitoring systems to enhance operational efficiency.</li> <li>Conduct regular drills to strengthen defense against cyberattacks and phishing.</li> </ul>	
	<b>Mitigating Negative Impacts</b>	<ul style="list-style-type: none"> <li>Maintain incident response plans to minimize data breach and legal risks.</li> <li>Perform vulnerability scanning and backup testing to ensure system stability.</li> <li>Review cybersecurity performance annually and drive continuous improvement.</li> </ul>	
<b>Annual Performance</b>		<ul style="list-style-type: none"> <li>Achieved ISO 29100 and 29191 certifications in 2023.</li> <li>Became Taiwan's first hospital certified for ISO 27001:2022 and ISO 27701 in 2023.</li> <li>Achieved 97.44% and 96.51% completion rates in cybersecurity training in 2023 and 2024.</li> <li>Established hospital-wide SOC system in 2023 and Log Server in 2024 to enhance real-time response.</li> </ul>	
<b>Board Oversight</b>		The Information Management Committee regularly reports cybersecurity status to the Superintendent and Board for oversight.	
<b>Management Responsibility</b>		Information Vice Supermtendent	
<b>Tracking and Review Mechanism / Stakeholder Engagement</b>	<b>Regular / Ad-hoc Communication Channels</b>		<b>Grievance and Remediation Mechanism</b>
	<b>Internal Tracking and Review Mechanism</b>	Conduct semiannual security audits, annual personal data audits, and bimonthly unit inspections.	Submit proposals through the online proposal form or as ad-hoc motions during meetings.
	<b>Stakeholder Communication Channels</b>		<b>Stakeholder Grievance and Reporting Mechanism</b>
	<b>Internal Stakeholders</b>	Discuss security issues through information and crisis management committees to build consensus.	Provide feedback through the IT satisfaction survey, open-ended employee survey questions, the Superintendent's mailbox, complaint hotline, or suggestion boards for relevant units to review and improve.
	<b>External Stakeholders</b>	Collect feedback from patient experience surveys, public phone inquiries, on-site consultations, or field visits by public and private institutions.	Submit feedback via official website messages, the Superintendent's mailbox, complaint hotline, or service desk; or share input during field visits by public and private institutions for units to review and improve.



<b>Policy / Commitment</b>		<ul style="list-style-type: none"> <li>Comply with the Biotechnology and Pharmaceutical Industry Development Act, Regenerative Medicine Act, and international safety standards; meet and exceed regulations to pursue technological and governance breakthroughs.</li> <li>Regularly update and publish governance rules (e.g., cross-disciplinary operation guidelines, cross-domain innovation plans, staff international training incentives) to operationalize and adapt policies for sustainable medical innovation.</li> </ul>	<ul style="list-style-type: none"> <li>Expand partnerships with leading academia, industry, and government partners domestically and internationally; use third-party reviews and certifications to maintain leadership in risk management, innovation, and governance.</li> </ul>
<b>Objectives</b>	<b>Short-term (1–2 years)</b>	<ul style="list-style-type: none"> <li>Deploy AI-assisted clinical applications; obtain 5 TFDA certifications and 5 patents for AI clinical projects.</li> <li>Achieve HIMSS Digital Health Indicator certification and the HIMSS Davies Award of Excellence.</li> <li>Implement the HiThings Tele-ICU remote critical care system.</li> </ul>	<ul style="list-style-type: none"> <li>Rank among Taiwan's top 5 in World's Best Hospitals.</li> <li>Submit innovation outcomes to competitions such as SNQ, National Innovation Awards, NHQA, Taipei Biotechnology Awards, Future Tech Awards, and Golden Awards.</li> </ul>
	<b>Medium-term (3–5 years)</b>	<ul style="list-style-type: none"> <li>AI projects: 8 patents and 6 certifications.</li> <li>Obtain HIMSS AMAM Stage 7 and DIAM 7 certifications.</li> <li>Compete for Newsweek regional rankings for top specialty hospitals in the Asia-Pacific.</li> </ul>	<ul style="list-style-type: none"> <li>Continue participating in and winning awards (SNQ, National Innovation, Healthcare Quality, Taipei Biotech, Future Tech, Golden Awards).</li> <li>Send about 50 staff abroad for advanced training annually.</li> </ul>
	<b>Long-term (5–10 years)</b>	<ul style="list-style-type: none"> <li>Rank within the top 250 of World's Best Hospitals globally.</li> <li>Rank within the top 250 of World's Best Smart Hospitals globally.</li> </ul>	
<b>Action Plans</b>	<b>Enhancing Positive Impacts</b>	<ul style="list-style-type: none"> <li>Establish seven institutional research platforms to accelerate clinical translation of technological breakthroughs.</li> <li>Partner with global leaders such as Google and Microsoft to develop AI medical systems, gHi System leveraging big data and machine learning for improved decision support and diagnostic accuracy.</li> <li>Launch AI clinician fellowship programs to foster a data-driven culture of clinical innovation.</li> </ul>	<ul style="list-style-type: none"> <li>Create a dedicated industry-academia division to advance cross-disciplinary collaboration and co-develop forward-looking medical solutions.</li> <li>Implement incentive programs encouraging international training and technical exchange.</li> <li>Build a cross-department data integration platform with predictive and risk alert mechanisms to ensure innovation progresses under controlled risk.</li> </ul>
<b>Annual Performance</b>	<ul style="list-style-type: none"> <li>Received the 2023 HIMSS Davies Award of Excellence and achieved HIMSS Digital Health Indicator certification for two consecutive years (2023–2024).</li> <li>Completed the establishment of smart intensive care units (RICU, CCU, SCU1) between 2023 and 2024, advancing smart healthcare development.</li> <li>Launched 11 medical AI applications in 2024, with 5 TFDA-approved projects and 5 patents granted.</li> <li>Opened the Proton Therapy Center in July 2024, providing 1,565 treatment sessions for 86 patients.</li> <li>Earned numerous national awards in 2023–2024, including the NHQA National Healthcare Quality Award, National Innovation Award, SNQ Quality Label, Future Tech Award, and Taipei Biotech Award.</li> </ul>		
<b>Board Oversight</b>	Draft annual plans and innovation themes aligned with six hospital goals for Board approval; report implementation and improvements biannually to the Board.		
<b>Management Responsibility</b>	Research and clinical departments, Superintendent, and the Smart Healthcare Committee.		
<b>Tracking and Review Mechanism / Stakeholder Engagement</b>	<b>Regular / Ad-hoc Communication Channels</b>		<b>Grievance and Remediation Mechanism</b>
	<b>Internal Tracking and Review Mechanism</b>	<ul style="list-style-type: none"> <li>Hold monthly AI validation meetings; convene core research platform meetings as needed.</li> <li>Hold weekly R&amp;D meetings with spin-offs and weekly university-hospital industry consensus meetings.</li> <li>Track plan progress and corrective actions at biannual hospital meetings and submit to the Board.</li> </ul>	Track underperforming items in meetings or escalate as projects to the Management Committee.
	<b>Stakeholder Communication Channels</b>		<b>Stakeholder Grievance and Reporting Mechanism</b>
	<b>Internal Stakeholders</b>	Maintain 53 committees to facilitate ongoing internal stakeholder discussion and proposals.	Assign a responsible unit as the contact point for each function; collect feedback via surveys or proposal forms.
	<b>External Stakeholders</b>	<ul style="list-style-type: none"> <li>Use patient experience surveys, regional needs analysis, and national policies as references for innovation development.</li> <li>Communicate new technologies and smart services via outpatient notices, website, and educational media.</li> <li>Establish patient support groups to provide medical information.</li> <li>Obtain third-party validation through competitions and certifications.</li> </ul>	<ul style="list-style-type: none"> <li>Provide suggestion boxes, complaint hotlines, and service desks for patients and families to give feedback.</li> <li>Sign collaboration agreements with external partners to govern incident management.</li> <li>Use external certification audits and visits as reference for improvements.</li> </ul>






Policy / Commitment		In accordance with the Medical Care Act, the Act for Prevention and Resolution of Medical Malpractice, and the Taiwan Patient Safety Reporting System, the hospital established the Medical Quality and Patient Safety Committee to implement quality and safety programs, manage incident reporting, monitor indicators, conduct audits, and promote continuous improvement through training and quality competitions.	
Objectives	Short-term (1–2 years)	<ul style="list-style-type: none"><li>Promote Enhanced Recovery After Surgery (ERAS) to reduce hospital stay and complications, and implement Choosing Wisely initiatives to minimize low-value care.</li><li>Maintain a 100% tracking rate through the Quality Care Cloud and BI dashboards.</li></ul>	<ul style="list-style-type: none"><li>Strengthen quality education and the application of quality control tools with at least 10 QCC improvement projects.</li><li>Fulfill medical center mentorship responsibilities to enhance regional healthcare quality.</li></ul>
	Medium-term (3–5 years)	<ul style="list-style-type: none"><li>Establish daily self-assessment mechanisms to reinforce quality culture and audit management.</li><li>Optimize resource allocation, incentives, and faculty development to advance patient safety and quality.</li></ul>	<ul style="list-style-type: none"><li>Demonstrate internationally aligned quality improvement and research outcomes.</li></ul>
	Long-term (5–10 years)	<ul style="list-style-type: none"><li>Foster organization-wide participation and continuous improvement, cultivating a positive patient safety culture and serving as an industry benchmark.</li></ul>	
Action Plans	Enhancing Positive Impacts	<ul style="list-style-type: none"><li>Monitor quality and safety indicators and implement patient safety goals.</li><li>Conduct regular walk-through audits and training to ensure standardized practices.</li><li>Actively participate in domestic and international quality and safety awards and certifications.</li></ul>	
Annual Performance	<ul style="list-style-type: none"><li>Implemented ERAS in 12 surgical programs, reducing length of stay, complications, and readmissions.</li><li>Advanced three Choosing Wisely topics, with 24 in progress; results published and shared across institutions.</li><li>Completed 11 QCC projects in 2023 and 13 in 2024.</li></ul> <ul style="list-style-type: none"><li>Conducted 11 walk-through audits annually for two consecutive years.</li><li>Achieved top accreditation ratings as a medical center and teaching hospital.</li><li>Received 40 national awards (NHQA and others) between 2023–2024.</li></ul>		
Board Oversight	The Superintendent chairs the Medical Quality and Patient Safety Committee, overseeing program planning and implementation, and reporting regularly to the Board of Directors.		
Management Responsibility	Director of the Department of Medical Quality		
Tracking and Review Mechanism / Stakeholder Engagement	Regular / Ad-hoc Communication Channels		Grievance and Remediation Mechanism
	Internal Tracking and Review Mechanism	Track implementation outcomes through the Medical Quality and Patient Safety Committee and related task meetings.	Collect feedback through patient safety reporting, quality proposals, and ad hoc motions during meetings.
	Stakeholder Communication Channels		Stakeholder Grievance and Reporting Mechanism
	Internal Stakeholders	<ul style="list-style-type: none"><li>Engage internal stakeholders in focused discussions via the Patient Safety Committee to reach consensus.</li><li>Gather improvement suggestions through on-site audits and interviews.</li></ul>	Provide feedback via open-ended survey questions, the Superintendent’s mailbox, complaint hotline, or suggestion boards for relevant units to review and improve.
	External Stakeholders	<ul style="list-style-type: none"><li>Collect feedback through patient safety reports, patient experience surveys, and walk-through management.</li><li>Promote a positive reporting culture via the Taiwan Patient Safety Reporting (TPR) system as a platform for sharing and learning.</li></ul>	Submit feedback via official website messages, the Superintendent’s mailbox, complaint hotline, or service desk; or share input during field visits by public and private institutions for units to review and improve.



Policy / Commitment		Establish the Patient Rights Declaration, Patient Rights Implementation Regulations, Internal Control and Audit Procedures, Work Rules, Employee Code of Conduct, and Reward and Disciplinary Management Procedures.	
Objectives	Short-term (1–2 years)	<ul style="list-style-type: none"><li>Target ≤ 3 internal audit exceptions or ethics disputes annually.</li><li>Achieve ≥95% staff completion rate for medical ethics training.</li></ul>	<ul style="list-style-type: none"><li>Maintain public satisfaction / trust ≥85%.</li><li>Aim for zero integrity violations.</li></ul>
	Medium-term (3–5 years)	<ul style="list-style-type: none"><li>Enhance transparency and patients’ right to informed decisions.</li><li>Strengthen data privacy and ethical review for tech-enabled research; ensure ≥95% IRB approval for AI / genetic human studies.</li></ul>	<ul style="list-style-type: none"><li>Create inter-hospital ethics networks and complete ≥5 joint projects annually.</li></ul>
	Long-term (5–10 years)	<ul style="list-style-type: none"><li>Maintain zero complaints or legal cases stemming from integrity or ethics issues.</li><li>Establish a Medical Ethics Research Center and promote international engagement.</li></ul>	<ul style="list-style-type: none"><li>Develop smart integrity monitoring to strengthen early warning.</li></ul>
Action Plans	Enhancing Positive Impacts	<ul style="list-style-type: none"><li>Form audit teams from the Audit Committee and report findings at committee meetings.</li><li>Publish the Patient Rights Declaration on-site and online in multiple languages.</li><li>Hold regular Medical Ethics Committee case reviews and trainings (277 sessions in 2023–2024).</li><li>Log and address feedback—1,913 compliments and 1,335 complaints in 2023–2024.</li></ul>	
Annual Performance	<ul style="list-style-type: none"><li>No sanctions were imposed in 2023–2024 for ethics or audit violations, and no incidents of reported business integrity breaches occurred.</li><li>Conducted 7 ethics trainings (2023–2024) with 27,216 participants (~97.7% participation).</li><li>Maintain ≥90% satisfaction on patient privacy protection.</li></ul>		
Board Oversight	Consolidate records via the Audit and Medical Ethics Committees, obtain Superintendent approval, and report to the Board for oversight.		
Management Responsibility	Chairperson of the Audit Management Committee, Chairperson of the Medical Ethics Committee		
Tracking and Review Mechanism / Stakeholder Engagement	Regular / Ad-hoc Communication Channels		Grievance and Remediation Mechanism
	Internal Tracking and Review Mechanism	Track implementation progress through regular Audit and Medical Ethics Committee meetings.	Submit proposals through the online proposal form or as ad-hoc motions during meetings.
	Stakeholder Communication Channels		Stakeholder Grievance and Reporting Mechanism
	Internal Stakeholders	Hold focused meetings with internal stakeholders to reach consensus and collect improvement suggestions via on-site audits and interviews.	Provide feedback via open-ended survey questions, the Superintendent’s mailbox, complaint hotline, or suggestion boards for relevant units to review and improve.
	External Stakeholders	Collect feedback from patient experience surveys, public phone inquiries, on-site consultations, or field visits by public and private institutions.	Submit feedback via official website messages, the Superintendent’s mailbox, complaint hotline, or service desk; or share input during field visits by public and private institutions for units to review and improve.

Material Topic		 Patient-Provider Relationship	
<b>Policy / Commitment</b>		Follow the Medical Accident Prevention and Dispute Handling Act, Patient Rights and Obligations, and Medical Service Communication Procedures to establish Medical Dispute Handling Guidelines, Medical Incident Care Workflow, and Patient Safety Event Management, fostering trust and a positive medical environment.	
<b>Objectives</b>	<b>Short-term (1–2 years)</b>	<ul style="list-style-type: none"> <li>Achieve top-tier patient experience survey scores</li> </ul>	<ul style="list-style-type: none"> <li>Establish response mechanisms to address medical incidents or disputes within five working days, arranging meetings or providing medical explanations as needed</li> </ul>
	<b>Medium-term (3–5 years)</b>	<ul style="list-style-type: none"> <li>Implement a hospital-wide patient relations tracking and analysis system, systematizing communication, complaints, and resolution data to enhance transparency and decision-making</li> </ul>	<ul style="list-style-type: none"> <li>Reduce communication gaps, improve service workflows, and minimize medical disputes</li> </ul>
	<b>Long-term (5–10 years)</b>	<ul style="list-style-type: none"> <li>Implement patient care programs and establish long-term trust mechanisms</li> <li>Use data analysis to preempt potential risks</li> </ul>	<ul style="list-style-type: none"> <li>Utilize digital communication platforms for real-time feedback and patient education</li> </ul>
<b>Action Plans</b>	<b>Enhancing Positive Impacts</b>	<ul style="list-style-type: none"> <li>Conduct regular training on patient communication, emotional management, and dispute handling.</li> <li>Compile and analyze patient interactions, complaints, and disputes, complete 13 cross-department process improvements in 2023–2024.</li> <li>Enhance communication to ensure patients clearly understand medical information</li> <li>Strengthen feedback processes to ensure complaints or suggestions are promptly addressed</li> <li>Analyze incidents through committees and develop corrective plans</li> </ul>	
<b>Annual Performance</b>	<ul style="list-style-type: none"> <li>2024 patient experience scores: Outpatient 93.00, Inpatient 91.00, Emergency 88.90</li> <li>Establish multiple channels (onsite, director mailbox, hotline, suggestion box) integrated into a digital platform, achieving 100% case registration to ensure timely response and follow-up</li> </ul>		<ul style="list-style-type: none"> <li>Handle 75 and 51 dispute cases in 2023–2024, respectively; Address 100% of cases within five working days</li> <li>Received MOHW 2023 Excellence Award and 2024 Care Model Award</li> </ul>
<b>Board Oversight</b>	Plan and implement quality promotion and patient relations programs, reporting regularly to the board		
<b>Management Responsibility</b>	Director of the Department of Medical Quality, Director of the Administrative Office for Medical Affairs		
<b>Tracking and Review Mechanism / Stakeholder Engagement</b>	<b>Regular / Ad-hoc Communication Channels</b>		<b>Grievance and Remediation Mechanism</b>
	<b>Internal Tracking and Review Mechanism</b>	<ul style="list-style-type: none"> <li>Medical cases: report to the Medical Dispute Review Committee and discuss and communicate major cases at monthly morning meetings</li> <li>Non-medical cases: propose, discuss, and track improvements in administrative meetings</li> <li>Monitor progress through project meetings</li> </ul>	Collect feedback via patient safety reports, quality proposals, and meeting motions.
	<b>Stakeholder Communication Channels</b>		<b>Stakeholder Grievance and Reporting Mechanism</b>
	<b>Internal Stakeholders</b>	<ul style="list-style-type: none"> <li>Achieve consensus through committee and stakeholder discussions</li> <li>Conduct regular onsite audits and interviews to collect suggestions</li> </ul>	Provide feedback via open-ended survey questions, the Superintendent's mailbox, complaint hotline, or suggestion boards for relevant units to review and improve.
	<b>External Stakeholders</b>	<ul style="list-style-type: none"> <li>Gather input from patient safety reports, experience surveys, and walk-through management</li> <li>Foster a positive reporting culture and sharing platform via Taiwan Patient Safety Reporting (TPR) system</li> </ul>	Submit feedback via official website messages, the Superintendent's mailbox, complaint hotline, or service desk; or share input during field visits by public and private institutions for units to review and improve.

# Assurance Statement



## ASSURANCE STATEMENT

### SGS TAIWAN LTD.'S REPORT ON SUSTAINABILITY ACTIVITIES IN THE CHINA MEDICAL UNIVERSITY HOSPITAL'S SUSTAINABILITY REPORT FOR 2024

**NATURE AND SCOPE OF THE ASSURANCE**  
SGS Taiwan Ltd. (hereinafter referred to as SGS) was commissioned by China Medical University Hospital (hereinafter referred to as CMUH) to conduct an independent assurance of the Sustainability Report for 2024 (hereinafter referred to as the Report). The assurance is based on the SGS Sustainability Report Assurance methodology and AA1000 Assurance Standard v3 Type 1 Moderate level during 2024/12/18 to 2025/3/24. CMUH sites as disclosed in CMUH's Sustainability Report of 2024. The boundary is not the same as CMUH's consolidated financial statements, which are specified in the boundary of the report of CMUH's Sustainability Report.  
SGS reserves the right to update the assurance statement from time to time depending on the level of report content discrepancy of the published version from the agreed standards requirements.

**INTENDED USERS OF THIS ASSURANCE STATEMENT**  
This Assurance Statement is provided with the intention of informing all CMUH's Stakeholders.

**RESPONSIBILITIES**  
The sustainability information in the CMUH's Sustainability Report of 2024 and its presentation are the responsibility of the directors or governing body and management of CMUH. SGS has not been involved in the preparation of any of the material included in the Report.

Our responsibility is to express an opinion on the text, data, graphs and statements within the scope of assurance based upon sufficient and appropriate objective evidence.

**ASSURANCE STANDARDS, TYPE AND LEVEL OF ASSURANCE**  
The assurance of this report has been conducted according to the AA1000 Assurance Standard (AA1000AS v3), a standard used globally to provide assurance on sustainability-related information across organizations of all types, including the evaluation of the nature and extent to which an organization adheres to the Accountability Principles (AA1000AP, 2018).

Assurance has been conducted at a type 1 moderate level of scrutiny.

**SCOPE OF ASSURANCE AND REPORTING CRITERIA**  
The scope of the assurance included evaluation of quality, accuracy and reliability of specified performance information as detailed below and evaluation of adherence to the following reporting criteria:

Reporting Criteria Options	
1	AA1000 Accountability Principles (2018)
2	In accordance with GRI Standards

- AA1000 Assurance Standard v3 Type 1 evaluation of the report content and supporting management systems against the AA1000 Accountability Principles (2018) is conducted at a moderate level of scrutiny, and therefore the reliability and quality of specified sustainability performance information is excluded.
- The evaluation of the report against the requirements of GRI Standards, includes GRI 1, GRI 2, GRI 3, 200, 300 and 400 series claimed in the GRI content index as material and is conducted in accordance with the standards.

**ASSURANCE METHODOLOGY**  
The assurance comprised a combination of desktop research, interviews with relevant employees, superintendents, Sustainability committee members and the senior management in CMUH, documentation and record review and validation with external bodies and stakeholders where relevant.

**LIMITATIONS**  
Financial data drawn directly from independently audited financial accounts, greenhouse gas emission, SASB related disclosures, and non-material topics and the related indicators have not been checked back to source as part of this assurance process.

**INDEPENDENCE AND COMPETENCE**  
The SGS Group of companies is the world leader in inspection, testing and verification, operating in more than 140 countries and providing services including management systems and service certification; quality, environmental, social and ethical auditing and training; environmental, social and sustainability report assurance. SGS affirm our independence from CMUH, being free from bias and conflicts of interest with the organization, its subsidiaries and stakeholders.

The assurance team was assembled based on their knowledge, experience and qualifications for this assignment, and comprised auditors registered with professional qualifications such as ISO 26000, ISO 20121, ISO 50001, RBA, QMS, EMS, SMS, GPMS, CFP, WFP, GHG Verification and GHG Validation Lead Auditors and experience on the SRA Assurance service provisions.

**FINDINGS AND CONCLUSIONS**  
**ASSURANCE OPINION**  
On the basis of the methodology described and the assurance work performed, we are satisfied that the specified performance information included in the scope of assurance is accurate, reliable, has been fairly stated and has been prepared, in all material respects, in accordance with the AA1000 Accountability Principles (2018).

We believe that the organisation has chosen an appropriate level of assurance for this stage in their reporting.

### ADHERENCE TO AA1000 ACCOUNTABILITY PRINCIPLES (2018)

**INCLUSIVITY**  
CMUH has demonstrated a good commitment to stakeholder inclusivity and stakeholder engagement. A variety of engagement efforts such as survey and communication to employees, patient/service users, suppliers, volunteers group, sustainability experts, and other stakeholders are implemented to underpin the organization's understanding of stakeholder concerns.

**MATERIALITY**  
CMUH has identified and fairly represent topics from a wide range of sources that are material to the business. Evaluating the relevance of identified material sustainability topics based on suitable and explicit criteria. Formal review has identified stakeholders and those issues that are material to each group. CMUH are encouraged to have in place a materiality determination process that is applied across the organization to show the integration of implementation in materiality assessment.

**RESPONSIVENESS**  
The report includes coverage given to stakeholder engagement and channels for stakeholder feedback. Integration of this process into the organization, including through relevant organisational processes, such as risk management, compliance and strategy development.

**IMPACT**  
CMUH has demonstrated a process on identify and fairly represented impacts that encompass a range of environmental, social and governance topics from wide range of sources, such as activities, policies, programs, decisions and services, as well as any related performance. CMUH will be taking leadership by a means of capturing and measuring actual as well as potential impacts, such as direct and indirect, intended and unintended, and positive and negative impacts.

**ADHERENCE TO GRI**  
The report, CMUH's Sustainability Report of 2024, is reporting in accordance with the GRI Universal Standards 2021. The significant impacts were assessed and disclosed in accordance with the guidance defined in GRI 3: Material Topic 2021 and the relevant 200/300/400 series Topic Standard related to the material topics claimed in the GRI content index. The report has properly disclosed information related to CMUH's contributions to sustainability development.  
For future reporting, it is recommended CMUH to continually take the leadership in continuous improvement in the impact management. The identification of impact can be furthermore in comprehensive approach and evaluate for root cause, in order to enhance addressing impact by the execution in achieving goals and indicators.

Signed:  
For and on behalf of SGS Taiwan Ltd.

Stephen Pao  
Business Assurance Director  
Taipei, Taiwan  
21 April, 2025  
[www.sgs.com](http://www.sgs.com)







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